6TH RHNK ANNUAL SCIENTIFIC CONFERENCE ON ADOLESCENT & YOUTH SRHR 2023

HARAMBEE

Division of Reproductive and Maternal Health
Every Life Counts

Co-Convenors

FP 2030

CENTER for REPRODUCTIVE RIGHTS

RHN
Reproductive Health Network Kenya
Reproductive Health and Rights for All

THEME

Localization of Global AYSRHR Commitments

20TH – 23RD JUNE, 2023

DIANI REEF BEACH HOTEL, KWALE

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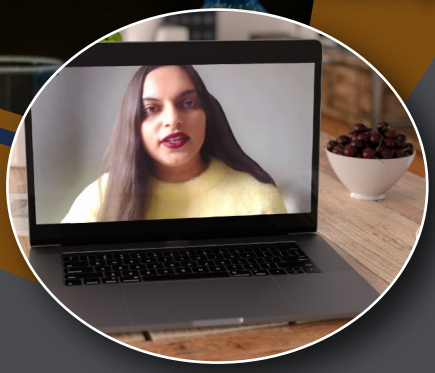

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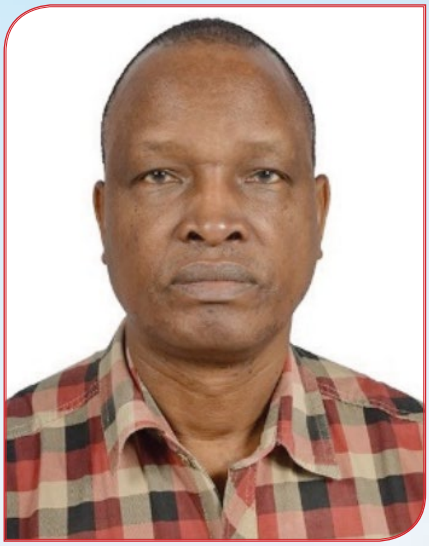
WELCOME MESSAGE FROM THE RHNK AG. BOARD CHAIR



Dr. John Nyamu
RHNK Board Chairperson

Your Excellencies, Esteemed stakeholders, Distinguished Guests and Speakers, tt gives me great pleasure to welcome you to the 6th Annual Scientific Conference on Adolescent and Youth Sexual and Reproductive Health and Rights (ASRHR), convened by the Reproductive Health Network Kenya (RHNK) jointly with the Centre for Reproductive Rights (CRR) and FP 2030 in partnership with the Ministry of Health - DRMNH. The theme is "localization of global SRHR commitments." I want to sincerely thank the team that organized the conference, the speakers that agreed to grace the panel sessions and participants for joining us during this important event in the sexual and reproductive Health Rights movement. To our guests from outside Kenya- I extend a warm welcome to the Country. Karibuni sana. The conference is an annual event brings government officials, civil society, academia, the private sector, faith-based organizations, grass roots organizations and other partners, interested in the pursuit of sexual and reproductive health and rights on the African Continent to share experiences in advocating for comprehensive access to SRH information and care services. It also provides a platform for stakeholders to network and engage with donor organizations and to chart pathways for collaborative SRHR advocacy.

This year's conference aims at providing a basis for insights and learning on localization of global SRHR commitments further providing directions for future efforts in advancing AYSRHR service delivery in Kenya and within the region. Ladies and Gentlemen, matters sexual reproductive health rights (SRHR) including the right to make individual decisions on such remain a challenge in our communities even as we have developed laws and policies that recognize and protect these rights. Many challenges stand in the way of respecting these rights including limited resources, misplaced priorities, lack of political goodwill, cultural norms, beliefs, and practices that fail to recognize the universality of these rights and their importance. We note we appreciation that Kenya has made great strides and efforts, both legal and policy at the national level to provide sexual and reproductive health rights to her people, and several interventions exist to that effect. The Kenya Constitution 2010 together with many other regional and global conventions that the country has signed make clear demands to the Government as the duty bearer to ensure respect respecting sexual and reproductive health rights.

Among other things, the Kenya government developed the Adolescent Sexual and Reproductive Health Policy (2015) that emphasized access to comprehensive sexuality education and adolescent-friendly sexual and reproductive health information and services. There was the 2003 Adolescent Reproductive and Health Policy aiming at among other things reducing teenage pregnancy, which failed miserably. It's even worse for adolescents in Kenya-the existing e laws and policies including, the Children's Act, the Kenya Health Policy 2012–2030, the National Adolescent Sexual and Reproductive Health Policy, the Kenya National School Health Policy, the National Education, the National School Re-Entry Guidelines, and the National Action Plan on Ending Teenage Pregnancy have not seen access to the services. Kenya and other countries within the region have ratified several SRHR commitments since the recognition of SRHR as a human right at the 1994 International Conference on Population and Development (ICPD) and as an explicit target of SDGs. Some global and regional SRHR commitments include but are not limited to Generation Equality Forum (GEF), ICPD25, African Union Agenda 2063, Maputo Plan of Action, Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA), the Eastern and Southern Africa Ministerial Commitment on sexuality education and sexual and reproductive health services for adolescents and young people among others. Ladies and Gentlemen, we are not short of policies in the country just as its in other countries on the continent. What we lack is the political goodwill to implement the policies and enhance access to reproductive health services by our people. Many of the global commitments that our African Governments make remain in the board rooms where the meetings happen. We rarely localise the interventions and commitments on the same. While institutions like the Reproductive Health Network Kenya (RHNK) and other partners have done a lot in expanding access to sexual and reproductive health rights and services in the country, targeting adolescents, care givers and others, more support especially from the government is needed. The implementation of the laws and policies on SRHR in the country remains problematic either because of extreme religious, cultural and or political standpoints. Because of moral and cultural believes, many people continue experiencing the violation of their sexual and reproductive health rights, because many associates and perceive them to be strange and coming from outside the African continent.

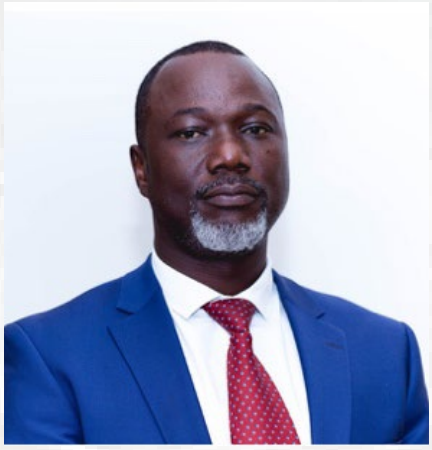
We at the Reproductive Health Network Kenya (RHNK) note with concern that several old held cultural norms and moral stands by some opinion leaders, are increasingly influencing government agencies and discouraging them from getting involved in SRHR decision making forums through weaponizing

culture and religion, thus frustrating the implementation of SRHR commitments. This, they note has led to eroding of SRHR laws and increased intimidation, harassment, and attacks on SRHR healthcare providers, advocates and persons seeking SRHR including key populations. Kenya and the African region to have an obligation and must create a conducive environment for the provision of comprehensive access to SRH information and services and stop the continued violation of SRH rights. It's sad the many people in the reproductive age especially the youth and adolescents continue to suffer in silence because of lack of access to safe and legal abortion information and services, access to comprehensive sexuality education, access to contraceptives and related information. I want to urge for a holistic approach to addressing social drivers of risk such as lack of age-appropriate Sexual Reproductive Health information and youth-friendly services, poverty, and gender inequity, investing in education and implementation of existing policies and guidelines, providing menstrual hygiene information and products to adolescent girls, and investing in empowerment programs targeting parents/ guardians and teachers.

I want us to revisit the 1994 International Conference on Population and Development (ICPD), Programme of Action, that recommended that policies on population policies must be aimed at empowering individuals, especially women, to make decisions about the size of their families, providing them with the information and resources to make such decisions, and enabling them to exercise their reproductive rights. While we have legislated against regressive laws, policies, and practices that do not respect individuals' autonomy and decision making, the political will and support is missing to implement these commitments. They mostly remain on paper and are largely strange to our people. The Lack of political goodwill is seen largely in lack of budgets towards SRHR services. Our experience with legal measures to ensure access to services and protection of sexual and reproductive health rights indicates that legislation alone is not sufficient, and a multi-sectoral approach is necessary. We need not only the political will, but mass social mobilization and changing social norms and mindsets, localization of the interventions and resources, that allow the different sectors to play a role and influence the national discourse on the issue, sway public opinion and assist in community mobilization towards change of behaviour.

The conference is organized, and discussions will happen on specific themes that have been devised to ensure participants get the best lessons, emerging issues and takeaways after the event. I want o to encourage you to attend all the sessions, and freely share your ideas and case studies. Thank you and welcome all.

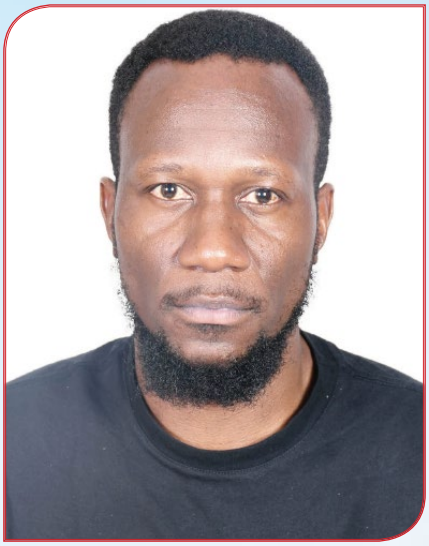
MESSAGE FROM THE CONFERENCE PLANNING COMMITTEE CHAIRPERSON



Prof. Joachim Osur
Chairperson , RHNK Conference Planning Committee

I want to take this opportunity to welcome all delegates to this important conference. We value your participation and believe that you have come with important contributions in crafting the agenda for improving adolescent health. The spirit of this conference is that alone we cannot succeed; together we can. As such, all sectors are represented in the conference. While governments and the public sector in general are the duty bearers in achieving the right to health, that obligation cannot be realized unless the private, non-governmental, religious and academic sectors are equally involved in contributing to the health of young people. This is especially important because social determinants of health are not a preserve of the government. Further, health is not necessarily the responsibility of the ministry of health and other players in the health sector. All sectors contribute to the overall health of the people. We therefore look forward to hearing contributions of the non-traditional players in health such as the education, technology, environment and other sectors. Beyond organizations, there are individuals who have come on their own volition to this conference because they want to offer support. Some are ready to provide technical support while others have material resources to contribute in implementing the resolutions of this conference. Given the mix of the participants. we expect stimulating discussions. Differences in opinion will arise and that is fine; no opinion is wrong. At the end of it, we expect balanced resolutions that can be implemented to improve the health of young people. I am confident that the conference committee has done a great job and put together a well thought out program. The presenters in all sessions are of high level, technically competent and with a lot of experience. Young people are well represented in the meeting and their voices will moderate any adverse views that may not be of value in improving their health. Enjoy the conference.

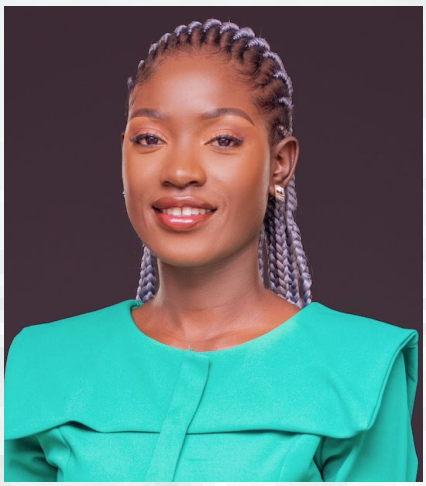
MESSAGE FROM THE CONFERENCE ABSTRACT CHAIRPERSON



Dr. Edison Omollo
Chairperson, RHNK Conference Abstracts Committee,

It is with immense pleasure and great honor that I welcome you all to the 6th Annual Scientific Conference on Adolescents and Youth Sexual and Reproductive Health and Rights. This conference serves as a platform for academia, policymakers, practitioners, and advocates to come together and delve into the critical issues surrounding the sexual and reproductive health and rights of adolescents and youth. We gather here with a shared commitment to create lasting positive change in the lives of young people, not only in Kenya but across the region. This year's theme, "localization of global AYSRHR commitments," is an embodiment of the need to move beyond international declarations and agreements and channel our efforts towards grassroots actions. By embracing the concept of localization, we acknowledge the importance of tailoring interventions to meet the unique needs and challenges faced by adolescents and youth in our local communities. This approach fosters inclusivity, considering cultural, social, and economic contexts while ensuring the provision of comprehensive services, accurate information, and a supportive environment for young people to make informed choices about their sexual and reproductive health. The annual conference has shown tremendous growth over the years, and this is evident from the number of abstracts received from 12 countries across the region, some of which will be presented during this conference that will shed more light on what the young people are doing regionally to ensure their sexual and reproductive health and rights are catered for. The Abstracts Committee conducted a series of virtual pre-conference abstracts writing and presentation skills training sessions for adolescents and young people interested participating in the conference, and notably this year one specialized session for young people living with disability with the objective of leaving no one behind at a regional convening discussing issues affecting Adolescent and Young People. As the chairperson, on behalf of the Abstracts Committee, I wish to applaud the young people who submitted their abstracts and are presenting in this year's conference. I also wish to thank in a special way the partners who supported the young people to attend the conference. The great work achieved by the Abstracts Committee would not have been possible without the great support from the Planning Committee and the RHNK leadership. Thank you and I wish you an engaging conference.

MESSAGE FROM THE CONFERENCE YOUTH COMMITTEE



Gloria Masula
Chairperson, RHNK Conference Youth Committee,

Happy to be part of the planning committee as youth representatives. From the very first day of designing the conference to the last day, we saw a committed team of people who had the best interests of young people at heart Not only that but a team that listened to young people's views and opinions. What you see at the RHNK conference is a result of complete youth engagement and participation. This year's conference is a continuation of previous conferences in where young people have continued to create spaces for themselves in amplifying their voices towards their sexual and reproductive health rights . We are happy to see young people take a leading role in implementing SRHR commitments. This year will provide a platform for sharing and learning from each other on how different stakeholders are localizing their commitments to suit different needs of people in their communities particularly different groups of young people. We therefore are looking forward to a complete full engagement of young people with different stakeholders during this conference and we urge young people to fully take up these spaces as they have been specifically created and designed for and with us. Special thanks goes to RHNK youth committee for all the work and support given to us as your team leaders and for the contributions made in making this year's conference a success . Thank you for your commitment and dedication in making sure we are prepared as young people to take up spaces where our voices will be heard.

LIST OF THE CONFERENCE PLANNING COMMITTEE	
Prof. Joachim OSUR	- AMREF International University
Dr. Jeanne PATRICK	- Ministry of Health, Kenya
Dr. Estella WAIGURU	- Ministry of Health, Kenya
Dr. Johnstone KUYA	- Netherlands Embassy
Halima ALI	- DANIDA
Margaret MWAILA	- National Council and Population Development
Lucy KIMONDO	- National Council and Population Development
Melanie OLUM	- International Centre for Reproductive Health Kenya
Daluma WAROMBO	- RHNK member
Gaitano NDALO	- Centre For Reproductive Rights
Monica WANJIRU	- GEM Trust
Victor RASUGU	- Network for Adolescent and Youth in Africa
Lillian NKONGE	- Plan International
Nelly MUNYASIA	- Reproductive Health Network Kenya
Stellah MWEVYA	- Reproductive Health Network Kenya
Rita ANINDO	- Reproductive Health Network Kenya
Pamela ADHIAMBO	- Reproductive Health Network Kenya
Kenny KABURU	- Reproductive Health Network Kenya
Beverly MENGO	- Reproductive Health Network Kenya

LIST OF THE CONFERENCE ABSTRACT COMMITTEE	
Dr. Edison OMOLLO	- Technical University of Kenya
Dr. Eliphas GITONGA	- Kenyatta University
Dr. Benard Wambulwa	- County Government of Kakamega
Kenneth JUMA	- Africa Population Health and Research Centre
Grace KIMEMIA	- Africa Population Health and Research Centre
Winstoun MUGA	- Africa Population Health and Research Centre
Sherine ATHERO	- Africa Population Health and Research Centre
Michelle MBUTHIA	- Africa Population Health and Research Centre
Emmanuel OTUKPA	- Africa Population Health and Research Centre
Humphres EVELIA	- Center for the Study on Adolescents
Graham NYABERI	- Reproductive Health Network Kenya

LIST OF THE CONFERENCE YOUTH COMMITTEE
Gloria MASULA
Vildah ATIENO
Fahe KERUBO
Innocent INDENJE
Evelyn ODHIAMBO
Nancy BARASA
Agatha MWANGI
Terrah KEITH
Dollerman FATINATO
Zebedee NYAKWAR
Godano YUSUF
Nduta WAWERU
Saringi SAETA
Ritah ANINDO
Pamela ADHIAMBO

YOUTH CARAVAN PROGRAM

TIME	ACTIVITY	PERSON RESPONSIBLE
Day 1; 17TH June 2023		
All day	Arrival of international participants	Gloria Masula
Day 2; 18TH June 2023		
5:00am-5:30am	Participants Meet up at Rubis Koinange street.	Sandra Jessica
5:30am-7:30am	Travelling from Nairobi to Kajiado	
7:30am-8:00am	Arrival and registration of guests at Kajiado.	Susan Saringi
8:00am-8:15am	**Breakfast**	
8:15am-9:30am	Introductions Youth conversations Remarks from county Leadership Closing remarks 5 mins Flagging off Songs and dance Live social media engagement Documenting youth voices through art and photography.	Malkia Initiative
9:45am-11:30am	Travelling from Kajiado to Emali. ➢ Music and indoor games ➢ Live social media engagement	Pamela Adhiambo
11:30am-12:30pm	Arrival at Emali. ➢ Condom distribution. ➢ Documenting youth voices. ➢ Live social media engagement	Ritah Anindo
12:30pm-1:30pm	**Lunch**	
1:00pm-7:00hpm	Departure for Mombasa ➢ Photography sessions ➢ Indoor games ➢ Interaction with communities ➢ Live social media engagement	
7:00pm	Arrival in Mombasa	
7:30pm	**Dinner and Rest**	
Day 3; 19TH June 2023		
7:30a.m-10:30am	Participants leave Mombasa for Kwale	
10:30am--1:00pm	Arrival at Kwale Interlude Welcoming remarks Remarks from Ambassador Remarks from county governor Closing remarks Live social media engagement	
1:00pm-2:00pm	**Lunch, Rest and Dinner**	
Day 4; 20TH June 2023		
7:30am-8:30am	Grand arrival for the conference Live social media engagement	
	Conference Proceedings Compiling youth voices	

CONFERENCE PROGRAM

RHNK 2023 ANNUAL SCIENTIFIC CONFERENCE PROGRAM TUESDAY - DAY 0					
DATE	**TIME**	**ACTIVITY**			
20.6.2023	9.00–2.00pm	Conference Registration			
OPENING CEREMONY					
DATE	**TIME**	**HALL: SHARK 1**			
		MODERATORS	**SEQUENCE**	**SPEAKERS/ PANELISTS**	**ROLE**
	2.00-2.45pm	**Mercy Juma Eric Ochieng**	National Anthem and EAC Anthem		
	2.45-3.00pm		Opening Remarks	Dr. John Nyamu	RHNK Board Chair
	3.00-3.15pm		Welcoming Remarks	H.E. Fatuma Achani	Governor, Kwale County
	3.15-3.45pm		Chief Guest	Dr. Patrick Amoth	Ministry of Health
20.6.2023	**3.45-5.15pm**	**Prof. Joachim Osur**	High Level Panel	Dr. Mohammed Sheikh, DG NCPD Dr. Sheila Macharia, MD FP 2030 Mr. Thomas Hansen, DANIDA Mr. Anders Thomsen, UNFPA Vilda Atieno, Youth Representative Nelly Munyasia, ED RHNK	Panel Title: Localization of Global SRHR Commitments
	5.20-5.35pm	**“Mercy Juma Eric Ochieng”**	Speaker	Dr. Angela Akol	IPAS - Regional Director
	5.35-5.50pm		Speaker	Salima Namusobya	Centre for Reproductive Rights
	5.50-6.05pm		Speaker	Dr. Shakira Chanoora	Generation Equality Forum
	6.05-6.35pm		Keynote Speaker	H.E. Maarten Brouwer	Netherlands Embassy
	6.35-6.50pm		Closing Remarks	Evelyn Opondo	International Centre for Research on Women
	6.50-8.50pm	**90’s ON FIRE - COCKTAIL & NETWORKING**			

WEDNESDAY - DAY 1 (PART 1)

DATE	TIME	HALL: SHARK 1		
		MODERATORS	PANELISTS	PANEL TITLE
21 .6.2023	7.30-9.00am	Gloria Masula	"FP 2030 Youth Focal Point, Zimbabwe (Onward Chironda) FP 2030 Youth Focal Point, Malawi (Comfort Maye Chizinga) FP 2030 Youth Focal Point, Rwanda (Alliance Ishimwe) FP 2030 Youth Focal Point, Zambia (Shalom Mwape) FP 2030 Youth Focal Point, Kenya (Gloria Kathambi) FP 2030 Youth Focal Point, Uganda (Amanda Jean Joan Mary Banura)"	Accountability on FP2030 Commitments (FP2030)
	9.00-10.30am	Hellen Mutsi	"MOH ASRH Representative (Dr. Estella Waiguru) MOH Mental Health (Dr. Nasri Omar); MOH (Hellen Mutsi) AMREF (Kennedy Wakoli) Adolescent Psychologist (Naomi Anyango)"	Mental Health and Adolescents and Young People SRH in Kenya (MOH-KENYA)
	10.30-10.45am	NETWORKING BREAK		

DATE	TIME	HALL: SHARK 1				HALL: SHARK 2A			
		MODERATORS	SPEAKERS	THEMATIC AREAS	TITLE OF PRESENTATION	MODERATORS	SPEAKERS	THEMATIC AREAS	TITLE OF PRESENTATION
21.6.2023	10.45-10.55am	**Dr. Caroline Tatua**	Galgallo Golicha	**Sub Theme 3: Best practices in AYSRH service delivery**	Decentralized Specialist Model; A comparative analysis of adolescent and adult pregnant women concerning obstetric complications in Gombato/ Bongwe ward of Kwale County.	**Gonzaga Ogambi**	**Vidaline Akinyi Omollo**	**Sub Theme 3: Best practices in AYSRH service delivery**	Improving access to ASRH services to adolescents after hours in Western Kenya – AHAP project
	10.55-11.05am		Harrizon Ayallo		Use of WhatsApp chatbot technology to support effective use of HIV Self Testing among youths the private sector in Kenya		**Wendy Adamba**		Title: The role of Pharmacies In promotion of Selfcare concept among youth -Lessons from the Strengthening HIV Self Testing in Private Sector (SHIPS) Project – Kenya
	11.05-11.15am		Sarah Mercy Anyango		"Dial a condom" A community-based strategy towards increasing access to condom and other short-term Contraceptive methods among adolescents and Youth in Rongo Sub County, Migori County		Joshua Oliyo		Addressing Adolescents Sexual Reproductive Health unmet need for Contraception through Binti Shupavu Model of interventions in Homabay County, Kenya.
	11.15-11.25am		crinoline Kiriago		Peer engagement as a model to enhancing contraceptive uptake among adolescent girls;a case study of Binti shupavu clinics in Homabay county.		Kevin Oyugi		Limitations in the implementation of the in-school sexuality education programs in Nairobi, Kenya
	11.25-11.55am		PLENARY						

21.6.2023	**12.05-12.15pm**	Prof. Marleen Temmerman	Faith Anne Nyagichuhi Mararo	**Sub Theme 3:** Best practices in AYSRH service delivery	Impact of a peer-based education program on the sexual and reproductive health knowledge and attitudes among Kenyan medical student volunteers	Maria Torrorey	Kevin Oyugi	**Sub Theme 3:** Best practices in AYSRH service delivery	Meaningful Youth Participation (MYP) in SRHR programming: Right Here Right Now Kenya's Experiences
	12.15-12.25pm		Feddy Collins Otieno Ongola		Meaningful Adolescent and Youth Engagement (MAYE) in Family Planning Service Delivery: Case Study of the Adolescent (A) 360 MAYE framework in Kenya.		Diana Anyango Achola		Self-managed medical abortion in humanitarian settlement: Lived experiences and outcomes in Kakuma refugee settlement, Kenya
	12.25-12.35pm		Joyce Chizi Zuma		Integration of Contraceptives to Reduce Unmet Need Among Adolescents and Young Women at Kinango Sub-county Hospital		Phebian Ina Grant Sagnia		In school adolescents perception of sexuality education in region 1 of The Gambia
	12.35-12.45pm		Regina Kamanga		Meaningful Involvement of Young People to Increase Uptake and Access of Contraceptive Services in West Pokot		Simon Mwangi		Breaking Barriers: Empowering Young Transgenders in Kenya through TIKO – a Technology for Safe and Inclusive Sexual Reproductive Health and Rights: Case Study of the ICRHK- Tiko project
	12.45-01.15pm		PLENARY				PLENARY		
	1.15-2.00pm	**NETWORKING BREAK**							
21.6.2023	**2.00-3.30pm**	**Erick Mundia**	"CRR (Betty Odallo) RHNK (Ritah Anindo) HDI - Rwanda (Christopher Sengoga) MSAKE (Dr. Andrew Were)"	**Panel Title:** Policy and Legal Barriers to Localization of Global SRHR Commitments-Decriminalization of Consensual and non-exploitative Age-Mate Sexual Conduct among adolescents(CRR)		PSK	"HIVST Sales Expert SBCC Expert SHIPS Project Representative Healthcare Provider Public Health Specialist"	**Panel Title:** Accelerating self-care in Kenya using HIVST (PSK)	
	3.40-5.10pm	**Monica Wanjiru**	NYECBO Executive Director (Lorna Nyandat); NYECBO Rightholder (Pamela Omondi); NYECBO Bondo Sub-county RH Coordinator (Dominic Omollo); GEM Duty Bearer	**Panel Title:** Effect of socio-cultural and religious beliefs on implementation of AYSRHR commitments (GEM Trust)		Latifah Njoki	"She Leads Project (Elsie Masava) Girl Advocate, Kwale County (Rehema) ICPD 25 Youth Coalition (Godana Yussuf) RH Coordinator, Kwale (Mohamed Matano)"	**Panel Title:** Role of girl led advocacy in implementation of SRHR commitment (Plan International)	
	5.10-5.30pm	**NETWORKING BREAK**							

	5.30-7.00pm	**SIDE EVENT:** SEX PLEASURE (Beach Front) - **RHNK/IPPF**				**SIDE EVENT:** SEX PLEASURE (Beach Front) - **RHNK/IPPF**			
WEDNESDAY - DAY 1 (PART 2)									
DATE	TIME	HALL: SHARK 1				HALL: SHARK 2A			
		MODERATORS	**SPEAKERS**	**THEMATIC AREAS**	**TITLE OF PRESENTATION**	**MODERATORS**	**SPEAKERS**	**THEMATIC AREAS**	**TITLE OF PRESENTATION**
21.6.2023	10.45-10.55am	**Kenneth Juma**	Stephen Kibindio	**Sub Theme 3:** Best practices in AYSRH service delivery	Holistic Approach in Delivery of SRH Programs to Young Adolescents	**Phebian Ina Grant Sagnia**	Betty Najjuuko	**Sub Theme 3:** Best practices in AYSRH service delivery	Risk Sexual Behaviours that Expose Female Sex Workers to HIV Infections: A Study among Female Sex Workers Attending GHWP Clinic at Kibuye, Kampala City
	10.55-11.05am		Otieno Baker Oyugi		Multi-level and Innovative Approaches to Promoting SRHR: Lessons from RHNK's Programming in Kenya		Milsane Chemutai Kiplai		Leveraging on the Digital Platform to Improve Access to Quality SRH Services Among Adolescents in Bungoma County: A Case of the TIKO Project
	11.05-11.15am		Onward Chironda		"Innovating Service Delivery on SRHR for Young People in their Diversities"		Lynne Wangechi Irungu		"Best Practices in Sexual Reproductive Health Service Delivery for Adolescents and Youths: A Systematic Review"
	11.15-11.25am		Lilian Kemunto Maroko		Improving Maternal Newborn and Child Health Services Uptake and Outcomes Amongst Adolescents and Youths Through Young Mothers' Club in Kwale Sub County Hospital, Kwale County.		Kadiam Brian		Inclusivity and Empowerment. A systematic review of Practices in Delivering SRH Services to Transgender Individuals
	11.25-11.55am		PLENARY				PLENARY		
21.6.2023	**12.05-12.15pm**	**Melanie Olum**	Hambulle Mohammed	**Sub Theme 3:** Best practices in AYSRH service delivery	Connecting supply and demand at the community level: Task-sharing and community	Lilian Nkonge	Robinson Odwor Obunga	**Sub Theme 3:** Best practices in AYSRH service delivery	Involvement of Adolescents and Youths in Health Service Delivery in Health Facilities: Focus on Score Carding
	12.15-12.25pm		Lawreen Sakini		Addressing contraceptive and SRHR service needs of women and girls in resource-constrained settings: insights from RHNK's experience in humanitarian		Janet Akech		Youth Champions: A model to improve adolescent and youth behaviours towards AYSRH service uptake in Rachuonyo South
	12.25-12.35pm		Dr. Eliphas Gitonga		Comparing the Use of Modern Family Planning among native and refugee young Somali women in Nairobi City, Kenya		James Andati		Adolescents, Youth, and Sexual Reproductive Health programming in Kenya: Insights from a desk review of peer-reviewed and gray literature.

	12.35-12.45pm		Aura Dorah		Elwesero young mothers club		Shelmith Wanjiru		Impediments to Women's Agency in Reproductive Decision Making in Humanitarian Settings
	12.45-01.15pm		PLENARY				PLENARY		
	1.15-2.00pm	**NETWORKING BREAK**							
21.6.2023	**2.00-3.30pm**	**Pamella Adhiambo**	"Karen Owende Martin Onyango Susan Saringi Dr. Wambulwa Benard Ms Kiplai Milsane Dr. Sarah Onyango"	Panel Title: The Role of Self-care in promoting access to PHC (RHNK/SCTG)		Norah Mwangi	"Coast Regional Directorate of Children Services - Mr. Migosi Mtwapa Sub-County hospital medical superintendent - Dr. Samia Mabruk. Chief Executive Officer – Pwani Youth Network - Mr. Alfred Sigo Chairperson- Bangladesh Children Support the group - Trace Adhiambo (16 years) Kenya Children Assembly Deputy Governor Mombasa County - Rehema Joseph (17 years) "	**Panel Title:**The forgotten voices 'meaningful participation and advocacy on SRHR among adolescent survivors of sexual exploitation (ICRHK)	
	3.40-3.50pm	**Dr. Benard Wambulwa**	Sherry Muthaura	**Sub Theme 4:** Emerging trends and their effect on localization of SRHR commitments		James Kamande	PSK (Monicah Nthumbi); GVRC (Rebecca Gitau); PSI (Julius Njogu); ODPP Baringo County (Joseck Abwajo); GBV Focal Person Narok County (Chesang Toroitich)	**Panel Title:** Role of girl led advocacy in implementation of SRHR commitment (Plan International)	
	3.50-4.00pm		Ermiyas Males Tasew Dambalash						
	4.00-4.10pm		Jane Nyanjom						
	4.10-4.20pm		Vilda Atieno	**Sub Theme 5:** Effect of socio-cultural and religious beliefs on implementation of AYSRHR commitments	The Impact of Climate Change and Urbanization on Localisation of SRHR Commitments in Kenya			**Panel Title:** Health System Strengthening for Improved Access to Integrated SRH and GBV Health Services (PSK)	
	4.20-4.30PM		Ruth Ajalo	**Sub Theme 1:** Best practices in Localization SRHR commitments and global policies	"The Impact of Social Media on Adolescent Health Information and services.				
	4.30-4.40pm		Margaret Mwaila	**Sub Theme 3:** Best practices in AYSRH service delivery	Value-add of multi-sectoral approach in implementing SRHR and climate change integrated projects for increased resilience: SRHR and Climate Change Project, Kilifi				
	4.40-5.00pm		**PLENARY**						
	5.10-5.30pm	**NETWORKING BREAK**							
	5.30-7.00pm	**SIDE EVENT:** SEX PLEASURE (Beach Front) - **RHNK/IPPF**				**SIDE EVENT:** SEX PLEASURE (Beach Front) - **RHNK/IPPF**			

THURSDAY - DAY 2 (PART 1)

DATE	TIME	HALL: SHARK 1		
		MODERATORS	PANELISTS	PANEL TITLE
22 .6.2023	7.30-9.00am	Dr. Micheal Mungoma	MOH (Dr. Albert Ndwiga) UNFPA (Charity Koronya) KEMSA (Dennis Ndwiga) PSK (Sylvia Wamuhu) PSK (Dr. Anita Achieng) Young Person	**Total Market Approach (TMA):** Solutions to Address Family Planning Needs Through Inclusion of all Market Segments **(MOH-KENYA/UNFPA)**
	9.00-10.30am	Wanjiru Kamanda	"Anglican Church of Kenya, Nairobi (Rev. Boaz Abuko) Legal and Human Rights Center (Gertrude Dyabene) Africa Committee of Experts on the Rights and Welfare of the Child Secretariat Official Executive Director, Network for Community Development, Uganda (Harris Namutebi) Superb C.B.O, Nairobi (Sabra Mariam)"	Litigation as a Promising Practise for Localization of Global Adolescent SRHR Commitments **(CRR)**
	10.30-10.45am	**NETWORKING BREAK**		

DATE	TIME	HALL: SHARK 1				HALL: SHARK 2A			
		MODERATORS	SPEAKERS	THEMATIC AREAS	TITLE OF PRESENTATION	MODERATORS	SPEAKERS	THEMATIC AREAS	TITLE OF PRESENTATION
22.6.2023	10.45-10.55am	**Sylvia Wamuhu**	Lynette Adhiambo Ouma	**Sub Theme 5:** Effect of socio-cultural and religious beliefs on implementation of AYSRHR commitments	The Sociocultural Environment's Impact on Contraceptive Access and Use Among Young People in Burkina Faso, Ethiopia, Kenya, Nigeria, and Uganda	**Dr.Eliphas Gitonga**	**Norah Mwangi**	**Sub Theme 1:** Best practices in Localization SRHR commitments and global policies	The "Counselor nearby strategy" To address depression among sexually exploited adolescents using 'counselor nearby strategy'.
	10.55-11.05am		Alice Odhiambo		Male Engagement Improves Access To Contraceptive Information And Services Among Adolescent Girls And Young Women In Kuria West Sub County Migori County: Experience From Binti Shupavu Program.		**Abigael Sidi Kenga**		Prevalence and correlates of depressive disorders in commercially sexual exploited children and young adolescents: a cross-sectional study in Mombasa, Kenya
	11.05-11.15am		Rose Betty Mukii Wawira		Low uptake of Post Exposure Prophylaxis among Sexual Gender Based Violence Survivors (women) in Turkana County: A Retrospective Study		Israel Nzuki		Leveraging concerts and festivals to promote HIVST, HIV prevention and linkage to care and treatment services: Lessons from implementation science in Kenya
	11.15-11.25am		Grace Bakesia		Effects of Socio-cultural Beliefs on Adolescent Sexual and Reproductive Health Commitments among Male Adolescents in Kakamega County		Lillian Njoki Nyaga		Migori County Adolescent And Youth Ward Advisory Commiteees; A Community Engagement Model In Advocating For The Health And Wellbeing Of The Yougn People

	11.25-11.35am		Wilfred Gambo		Reaching Adolescents and Young People with Sexual Reproductive Health and Rights Information and Services in Religious Institutions.		Wycliff Nzuki Munyoki		**Bridging the Gap:** A Review of SRHR Policies and Legal Framework in Kenya
	11.35-11.55am		**PLENARY**				**PLENARY**		
22.6.2023	**12.05-1.35pm**	**Gladys Kiio**	"GEM Trust Paralegal (Elizabeth Mbuki) MOH Nurse/ GBV Focal Person (Sylvia Kiilu) Children Department, Childrens Officer (Sally Liani) National Police Service, Gender Desk Athi River (emily Mbugua) GEM Trust Field Officer (Winnie Mwanzia)"	Panel Title: Impacts of a contextualized GBV referral pathway (GEM Trust)		Evelyne Muinga	"AMREF University IRC UNFPA"	Panel Title: Understanding health seeking behavior at the intersection of prolonged displacment among refugees in Nairobi, Kakuma and Kalobeyei (AMREF University/IRC/ UNFPA)	
22.6.2023	**1.35-2.35pm**	**NETWORKING BREAK**							
	2.35-3.00pm	**"Mercy Juma Eric Ochieng"**	POSTER PRESENTATION			POSTER PRESENTATION - SHARK 1			

22.6.2023	**3.00-3.10pm**	**Dr. Antony Ajayi**	Zebedee Nyakwara	**Sub Theme 3:** Best practices in AYSRH service delivery	"Intimate Partner Violence And Its Effect On Access To Contraception In Kenyan Universities"	Wendy Adamba	Lucas Robert Mwicigi	**Sub Theme 3:** Best practices in AYSRH service delivery	Use of social accountability to advance Gender Reproductive Equity.
	3.10-3.20pm		Bruce Kinuthia Njuguna		Using Social media to create awareness on Sexual Reproductive Health information and service		Genuine Desireh		Co-designing pharmacy business solutions to increase access to quality contraception and self-care products in Kenya
	3.20-3.30pm		Dr. Estella Waiguru		Addressing Health Care Workers' Behavior Change in the Provision of Youth Friendly Services using Empathways in Homa Bay and Vihiga Counties in Kenya		Laylah Were		Reducing Unintended Pregnancies Among Adolescent Girls (15-19 Years) In Busia County By 2025
	3.30-3.40pm		Precious Kilimo		Increasing adoption of a new contraceptive technology through targeted incentives		Catherine Bhoke		Best practices in the provision of adolescent youth sexual reproductive health and rights (AYSRHR) service; a case in Kuria Migori County, Kenya.
	3.40-4.10pm		**PLENARY**				**PLENARY**		
	4.10-4.30pm	**NETWORKING BREAK**							
	4.30-6.30pm	**SIDE EVENT:** MSK				**SIDE EVENT:** TICAH			

THURSDAY - DAY 2 (PART 2)

DATE	TIME	HALL: SHARK 1				HALL: SHARK 2A			
		MODERATORS	**SPEAKERS**	**THEMATIC AREAS**	**TITLE OF PRESENTATION**	**MODERATORS**	**SPEAKERS**	**THEMATIC AREAS**	**TITLE OF PRESENTATION**
22.6.2023	10.45-10.55am	**Danor Ajwang**	Felix Omondi Makasanda	**Sub Theme 2:** Innovative communication strategies for AYSRHR advocacy and policy	Blended Model of Social Behaviour Change and Communication to Adolescents in increasing Contraceptive Services Uptake, Kwale County	**Wanjiru Kamanda**	Mercy Kipngeny	**Sub Theme 5:** Effect of socio-cultural and religious beliefs on implementation of AYSRHR commitments	Effects of Gender power and social norms in ASRHR; A case of implementation of SHE SOARS project in Bondo sub county, Siaya County.
	10.55-11.05am		Reena Khaiya Atuma		Leveraging on youth champions to enhance budget advocacy on sexual and reproductive health: A Case of Kwale County.		Mat Lowe		Effectiveness of a community-based intervention in changing knowledge of and attitudes towards early marriage in the Gambia
	11.05-11.15am		Nelson Mandela Onyimbi		Assimilation of innovation and new technology in AYSRHR Communication Strategies		Betty Kabari		Demystifying the nexus between CSE and Traditional African Cultures
	11.15-11.25am		Gladys Waruguru		"An analysis of sexual reproductive health outcomes among adolescents: A review of the Kenya		Judith Kimambo		"She is young, and then by bad luck she gets pregnant": Factors influencing postpartum family planning for first-time adolescent mothers in Tanzania, and insights into effective program responses
	11.25-11.35am		Tracy Josephine Ayako		Demographic Health Surveys"		Esther Mutuku		Knowledge and attitudes of Abortion Law in Kenya: Findings from a National Survey.
	11.35-11.55am		**PLENARY**				**PLENARY**		
22.6.2023	**12.05-1.35pm**	**Gonzaga Ogambi**	"Young Community Respresentative CSO Partner RHNK Representative CSO Partner MOH Represenative"	Panel Title: Resilience and adaptation of local health systems, communities and individuals to provide and/or access comprehensive SRHR during climate induced extreme weather events in Samburu County (IPAS)		Achieng Orero	"WomenLink (Rose Wakikona) WPI Uganda (Samantha Agwero) Innocent Indeje "	**Panel Title:** Adolescents' right to treatment and comprehensive sexual and reproductive healthcare (WomenLink Worldwide)	
	1.35-2.35pm	**NETWORKING BREAK**							
	3.35-3.00pm	**POSTER PRESENTATION - SHARK 1**				**POSTER PRESENTATION - SHARK 1**			

	3.00-3.10pm	**Monica Nthumbi**	Pamela Adhiambo	**Sub Theme 1:** Best practices in Localization SRHR commitments and global policies	Promoting Access to SRHR and Accelerating the Achievement of Primary Health Care and Universal Health Coverage in Kenya through Domestication of WHO Self-Care Guidelines	Onward Chironda	John Mushomi	**Sub Theme 5:** Effect of socio-cultural and religious beliefs on implementation of AYSRHR commitments	"Effect of socio-cultural and religious beliefs on implementation of AYS-RHR commitments"
21.6.2023	**3.10-3.20pm**		Lilian Nkonge		Policy Analysis On SRHR, FGM, Child Marriage In Kajiado, Tharaka–Nithi, And Tana River Counties (Break Free Program)		Clement Oduor		Reasons for modern contraceptive non-use and stoppage in humanitarian crises: Experiences from a qualitative study in humanitarian settlements in Kenya and Uganda, East Africa
	3.20-3.30pm		Christine Were		Developing effective models for quality assurance in selected counties in Kenya through pay per performance model (PPPM)		Scolastica Wabwire		Effects of Culture, Education influencing adolescent pregnancy in Samburu County, Kenya
	3.30-3.40pm		Leah Wanaswa		Adolescents and youth perception of quality Sexual Reproductive Health (SRH) in selected counties in Kenya by leveraging the use of a digital platform		Salima Mohammed		Working with Religious Leaders; a Gateway to Accurate SRHR information
	3.40-4.10pm		**PLENARY**				**PLENARY**		
	4.10-4.30pm	**NETWORKING BREAK**				**NETWORKING BREAK**			
	4.30-6.30pm	**SIDE EVENT:** SEX PLEASURE (Beach Front) - **RHNK/IPPF**				**SIDE EVENT:** SEX PLEASURE (Beach Front) - **RHNK/IPPF**			

FRIDAY - DAY 3				
DATE	TIME	HALL: SHARK 1		
		MODERATORS	SPEAKERS	THEMATIC AREAS
23.6.2023	7.30-9.00am	**Rita Anindo**	"MOE (Dickson Ogonya) TSC (Silas Wabuti) Dr. Enow Awah Dr. Benard Wambulwa"	**Breaking the Ice:** A multi-stakeholder plenary on CSE **(RHNK/ MOE & TSC Kakamega)**
	9.00-10.30am	**Dr. James Rotich**	"Amref (John Kutna) County Community Health Strategy (Agnes Chesire) Toroitich Chesang Mombasa County (Nellie Tindile) Religious Leader - Muslim (Sheikh Bashir Somo) FP/SRH Champion - Christian (Pastor Grace Ngotho)"	**DESIP:** Putting equity at the centre of increasing access to sustainable and high quality family planning information and services (PSK)
	10.30-10.45am	**NETWORKING WORKING**		
DATE	**TIME**	**HALL: SHARK 1**		
		MODERATORS	**PANELISTS**	**PANEL TITLE**
23.6.2023	**10.45-12.15pm**	**Dr. Anthony Ajayi**	"APHRC (Anne Achieng) APHRC (Valleria Obure) APHRC (Maureen Ajuoga) APHRC (Sheila Mukabana) APHRC (Beryl Machoka) APHRC (Linet Abuor)"	**Panel Title:** PPA Lived Experiences (APHRC)
	12.15-1.00pm	**Mercy Juma Eric Ochieng**	**POSTER PRESENTATION**	
	1.00-2.00pm	**NETWORKING BREAK**		
CLOSING CEREMONY				
23.6.2023	**2.00-3.30pm**	**Mercy Juma**	"MSK (Dr. Joan Oracha) ICHRK (Dr. Susan Ontiri) IPPF (Gallianne Palayret) Netherlands (Dr. Johnstone Kuya) DANIDA (Halima Ali) FP 2030 (Peter Ngure)"	**Panel Title:** Is localization working? What next?
	3.30-5.00pm	**Mercy Juma Eric Ochieng**	"RHNK (Rita Anindo) Malkia Initiative (Jedidah Lemaron) Zimbabwe (Onward Chironda) FP 2030 (Gloria Masula) BNN Senegal (Secoumasse Badji"	**"Panel Title:** Running the talk ""What youth want"" Presenting Communique"
			"MOH NCPD RHNK IPPF FP2030 CRR Netherlands Embassy DANIDA"	**Signing of Commitments**
			Nelly Munyasia	Closing Remarks
	5.00pm	**VOICE OF THE BRAVE GALA - PP GLOBAL**		

POSTER PRESENTATIONS

POSTER PRESENTATIONS				
NO.	**SALUTATION**	**FULL NAME**	**THEMATIC AREAS**	**TITLE OF PRESENTATION**
1	Ms.	Mollen Onyango	**Sub Theme 1:** Best practices in Localization SRHR commitments and global policies	Mapping Of Srhr Youth Movements And Opposition In Four Universities In Kenya
2	Miss.	Wanjiru Mbinya		Meaningful Engagement Of Girls And Young Women In Their Diversity In Social Accountability Processes And Localizing Global Aysrh Commitments
3	Miss.	Sandra Mahoo	**Sub Theme 2:** Innovative communication strategies for AYSRHR advocacy and policy	Improving Access To Srh Information And Services Among Young People, Adolescents And Women Through Nena Na Binti Hotline
4	Ms.	Stanley Gichiri		Achieving Social Equity By Using A Digital Platform And Behavioural Insights To Empower And Motivate Underserved Adolescents To Utilise Srh Services
5	Mr.	Ian Neville		Factors Influencing Condom Use Negotiation Among Young People In Nairobi
6	Ms.	Purity Allylah Msenya / Anne Kipsuto		Effective Use Of Tiktok To Combat The Triple Threat Of Hiv, Pregnancy, And Gender-Based Violence Among Adolescents In Kenya.
7	None	Zipporah Njoki		The Community Talking Box: Adolescents & Youth Empowerment For Health Advocacy Project (Ayeha)
8	Mr.	Zachariah Kahwai		Using Social Media For Behavior Change Among The Young People Through Sharing Short Films And Thematic Photos On Reproductive Health And Gender Based Violence
9	Mrs.	Mary Ngamau Mwende		Multiprolongedapproach To Reduce Cases Of Teenage Pregnancy In Motosiet Ward, Cherangany Sub County, Trans Nzoia County.
10	Dr.	Leslie Chelimo	**Sub Theme 3:** Best practices in AYSRH service delivery	Efficiency Of Case Referral Pathways For Survivors Of Gender Based Violence Within The Informal Settlements Of Nakuru.
11	Mr.	Cyril Ayopo Malcolm		Using Sports And Peer Education To Improve Access To Srhr Information Among Youth Aged 10- 24 Years In Kacheliba
12	Mr.	Joseph Kyalo Njoroge		Community And Health Systems Barriers And Enablers To Contraceptive Utilization Among Adolescent Girls. A Case Of Migori County In Kenya
13	Miss.	Betty Muchiri		Breaking The Taboo- Menstrual Health And Hygiene Education For Boys As A Step Toward Gender Equality And Menstrual Health Management.
14	Miss.	Anyigo Moleen Achieng		Evidence Based Intervention As An Approach To Increasing The Uptake Of Aysrhr

15	Miss.	Margret Soko	**Sub Theme 3:** Best practices in AYSRH service delivery	Prevalence Of Stress From Menstruation And Coping Strategies Among Early Adolescent Girls In Selected Primary Schools In Livingstonia Zone, Malawi
16	Miss.	Vivian Faith		Improving Tb Case Notification In Counties That Have High Burden In Kenya: Evidence Of A Quality Improvement-Guided Active Case Finding Intervention.
17	Miss.	Alliance Ishimwe		Impact And Reach Of A Hotline To Provide Sexual And Reproductive Health And Rights To Young People In Rwanda.
18	Mr.	Gideon Obuya		Hiv Preventions And Family Planning Among Adolescents And Young People: Case Of Dagoretti Sub-County In Nairobi, Kenya
19	Mr.	Stephen Odima		Adolescent Friendly Antenatal And Postnatal Club Promoting The Uptake Of Maternal And Child Health/ Pmtct Services At Kitale County Referral Hospital, Trans Nzoia County.
20	Miss.	Anne Kipsuto		Chamas for Change: Adapting a community-based peer-support and health education model for pregnant and parenting adolescents in Kenya
21	Mr.	Joey wamunga		Comic 4 a Better Future
22	Mr.	Boniface Onditi		Adolescent ANC/PNC Group Model: A Promising Strategy Increases Uptake Of Immunization and Exclusive Breastfeeding among Children in Saboti Ward, Kitale County
23	None	Lisa Maryanne	**Sub Theme 4:** Emerging trends and their effect on localization of SRHR commitments	A New Quest To Democratize, Localize And Mutualize Aysrh Global Policies; Billi Now Now The Movement.
24	Mr.	Emmanuel Katama	**Sub Theme 5:** Effect of socio-cultural and religious beliefs on implementation of AYSRHR commitments	Engagement Of Youth Champions In Addressing Socio-Cultural Influence To Improve Uptake Of Sexual Reproductive Health Services Among Adolescent Girls In Kwale County.
25	Mr.	Abubakar Amani		Utilization rates of contraceptives services among adolescents and youth in Kipini, Tana river county.
26	Mr.	Evans Otieno		Beyond Words: Advancing Solutions for Gender-Based Violence and Empowering Women and Girls

THEMATIC AREA 1:

BEST PRACTICES IN LOCALIZATION SRHR COMMITMENTS AND GLOBAL POLICIES

ASSESSING THE DETERMINANTS OF TEENAGE PREGNANCY IN VIHIGA COUNTY: A MULTI-STAKEHOLDERS PERCEPTIONS

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Introduction

The teenage pregnancy rate of 25% in Vihiga County was worrying though it may seem low/high compared to the national rate of 30%. Young mothers in Vihiga risk poor maternal and child health, being isolated, attempting unsafe abortions, failure to continue with school, and poverty. This study describes perceptions and recommendations of young mothers, family and community members on why the high rate of teenage pregnancies in Vihiga County and how these can be reduced.

Methodology

This cross-sectional qualitative study was conducted from September 2019 to September 2021 in all the Sub Counties of Vihiga County. Focus group discussions and community dialogues were conducted with purposively sampled adolescent mothers, family members, and workers of government and non-government organizations. Discussions revolve around the drivers and influencers of girls to early pregnancy and possible solutions from the community themselves on how to reduce them. Thematic analysis framed around levels of influence within a social cognitive framework was conducted.

Results

Perceived determinants of teenage pregnancies include: lack of life and social survival skills, lack of knowledge on how to avoid pregnancy, low acceptance/use of contraceptives, neglect by parents, sexual abuse, pressure to contribute to family welfare through early marriage or sexual transactions, lack of community responsibility, media influence, peer pressure, cultural beliefs that promote early marriage/childbearing and lack of role models. Other contributing factors include drug use among boys, poverty, late work hours, long travel distances, e.g., to school, and unsupervised locations like sugarcane plantation thickets. Recommendations participants offered include sensitization seminars and counseling for parents and girls, using the law to punish rapists, involvement of the County Government to campaign against early pregnancies, school dismissal before dark, locally accessible schools and job creation for parents to earn money to support the girls financially. Areas for capacity building were training teachers and community members in transferring empowerment and vocational skills to girls, and construction of homes with separate rooms to support parents' privacy.

Conclusion

The factors associated with adolescent pregnancy in Vihiga County fall under individual, economic, social and physical environmental determinants. Recommendations spanning family, community and government involvement can ultimately empower girls, their families and community members, and support collective action to reduce teenage pregnancies.

LEVERAGING CONCERTS AND FESTIVALS TO PROMOTE HIVST, HIV PREVENTION AND LINKAGE TO CARE AND TREATMENT SERVICES: LESSONS FROM IMPLEMENTATION SCIENCE IN KENYA

Israel Nzuki[1] , Charlotte Pahe[1], Wendy Adamba[1], Harrizon Ayallo[1] , Serah Malaba [2]

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Keywords: *Private sector, HIV Self testing, HIV Prevention, Linkage to care and treatment*

Background

AYP represent a growing share of people living with HIV in Kenya. In 2022 alone, 41% of new HIV infections occurred among Adolescents and young People (15-24 years).The strengthening HIVST in private sector (SHIPS) project aimed to grow the private sector market for HIVST kits for public health impact among young males and females of ages 18-34 and males of 35+ years, a key reason for this approach is that young people at risk of HIV will never go to public health facilities for testing which is why we need to empower the private sector to offer services in traditional settings to normalize and reduce stigma associated. We hypothesized that while young males and females remain underserved by available HIV prevention and self-care information and services, leveraging concerts and festivals could optimally increase awareness on HIV, HIVST and SRH among them and, in the end, achieve the set outcomes

Objectives

1. To determine appropriate platforms to optimally reach young males and females of ages 18-34 and males of 35+ in Kenya.
2. To collect insights that can inform the design of demand creation interventions for the private sector.

Methodology/Intervention

PS Kenya in partnership with media groups conducted 5 events (2 targeting males of 35 + and 3 targeting young males and females of ages 18-34 and males of 35+). The events provided a good platform for the SHIPS project to reach its target segments and increase awareness and purchase of HIVST self-care and other SRH products. During the events SHIPS Project engaged retail pharmacies to support in selling HIVST kits and other SRH products. Brand ambassadors were also involved to drive traffic to the exhibition corner. Additionally, the master of ceremony occasionally mentioned availability of self-care exhibition booth and service offered by program staff onsite.

Results

Overall,6,096 were reached with information on HIVST, HIV prevention, self-care and linkage to treatment and care services. HIVST kits and condoms were the most purchased self-care products during the events. Regardless of the event, high proportion of females were attracted to information provided compared to their male counterparts.

Conclusions

Festivals and concerts can be good referral point for HIV and HIVST services among young people in urban areas and are likely to increase reach in access to effective HIV prevention, diagnosis, treatment and care, including for opportunistic infections thereby enabling people to lead long and healthy lives.

Recommendations

Programs targeting young males and females should leverage on entertainment concerts, festivals and social joint events as they have evidenced to attract the desired target segments

MIGORI COUNTY ADOLESCENT AND YOUTH WARD ADVISORY COMMITEES; A COMMUNITY ENGAGEMENT MODEL IN ADVOCATING FOR THE HEALTH AND WELLBEING OF THE YOUNG PEOPLE

Lillian Njoki Nyaga[1*], Fredrick Ouma[1], Collins ongola[2], Dr. Eunice Mwangi[3]

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Keywords: *Adolescent and Youth (AY), Community engagement, Community Gate keepers*

Background

Adolescents and young adults (10 – 24 yrs.) go through crucial physical, mental, emotional, and social transitions. The engagement of communities in AY health programming enhances the support in the curbing of the existing challenges and break the social cultural obstacles as regards to the health and wellbeing of the AY. Community engagement refers to enhancing participation of parents, AY and community members. This approach provides an enabling environment for promotion of reproductive rights and health of youth, and ensuring youth are better informed about their reproductive health rights as well as have improved access to reproductive health services

Objectives

To establish Adolescent and Youth Ward Advisory Committees as a protection sector sub group to address AY health issues and well-being and to provide a multisectoral approach at the community level that will advocate for the health and well-being of adolescents and youth.

Methodology

In 2018, a baseline survey on AY health and wellbeing was conducted which revealed that 30% of first Ante Natal care visit were adolescents 10-19 years and that 34% of these pregnancies were associated to child marriage. Additionally, 238 girls had been reported drooped out of school due to pregnancies and 50% of the sexual and gender-based cases reported were from adolescents aged 9 to 17 years of age. In response to this, there was mapping of the existing wards per subcounty and a total of forty wards were mapped. Identification of key gate keepers for every ward and an all-inclusive representation including; Teachers, Religious leaders, Local administrators, Village elders, Community health workers, Adolescents and youth, Parents, health facility workers, Police, Ward administrator, Member of County Assembly office and child services office were selected to form a 15-member team. The 15-member team composition led to the formation of Forty (40) ward advisory committees who meet every 3 months (Quarterly). The Quarterly meetings aims to consider all types of AY health and its related issues including advocacy to eliminate child marriages and SGBV.

Results

Through the ward advisory members joint efforts, child marriages that had contributed to 34% of adolescent pregnancies were dissolved and by end of 2021 only 8% of the reported adolescent pregnancies were associated to child marriage. Further 728 girls were readmitted back to school by January 2021 and there was identification of vulnerable adolescents for education subsides and 6483 both boys and girls were linked for Education subsides. After 3years, a Biannual stock taking of the AY health indicators was conducted for July to December 2022 compared to same period past 3 years. The finding showed that there was decline of adolescent pregnancy from 23.5% 2019 to 19.8 % 2022, SGBV cases reporting within 72 hours adolescents below 17 years of age reduced from 319 in 2020 to 130 in 2022.

Conclusion

The AY live under the care of their parents, guardians and the community at large. Its therefore, important to have inclusion of parents and key community members such as guardians and community gate

keepers in the AY health interventions. The inclusion of communities in AY health programming will support in the curbing of the existing challenges and break the social cultural obstacles as regards to AY health and wellbeing.

Recommendations

The organizations dealing with AY health therefore need to embrace this approach during their program design and planning with consideration of an effective AY referral system to the facilities.

POLICY ANALYSIS ON SRHR, FGM/C, CEFMU IN KAJIADO, THARAKA–NITHI, AND TANA RIVER COUNTIES (BREAK FREE PROGRAM)

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Keywords: Adolescent SRHR, FGM/C, CEFMU, youth participation, SRHR policy

Background/Significance

Plan International Kenya through the Break Free project conducted a policy analysis on the legal and policy environment in relation to Female Genital Mutilation/cutting (FGM/C) and Child Early and Forced Marriage (CEFMU) in Tharaka-Nithi, Kajiado and Tana-river counties in Kenya. The analysis sought to identify the gaps, weaknesses and opportunities in the implementation of global SRHR commitments such as SDGs 3 (Good health and wellbeing) and 5 (Gender Equality); ICPD25 commitments 13(End Female Genital Mutilation by strengthening coordination in the area of legislation and policy framework, communication and advocacy, evidence generation and support cross border collaboration on elimination of FGM by 2022) and 14(Eliminate, by 2030, all forms of gender based violence, including child and forced marriages, by addressing social and cultural norms that propagate the practice while providing support to women and girls who have been affected.) The desired outcome was to develop advocacy strategy for the project.

Objectives

To assess the extent to which the existing policies, plans and legislation on SRHR, FGM/C and CEFMU are implemented and monitored at County and National levels

Methodology/Interventions

The study employed a qualitative methodology involving FGDs and KIIs. Additionally, a desk review was conducted on existing policies, legislations and budget frameworks. A total of 29 KIIs were conducted; 22 at county level and 7 at national level involving individuals purposefully selected from organizations and government agencies implementing interventions on SRHR, FGM/C, CEFMU. At county level a total of 14 FGDs each comprising of 8 respondents were conducted using child friendly methodologies to engage adolescents in school s settings. Data collected was transcribed from all handwritten notes and audio recordings, organized, reviewed, and categorized alongside themes and phrases.

Results

SRHR, FGM/C and CEFMU are addressed by robust legislative and policy frameworks at national and county levels with Kajiado and Tana-River counties having domesticated the national Anti-FGM policy. However, the enacted policies are yet to be resourced and fully implemented. Lack of up-to-date data, inadequate resources and lack of awareness, were reported as significant barriers to the efficient implementation. Notably, there is no policy specifically addressing teenage pregnancy hampering coordination of the multisectoral efforts. Additionally, key policies including ASRH (2015) policy lack clear review mechanisms in their lifetime leaving an implementation vacuum when they lapse. Adolescents reported a number of challenges faced when accessing and seeking SRHR information, education and services ranging from a low awareness on the policies and laws relating to SRHR, negative attitudes of healthcare providers and cultural barriers. Although youth participation

is recognized as a principle of governance, lack of clear standards to guide public participation, limited civic education and incoherent participation logistics were reported as significant barriers. Civil Society Organization (CSO) advocacy efforts in Kenya have contributed to an increasing recognition of SRHR, FGM and CEFMU as national agenda and increased the government's commitment to improve adolescent health and wellbeing.

Conclusions

Although there are various national policies, legal, institutional, and budget frameworks in place to safeguard adolescent SRHR, and end FGM/C and CEFMU, implementation has been a challenge. Additionally, there are policies that need to be revised and implemented to the local level to ensure their effectiveness.

Recommendations

Develop more laws, policies and frameworks tailored to address the burden of teenage pregnancies in the country. Review the marriage Act marriage (2014) and ASRH policy 2015 and establish mechanisms for review of other existing policies during their lifetime. Strengthen resourcing and coordination for implementation of policies at grassroot levels.

MAPPING OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS MOVEMENTS INCLUDING THE OPPOSITION IN FOUR KENYAN UNIVERSITIES

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Keywords: *Contraceptives, HIV, Safe abortion, SRHR, STI*

Background/Significance

Young women and men, especially those aged 15-24, encounter various sexual and reproductive health and rights (SRHR) challenges, such as inadequate access to information to manage their sexuality, high rates of unintended pregnancies, sexually transmitted infections, and unsafe abortions. The issue is further compounded by stigma and the costs associated with accessing SRH services, including safe abortions. The affected age group is mostly composed of high school and campus/college students. For a deeper understanding of the SRHR challenge in the universities, MSAKE, an Association of Medical Students with a broader aim of building a resilient social movement of young Medical Health Care Professionals who can positively influence and advocate for the discourse of SRHR commissioned a mapping to assess youth movements and opposition groups within four Kenyan universities so as to design interventions within the universities that can remedy the challenge.

Objectives

The mapping exercise was guided by the following three objectives.

1. To map the youth movements that can foster access to SRHR information and services, including safe abortion in the four universities.
2. To develop an understanding of the opposition groups and their tactics in engaging young people in the four universities.
3. To document recommendations to inform the development of advocacy strategies to effectively engage young people in the four universities.

Methodology/Interventions

The mapping exercise employed a qualitative methodology that sought to explore the presence of, focus and nature of youth movements on university campuses. Through the use of open-ended surveys, interviews and document analysis rich data was gathered on the perspectives, experiences, and goals of youth movements as well as garner insights on the nature and approach of the opposition in engaging

students in the 4 campuses. Qualitative mapping is particularly valuable in identifying the needs and priorities of university students and in developing suggested targeted interventions by providing a deeper understanding of the target audience's needs and perspectives.

Results

The mapping exercise found that gender-based violence, lack of access to comprehensive information and contraceptives, and a lack of access to safe abortion rank as the top three concerns for university students. Youth movements have tremendous potential to provide a safe space for students to discuss these sensitive topics and collaborate on ways to address gaps in SRHR services on campus. In terms of movements and organizations that were working to enhance access to SRHR, The Standing Committee on Sexual and Reproductive Health and Rights including HIV and AIDS (SCORA) and Respekt were the most well-known groups. The two organizations were present across all 4 campuses and were perceived as the most effective youth movements on campus, with both prioritizing peer-to-peer learning and developing messages and approaches that respondents felt responded to the needs of students. Opposition groups continue to gain traction among students across the four campuses through their highly collaborative and well-organised events which include annual pro-life marches, and regular student conferences. They are currently partnering with 12 universities including the 4 universities that the MSAKE engaged. University student engagement is a documented priority for the opposition which seeks to engage and nurture the next generation of champions.

Conclusions

The opposition continues to gain traction among students on the 4 campuses owing to their collaborative efforts running events together targeting students. Gender-based Violence, Lack of Access to comprehensive information and contraceptives continue to raise concerns on the issue of STIs with HIV/AIDS being the most prevalent concern among students

Recommendations

Medico-Legal approach to advocacy needs to be enhanced: Catalytic engagement of law students and broader MSAKE bodies such as pharmacists, and clinical officers, is crucial to nurture access to accurate information and services. The utilization of social media as the main avenue to engage and collaborate with students on SRHR issues.

THE "COUNSELOR NEARBY STRATEGY" TO ADDRESS DEPRESSION AMONG SEXUALLY EXPLOITED ADOLESCENTS, MOMBASA, KENYA

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Keywords: *Commercial sexual exploitation of children; Violence Against Children; Kenya Counselling and Psychological Association; Focus Group Discussion*

Background/Significance

CSEC is a widespread and global concern. The VAC 2019 report estimates that about 32% of girls and 16% of boys experience sexual violence before the age of 18 years in Kenya. CSEC has negative impacts on both the physical and mental health of adolescents. However, in Sub-Saharan Africa, there is limited research on the mental health outcomes of CSE survivors. Additionally, MH mental health services are inadequate in low- and middle-income countries yet the psychosocial needs are significant, especially in vulnerable populations such as CSEC. The intervention included identifying depressed adolescents and offering psychosocial support at the health facilities. However, the adolescents were not willing to attend counseling sessions at the H/C because of the convenience fee, others complained that the facilities were far from their homesteads, and many preferred young counselors. Therefore, ICRHK worked with the MOH and counselors from

the KCPA to implement the "counselor nearby" strategy to address depression and provide counseling services closer to adolescents by youthful counselors aged between 30-35 years.

Objectives

To address depression among sexually exploited adolescents using the *'counselor nearby strategy'.*

Methodology/Interventions

We trained CHVs on the identification of CSEC in the community. Clustered them into cohorts of 6-8 based on age, gender, and social status. They were required to attend at least 6 group therapy sessions of 1-2 hours per week. Topics discussed included sex and sexuality, healthy relationships, child protection, age-appropriate FP information, and appropriate decision-making. Sessions were held on weekends at the community social hall or places of worship. The confidentiality and comfort of adolescents were safeguarded. We engaged 8 professional counselors with the project staff curated the counseling curriculum. PHQ9 was used to measure their depressive disorder. After implementing for one year, we conducted FGDs with adolescents (13-17 years) using convenience sampling.

Results

A total of 885 adolescents aged between 13-17 years joined the program and were assessed for depression. Of these, (395) 47% were found to be depressed and enrolled for psychosocial support. Of these, 65% (243) completed the 6 counseling sessions, while 35% (152) left early due to a myriad of factors such as unavailability due to school schedules, competing house chores at home, and non-supportive caregivers/parents. Of those who completed six sessions depression levels reduced from 6% in the first session to 2% in the sixth session. Out of 64 adolescents who participated during FGDs, the majority preferred the 'counselor nearby strategy, because counseling was conducted near their homestead with no cost implications. Also, from the findings, they felt comfortable due to familiarity with the environment and formed peer relationships for support.

Conclusions

The "Counselor nearby" approach is an attractive potential strategy that allows adolescents to interact with one another, offer encouragement, used learned coping mechanisms, and formed peer relationships for support. Moreover, it addresses counseling concerns of sexually exploited adolescents such as convenience fees, proximity to facilities, and preference of young counselors.

Recommendations

Mental health programs should encourage more community-designed programs to sensitize community members on the importance of mental health, especially adolescents to support each other.

PROMOTING ACCESS TO SRHR AND ACCELERATING THE ACHIEVEMENT OF PRIMARY HEALTH CARE AND UNIVERSAL HEALTH COVERAGE IN KENYA THROUGH DOMESTICATION OF WHO SELF-CARE GUIDELINES

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Keywords: *Self-care, SRHR, Universal Health Coverage*

Background/Significance

Access to essential health services including sexual reproductive health, remains a significant challenge for half of the world's population. In Kenya, 1 in every 5 girls between the ages of 15-19 is either pregnant or already a mother, and seven girls die every day due to unsafe abortions. Furthermore, 14% of married women in Kenya aged 15-49 have an unmet need for family planning, with 43% of pregnancies being unplanned; which limits their ability to prevent unintended pregnancies and plan their families. The World Health Organization's (WHO) Self-care guidelines aim to address these SRH challenges by placing individuals at the

center of their own health. Self-care interventions have the potential to remove barriers that prevent individuals, particularly those from marginalized groups, from accessing health care, including SRHR information and services. By adopting these guidelines, Kenya can address key SRH related issues and fast track progress towards achieving Universal Health Coverage.

Objectives

To highlight the importance of institutionalizing self-care as part of the healthcare system in Kenya to address the challenges of accessing SRH services, particularly for marginalized groups, and to achieve Universal Health Coverage.

Methodology/Interventions

Kenya successfully institutionalized self-care into policy through a collaborative approach involving CSO, self-care partners, and the Ministry of Health. The initial phase focused on raising awareness on the benefits of self-care in promoting SRHR through digital platforms and advocacy by a self-care TWG convened by RHNK, to ensure its adoption. Through partners' advocacy efforts, the Ministry of Health initiated domestication of the WHO self-care guidelines that involved the ideation, drafting, finalization, and validation phases. The Ministry of Health collaborated with different partners during each phase of the process to garner stakeholder buy-in and development of a comprehensive and inclusive guideline.

Results

Kenya finalized the National Guideline for Self-care in Reproductive Health, that provides guidance to healthcare providers and other actors within the healthcare system with an aim of providing optimal support for self-care in reproductive health optimal support for self-care in reproductive health. The priority areas addressed in the guideline are Maternal and Neonatal Health, Family Planning, Infertility, and cross-cutting reproductive health issues. These priority areas are further organized under three broad categories: self-awareness, self-diagnosis, and self-management of individuals' reproductive health. The guidelines also highlight pathways and considerations for self-referral and the use of innovative strategies like telemedicine to promote access to comprehensive reproductive health for better health outcomes. The guideline emphasizes the importance of individual-centered healthcare and promoting awareness and uptake of self-care interventions for SRH.

Conclusions

In conclusion, institutionalizing self-care as part of the health system in Kenya is a critical step towards achieving UHC. By prioritizing self-care interventions, Kenya can optimize access to safe, affordable, effective, and quality care for individuals; and help address the challenges of accessing essential health services, particularly for marginalized groups.

Recommendations

The WHO Self-care guidelines provides a comprehensive framework for scaling up self-care interventions. To ensure the success of self-care interventions, it is therefore crucial to support global policies, programs, financing, and regulations that promote self-care as an integral and complementary component of a strong healthcare system.

LITIGATING MATERNAL HEALTH RIGHTS IN UGANDA

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Keywords: *SRHR – Sexual and Reproductive Health and Rights, ICESCR – International Covenant on Economic, Social and Cultural Rights, ICPD – International Conference on Population and Development, Maternal Health*

Background/Significance

Uganda is a signatory to many international instruments through which it has commitments to improve the right to health for all. These include the ICESCR, Maputo Protocol, ICPD etc. However, in practice, these commitments have not been implemented. While the country committed to increase funding for health to 15% threshold under the Maputo Protocol, the funding oscillated between 6% to 9%. Under the SDGs, Uganda committed to reduce maternal death from 336/100,000 to 70/100,000 by 2030. It is evident the commitment to achieving this is out of reach. As a result of non-implementation, Uganda witnesses increased cases of maternal mortality among young people. To respond to government's non-implementation, CEHURD filed a strategic case challenging the actions and omissions of government. In 2011, CEHURD and others filed Constitutional Petition No. 16/2011 against government seeking to challenge Government's omission to adequately provide basic maternal health services and commodities in public health facilities as contravening the right to health, life, rights of women and freedom from cruel, inhuman and degrading treatment. The suit was premised on the wrongful deaths. This Petition sought to challenge actions and omissions of the Government for failure to provide basic indispensable maternal health facilities, inadequate number of health workers to provide maternal health services, inadequate budget allocation to the maternal health sector, frequent stock outs of essential dugs, lack of emergency obstetric services at health facilities, non-supervision of public health facilities and the unethical behavior of health workers towards expectant mothers which is said to have led to death of women during child birth.

Objectives

To highlight the importance of Strategic Litigation in expanding the implementation of the commitments of made under various International and regional frameworks. Highlight the importance of funding for better maternal health services.

To draw the intersection between Strategic Litigation as an advocacy tool and other conventional advocacy approaches in ensuring the realization of commitments for Adolescent and Young Peoples SRHR. as Role of government in ensuring better maternal health care services.

Methodology/Interventions

This Abstract is based on a strategic litigation case popularly known as Petition 16 (Center for Health, Human Rights and Development (CEHURD) and others V.A.G, Constitutional Petition No. 16 of 2011). It challenged Government's omission to adequately provide basic maternal health services and commodities in public health among others. The suit was premised on the wrongful deaths 2 mothers at Arua Referral Hospital and Mityana District Hospital. CEHURD has positively used the case to engage stakeholders including parliament and Ministry of Health. As a result, the positive actions have been taken by government to improve SRHR.

Results

As an outcome of this Strategic Litigation case and the subsequent advocacy engagements, Uganda has witnessed increased budget allocation for the provision of critical SRHR services that directly related to the judgment. For example, Budget allocation for blood Mobilization collection, processing and distribution increased from 17 billion to 23 billion. This is critical in dealing

with maternal deaths arising from hemorrhage. The Ministry of Health also conducted maternal health audits, highlighting major causes of maternal deaths and actions that need to be undertaken to address maternal deaths. This has been submitted to parliament for subsequent action. The government has also undertaken a program aimed at building the capacity of health workers to manage maternal cases. This is through ongoing mentorships and training. Petition 16 also has been critical in strengthening relationship with the Ministry of Health. The ministry on numerous occasions alluded to the fact that the cases highlighted the real challenges that the ministry has faced but that no one was talking about. The case became a tool for the ministry to consistently argue for increased budget allocation to the health sub programme. A panel of 5 Justices of the Constitutional Court of Uganda delivered a positive judgment. Court declared that the Government's omission to adequately provide basic maternal health care services and emergency obstetric care in public health facilities violates the right to health, the rights of women, the right to life and freedom from cruel, inhuman and degrading treatment. Government was ordered to prioritize maternal health; ensure training of staff involved in maternal health services; and to compile a report on the state of maternal healthcare and submit the same to Parliament with a copy to Court. The Court also gave damages to the relatives of the deceased.

Conclusions

Through litigation, the importance of funding for better maternal health has been highlighted and has expanded on the implementation of the commitments made under the various International and Regional Instruments. Litigation has been utilized as an advocacy tool in ensuring the realization of commitments for Adolescent and Young Peoples SRHR.

Recommendations

Utilizing litigation as an advocacy tool continues to contribute to the realization of commitments for Adolescent and Young People's SRHR

Funding for maternal health ought to be prioritized in order to achieve better and accessible services of Adolescents and Young People

Government should be intentional in ensuring better maternal health care services for the Adolescents and Young People

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DEVELOPING EFFECTIVE MODELS FOR QUALITY ASSURANCE IN SELECTED COUNTIES IN KENYA THROUGH PAY PER PERFORMANCE MODEL (PPPM)

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Keywords: *Quality of care, Performance-based QA model, Provider competency, Client satisfaction, Franchisor accountability*

Background/Significance

As countries commit to achieving Health for All, it is imperative to carefully consider the quality of care and health services. Quality health care can be defined in many ways but there is growing acknowledgement that quality health services should be effective, safe, efficient and integrated to meet the needs of the target populations. This is, however, still a barrier especially in private sector facilities. Feedback from various surveys done by Triggerise including client rating (CR) from the Tiko platform, mystery client (MC), client exit interviews (CEIs) and joint supportive supervision reports show that quality assurance (QA) and quality improvement (QI) gaps within facilities affect quality of service delivery and client satisfaction. Other barriers include provider competency, commodity stock outs and un-coordinated support supervision to private facilities. The barriers affect access and utilization of health services as well as method continuation (repeat method uptake) and client satisfaction.

Objectives

According to the World Health Organization (WHO) framework of health system building blocks, health service delivery is considered to function well when equitable access to a comprehensive range of high-quality health services is ensured within an integrated and person-centred continuum of care. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge and is critical for achieving universal health coverage.

Methodology/Interventions

Triggerise through the In Their Hands (ITH) Development Impact Bond (DIB) project implemented a performance-based QA model approach in 12 counties in Kenya through partnership with organizations who operate franchise networks. Franchisors through franchisees then became responsible for ensuring that service provided to the target clients is of quality and is satisfactory to Tiko platform users. The goal of pay per performance QA model (PPPM) ensures that the franchisor is held accountable for the quality of service offered and that the services are offered according to the laid down quality standard as well as client accountability through client satisfaction feedback surveys (CEIs, CR, MC). Some of the metrics that have been tracked to measure quality of service and client satisfaction include service rating by the clients, method information index, clinical audits to include competency assessment scores, legal compliance scores among others.

Results

The Tiko platform recorded that the average provider platform ratings for clinics and pharmacies, respectively, was 4.88 points out of a maximum of 5 points. This indicates service providers are currently offering higher quality services, which meet the needs of service users. According to our current pay per performance model, a provider with a rating of 5 is paid 10% of the quality assurance fees, the other key performance indicator linked to CEIs is a method information index where by a service provider with a score of 90-100% earn 20% of the QA fees and those with a score of 50-89% earn 10% of the QA fees, while those with the score of less than 50% do not earn anything. From the quarterly support supervision audits, Triggerise has been able to assess the quality of services by providers from a quality assessment checklist that includes clinical governance, competency assessment and legal compliance among other standards. This has strengthened the quality of services, as now the franchisors are earning more whenever the service providers achieve all the standards captured in the checklist - about 70% of the overall QA fees.

Conclusions

Provision of quality health services is crucial for achieving universal health coverage and improving client satisfaction. Triggerise's performance-based quality assurance model, implemented through partnerships with franchise networks and through the Tiko platform, has shown positive results in enhancing service quality. By holding franchisors accountable and incorporating client feedback, the model promotes high-quality service delivery and enhances the effectiveness of healthcare systems.

Recommendations

Organizations should prioritize quality of care and health services, ensuring they are effective, safe, efficient, and integrated. Implement performance-based quality assurance models, hold franchisors accountable, and address barriers like provider competency and promote client accountability through feedback systems. Triggerise's approach, including client ratings, has shown positive results in improving service quality.

ADOLESCENTS AND YOUTH PERCEPTION OF QUALITY SEXUAL REPRODUCTIVE HEALTH (SRH) IN SELECTED COUNTIES IN KENYA BY LEVERAGING THE USE OF A DIGITAL PLATFORM

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Keywords: *Digital health platforms, SRH, Adolescent SRH*

Background/Significance

With 18% of adolescent girls between the ages of 15 and 19 starting their families, Kenya has one of the highest rates of adolescent pregnancy in the world. In Kenya, almost one-third of Adolescent Girls and Young Women (AGYW) pregnancies are unplanned. 19% of girls in this age group are at risk of unwanted pregnancy and have unmet needs for contemporary contraception. Despite the numerous interventions that have been put in place, there has been little transparency and accountability from providers regarding the contraceptive services they offer. Similarly, they lack incentives or motivation to address any quality issues for the delivery of contraceptive services to AGYW.

Objectives

Research has shown that the provision of adolescent friendly services greatly improves the uptake of SRH services. In order to encourage the delivery of high-quality services throughout a network of public and private health facilities and pharmacies, Triggerise has Quality Assurance mechanisms as a critical part of SRH service provision. The Tiko digital platform is used to gather real-time feedback from both service recipients. AGYW are able to provide feedback on service providers by a method of client rating and by participating in client exit interviews. The feedback collected is shared with service providers in order to promote learning and improve the quality of service provision to the AGYW. This quality assurance process also serves as a motivator to providers as clients influence the uptake of services from providers from whom they have experienced good quality services. Good performing providers and facilities are then awarded with certificates of recognition in order to emphasise the significance of the quality assurance process and encourage improved uptake of services.

Methodology/Interventions

After receiving a service at a Tiko supported clinic or pharmacy, AGYW enrolling on the platform with mobile phones are encouraged to rate the quality of the contraceptive counselling and services they got. Further, every quarter client exit interview surveys are conducted at particular times during the quarter with AGYW exiting service delivery points to assess the quality of counselling and services received. We ask questions on general client satisfaction, based on method information index plus (MII). AGYW are rewarded for rating services in the form of Tiko points that may be redeemed for sanitary products, stationery and other products at nearby stores. Real-time dashboards are used to track the ratings and flag any facility needing help to improve the quality of counseling and of services offered. Ratings are applied to promote provider responsibility and accountability through the following methods: distributing certificates of recognition to the top-rated providers, using client ratings to determine payment given to the service providers and training service providers to address client feedback. AGYW favors visiting establishments with a good reputation. Triggerise also ensures that this feedback reaches the service providers through monthly reports and facility visits so that clinical outcomes and user satisfaction scores are discussed and action plans developed. This serves to further support the delivery of high-quality AGYW services and shifts the focus toward patient centered quality care.

Results

Between 1st January 2022 and 30th December 2022, 186,392 AGYW received contraceptive counselling and services. Of these, 30% (55,010) provided a rating of the quality of services received. The average provider platform ratings for clinics and pharmacies, respectively, was 4.88 points out of a maximum of 5 points. 98% (53,909) of the girls reported that the healthcare provider was approachable and engaging

which is a measure for adolescent friendly services. 44% of girls served during this period were not informed of the potential side effects of their method of choice and were neither informed of alternative methods of contraception. Data gathered over 5 years of implementing the Tiko platform programming in Kenya indicates that higher rated facilities attract the most visits from AGYW as the girls refer their peers to providers they have rated highly. Rating data on Tiko programming is therefore critical as this also influences how providers engaging through Tiko are remunerated. 10% of payment received by Tiko franchisees is influenced by customer platform rating feedback, whereas client exit input on the quality of care accounts for 20% of fees paid to franchisees. Our data shows ratings data being influential in provider performance. Between January and December 2022, customer ratings improved, with 7/8 franchisor networks receiving ratings of 4 points or higher. Moreover, there was a significant improvement in the rating of the quality of services received within this period, with five franchisor networks surpassing the 90% quality threshold as opposed to none between January and December 2021. Overall, the examination of data on these ratings metrics shows that enhanced client satisfaction is a clear indication of gradual development. Overall, the examination of the client satisfaction metrics showed that enhanced client satisfaction supports increased uptake of SRH services and contributes to improved client care to girls.

Conclusions

The use of digital platforms has shown to significantly improve a number of elements, including greater data sharing and analytics, which result in more accurate projections as well as better preventative healthcare. As technology develops, the usage and provision of more creative solutions and SRH outcomes will be achieved.

Recommendations

By utilizing digital platforms, capacity building efforts will increase service providers' ability to enhance patient outcomes, streamline the provision of healthcare services, boost patient involvement, and cut costs.

BRIDGING THE GAP: A REVIEW OF SRHR POLICIES AND LEGAL FRAMEWORK IN KENYA

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Keywords: *Sexual Reproductive Health Rights, Policies and legal framework, Universal health care, Adolescents and young people*

Background/Significance

The general state of one's health and well-being depend on one's access to sexual and Reproductive Health and rights (SRHR). Kenya's promise of the right to universal health care is enshrined in the Constitution Article 43(1(a) points to improved SRHR for all. Further, Kenya has elaborate policies and legal structures that speak to SRHR. Notable of these, include but are not limited The National Reproductive Health Policy (NRHP) 2023-2032, The Kenya Constitution 2010 and Persons with Disabilities Act 2019. However, there exists a gap in how these policies are being implemented which has resulted in high maternal mortality, unsafe abortions, and unmet contraceptive requirements among adolescents and young people.

Objectives

The overall objective of this proposal is to evaluate Kenya's SRHR policies and identity gaps that impede the attainment of the right to universal health care for all. The study will be guided by the following specific objectives:

1. To evaluate Kenyan policies and legal framework on SRHR
2. Identify the gaps in the policies and legal framework on SRHR.
3. Suggest strategies and recommendations for promoting SRHR in Kenya. The above objectives are aimed at establishing how effective Kenya SRHR-related policies and

legal framework are, for promoting SRHR outcomes.

Methodology/Interventions

This proposal applies a systematic content analysis on SRHR policies in Kenya. Multiple sources, policy documents and legal framework that touches on SRHR will be Sampled for review. Primary areas of attention include review of The National Reproductive Health Policy 2022-2032, The Kenya Constitution 2010 and Persons with Disabilities Act, 2019.

Results

These policies fail to address adequately some of necessary unique SRHR needs and concerns of young women and adolescent girls. For instance, The National Reproductive Health policy (NRHP)2022-2032 requires age of consent a mandatory entry point to access of SRHR services which leaves out a large population from accessing SRHR services. Additionally, Additionally, it excludes a significant portion of unmarried women by only allowing couples to access fertility services. There is a disconnect between the promise of the Constitution of Kenya 2010 and the reality of women and girls to access to their SRHR as per article 43 which guarantees right to the highest attainable standard of health, including reproductive health. Moreover Article 35, provides for right to access information, contrary most of the girls and young women do not have access to information of contraceptives and sexual education. Lastly, The Persons with Disabilities Act, 2019 has never been fully implemented due to lack of budget allocation by the government to establish necessary institutions such as National Council for Persons with Disabilities (NCPD) and services for persons with disabilities. Furthermore, since most individuals are unaware of the act's provisions, there is a need to raise awareness of them.

Conclusions

The NRHP was developed without meaningful engagement with the youth-led organizations. Additionally, there was no awareness drive and mobilization of Persons with Disabilities Act, 2019. Lastly, for the Kenya Constitution 2010 article 35 and 43 to be realized the Universal Health Coverage policy should be implemented at county levels.

Recommendations

We suggest that the government review the NRHP in collaboration with youth lead organizations through meaningful engagement. The government in conjunction with NCPD should ensure that the Persons with Disabilities Act is actualized across the country and the Universal Health Coverage Policy implemented through the county health officials.

MEANINGFUL ENGAGEMENT OF GIRLS AND YOUNG WOMEN IN THEIR DIVERSITY IN SOCIAL ACCOUNTABILITY PROCESSES AND LOCALIZING GLOBAL AYSRH COMMITMENTS

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Keywords: *Access to justice, Protection against Violence Act, Protection against domestic violence Act Rules*

Background/significance

In Kenya, adolescent and young people consist of a third of the total Kenyan population (KNBS2019). These young people especially girls and young women, face a myriad of challenges like early and unintended pregnancies, vulnerability to HIV acquisition both compounded by gender-based violence leading to poor sexual and reproductive health outcomes. One of the Convention on the elimination of all forms of discrimination against women (CEDAW) recommendations to Kenya in 2017 was recommendation number *23. a) Ensure the strict enforcement of the protection against domestic violence Act, including by allocating adequate human and financial resources b) Increase the investigation, prosecution and conviction rates in cases of sexual*

and gender -based violence throughout the state party including in informal settlements and in camps for internally displaced persons and refugees. These recommendations require that the Protection Against Domestic Violence (PADV) Act of 2015 be implemented fully, to achieve this, the dissemination of the PADV Act rules that were gazette in 2020 is critical. Despite the gazettement, the rules have not been disseminated and implemented making the implementation on recommendation 23 impossible and compromising access to justice.

Objectives

To facilitate meaningful engagement of girls and young women in their diversity in decision making in formal and informal institutions to influence implementation of CEDAW recommendation on protection of girls and young women on gender-based violence.

Methodology/Interventions

African Gender and Media Initiative Trust (GEM Trust) with support from the She Leads program employs an intersectional approach to ensure that girls and young women (GYW) in their diversities have the capacity to advocate and access decision-making spaces to influence policies and laws for issues affecting them at the National level. GEM Trust in 2021 and 2022 built the capacity of 80 GYW aged 17-24 years on advocacy and linked them to decision-making spaces mainly gender sector working groups and the State Department for Gender and Affirmative Action, Anti-Gender Based-Violence Directorate. Through this intervention, these girls have been able to influence the launch and dissemination of the PADV Act rules and participate in policy discussions within these working groups and engage the directorate on matters of gender equality.

Results

Through capacity building and creating spaces for advocacy, GYW have been influenced by the PADV Rules 2020 dissemination. These rules are aimed at giving effect to the law specifically, the complexity of the procedure of applying for a protection order and the high court fees. Victims approach court using legal pleadings like notices of motion supported by affidavits, meaning that they require lawyers; the rules have made this easier by introducing protection order application forms free of cost and are accessible to the general public. The custodians will be the police, chiefs and sub-chiefs, civil society organizations (CSOs) and Children officers, among other duty bearers. Lack of trust in the security system, social and family pressures, or the fact that reporting a crime to the formal legal system might jeopardize the victim's safety, are well-known factors that prevent reporting cases of domestic violence. The rules have also introduced a confidentiality section in the protection order for those who need it. On obtaining protection orders, the rules require the courts to issue final protection orders within 60 days. The rules require that once the court issues an interim protection order, it calls upon the respondent/perpetrator to give reasons within 7 days. This is in the interest of justice and accordance with both the Constitution and the PADV Act.

Conclusions

Girls and young women are affected by intimate partner violence, impacts their well-being. These rules will go a long way in ensuring that violence is deterred and where necessary, justice is served. There is need to sustain the engagement with right holders to ensure that change is sustain and challenges addressed.

Recommendations

We recommend that the relevant arms of government ensure that these rules are disseminated both to duty bearers and right holders in order to enhance access to justice.

THEMATIC AREA 2:

INNOVATIVE COMMUNICATION STRATEGIES FOR AYSRHR ADVOCACY AND POLICY

BLENDED MODEL OF SOCIAL BEHAVIOR CHANGE AND COMMUNICATION TO ADOLESCENTS IN INCREASING CONTRACEPTIVE SERVICES UPTAKE, KWALE COUNTY

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Keywords: *Human Centred Design, Co-creation, Appreciative inquiry, Social ecological*

Background/Significance

In Kenya, only 59% of sexually active unmarried women use a modern form of contraception, with 19% unmet need for family planning. 15% of women between the ages of 15 and 19 have ever given birth, 12% have given birth to live children, and 1% have lost a pregnancy. Based on this information it can be inferred that Kwale has an even higher unmet need for family planning than the national average, at 33%. In Kwale, 15% of women between the ages of 15 and 19 have ever given birth; 12% have had a live birth, and 3% have experienced a miscarriage. Pregnancy in adolescents is linked to a higher risk of complications for the mother during pregnancy and delivery as well as a higher risk for the fetus and newborn. This occasioned the need to develop a robust communication strategy to effectively address the long-standing communication barriers to SRH service access.

Objectives

The purpose of this abstract is to highlight the blended model on which adolescents and youth engagement is based in order to ensure effective communication and long-term behavior change. This is expected to reduce the number of unmet needs among adolescents and young people.

Methodology/Interventions

In February 2022, the USAID Stawisha Pwani project developed a Social Behavior Change and Communication Strategy for Kwale County. The strategy was implemented during adolescent engagement and aimed to increase service utilization in health facilities. The strategy was tested in Lunga Lunga Sub County Hospital and Kilimangodo Dispensary, with comparison sites at Msambweni County Referral Hospital and Diani Health Centre. The strategy centered on four models that were strategically combined to optimize communication interventions. Appreciative Inquiry: used to identify beneficial actions among adolescents, such as seeking contact with health care workers and champions. This was further reinforced through dialogues, psychotherapy, and a peer-to-peer approach with the goal to inspire greater and more lasting change. Human-Centered Design: a problem- solving approach in which the perspectives of the users are prioritized. Adolescents were involved through the use of a community score card, dialogues, and feedback. Co-Creation: This brought stakeholders in tandem to design solutions to adolescent health needs. The health facilities continued to involve key stakeholders in the development and execution of SRH actions, including primary beneficiaries, community leaders, and collaborators; and Social Ecological Model: This allowed the system to gain insight into the variety of factors that put adolescents at risk of engaging in harmful behaviors. Parents, cultural influence, and peer pressure were all factors. Two key interventions on this model were reaching out to adolescents through youth champions, young CHVs, and inter-generational dialogues.

Results

The proportion of adolescent 10-19-year-old receiving contraceptive services in Lunga Lunga Sub County Hospital increased from 3% in January-March 2022 to 7% in April-June 2022. This has increased from 19% to 27% at Kilimangodo Dispensary. Msambweni County Referral Hospital increased from 4% to 5% during the same time period, while Diani Health Centre increased from 2% to 3%.

Conclusions

When the four models (Sociology-ecological, Human-centered design, Appreciative inquiry, and co-creation) are combined, they reinforce each

other to produce optimum positive communication outcomes in terms of knowledge, attitude, and practice among adolescents and young people.

Recommendations

It is advised that this strategy be extended to the entire county in order to increase access to SRH services for a larger proportion of the adolescent population. Periodic operations research is also recommended to motivate evidence development and utilization via adaptation and adoption.

AN ANALYSIS OF SEXUAL REPRODUCTIVE HEALTH OUTCOMES AMONG ADOLESCENTS: A REVIEW OF THE KENYA DEMOGRAPHIC HEALTH SURVEYS

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Keywords: *Adolescents, inequity, sexual Reproductive Health outcomes, Kenya Demographic Health Survey*

Background/Significance

Adolescence phase is characterized by constant evolving needs depending on the individual development stages and surrounding life/ social circumstances. Globally, adolescents face substantial sexual and Reproductive Health (RH) and rights challenges, including lack of education and information, lack of access to health services such as contraceptives, gender inequalities and harmful traditional practices, higher rates of unwanted pregnancies, and HIV/AIDS. Kenya has made many gains in RH, and in its commitment anchored in the National Reproductive Health Policy 2022-2032; to ensure universal RH coverage for all. However, gaps in addressing unique RH needs for specific populations including adolescents and young people remain. Structural health system barriers, restrictive laws and legal frameworks, and reduced autonomy limit adolescents from optimizing their potential. Evaluating implementation of policies and strategies, and key indicators related to adolescent sexual RH to inform and improve RH outcomes remains crucial.

Objectives

This paper sought to analyze adolescent SRH outcomes in Kenya, highlight national and county differences, to potentially inform targeted programing.

Methodology/Interventions

This is a desk review of two adolescent SRH health indicators, i.e. pregnancy and motherhood and knowledge on HIV prevention. Data on the reproductive health indicators was extracted from the Kenya Demographic Health Surveys (KDHS) of 2014 and 2022. Performance rates of the two indicators were then compared both at national and county level. An additional comparison same level/ across counties was then extracted. Excel software was used to achieve this analysis. The two indicators were selected because they highlight the variances in the adolescent SRH indicators by region.

Results

According to the KDHS 2022, teenage pregnancy rate is currently 15%, a decline from the 2014 KDHS of 18%. Regional variances however exist, depicting inequalities in SRH outcomes experienced by adolescent girls in Kenya. The percentage of girls who had ever been pregnant varied by County. County differences vary between high rates in Samburu and West Pokot, with 50% and 36% respectively in 2022, and low rates at 5% in Nyandarua and Nyeri Counties respectively. According to the KDHS 2022, the prevalence of adolescents and young people with knowledge on HIV prevention is 49.1% nationally. County differences exist with Mandera having the lowest rate at 10.65% (4.5% Women, 16.8% Men), even much lower among the women. In comparison, Kisii County records the highest rate at 86.9% (78.8% Women, 95% Men). Education attainment that varies by county in the country, gender norms and gender inequalities have been associated with acquisition of knowledge on HIV and the spread of HIV/AIDs.

Conclusion

Although inequity in adolescent SRH outcomes is not a social and health concern unique to Kenya, adolescents remain left behind and unreached with information, and social changes that have benefited other demographic groups. Evaluating these outcomes, policies and social-cultural influences, acknowledging there is a problem is vital to drive action towards context specific programming.

Recommendations

Policy makers and program implementers should design county specific adolescent interventions that will respond to regional socio-cultural needs, and other contextual factors; addressing access to education/information, access to services, and existing restrictive laws and policies for sexual reproductive health.

ASSIMILATION OF INNOVATION AND NEW TECHNOLOGY IN AYSRHR COMMUNICATION STRATEGIES

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Keywords: *Policy change, Technology, Trends, User communication experiences, Augmented/ Virtual Reality, Cost-effectiveness, Innovation*

Background/Significance

Adolescents and young people (AYPs) have unique sexual and reproductive health needs and rights that get overlooked in policy and programming. Advocacy efforts are critical to ensure that issues prevalent in this age group are addressed, but traditional communication strategies fall short. Innovative communication strategies are needed to engage AYPs and influence policy change by leveraging the dynamic technological space. Justifiably, organizations working in the advocacy and policy space must onboard upcoming trends to educate, build movements, and influence change. Some trends include the use of conversational AI and chatbots, which enable personalized and interactive user experiences. The use of augmented and virtual reality also creates immersive and engaging communication environments. Additionally, the rise of audio platforms like podcasts shows a shift towards audio-based communication, and the popularity of short video content on platforms like TikTok highlights the importance of visual communication.

Objectives

To unpack and demonstrate new technologies and their impact on creating disruptive movements and influencing social change through advocacy.

Methodology/Interventions

This study employed a mixed-methods approach to identify and assess the effectiveness of innovative communication strategies for AYSRHR advocacy and policy. A review of the literature was conducted to identify existing innovative communication strategies. Interviews were also conducted with AYSRHR advocates and policymakers to gain insights into their experiences and preferences with these strategies.

Results

The review identified several innovative communication strategies, including campaigns, digital storytelling, and peer education using podcasts, Twitter spaces, Facebook and Instagram reels, and TikTok videos. These strategies were deemed effective in engaging AYSRHR by educating them on the necessary information and how to use these to position themselves in the front for influencing policy change through knowledge harvesting from global SRHR commitments. Digital storytelling was also found to be highly effective in humanizing AYSRHR issues and providing a platform for young people to share their experiences. Peer education was seen as an important strategy for engaging young people in advocacy efforts and behavior change communication. An example is the Philippine government's implementation of the Reproductive Health Law in 2013, which met

with delays in the release of the implementing rules and regulations, and an online movement using the hashtags #RHLawNow and #ImplementRH saw the government roll the IRR in 2014, a year after the law was passed.

Conclusions

The effectiveness of innovative communication strategies could be compared alongside traditional communication strategies to identify the most effective approaches for AYSRHR policy advocacy. As young people become increasingly adept at navigating digital spaces, it's important for communicators to embrace these trends and adapt their strategies accordingly

Recommendations

Civil society, development organizations, and policymakers should explore and onboard the potential of technology to ensure that AYSRHR issues are addressed in policy and programming. By leveraging these strategies, AYSRHR advocates can reach and engage young people more effectively, ultimately leading to better health outcomes and a more just society.

LEVERAGING ON YOUTH CHAMPIONS TO ENHANCE BUDGET ADVOCACY ON SEXUAL AND REPRODUCTIVE HEALTH: A CASE OF KWALE COUNTY

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Keywords: *Youth, Budget Advocacy, Sexual and Reproductive Health, Voices, Budget Process*

Background/Significance

USAID Stawisha Pwani is a five-year program funded by the President's Emergency Plan for AIDS Relief (PEPFAR) to increase the use of quality county-led health services and sustainability in quality of health services and systems for communities living in four coastal counties-Kilifi, Mombasa, Kwale and Taita Taveta. The project aims at having county health budget increased by at least 5% for every financial year. In the FY 2022/23, Kwale County allocated Ksh 2,608,107,814 to health which represents 30% of the total county budget to health and only 1% of that budget was allocated to maternal and newborn and child health. The first half report of the controller of budget FY 2022/23 shows no expenditure for maternal and child health. The youth in Kwale are faced with the challenge of limited knowledge on budget advocacy strategies. The project mobilized 12 youth champions for a three-day training on understanding the budget process.

Objectives

1. To enhance the capacity of youth budget champions on budget advocacy for sexual and reproductive health.
2. To advocate for gradual increase of the health budget by 5% annually as compared to previous approved and supplementary estimates.

Methodology/Interventions

Youth were selected from their affiliation to community-based organizations from Lunga Lunga, Msambweni, Kinango and Matuga. The training on budget advocacy was conducted on 27th to 29th September 2022. The strategy aimed at addressing the challenges of inadequate funding for SRH in the county by empowering youth champions with the skills to advocate for increased budget allocation for health. The training was conducted through a capacity building workshop and mentorship session aimed at equipping the youth with advocacy, communication, and budget analysis skills. Facilitators of the sessions were selected from the county department of health and the department of finance.

Results

The immediate result was the 12 youth budget champions have capacity to engage on budget advocacy and they have formed a platform for

engaging on budget advocacy. Additionally, the training was helpful to the budget champions who were able to participate in the making of the county sector plan. The county government of Kwale issued a call for participation in preparing the County Sectorial Plan 2023/2032. The budget champions had an opportunity to participate as key stakeholders with a day set aside by the county to get views from the Youth, Women and PWD set on the 8th of February 2023 something that was omitted in the previous sector plan making process. The youth presented a memorandum to the county team through the County Secretary who received and signed a copy of the memorandum. Some of the requests in the memoranda included distribution of sanitary towels, the county to institutionalize AYSRH services, training of health care providers on youth friendly services and enactment of the SGBV bill.

Conclusions

Youth participation and knowledge in budget advocacy will see them participate in influencing allocations to health and financing for sexual and reproductive health programmes. Youth with disabilities also need to be factored within the budget process and the county should find innovative ways of ensuring their voices are captured.

Recommendations

Youth led and youth serving organization can use the budget process as an avenue to champion for youth priority. County governments should be intentional on getting the voices of the youth heard and factored in their sectors of interests including health.

IMPROVING ACCESS TO SRH INFORMATION AND SERVICES AMONG YOUNG PEOPLE, ADOLESCENTS AND WOMEN THROUGH NENA NA BINTI HOTLINE

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Background

According to the Population Census (2019), young people form 75.1% of the Kenyan population. Despite the major role they play in the country's development, young people still face multiple barriers in accessing SRH information and services. This places them at risk of being misinformed, exposed to poor reproductive health practices including triple threat issues. Digital healthcare solutions have a great potential of ensuring young people have access to quality care. On the continent of Africa as a whole, 97% of abortions are performed unsafely.2 About half (49%) of all pregnancies in Kenya were unintended and 41% of these unintended pregnancies ended in an abortion.3 Unsafe abortion is estimated to account for 35% of maternal deaths in Kenya whereas in East Africa as a whole, unsafe abortions account for 18%.4 Marie Stopes International (MSI) estimates that 2,600 women in Kenya die from unsafe abortions annually, an average seven deaths a day.5 Nearly 120,000 women are hospitalized each year due to abortion-related complications: 87,000 moderate to severe complication cases and 40,000 of the complications were experienced by women 19 years of age and younger.

Objective

To increase access to comprehensive SRHR information and services among adolescent girls and young women through the use of social media platforms.

Methodology

RHNK will leverage on its hotline Nena Na Binti, which is operated by a trained counselor and has served over 6,000 adolescents, young girls and women since its inception in April 2021 with CAC through the provision of tele-counseling, referrals and linkage to RHNK's extensive network of dedicated and trained health service providers. This user-friendly approach will create virtual and confidential access to services, including the necessary follow-up.

Results

The project is focusing on adolescents, young girls and women who are victims of SGBV, unsafe

abortions, teenage pregnancies, teenage abortions and HIV/AIDS. Due to limited awareness on existing reproductive health services and legal provisions particularly on abortion, adolescent and youth have limited access to essential SRHR care and information thus have them informed and educated on SRHR selfcare specifically in CAC. During the period of study, 8,820 individuals reached out for services through calls and 330 through WhatsApp chat. 67.1% sought SRH services while 32.9% sought counseling services. 7 out of 10 clients were subsequently referred and linked to healthcare providers. Analysis of client feedback revealed that 97.1% preferred calls while 2.9% opted for WhatsApp chats. Based on the calls and conversations, it was evident that young people preferred the privacy that the hotline offered and were hesitant to seek SRH services due to stigma while seeking services and cost implications.

Conclusion

To create a safe space where adolescent girls and young women can have uninterrupted access to comprehensive SRHR information and services in a confidential and non-judgmental manner.

Utilization of digital health platforms can greatly minimize key barriers to access of services and advance health literacy among young people for better SRH outcomes.

THE ROLE OF BEHAVIOUR CHANGE COMMUNICATION THROUGH COMMUNITY HEALTH WORKERS AND LOCAL LEADERS IN REDUCING TEENAGE PREGNANCIES.

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Keywords: *Community health workers, community health volunteers, community stakeholders, community health unit*

Background/Significance

According to Kenya Demographics Health Survey 2022, in about 1 in every 5 teenage girls is at risk of pregnancy. Teenage pregnancies have adverse effects on the mother and child both socially and medically. Socially they increase the risk of financial crisis, social stigma, emotional abuse and school dropouts; medically it predisposes poor maternal outcomes and child health outcomes. According to WHO, the common cause of teenage pregnancies are peer pressure, sexual violence and poverty. In 2021 teenage pregnancies at Serem Health Centre were at 22% IN Q2 (April- June) and Q3 (July- September) and at 18% in Q4 (October- December)

Objectives

To curb teenage pregnancies and sexual violence in Serem community health unit.

Methodology/Interventions

A community based integrated approach was used in Vihiga county, Hamisi sub county to identify teenagers between the age of 19 -25 years known as 'youth champions' and young mothers of the same age titled 'Binti Shujaa'. They were trained and supportive supervision provided by facility nurse and field CHEWs. Each of them assigned a village linked to Serem Health Centre. Youth champions were tasked with disseminating information on adolescent reproductive health in schools and the community while Binti shujaa's were assigned the duty of advising teenage mothers on ANC clinics, delivery, post-natal care and managing competing tasks.

Results

A total of 6 youth champions, 2 Binti Shujaa's, 20 community health volunteers, 20 village elders, the sub chief and the area chief were mobilized and taken through the adolescent reproductive health curriculum. Communication strategies with specific messages for a target age group included health talks in schools and community Barraza's, youth services in churches and community sessions such as football tournaments. The strategies enabled the adolescents to understand the curriculum, have different channels of communication in cases of sexual violence and

provided mentors for the adolescents. It also enabled the community and the administration to understand their role in adolescent reproductive health. The youth champions and Binti shujaa's gained recognition and honor at the community level. This made it easy for the community to groom teenagers who have good social values and accountability, thereby reducing social and medical risk of teenage pregnancies and incidences of sexual violence. With the initiation of these community-based activities at the beginning of Q3 2022, there was a reduction on the teenage pregnancies reported at Serem health center from 20% in Q2 and Q3 to 16% in quarter 4.

Conclusions

Empowering and educating other community stakeholders on adolescent and youth reproductive health would improve advocacy and accountability among the youth and the community.

Recommendations

To educate other community stakeholders on adolescent reproductive health and services.

ACHIEVING SOCIAL EQUITY BY USING A DIGITAL PLATFORM AND BEHAVIOURAL INSIGHTS TO EMPOWER AND MOTIVATE UNDERSERVED ADOLESCENTS TO UTILISE SRH SERVICES

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Keywords: *Triggerise, Tiko, Digital platform, Behavioral science, Adolescent girls and young women (AGYWs)*

Background/Significance

Kenya has one of the highest teenage pregnancies rate affecting underserved adolescents who lack access to contraception within the health system. Adolescent girls, in particular, require high-quality adolescent and youth-friendly health services as they bear a significant burden of adverse sexual and reproductive health (SRH) outcomes. Use of behavioral science has been credited in reducing some of the challenge's girls face accessing counselling and SRH services through testing and iterating carefully crafted interventions designed for the local context.

Objectives

Triggerise uses a digital platform, Tiko, to motivate adolescent girls and young women (AGYWs) to adopt SRH services and uses behavioral science to motivate health-seeking behaviors. It combines this with electronic vouchers, managed by mobile technology, which enable AGYWs to access SRH services from a provider of their choice. When users digitally engage with Triggerise's platform, they generate data, which we use to design nudges that encourage healthy behavior.

Methodology/Interventions

Triggerise's digital platform serves 15-24-year-old AGYWs in Kenya who are linked to a network of public, private clinics and pharmacies that offer quality-assured services. The client user journey from the platform allows application of behavioral insights to overcome existing behavior change barriers such as knowledge on SRH services, misconceptions, proximity of care, and commitment for consistent use. Real-time insights collected from our programmed are utilized to adjust interventions, thus ensuring the effectiveness and impact of our programmes. The utilization of nudges – such as reminders, follow ups, subsidies and reward points – together with rating of the service by users encourages repeat use of our services and enhances the quality of service.

Results

Between January 2019 and March 2023, Triggerise's platform has provided services to a total of 681,000 girls and offered 1,075,000 services to Adolescent Girls and Young Women (AGYWs) in Kenya. According to the data collected from the platform, 58% of AGYWs served with contraceptive services continued using FP, with 85% of those taking long-acting reversible contraceptive methods (LARCs) is

85% and 15% of those taking short-acting methods (SAMs) continuing to use the methods. The target is to increase the continuation rate for SAMs to 30% by the end of 2024. Furthermore, the platform rating on the quality of service received has an impressive satisfaction score of 4.88 out of a maximum of 5 points. As a result of applying SBCC strategies, Triggerise's model demonstrates programme ability to achieve scale. This further reinforces the power of harnessing behavioral insights to address social injustice related to inequitable access to SRH services among young women. The programme is also replicable across markets since the behavioral insights, generated in real time by the users through the platform, informs programme design and iterative implementation. The learnings show how SBCC implementers can impact their sectors through approaches that integrate demand and supply, generate real-time data to improve programme impact, and use nudges to motivate behavior change.

Conclusions

Triggerise's digital platform, Tiko, leverages behavioral science to motivate adolescent girls and young women in Kenya to adopt SRH services. By utilizing real-time data and applying nudges, the platform effectively encourages healthy behaviors, resulting in increased utilization, satisfaction rates, and improved quality of services.

Recommendations

Triggerise's model demonstrates the scalability and effectiveness of harnessing behavioral insights to address social injustice and promote equitable access to SRH services for young women. By leveraging real-time data and application of nudges, organizations are able to overcome barriers, encourage health-seeking behavior, and improve service quality.

FACTORS INFLUENCING CONDOM USE NEGOTIATION AMONG YOUNG PEOPLE IN NAIROBI

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Keywords: *young people, sexually transmitted infections, unintended pregnancies, safe sexual behavior*

Background/Significance

Low condom use among young people in Kenya is a significant public health concern leading to increased risk of acquiring unintended pregnancies, HIV/AIDS and other sexually transmitted infections. AYP aged 15-24 are disproportionately affected by HIV. Condom use negotiation is a critical component of safe sexual behavior, particularly in the prevention of STIs, including HIV. Therefore, the objective of this abstract is to explore the factors that influence condom use negotiation among young people in Kenya remains limited. This study aims to address this gap by developing and evaluating an intervention that promotes condom use negotiation among young individuals in Nairobi. Kenya.

Objectives

To identify the factors that affect the ability of young people in Kenya to negotiate condom use.

Methodology/Interventions

The goal of the condom use negotiation intervention methodology was to promote consistent condom use among sexually active individuals aged 18-24 who were not using condoms regularly. The intervention consisted of two phases, each with specific strategies for participant selection and information dissemination. In the first phase, 200 young participants were chosen from diverse communities in different wards of Nairobi, with the help of Community Health Workers. Selection criteria focused on sexually active individuals aged 18-24 who lacked consistency in condom use. After mobilizing the initial participants, the second phase involved sharing information with a total of 120 young people, mostly girls. This phase consisted of a series of four dialogue-based group sessions where the participants actively engaged in activities like role-plays, group discussions, and skill-building

exercises. The aim of these sessions was to facilitate knowledge transfer, improve negotiation skills, and boost participants' confidence in using condoms.

Results

The intervention examined factors influencing condom use negotiation among young people aged 18-24. Identified facilitators and barriers shed light on the effectiveness of condom use behaviour in this demographic. The study emphasized the need for targeted interventions to tackle these issues. Facilitators of condom use included information dissemination, interactive activities, access to condoms, and positive community feedback. Disseminating accurate information and comprehensive knowledge empowered individuals to make informed decisions. Interactive activities enhanced understanding and communication skills, enabling negotiation and shared experiences. Access to condoms, facilitated by a hotline number, increased adoption of condom use. Positive community support reduced stigmatization and judgment. Barriers to condom use encompassed limited knowledge, social norms and stigma, gender dynamics, and accessibility and affordability. Insufficient knowledge, misconceptions, and myths hindered condom use. Social norms, stigma, and power imbalances deterred open discussions and negotiations. Accessibility and affordability issues, along with economic constraints, restricted condom availability. Addressing these barriers and promoting facilitators could boost condom use. Accurate information dissemination, skill-building exercises, challenging social norms and stigma, and ensuring condom accessibility are crucial for promoting safer sexual practices and reducing the risks of sexually transmitted infections and unintended pregnancies.

Conclusions/Recommendation

The overall goal of this intervention is to increase participants' knowledge, skills, and confidence in negotiating condom use. The intervention aims to empower participants to take charge of their sexual health by teaching them how to communicate effectively with their partners, make informed decisions about their sexual health, and reduce their risk of sexually transmitted infections. By providing participants with the necessary tools and resources, the intervention aims to promote a culture of safe sex and reduce the incidence of HIV/AIDS and other sexually transmitted infections among young people in Nairobi.

EFFECTIVE USE OF TIKTOK TO COMBAT THE TRIPLE THREAT OF HIV, PREGNANCY, AND GENDER-BASED VIOLENCE AMONG ADOLESCENTS IN KENYA

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Keywords: *TikTok, Triple Threat, Adolescent Sexual Reproductive Health*

Background/Significance

The 2022 World Aids Day Report indicates that HIV infections in Kenya increased for the first time in ten years. The National Syndemic Disease Control Council attributes the increase to new HIV infections among children, adolescents, and younger people, estimating 98 new HIV infections every week among adolescents aged 10-19. Furthermore, Kenya has a high teen pregnancy rate, where one in every five adolescents aged 15 -19 are already mothers or pregnant with their first child (Ministry of Health 2022). The Kenya National Adolescent Sexual Reproductive Health (ASRH) policy 2015 recommends the provision of holistic, responsive, and integrated ASRH information and services through multi-pronged and multi-sectoral approaches that are effective and efficient in reaching adolescents and youth. Stakeholders use professional and informal communication as a critical strategy to enhance information access to mitigate threats. Most interventions have focused on mass media, popular social media channels and one-on-one educational programs.

Objectives

The research sought to understand if TikTok use resonates with adolescents to innovatively champion Adolescent and Youth Sexual and Reproductive Health and Rights.

Methodology/Interventions

We conducted a qualitative case study. A convenient sample of 60 adolescents, 30 males and 30 females were selected from youth centers and secondary schools. The sample included individuals from different age groups within 10 to 19 years adolescent age range from different socioeconomic and cultural backgrounds. We audio-recorded semi-structured interviews and focus group discussions and transcribed them for analysis. We retrieved additional TikTok messaging information from 30 purposively sampled accounts. The transcribed interviews were analyzed using thematic analysis while TikTok accounts were analyzed using content analysis to establish the messages' reach, nature of the messages and feedback.

Results

We conducted a qualitative case study. A convenient sample of 60 adolescents, 30 males and 30 females were selected from youth centers and secondary schools. The sample included individuals from different age groups within 10 to 19 years adolescent age range from different socioeconomic and cultural backgrounds. We audio-recorded semi-structured interviews and focus group discussions and transcribed them for analysis. We retrieved additional TikTok messaging information from 30 purposively sampled accounts. The transcribed interviews were analyzed using thematic analysis while TikTok accounts were analyzed using content analysis to establish the messages' reach, nature of the messages and feedback.

Conclusions

Based on the results, it is evident that the TikTok platform is popular with the adolescents, especially in comparison with Facebook and Twitter which are the preferred social media platforms used by most stakeholders to disseminate ASHR information. In addition, TikTok messages are engaging and resonates with adolescents.

Recommendations

It is important for the stakeholders tasked in combating the triple threat keep evolving their dissemination and provision of holistic and responsive ASRH information. If organizations innovatively utilize TikTok for educational information to teenagers, the platform will play a significant role in combatting the triple threat among adolescents in Kenya.

THE COMMUNITY TALKING BOX: ADOLESCENTS & YOUTH EMPOWERMENT FOR HEALTH ADVOCACY PROJECT (AYEHA)

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Keywords: *Community Talk Box, safe space, mentorship, age-appropriate sexuality education, tailored sexual and reproductive health services, adolescents and young people, academic performance and discipline.*

Background/Significance

Adolescents and young people, who constitute 29% of the total population in Mombasa County, are critical to the development of the county, but they face numerous challenges. These challenges include sexually transmitted infections, HIV, unsafe abortions, and high rates of teen pregnancies. The problems are compounded by drug and substance abuse, sexual and gender-based violence, high rates of unemployment, and harmful cultural and religious practices. A qualitative study carried out in the county showed that transactional sex, early sexual debut, coerced sex, and multiple sexual partnerships were prevalent among adolescents and young people. These behaviors lead to adverse outcomes such as sexually transmitted infections, teenage pregnancies, unsafe abortions, high school dropout rates, and poor mental health. Investing

in the sexual health of adolescents and young people is necessary to promote healthy families and optimal social relations, including gender equality. Therefore, age-appropriate sexuality education and tailored sexual and reproductive health services should be accessible to all adolescents.

Objectives

- To improve equitable access to quality adolescents and young people-friendly sexual and reproductive health and rights (SRHR)/HIV information and services.
- To strengthen the meaningful engagement of communities in adolescents and young people programs and policy processes.
- To strengthen multi-sectorial coordination on SRHR/HIV health outcomes among adolescents and young people in Mombasa County by 2023.

Methodology/Interventions

The project delivered life skills information to adolescents and young people in Mombasa County through school mentorship forums. The forums spanned 10 months and included 108 visits to 11 schools (6 secondary and 5 primary), equipped with community talking boxes. These boxes provided a safe space for young people to share concerns about sexual and reproductive health. The mentorship sessions were tailored to address the topics derived from discussions in the talking boxes, with feedback given to the participants.

Results

The results of the 108 school mentorship sessions conducted in the 11 schools were encouraging, as there was a positive impact on the academic performance of the learners. The sessions resulted in an increase in grades and discipline among the learners, which was attributed to their ability to implement the knowledge and skills gained from the mentorship sessions in their daily lives. The community talking boxes played a crucial role in providing a safe space for the learners to express their concerns and issues anonymously. This anonymity allowed the learners to feel comfortable discussing sensitive topics related to their academic performance, which helped to inform the mentorship sessions. As a result, the mentorship sessions were tailored to address the specific needs and concerns of the learners, which led to positive changes in their attitudes and behaviors toward learning outcomes. Feedback from the learners and teachers indicated that the mentorship sessions had a significant impact on their academic performance and behavior. The teachers also reported a decline in cases related to academic performance and discipline, which was attributed to the impact of the mentorship sessions.

Conclusions

The positive impact of AYEHA project highlights the importance of investing in the sexual health of adolescents and young people. By ensuring equitable access to quality information and services, promoting community engagement, and strengthening multi-sectorial coordination, Mombasa County has taken significant steps toward improving SRHR/HIV outcomes among its young population.

Recommendations

- Scaling up AYSRHR projects.
- Strengthen and foster partnerships to create a comprehensive and coordinated AYSRHR approach.
- Advocate for the integration of age-appropriate sexuality education and tailored SRHR services into national and local policies.
- Implement a robust M&E framework assessing long-term impact and effectiveness of AYSRHR interventions.

MULTIPROLONGEDAPPROACH TO REDUCE CASES OF TEENAGE PREGNANCY IN MOTOSIET WARD, CHERANGANY SUB COUNTY, TRANS NZOIA COUNTY

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Background/significance

Adolescent pregnancies increase the risk of disability and death due to the increased risk of complications. Parenting adolescents face several adversities, such as social stigma, lack of emotional support, poor healthcare access, stresses around new life adjustments, and interrupted schooling. In Trans Nzoia County, the adolescent pregnancy rate stood at 26%, against the National adolescent rate of 18% in 2022 (KHIS, 2022). Cognizant of the high number of adolescent pregnancies MoH conducted an intervention to reduce cases of Adolescent pregnancies in Motosiet Ward, one of the 7 wards in Cherangany Sub County,Trans Nzoia County. Motosiet ward is a pre-urban ward that is highly populated with high level of poverty. Also, it serves as a formal settlement scheme with noted extreme brewing of local elicit alcohol. At the beginning of the intervention, in January 2022, the cases of Adolescent pregnancies in Motosiet ward stood at 19% (KHIS, 2022).

Objectives

To equip adolescents and caregivers with the right knowledge, attitude, and skills to make informed decisions about their SRH and protect themselves against SRH risks in Motosiet Ward.

Methodology/Interventions

The SCHMT set up Adolescent Friendly Center at Motosiet Health Center provide reproductive health services to pregnant adolescents. Through the support of USAID AMPATH Uzima, tent and seats were procured for the initial set up, trained and deployed 8 staff to support Youth friendly services in the center. The CDoH convened stakeholders meeting comprising the MOE, Department of Children, OVC, Inter-religious Council, MOH, Social Services, GBV and Ministry of Agriculture to source support for the adolescents. The adolescents received the following services; empowerment of adolescents, recreational activities and targeted health talks in Schools and out of school.

Results

From the interventions, 100% of the pregnant adolescent were supported to deliver in a Health facility with the support of a skilled birth attendant. Further, 98% of the adolescents who had dropped out of school were admitted back, with 20 adolescents going back to primary, 58 to Secondary school and 38 to Tertiary education, through the support of the OVC and children department. Overall, the number of pregnancies reported amongst adolescents dropped from 18 to 13% at the end of the implementation period attributed to the above interventions. The multisectoral collaboration Strengthened leadership, management and governance for effective coordination of ASRH program at the Sub county level.

THEMATIC AREA 3:

BEST PRACTICES IN AYSRH SERVICE DELIVERY

BREAKING THE TABOO- MENSTRUAL HEALTH AND HYGIENE EDUCATION FOR BOYS AS A STEP TOWARD GENDER EQUALITY AND MENSTRUAL HEALTH MANAGEMENT

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Background/Significance

Male populations are the least informed about menstruation. Throughout history, menstruation was considered dirty and a 'women's' issue that was left to be discussed in shame. This negative outlook still exists in many homes in Kenya. Boys do not receive a puberty talk or learn about menstruation as guardians expect them to learn this in school. However, the information, presented to students is delivered by teachers in a very formal way, as one of many topics taught in school. In addition to this, gender roles and cultural reservations have led to a bias towards menstruation talks, leading to a generation of boys and men who know nothing about it and instead choose to ridicule it and the girls who experience it. After noticing this disconnect Pathways Policy Institute (PPI) through their BetterBoyz Initiative targeted boys at the onset of puberty: classes 5 & 6, and those joining high school and through a fun curriculum-led programme had MHM conversations.

Objectives

Through fun, interactive and hands-on sessions educate young men and ensure a balanced approach to menstruation, menstrual hygiene, and SRH.

Methodology/Interventions

Pathways identified 5 schools in Laikipia and after developing a curriculum tackling the topics around puberty and MHM launched bi-monthly, fun curriculum-led after-school sessions in the different schools. The young men go through educative sessions involving different methods of instruction including discussions, role-playing and question-and-answer sessions on all matters of menstruation. After the completion of the syllabus which aligns with the students' transition to a different class, a graduation session to mark the completion of the programme is held which encourages them to put to practice the information learnt by being #betterboyz and providing a safe space for girls to manage their periods.

Results

As a result of the BetterBoyz sessions, Pathways has been able to train 250 young men on puberty, the changes they should expect while transitioning into young adults and menstrual health management and hygiene in 5 different schools across Laikipia county using a fun approach that allowed for in-depth engagement and follow-up. The inclusion of boys in menstrual health and hygiene education has seen the creation of safe spaces where girls can manage their menstruation with dignity and has also allowed for more conscious students who understand the repercussions of teenage pregnancy. This creation of a safe space has been acknowledged by the teachers who explain that traumatic period scenes where boys would jeer at girls over 'messes' made while in class have become a thing of the past and boys are more empathetic and better problem solvers in the absence of teachers. There is reduced stigma as the boys no longer view menstruation as something embarrassing or shameful, improving the relationships between the boys and girls due to the support accorded to them.

Conclusions

Including boys in menstrual hygiene, conversations is crucial for fostering a culture of understanding and empathy. By educating boys about menstruation, we break down stigma, promote gender equality, and empower them to support their female peers. It helps boys develop respect and sensitivity, encouraging a more inclusive and supportive society where menstruation is viewed as a natural and shared responsibility.

Recommendations

Incorporation of menstrual health education in school curricula, on topics like menstrual cycles, hygiene practices, and debunking myths and stereotypes. Encourage open conversations about menstruation for boys, creating a safe space to ask questions and learn. Age-appropriate educational materials, videos, and online resources that address menstrual hygiene and make them readily accessible to all teenagers.

RISK SEXUAL BEHAVIOURS THAT EXPOSE FEMALE SEX WORKERS TO HIV INFECTIONS: A STUDY AMONG FEMALE SEX WORKERS ATTENDING GHWP CLINIC AT KIBUYE, KAMPALA CITY

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Keywords: *HIV Infections; misconceptions; female sex workers; transmissions; condoms; sexual behavior*

Background/Significance

In Uganda, the prevalence of HIV/AIDS reduced from 7.3% in 2011 to 6% in 2017. In the country, there are 1,300,000 people living with HIV and AIDS. In 2018, an estimated 23,000 Ugandans died of AIDS-related illnesses. As regards to sex composition, 8.8% of adult women were living with HIV compared to 4.3% of men. In Uganda, special groups of people affected by HIV are sex workers, young girls and adolescent women, men who have sex with men, people who inject drugs and people from Uganda's transient fishing communities. Ugandan teenage pregnancy is estimated to be more than 25% which justifies exposure to HIV infection among adolescents. Female sex workers (FSWs) remain a core group for HIV transmission in both early and advanced HIV epidemics. Therefore, the contribution of high-risk groups like Female Sex Workers (FSWs) to the escalation of the epidemic should be put into consideration.

Objectives

1. To describe the characteristics of Female sex workers.
2. To assess the reasons for engaging in commercial sex work
3. To examine the Attitudes, beliefs, and misconceptions about the spread of HIV among Female sex workers

Methodology/Interventions

The facility-based cross-sectional study was conducted from 1st May – 25th June 2014. The study used survey questionnaire to collect information from 196 female sex workers aged 18 years and above who were enrolled at the GHWP clinic. Key informant interviews and four Focus group discussions were used to collect qualitative information that comprised of Sero-converters, negative FSWs, HIV positive FSWs and peer educators. Quantitative data analysis was done using SPSS while qualitative data was analyzed thematically. Ethical approvals were sought.

Results

More than a half of the respondents (54%) were aged between 26-35 years. Majority of them (63.5%) attained primary level education, 73% were once married while 10.6% of them were married. 87% of FSWs reported that they involve in commercial sex because they need money among other reasons. Qualitative results revealed misconceptions in the transmission of HIV such as: **Family planning methods can kill HIV**…*if the injection can kill the egg/human being, can it fail to kill the virus? – (Long term clients FGD).* **HIV can only be transmitted through final ejaculation**… *men tell lie us that they will withdraw, you only realize when he has already ejaculated. (Long-term clients' FGD).* **Risky sex styles,** *some men take us in a group and tell us to curdle and kiss each other's private parts as they watch. When they want to have sex, they select whom to have it with, and put on condoms, which they do not change when changing from one sex worker to another.* (*Newcomer FGD*). **Not Scared of Re – Infections**, *when you are on family planning but already with HIV/ AIDS, you realize that using a condom is just a burden to you. (Sero-converters' FGD).*

Conclusions

Identified HIV/AIDS risk factors among FSW were; improper use of condoms by male clients, belief that injecta plan can kill HIV, belief that HIV is only got through final sex ejaculation, and that unprotected sex earned more money.

Recommendations

There is a need for interventions such as tailoring, hairdressing and financial literacy to empower female sex workers economically. There is a need to identify and provide the right Sexual reproductive health information to the trusted FSW leaders or peers to clear the myths and misconceptions.

INCLUSIVITY AND EMPOWERMENT. A SYSTEMATIC REVIEW OF PRACTICES IN DELIVERING SRH SERVICES TO TRANSGENDER INDIVIDUALS

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Keywords: Gender affirming, Transgender, Gender diverse people, Gender identity, Cisgender

Background/Significance

Sexual and Reproductive Health (SRH) services are often categorized as either "women's" or "men's" health services, which can exclude many people who exist beyond the gender binary. To address this, healthcare providers should use inclusive umbrella terms that allow for gender-affirming tools and practices. Providers must also understand how gender identity can directly impact clinical practice. Transgender individuals have unique SRH health needs but are often excluded from gynecological and reproductive practices that cater to those who identify as cisgender.

Objectives

1. To identify the specific barriers that transgender individuals face when seeking Sexual and Reproductive Health (SRH) services.
2. To highlight the unique SRH care needs of transgender individuals and how gender identity can directly impact clinical practice.
3. To recommend inclusive and gender-affirming practices that recognize the importance of individual gender identity and self-expression in SRH care.

Methodology/Interventions

A review of Papers that were published between January 2012 to December 2022 reporting practices in delivering SRH services to transgender people. The papers were identified through Google scholar, PubMed, Cochrane, CIHAHL and analysis done based on narrative approach

Results

Transgender individuals face significant barriers to receiving high-quality healthcare, including discrimination, lack of clinician knowledge, and health system obstacles, Transgender people often experience social stigma, harassment, and rejection in healthcare settings, Compared to cisgender, LGB-identifying individuals, transgender adults are more likely to delay care and report negative effects of disclosure to healthcare providers, The lack of adequate training for healthcare workers on how to provide stigma-free, non-discriminatory, and gender-affirming SRH services to transgender people is one of the most often cited barriers to quality care for the transgender population. Including both sex and gender as important clinical variables in patient health records could aid in decreasing both structural and interpersonal barriers for transgender people when receiving SRH care.

Conclusions

Inclusive clinical care and research addressing the relationship between sex assigned at birth, gender identity, and social determinants of health is needed. Transgender individuals have been excluded, creating gaps in knowledge. Healthcare workers and researchers can provide empowering care to fill these gaps.

Recommendations

Healthcare workers should adopt a gender-affirmative care model that supports gender diversity and emphasizes an individual's self-determination and autonomy. Multidisciplinary and collaborative care teams are also recommended to improve health outcomes for transgender individuals. Re-conceptualizing outdated terminology and using more inclusive language in research studies are important.

USING SOCIAL MEDIA INFLUENCERS AND A PLATFORM TO CREATE AWARENESS ON SEXUAL REPRODUCTIVE HEALTH INFORMATION AND SERVICE

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Keywords: *Lifeyangu, WCD, Influencers, Adolescent and Young People, SRHR*

Background/Significance

The intervention is an online platform, established to help youths make informed decisions about their sexual reproductive health. It offers accurate, correct, reliable, quick and easy access to information on SRHR. It also features a map that links users directly to a health facility closest to them and shows them how they can get there. The platform became a resource tool for the World Contraception Day campaign in 2022, where Digital Influencers were selected to promote the Lifeyangu platform, to raise awareness of contraception and to debunk the myths and misconceptions surrounding contraception use among young people. There has been an increase in the use of social media among adolescents and young people. While online, they come across all sorts of information, including on contraception use, some of which cause more harm than good. Such misinformation affects uptake of contraception, leading to unintended pregnancies and unsafe abortion.

Objectives

The campaign aimed to reach two million people through social media and a platform in Kenya with accurate information on contraception and provide behavioral nudges for increased uptake of contraceptives.

Methodology/Interventions

The Digital Influencer Campaign leveraged influencers both established and upcoming to create awareness of contraception use. Selected upcoming influencers from 10 counties: Bungoma, West Pokot, Nairobi, Kilifi, Kisumu, Mombasa, Meru, Nandi, Nakuru and Uasin Gishu, were on-boarded and trained on content creation and digital media marketing. The Lifeyangu team developed digital assets i.e. e-posters, carrying key messages on various methods of contraception and debunking myths and misconceptions surrounding contraceptives in Kenya. At the same time, the Digital Influencers developed content which was reviewed and approved by the Lifeyangu team. The approved content was then shared on social media platforms including Facebook, Instagram, Twitter and TikTok. Influencers produced a comprehensive report to determine the total reach, engagement and impressions for the intervention. During the campaign, six Twitter chats were hosted using the hashtag #LifeYangu. The campaign metrics including total reach, engagements and impressions were tracked using Brandmentions using the #LifeYangu hashtag.

Results

Through social media particularly Twitter, Instagram, Facebook and Tiktok, Life Yangu digital influencers reached an audience of over 8 million people with information on contraception use. Cumulatively the twitter chats reached an audience of over 5 million people. Additionally, lifeyangu.com received over 5,000 users and over 11,000 visits. The most popular pages included: The Contraception page, where users found out the different contraception methods, how they work and the possible side effects. -Locate a Facility page, where young people are guided on where the facility closest to them is and how to get there. -About Lifeyangu, which features a brief overview of what the website aims to achieve.

Conclusions

Technology has proven to be a resourceful tool for sharing and accessing information. It is a platform through which young people in Kenya can access accurate information on contraception. Such digital

campaigns play a key role in not only offering information but also encouraging young people to visit health facilities near them and consult on contraception methods of their choice.

Recommendations

The government should make the internet accessible and affordable to young people so that they can get information they need to live a self-determined life. Additionally, county governments should improve health facilities for the youth to access services in a comfortable and non-judgmental way.

BEST PRACTICES IN THE PROVISION OF ADOLESCENT YOUTH SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (AYSRHR) SERVICE; A CASE IN KURIA MIGORI COUNTY, KENYA

Catherine Bhoke[1]

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Background/significance

According to the 2019 census, Migori County has a youthful population of 248,809, age (15-24), 25% being 10-19 years. This population present opportunities to harness demographic dividends, they however face unique health-related challenges such as provider attitude, stigma and discrimination, commodity stock outs; which possess a risk to them realizing their reproductive health leading to poor reproductive health outcomes. To address the specific adolescent and youth challenges in reproductive health, efforts to amplify the voice of adolescent and intentionally tailor making services that youth centered should be put in place. Some essential components that young people find to be of value when being provided reproductive health services include; confidentiality, respectful treatment, integrated services, culturally appropriate care, easy access to care, free or low-cost services among others. The government of Migori and other CSOs are at par for the implementation of the project.

Objectives

To share learnings and high impact practices that increased adolescents and youth access to sexual reproductive at the health centers in Kuria, Migori.

Methodology/Interventions

For needs analysis, adolescents and youth drawn from two sub counties (Kuria West and East) were involved in data collection through 7 community dialogue, 11 peer to peer mentorship, and 5 focused group discussions. Previous used interventions were also assessed to identify achievements, key learnings and best practices in service delivery. Media engagements such as local radio talks were used to mobilize and collect community voices. There were frequent and consistent technical assistance trainings for the youth advocates on budget advocacy, budget analysis and policy advocacy, program implementation and evaluation which increased the capacity of young people to carry out advocacy.

Results

Between March-December 2022; a total of 818 young people reached with information and access services, through community dialogues and radio programs which was held and contributed to the collection of stories and views of adolescents and youth. Awareness increased 63% utilization of comprehensive SRHR information and education by all young people, increased demand increased 75% interest of young people to seek SRH services at the facilities. The advocates representing 2 sub counties have been able to attend 5 technical working groups to increase demand for access and uptake of SRH services amongst their peers. Meaningful youth participation continues to ensure young people's voice and views are heard and incorporated, ensuring young people have adequate information to strengthen their engagement.

Conclusions

Peer to peer education groups are greater way to provide information about comprehensive

reproductive and sexual health services. This enables peer to share out without fear the challenges they face during service delivery at the health sectors and come up with solutions. Involvement of young people in all levels of program implementations results in better reproductive health outcomes.

Recommendations

Remember that some populations of youth need extra assurances of confidentiality; -HIV-positive youth especially in regard to their status. -older youth -LGBTQ youth regarding their sexual orientation or gender identity -pregnant and parenting teens -sexual assault survivors Value of involving young people in health center operations i.e. peer providers

PEER ENGAGEMENT AS A MODEL FOR OPTIMIZING CONTRACEPTIVES UPTAKE AMONG ADOLESCENTS AGED 15–19 YEARS IN HOMABAY COUNTY

Crinoline Kiriago[1], Joshua Oliyo[1], David Mireri[1], Joseph Njoroge[1], Geoffrey Tuei[1], Charles Orora[1], Wanjiku Gathoni[2], Nancy Njoki[1], Gordon Okomo[2]

[1]Population Services Kenya

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Background/Significance

Teen pregnancy is a major challenge for socioeconomic development as it deprives girls of the opportunity to further their education and attain their career goals. It also exposes them and their vulnerable children to major health risks. According to the World Health Organization, pregnancy complications are a leading cause of maternal, child morbidity and mortality among girls aged 15–19 years globally. In Kenya, 15% of women aged between 15 – 19 years have ever been pregnant and 3% are currently pregnant. In the 2022 KDHS, Homabay county is ranked among the highest counties in teenage pregnancies at 23%. To address the challenge of teenage pregnancy and its adverse consequences, PS Kenya in collaboration with Homabay County implemented Adolescent 360 project since 2021. This intervention employs a holistic human-centered design model that addresses the Adolescent girl's sexual reproductive health needs using peer involvement to enhance contraceptive uptake and through empowering the girls economically.

Objectives

Enhanced voluntary uptake of contraceptives among adolescent girls in Homabay county.

Methodology/Interventions

Eligible 90 health facilities geographically distributed were selected in a phased approach. These facilities were branded BINTI SHUPAVU and themed "Supporting Girls in Making the Best Choices for their Future." Thereafter community health officers, health care workers, community health volunteers (CHVs) and youth peer providers (YPPs) were identified and trained. These were the primary implementors of the project. The selected facilities provided a safe space for young women to connect with their peers, identify their goals and were taught about contraceptives to help them achieve their goals. The project engaged the girls' influencers in the community through Binti Shupavu stories to help them better support the decisions these adolescent girls make about their bodies and futures. Routine service data from the facilities was verified, collected and reported monthly through the Kenya health information system. Additionally, qualitative data was collected through monthly supportive supervision visits by interviewing service providers in the facilities.

Results

Between 2021 and 2022, there was an increase in adolescent girls seeking contraceptives for the first time in the selected facilities from 346 to 1,490 adolescent clients. The results revealed that the majority of clients (49%) received implants, (35%) injections, (11%) condoms and (5%) pills. Similarly, first time contraceptive adopters were (69%) and (31%) revisit clients. The results of the survey indicated that more than half (68%) of clients were

aged 17 years and above. These results varied across the sub-counties in Homabay County. Qualitative data collected attributed the contraceptive uptake among adolescent girls' improvement to the regular integrated facility support supervisions, training of service providers on youth friendly services and IEC materials distribution at the community. These results coincide with the project implementation period.

Conclusions

Peer engagement is a key factor in enhancing contraceptive uptake among adolescent girls. However, challenges such as high attrition rates for this age cohort necessitated the need to retrain different sets of YPPs every time.

Recommendations

The Binti Shupavu model can be replicated in other counties for government-led implementation given the significant positive effect it has shown. To ascertain the validity of these findings, more evaluation is needed to establish the complete role of peer involvement in universal health coverage and the strategies to strengthen youth engagement.

BEST PRACTICES IN THE PROVISION OF ADOLESCENT YOUTH SEXUAL REPRODUCTIVE HEALTH AND RIGHTS (AYSRHR) SERVICE; A CASE IN KURIA MIGORI COUNTY, KENYA

Catherine Bhoke[1]

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facilities. The advocates representing 2 sub counties have been able to attend 5 technical working groups to increase demand for access and uptake of SRH services amongst their peers. Meaningful youth participation continues to ensure young people's voice and views are heard and incorporated, ensuring young people have adequate information to strengthen their engagement.

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Conclusions

Peer engagement is a key factor in enhancing contraceptive uptake among adolescent girls. However, challenges such as high attrition rates for this age cohort necessitated the need to retrain different sets of YPPs every time.

Recommendations

The Binti Shupavu model can be replicated in other counties for government-led implementation given the significant positive effect it has shown. To ascertain the validity of these findings, more evaluation is needed to establish the complete role of peer involvement in universal health coverage and the strategies to strengthen youth engagement.

USING SPORTS AND PEER EDUCATION TO IMPROVE ACCESS TO SRHR INFORMATION AMONG YOUTH AGED 10- 24 YEARS IN KACHELIBA

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Keywords: *Peer learning Sessions, Youth, Youth Led Intervention*

Background/Significance

Increased rates of teen pregnancies in West Pokot county are majorly contributed by lack of information about sexual and reproductive health and rights among young people, Inadequate access to services tailored to young people, harmful cultural practices such as FGM and early forced marriages and sexual violence. KDHS 2022 data shows West Pokot County has a teen pregnancy rate of 36% against the national rate of 15%. This contributes to poor sexual reproductive health outcomes among young people. About six out of ten adolescents and the youth in Kacheliba are faced with the challenge of unintended pregnancies. Majority of the population are ignorant and lack sensible information on SRHR. Homeboys Youth Organization has come up with effective interventions to curb the menace. This involves adolescents and youth's engagement through sports, SRHR dialogues on menstrual health and contraception use, life skills education, sensitization on harmful cultural practices, SGBV, and HIV & STI prevention.

Objectives

1. The intervention seeks to improve knowledge on SRHR including menstrual hygiene management among adolescents and young people empowering them to make informed choices.
2. It also seeks to contribute to reduced cases of unintended pregnancies in North Pokot Sub-county.

Methodology/Interventions

Homeboys organization addresses knowledge gap on SRH among young people through awareness

creation targeting young people. Through football tournaments young people are mobilized for the games and for SRHR training sessions prior to the tournament and in between the matches. The sessions are conducted by trained youth mentors and mentor parents. School based peer learning sessions on sexual reproductive target adolescents in six schools in Kacheliba, to create a platform for knowledge-sharing among peers. Community-based peer learning sessions in the youth empowerment centers are adopted to discuss best practices on AYSRH with young people out of school or during weekends and holidays.

Results

The in-school peer learning sessions, mentorship sessions conducted at the organization and sports activities translated to improved knowledge on SRHR and behavior change among young people in North Pokot Subcounty. With the safe space provided by the Homeboys Youth Organization, young people can freely engage with their peers on issues affecting them. Mobilization through football activities has resulted into an increased in number of young people accessing the youth empowerment center for information on SRH been realized. Absenteeism during menstruation is on a downward trend as girls gain knowledge on menstrual hygiene management.

Conclusions

It is envisioned that by 2024 the intervention will have positively impacted the lives of over 3,500 young people in six targeted schools in Kacheliba and within the Organization's catchment area. This will be evident through reduced school dropout cases, reduced absenteeism in the schools, improved behavior changes and reduces teen pregnancy cases.

Recommendations

To comprehensively address SRH challenges there is a need for more programmes targeting young people on comprehensive sexuality education. To improve health seeking behaviors among young people, youth friendly services should be provided in all public hospitals and strict enforcement of law on SGBV to address prevalent harmful cultural practices.

SELF-MANAGED MEDICAL ABORTION IN HUMANITARIAN SETTLEMENT: LIVED EXPERIENCES AND OUTCOMES IN KAKUMA REFUGEE SETTLEMENT, KENYA

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Keywords: *Abortion services, alternative abortion methods, availability, counseling services, contraception, humanitarian settlement, lived experiences, medical abortion drugs, perceived safety, post-abortion care, Reproductive health and rights (SRHR), safe abortion, Self-Managed Abortion (SMA), self-managed medical abortion, Sexual and Reproductive Health (SRH), support systems, trusted sources of information.*

Background/Significance

Women residing in humanitarian settlements encounter numerous obstacles related to their Sexual and Reproductive Health (SRH), which intensify their demand for abortion services. Among these challenges are instances of violence and rape, engagement in transactional sex, and limited access to contraception. While medical abortion has become an integral part of safe methods for women to terminate unintended pregnancies, even in restrictive settings, the practice of Self-Managed Abortion (SMA) utilizing medical abortion remains insufficiently examined within humanitarian contexts. However, such research is crucial in shaping interventions aimed at enhancing access to essential sexual and reproductive health and rights (SRHR) services, including safe abortion, in humanitarian settings. A deeper understanding of this phenomenon will aid in providing effective support and addressing the specific needs of women in these challenging circumstances. The study therefore seek a comprehensive understanding of

SMA in humanitarian settings to help in development of interventions to solve the problems identified.

Objectives

This study aimed to explore the lived experiences of displaced women and girls who reported self-managed abortion using medical abortion in Kakuma refugee settlement to better understand the challenges and opportunities associated in accessing and using medical abortion drugs refugee settings.

Methodology/Interventions

This paper is part of a larger mixed methods study which was carried out in Kakuma refugee settlement from February to October 2022 and uses the qualitative data set. The study involved in-depth interviews using a semi-structured interview guide with 32 young girls and women aged between 15 years and 49 years. Participants were drawn from the quantitative survey sample and purposively selected based on age, country of origin, marital status and who had abortions in the last three years in the camp and reported using MA. The data was analyzed using thematic analysis approach.

Results

In our research study, we conducted in-depth interviews using a semi-structured interview guide with a total of 32 young girls and women, ranging in age from 15 to 49 years. Among the participants, 63 percent reported using medical abortion drugs, specifically misoprostol. They obtained information about the drugs and their availability from trusted sources such as friends, partners, and pharmacists. Regarding the source of the abortion drugs, 16 percent obtained them through a proxy, 9 percent from a healthcare provider, 13 percent from a clinic, and 25 percent from a pharmacy. The decision to choose medical abortion was influenced by factors such as perceived safety, recommendations from others who had undergone the procedure, and the desire for privacy to avoid stigma. Most women (63 percent) experienced pain and bleeding that they considered normal, resembling their regular menstrual period. However, in three cases, excessive bleeding with a foul odor prompted them to seek medical attention from the providers or vendors who supplied the drugs. In contrast, participants who used alternative abortion methods, accounting for 37 percent, such as traditional herbs or high doses of medications like anti-malaria or painkillers, experienced severe pain, excessive bleeding, and even unconsciousness, necessitating post-abortion care in healthcare facilities.

Conclusions

In conclusion, our research emphasizes the significance of accessible, reliable information on safe abortion options. Supporting women in their reproductive choices and addressing potential complications are crucial. Promoting safe practices and providing comprehensive healthcare services are paramount in humanitarian settings to ensure the well-being of women seeking abortions.

Recommendations

The study recommends;

- Strengthening access to accurate information on safe abortion methods.
- Enhancing support systems for women seeking abortions, including counseling services.
- Ensuring availability and affordability of medical abortion drugs in humanitarian settings.
- Training healthcare providers on comprehensive post-abortion care.
- Promoting awareness and reducing stigma surrounding reproductive health choices.

COMPARING THE USE OF MODERN FAMILY PLANNING AMONG NATIVE AND REFUGEE YOUNG SOMALI WOMEN IN NAIROBI CITY, KENYA

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Background/significance

Family planning is a critical intervention and a right for women because it offers them the choice of when and how many children to give birth to. It is a critical driver and focus for achieving the Sustainable Development Goal 3. Global, national, and county efforts have invested in this sector for more than five decades. In Kenya, the national prevalence is about 60%, while in north-eastern counties where the Somali community is predominant, the use does not exceed 11% and goes as low as 2% in some counties, despite the double fertility of 6.9 compared to the national average of 3.2. Garissa County hosts the Dadaab refugee camp, which has the largest refugee population from Somalia. When most refugees leave the camps, they move to Nairobi City. Within the city, the refugees face a myriad of challenges, including sexual violence, unwanted pregnancies, and HIV infection. Over the years and in studies, inequalities have been masked by examining large and assumedly homogeneous populations. Somali refugees are sometimes thought to be similar to native Somalis because of their shared culture and lifestyle. This study sought to examine the differences in use between native and refugee Somali women living in Nairobi city.

Objectives

The aim of this abstract is to examine the differences in use of family planning and their determinants among native and refugee Somali women in Nairobi, Kenya.

Methodology/Interventions

The source of this data is a cross-sectional household survey done in Nairobi in 2021. The current results are from a sub-analysis of the data targeting women aged 15–24 years. The variables of interest were the use of modern family planning (dependent variable) and age, residence, education, and individual approval of family planning (independent variables). The specific areas of study were Kamukunji, Embakasi, and Ruaraka subcounties in Nairobi. The sample size of the analyzed data is 152 and 186 native and refugee young women, respectively. Descriptive analysis was used to generate percentages, while binary logistic regression was used to determine the predictors of the use of modern family planning.

Results

The use of modern family planning is 40.8% and 12.9% among native and refugee women, respectively. The most common methods among the natives were implants (33.3%), injectables (30.3%), and daily pills (21.2%), while among the refugees, implants (19.2%), injectables, male condoms, daily pills, and injectables (all at 19.2%) The determinants of use among the natives were age 20–24 (OR =3.8, P =0.04), approval of family planning use (OR = 60, P <0.001) while among the refugees they were aged 20–24 years (OR = 2.8 P =0.04) and approval of family planning use (OR =15, P<0.001). The determinant after controlling for potential confounders is approval for family planning (OR =204, P<0.001) and (OR =17.4, P<0.001) among natives and refugees, respectively. A qualitative interview indicated that "identification requirements like a national identity card or mandate are a critical barrier to the use of family planning among refugees". Education, residence, family planning decision-maker, and source of income did not significantly influence the use of modern contraception.

Conclusion

The use of family planning is low in both groups, especially among refugees, compared with the national prevalence. The key determinant for both groups is individual approval for the use of family planning. In addition, among refugees, identification documents are a major barrier to accessing contraceptives.

Recommendations

Targeted family planning education for young Somali women is critical to scaling up contraceptive prevalence.

Acknowledgements

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ADDRESSING HEALTH CARE WORKERS' BEHAVIOR CHANGE IN THE PROVISION OF YOUTH FRIENDLY SERVICES USING EMPATHWAYS IN HOMA BAY AND VIHIGA COUNTIES IN KENYA

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Background/Significance

In Kenya, factors such as social stigma, lack of emotional support, poor healthcare access, and stress around new life adjustments contribute to poor adolescents' sexual reproductive health (AYSRH) service-seeking behaviors. Consequently, the number of adolescent pregnancies has been on the rise. This has also led to high incidence of HIV infection and suicide due to mental health challenges facing adolescents. Breakthrough ACTION Kenya works with the Division of Reproductive and Maternal Health (DRMH) and other stakeholders to strengthen social and behavior change (SBC) capacity at the national level and to improve adoption of AYSRH health seeking behaviors and quality AYSRH service delivery in Homa Bay and Vihiga counties.

Objectives

To improve adoption of AYSRH health seeking behaviors and quality AYSRH service delivery in Homa Bay and Vihiga counties.

Methodology/Interventions

Breakthrough ACTION in collaboration with the DRMH, integrated Empathways into the Ministry of Health's provision of youth-friendly services toolkit to train healthcare providers. Empathways is a three-round card deck designed for one-to-one use between young people and Health Care Workers (HCW) to develop empathy and reduce stigma, bias and mistrust among providers to catalyze more youth-centered service delivery. Trained health care workers developed an action plan to apply Empathways in their day-to-day engagement with youth and held quarterly check-in meetings to review progress in the implementation of Empathways across 50 health facilities in Homa bay and Vihiga counties in 2022.

Results

To date, 105 Health HCWs have completed the five-day training and provided AYSRH counseling and services to 30,981 youth and adolescents. The HCWs shared that Empathways provided the necessary skills that enabled them to deliver focused counseling, especially targeting pregnancy prevention to adolescents and youth with empathy. The training enlightened the HCWs on how to understand adolescents and young people through increased knowledge and counseling skills, communication skill and probing techniques to enable them to obtain more information and guide adolescents on decision about pregnancy prevention, living with HIV, Gender Based Violence (SGBV) and other AYSRH issues. Empathways posters put up on the walls of 19 health facilities helped to elicit discussions both from other members of staff and the clients who come for other services at the health facility. The Empathways experience has also led to 12 facilities to introduce special days for adolescent SRH service provision, to expand service availability for youth.

Conclusions

In recognition of the importance of a human connection and empathy in service delivery, Empathways works in guiding the client and their service provider start truly interactive dialogues, equipping HCWs with the tools needed to provide simple, concrete skills that can ease conversations

and allow the adolescent and young person open up and ensure their needs are being met.

Recommendations

We recommend that Empathways tool should be adapted for rollout nationally beyond Vihiga and Homabay counties. This will involve contextualizing the materials to different counties,' and training more Trainers of Trainers from across the counties to fast tract its use by HCWs to reach more adolescents.

IMPACT OF A PEER-BASED EDUCATION PROGRAM ON THE SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE AND ATTITUDES AMONG KENYAN MEDICAL STUDENT VOLUNTEERS

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Keywords: *peer-based education program, sexual and reproductive health and rights (SRHR), sustainable development goals, comprehensive sexuality education*

Background/Significance

Access to sexual and reproductive health and rights (SRHR) information and services is crucial for universal healthcare provision, especially for young people, as it intersects with several sustainable development goals (SDGs). The COVID-19 pandemic significantly affected global access to SRHR services, especially for adolescents who are at higher risk of unintended pregnancies, sexually transmitted infections, sexual and gender-based violence, and psychosocial and socioeconomic consequences. RESPEKT promotes responsible sexual behavior and acceptable attitudes on SRH matters through a peer-to-peer model where by medical students are to impart information to high school students among high school students in low resource settings.

Objectives

1. To identify the level of knowledge of SRH issues among volunteers
2. To point out the challenges faced by volunteers in disseminating SRHR education
3. To recognize peer volunteers' impact on SRH education in schools

Methodology/Interventions

The study used a mixed-methods approach to evaluate youth contribution to SRH education in Kenyan high schools, with a pretest-posttest design using questionnaires to assess knowledge, attitudes, and practices, and focused group discussions and structured interviews to evaluate volunteers' challenges in peer-to-peer SRH education. The study was conducted at various universities where RESPEKT volunteers are based, with a target population of new youth volunteers who joined RESPEKT in April 2022, and a sample size of 68 participants. Data was collected using questionnaires, FGDs, and interviews, with analysis conducted using SPSS and NVIVO software.

Results

The study involved 68 college students, mostly pursuing a Bachelor of Medicine and Bachelor of Surgery degree, and evaluated their level of knowledge on sexual and reproductive health issues before and after implementing comprehensive sexual education to high school teenagers over six months. The study found a statistically significant improvement in the participants' knowledge on menstrual health issues, sex and sexuality, pregnancy and contraceptives, sexually transmitted infections, gender-based violence, puberty, and human development. However, volunteers faced challenges in disseminating SRH education during school visits, including lack of mentorship, inadequate time with students, fear of disseminating information with bias, and difficulty addressing taboo topics such as family planning, abortion, or LGBTQ+ as well as GBV and HIV/AIDS, which could trigger negative experiences among students. Despite the highlighted challenges, volunteers made the following strides: The volunteers were able to dispel myths in some issues such as GBV, creating safe and fun spaces where students were able to share and ask questions without embarrassment. The

volunteers provided the teenagers with information on the dos and don'ts in SRH. Career goals and how to get help in risky situations was also presence of the volunteers encouraged most of the students to finish school and seek self-advancement. Not only were the teenagers positively influenced but also the volunteers themselves

Conclusions

The RESPEKT project has been keen to impact not only the Kenyan teenagers who are our target population, but also the volunteers themselves. Volunteer training on peer SRHR education improved their knowledge and level of confidence to address intricate SRHR concerns among teenagers. There are pertinent challenges faced by volunteers in disseminating SRH education that may be addressed in future projects.

Recommendations

- Projects should ensure that the volunteers are adequately prepared to address more sensitive SRHR topics.
- High school curricula should be adjusted to accommodate comprehensive sexual education
- The government should increase its efforts in establishing youth friendly services and community campaigns to address SRHR needs.
- More organizations need to get involved in addressing the gaps seen in SRHR education especially among the rural communities where some topics are still taboo.

MEANINGFUL ADOLESCENT AND YOUTH ENGAGEMENT (MAYE) IN FAMILY PLANNING SERVICE DELIVERY: CASE STUDY OF THE ADOLESCENT (A) 360 MAYE FRAMEWORK IN KENYA

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Keywords: *Adolescents, Youth, Meaningful Engagement*

Background/Significance

Adolescent sexual reproductive health (ASRH) needs remain unmet and an ongoing challenge in Kenya. Adolescents constitute about 23% of the Kenyan population according to the 2019 Census. Adolescents experience sociocultural and economic barriers hindering their ability to access and utilize critical ASRH healthcare services. While adolescents and young people form a significant portion of the population, their direct and meaningful involvement in healthcare service delivery remains debatable. Binti Shupavu is an innovative model under Adolescent 360 (A360) project that aims to increase modern contraception uptake among adolescent girls (15 - 19) across 4 counties in Kenya (Homabay, Migori, Kilifi and Narok). This includes the need to fully understand the experiences, needs and desires of adolescents, and while partnering with adolescents and youth to enable ownership of their sexual and reproductive health and lives.

Objectives

The main objective of the strategy framework was to create an enabling environment for adolescents and youth to participate in A360 - Binti Shupavu, design, implementation and evaluation processes through:

- Inclusivity in participation allowing engagement of diverse adolescents and youth including vulnerable and marginalized groups.
- Development of structures for accountability, reporting and feedback

Methodology/Interventions

A360 developed a meaningful adolescent and youth engagement strategy in mid-2021 after consultative meetings between youth from Kenya, Ethiopia, Tanzania and Nigeria and technical experts. The framework was localized through work planning, establishment of a governance structure consisting of a country panel, youth innovation champions, peer mobilizers and local adolescent forums. This

ensured an inclusive participatory approach from community to program management levels. Routine reach data on adolescents and youth reached, meaningfully engaged, and receiving services was collected using Population Services International customized DHIS2 mobile application. Services data was cross-referenced with Kenya Health Information Systems data and validated through abstraction.

Results

Six youth Innovation Champions were recruited to lead the implementation of meaningful adolescents and youth engagement strategy within their respective counties. In the governance structure, the country panel consisted of adults and youth and provided oversight. The peer mobilizers collected feedback directly from adolescent forums at the facility level. The local adolescent forums consisted of Binti Shupavu participants trained on sexual reproductive health, life and income-generating skills and collected feedback from peers in the community. During design, 219 adolescents and young women were engaged in inspiration research activities, ideation workshops, prototyping, testing and validation of Binti Shupavu, 16 local adolescent forums were initiated and organized- (outreaches) were conducted by the LAFs. Between October 2021 and December 2022, Binti Shupavu reached 47,043 adolescent girls 10-19 years among which 29,215 adopted contraceptive methods with a conversion rate of 46.81%. In Quarter 4 of 2021 and Quarter 1, 2, 3, and 4 of 2022, 2242, 9355, 11188, 12015, and 12243 adolescent girls were reached respectively. in the same respective quarters, 3806, 3779, 4920, 6834, and 9876 girls adopted contraceptive methods indicating a consistent increase in both adopters and reach except for quarter 1 of 2022 across the period of implementation.

Conclusions

Engagement of young people in programs where they are the beneficiaries increases outcomes. Data demonstrates that the number of adolescents reached, and adopters increased with increased direct engagement of adolescents. It is easier for peers to discuss matters sexuality openly and for contraceptive continuing users to convince peers to adopt.

Recommendations

A360 developed a meaningful adolescents engagement strategy prior to implementation of Binti Shupavu. Therefore, to achieve the best outcomes, meaningful engagement of young people should begin early. Additionally, the strategy contained measurable indicators which ensured accountability. Having indicators ensures that related activities can be tracked.

DECENTRALIZED SPECIALIST MODEL; A COMPARATIVE ANALYSIS OF ADOLESCENT AND ADULT PREGNANT WOMEN CONCERNING OBSTETRIC COMPLICATIONS IN GOMBATO/BONGWE WARD OF KWALE COUNTY

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Keywords: *Decentralized, Elective, Fatality, Gestational, High-Risk, Hub, Mentorship, Perinatal*

Background/Significance

Adolescent pregnancy (in females 12 to 19 years of age) is associated with an increased risk of maternal and neonatal complications during pregnancy and delivery (WHO 2004). In Kenya, the national teenage pregnancy rate stands at 14.9% whereas in Kwale County, the teenage pregnancy ratio is at 14.8% with sexual debut by age for women being 17 as compared to 19 in men. Further, Kwale County's age-specific fertility rate for girls aged 15-19 is 126 births per 1,000 girls which is considerably higher than the national level of 73 births per 1,000 girls (KDHS 2022). According to UNFPA (2020) teenage girls are twice as likely to die of pregnancy and childbirth related complications as opposed to older women. Thus, the aim of this abstract was to explore adolescent and adult women pregnancy-related complications in Gombato/Bongwe ward

of Kwale County for the past one year.

Objectives

To explore adolescent and adult women pregnancy-related complications in Gombato/Bongwe ward of Kwale County for the past one year.

Methodology/Interventions

USAID Stawisha Pwani project implemented a decentralized specialist model from May 2022. This was aimed at improving access to specialist obstetric and gynecological services to rural and underserved women with high-risk pregnancies in Kwale County. The pilot was conducted at Diani Health Centre which served as a hub for reviewing the high-risk mother referred from surrounding rural health facilities in Gombato/Bongwe Ward. The visiting specialist reviewed the clients on weekly basis and booked them for elective delivery at the Msambweni County Referral Hospital. In addition, the specialist also conducted onsite mentorship to the Diani healthcare workers during his reviews.

Results

A total of 493 high risk mothers were booked and reviewed by the specialist during the period and the data was analyzed to compare proportion of the complications in adolescent to the adult pregnant over the same period. The utilization of first Antenatal Care (ANC) attendance within recommended 16 weeks of pregnancy in adolescent was low at 9.6% versus 23.2% in adult pregnant mother, and low 4th ANC completion rates (4% in adolescent to 8.4% in adult pregnant mothers). Gestational hypertension was high in teenage mother (39% versus 18%), intrauterine infection was also high amongst adolescent mothers (10% versus 6%) and fetal malpresentation being at 13% to 7% in adolescent and adult pregnant women respectively. Most of babies were delivered vaginally in adult women (89% versus 75.3%) and low birth weight (<2500g) was more in children born to adolescents (42.6% versus 16.2%). On community-facility linkage,18 youth champions and 22 community Health Volunteers were sensitized and engaged to conduct household follow-up and referral of suspected high-risk cases for review. In addition, 25 Health care workers were mentored on all basic signal functions of EmONC to improve quality of care at service delivery points and follow up care at household level.

Conclusions

Pregnancy related complication in Gombato-Bongwe ward was higher among adolescent women and who uptake ANC service late. A key to note also is that there was zero case fatality rate for both cohorts owing to timely intervention and follow up by mentored multidisciplinary team.

Recommendations

This innovative, effective and participatory model that eases access to the essential specialist services and results to positive maternal & Perinatal outcomes, is scalable within the county and the country.

CO-DESIGNING PHARMACY BUSINESS SOLUTIONS TO INCREASE ACCESS TO QUALITY CONTRACEPTION AND SELF-CARE PRODUCTS IN KENYA

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Keywords: *Family planning, DMPA-SC, pharmacy channel, business models, human-centered design*

Background/Significance

Approximately 57% of women of reproductive age in Kenya use a modern FP method. However, a considerable number of women (~15%) are continuing to face provider, product, and physical barriers in accessing modern methods. A self-injectable formulation, DMPA-SC, was introduced to address some of these barriers, including accessibility. The retail pharmacy channel is not a widespread source for family planning, despite being

the first point of contact for primary health care for most Kenyans. As such, private retail pharmacies offer an opportunity to expand access and provide quality, discreet and convenient advanced FP products and services for Kenyan women.

Objectives

To ensure greater access to quality FP through the pharmacy channel for women who desire and can afford these services while demonstrating a viable pharmacy business model.

Methodology/Interventions

Human-centered design (HCD) was conducted in early 2022 to deeply understand client and pharmacy needs, barriers, and motivations, among other factors. Data was gathered from a total of 73 respondents. Further, value chain mapping was done to understand channel economics and the right basket of contraceptive and other self-care products to be offered. A landscape analysis of innovators and potential solutions for pharmacy channel was completed, including 13 key informant interviews for the high-feasibility innovations. Implementation research (IR) using mixed methods is ongoing to determine the effectiveness of business solutions offered, quality of service and specific client outcomes in the participating pharmacies.

Results

Initial findings from the HCD research show that pharmacies price their products to maximize profits or to fulfil a desire to help their communities. Additionally, pharmacy pricing may be affected by supply chain challenges and pharmacy business strategies. Pharmacies expressed the need to always forecast product demand even with anecdotal customer data because customers have different financial and social status preferences for generic or brand-name drugs. For these and other reasons, historically, pharmacies have avoided stocking and offering advanced FP products and services to women, instead preferring to refer them to public or private health facilities. Additionally, our research showed that women are often aware of contraceptive side effects, prefer methods with few to no side effects, and may blame pharmacies for contraceptive side effects. Also, women prefer being served by pharmacists of various ages and genders. However, many women reported preferring to discuss their FP needs with a pharmacist their age. We used these insights to design integrated business models with multiple solution components. These solutions included training and capacity building on FP, facilitating DMPA-SC availability, collaborating with pharmacies around demand generation activities and fostering customer retention approaches. These solutions have been rolled out to 30 pharmacies and impact is being assessed through an implementation research framework.

Conclusions

Expanding FP access for women who are willing and able to pay for these services requires an understanding of the underleveraged pharmacy channel. This study will provide evidence to inform both Kenya's multisectoral approach to FP and to other governments with similar demographics and markets.

Recommendations

Human centered design, as a problem-solving approach, is critical to understanding the needs and barriers of adolescents and youth to access quality FP. This coupled with an implementation research framework allows for innovative solutions to be offered that not only speak to the needs of adolescents and youth, but also take into consideration their varied contexts.

CONNECTING SUPPLY AND DEMAND AT THE COMMUNITY LEVEL: TASK-SHARING AND COMMUNITY ENGAGEMENT DRIVE ACCESS TO MODERN FAMILY PLANNING IN COASTAL KENYA

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Keywords: *task-sharing, community engagement, community health workers*

Background/Significance

Kilifi County in coastal Kenya is classified as hard to reach for family planning (FP), with a modern contraception prevalence of 39%, compared to 61% nationally as of 2018. One significant constraint to the availability of services at the community level is that only qualified medical staff are authorized to insert implants and deliver injectables at health facilities in Kenya presenting access barrier owing to inadequate health facilities and human resource for health. To address these supply and demand barriers, the national Division of Reproductive and Maternal Health of the Ministry of Health and the Kilifi County Health Management Team partnered with Population Services Kenya to pilot a task-sharing initiative for Community Health Assistants (CHAs) to increase community-based access to FP for women ages 15-19 and to increase demand for women ages 15-49 to generate evidence for policy change.

Objectives

To generate evidence on effectiveness of task-sharing to influence policy change to allow scale-up.

Methodology/Interventions

The mixed-methods evaluation included quantitative and qualitative components. The quantitative evaluation assessed effects on FP service provision using routinely collected Kenya Health Information System (KHIS) data from all health facilities and their affiliated CHAs in Kilifi County from June 2018 to October 2020. The qualitative evaluation reviewed FP availability at the community and facility levels, the effectiveness of task sharing, and changes in community knowledge and attitudes.

Results

The quantitative difference-in-differences analysis indicated that the intervention was associated with statistically significant increases in the mean monthly number of clients receiving the implant and the injectable per facility. The increase in the mean monthly number of injectables provided per facility after the intervention was greater by 13.4 users served in intervention facilities than in non-intervention facilities ($P < .001$). Similarly, receipt of the intervention was associated with an additional increase of 6.0 monthly implants provided in intervention facilities versus comparison facilities ($P < .001$). Themes that emerged from the qualitative data indicated that task-sharing was found to be acceptable by the community and is viable for scale-up

Conclusions

Results of the quantitative analysis of KHIS data indicate that the program was associated with increased implant and injectable provision. Findings from qualitative data further support the success of the supply-side and demand-side components. Overall, the evaluation suggests that task-sharing from health facilities to community-based provision—combined with community engagement—is a viable strategy to increase FP access. Lessons learned from evaluation can inform future scale-up of the program.

Recommendations

Task-sharing through the Community channel by utilizing CHAs is a high impact intervention that is scalable. Adequate advocacy efforts for policy change is required for to achieve full scale.

USE OF WHATSAPP CHATBOT TECHNOLOGY TO SUPPORT EFFECTIVE USE OF HIV SELF TESTING AMONG YOUTHS THE PRIVATE SECTOR IN KENYA

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Keywords: *HIV Self-testing, WhatsApp Chatbot, Confirmatory Testing, Digital Counselor*

Background/Significance

Evolution in the social media has impacted on health programs different and in unique ways. A lot of people around the world have access to various social media platforms and use them differently. WhatsApp has 2 billion users making it the most popular app in over 100 countries including Kenya. This paper seeks to illustrate the role of digital counsellor (WhatsApp chatbot) in promoting effective use of HIV self-testing kit in Kenya. We explored consumer insights on utilization of the WhatsApp chatbot which provides information on HIV Self Testing (HIVST) thus improving access to and uptake of HIV testing services. This has had impact on entry to lifelong care for individuals testing HIV positive.

Objectives

To assess the effectiveness of WhatsApp chatbot to support HIVST users(youths) to access and use HIVST kits.

Methodology/Interventions

Population Services Kenya in partnership with Population Services International invented WhatsApp chatbot to promote access to and uptake of HIVST information and products. We trained pharmacists from mapped 120 pharmacies to support HIVST users to land on WhatsApp chatbot and access information. We also conducted two round of pharmacy activations where trained sale agents engaged HIVST users on WhatsApp chatbot. The mapped pharmacies were branded with Information and educational materials to sensitize clients on WhatsApp chatbot. The trained pharmacist and sale agents supported HIVST kit user to land on and navigate through the chatbot to access information on HIVST.

Results

Clients landing on the chatbot were assisted to register and access main menu with information on where to find HIVST kits, how to test, HIVST self-reporting and risk assessments. The client's data were captured electronically as they navigate the chatbot and analyzed to determine the roles of WhatsApp chatbot in assist HIVST users to find HIVST kits, test and interpret results, perform risk assessment and self-report their HIVST results. Out of 486 clients who landed on WhatsApp chatbot to access HIVST information 306(62.9%) were male, 172(35.3%) females while 8(1.6%) did not reveal their identity. 93.6% (455) of the chatbot users were aged 16-35 years while 5% of the users were people above 35 years. Of the total users who landed on the chatbot, 280 (47.3%) wanted to find HIVST kits while 208 (42.7%) reported to have performed HIVST screening. On the self-reporting menu, 368(75.7%) users reported to have not tested before while 118 (24.3%) reported to have accessed HIVST kits before. On whether the test results were reactive,11 users reported positive results while 8 users reported to have conducted confirmatory testing

Conclusions

WhatsApp Chatbot is a competent and viable solution in promoting effective use of HIVST kits among young people hence sustaining HIV prevention programs globally.

Recommendations

Program implementers should channel effort in reaching people on social media with information and services on HIVST and SRHR.

ADOLESCENTS, YOUTH, AND SEXUAL REPRODUCTIVE HEALTH PROGRAMMING IN KENYA: INSIGHTS FROM A DESK REVIEW OF PEER-REVIEWED AND GRAY LITERATURE

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Keywords: *Peer review, Determinant of AYSRH behavior, SBC Strategy*

Background/Significance

In Kenya, almost one out of four women give birth by age 18 and nearly half by age 20. Fifteen percent of women aged 15–19 have ever been pregnant; 12% have had a live birth, 1% have had a pregnancy loss, and 3% are currently pregnant (KDHS,2022). Investing in adolescent health thus has been described as having "triple dividend" benefits for adolescents, their future adult lives, and their children. The early age of initial sexual intercourse, along with the early age of marriage, can lead to pregnancies during teenage years, which reduces opportunities for completing education, can be burdensome for young women financially, and increases the risk of maternal morbidity and mortality (UNICEF). Social and behavior change (SBC) is a crucial component in changing social norms towards improving behaviors and health outcomes; addressing myths and misconceptions; and improving knowledge, attitudes, and practices of Kenyans about RH/FP.

Objectives

To better understand the determinants of facility-level and community-level AYSRH (Adolescents, Youth, and Sexual Reproductive Health) behaviors to inform the AYSRH SBC strategy for Kenya.

Methodology/Interventions

Breakthrough ACTION Kenya conducted desk review synthesis of information on prevalence of AYSRH behaviors in Kenya and identified the potential barriers to and facilitators of adoption of recommended AYSRH - FP services. A rapid review of 81 gray literature, 32 peer-reviewed publications including available policies, reports, and plans, was conducted and thereafter, scanned peer-reviewed literature to fill gaps in information, especially regarding evidence of structural determinants of AYSRH behaviors and psychosocial constructs. PubMed, Africa-Wide Information, and Global Health using keywords combined using Boolean expressions were used to identify articles focused on AYSRH with interest on Vihiga and Homa Bay counties.

Results

The desk review found that globally, adolescents and youth remain a highly vulnerable age group and experience inequitable access to sexual and reproductive health. The education system in Kenya offers sexual health education, but efforts aimed at HIV and age-appropriate comprehensive sexuality education have been slow and uncoordinated. Knowledge of Family planning (FP) is widespread among adolescents in Kenya, but health concerns and myths are common. On average, 18%(Vihiga) and 23% (Homa bay) of girls aged 15–19 have begun childbearing, but this percentage varies widely in the sub counties. Knowledge of FP benefits is lower in rural western Kenya with community characteristics such as education, timing for initiation of childbearing, fertility norms, and media exposure significantly influence the likelihood of unintended pregnancies. Socio-cultural stigma related to teenage pregnancy and HIV, weak supply chain, long distances to services, limited hours of service, and poverty were identified as significant barriers for adolescents and youth seeking sexual and reproductive health services. In addition, negative provider attitudes towards adolescents presenting with pregnancy or seeking FP services, lack of privacy, and inadequate counseling and understanding of youth-friendly services were identified as important factors influencing AYSRH in Kenya.

Conclusions

Sexuality education is critical to address the high need for sexual and reproductive health information and services among adolescents, therefore, there is a need to identify and propose opportunities for engagements with relevant health and non-health sector collaborators in prioritizing equitable access, demand for, and use of quality health services.

Recommendations

Access to media and provider–client interaction and exposure to mass media can increase knowledge and improve perception as part of comprehensive sexuality education programs towards improved reproductive health attitudes, knowledge, gender equitable norms, and self-efficacy.

YOUTH CHAMPIONS: A MODEL TO IMPROVE ADOLESCENT AND YOUTH BEHAVIORS TOWARDS AYSRH SERVICE UPTAKE IN RACHUONYO SOUTH, HOMA BAY COUNTY-KENYA

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Keywords: *Antenatal Care, Adolescent and Youth Sexual reproductive health, Social behavior change, Skilled Birth Attendance, Gender Based Violence*

Background/Significance

Adolescents and youth health seeking behavior is essential in addressing Sexual Reproductive Health (SRH) challenges in counties presenting with poor high teen pregnancies and high HIV incidences among others. Poor AYSRH health seeking behavior is often acerbated by socio-cultural constructs, individual ideation, and taboo thus, preventing adolescent and youth from seeking Health services due to fear of judgement from parents, peers, and peers. According to Kenya Demographic Health Survey (KDHS) 2022 findings, teen pregnancy is 23% in Homa Bay county compared to the national average of 15%, while 54% of women aged 15-49 years had experienced physical violence and 23% of women experienced sexual violence compared to 13% and 34% nationally (KDHS, 2022). The Youth Champions are important in influencing behaviors that promote contraceptive uptake and teenage pregnancy prevention.by mobilizing community to address socio-cultural constructs that act as barriers to access to AYSRH services among young people.

Objectives

To improve adoption and uptake of health services and address social cultural constructs that acts as barriers to access to AYSRH services among young people by utilization of Youth Champions

Methodology/Interventions

Breakthrough ACTION uses the Youth Champions model to improve the uptake of AYSRH services. Together with the County health management teams, the project recruited and trained 50 youths aged 20-24 years as Youth Champions and linked them with the health facilities with poor AYSRH indicators such as high teen pregnancy and HIV incidences. They were trained on Social Behavior Change (SBC) and were equipped with tools such as facilitators manual, job aids and reporting tools, to assist them to disseminate key AYSRH messages at the community level. They worked with community health volunteers, and the service providers to conduct dialogue sessions on contraceptives, Gender Based Violence (GBV), Antenatal Care (ANC), Skilled Birth Attendance (SBA) and malaria services among young people aged 10 -24 years using appropriate participatory activities within the adolescent and youth social networks.

Results

Within the last 9 months, the youth champions have conducted 423 activities engaging 10,744 adolescents and young people and referred 619 for AYSRH services. FP uptake among Adolescent and youth increased by 14% from 1481 in 2021 to 1693 in 2022.

Conclusions

The Youth Champions model is effective in reaching young people due to their intricate and dynamic nature. Youth champions and young people speak the same language and experience similar challenges thus enabling mutual understanding for action. Using an age-appropriate kit with focused modules makes the model unique and easy to use with youth in different settings.

Recommendations

Routine support supervision and evaluation of Youth Champions activities and empowering them enhances their skills for delivery of quality SBC activities and improved efficiency.

COMMUNITY AND HEALTH SYSTEMS BARRIERS AND ENABLERS TO CONTRACEPTIVE UTILIZATION AMONG ADOLESCENT GIRLS. A CASE OF MIGORI COUNTY IN KENYA

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Keywords: *Novel approaches, supply and demand, stock availability*

Background/Significance

Unmet need for family planning results in numerous health challenges such as unintended pregnancies, unwanted births and unsafe abortions. These have been shown to increase maternal mortality among women of reproductive age. In addition, it contributes to school dropout among adolescent girls in the county. In Migori County, unmet need for family planning is highest among adolescents and young girls aged between 15–24 years (KDHS, 2022). The study was implemented by PSI in collaboration with Population Services Kenya. The study tested the feasibility and utility of a range of novel approaches to capture supply and demand side information on the FP markets across urban sites in Migori County.

Objectives

This analysis aimed at investigating the influence of contraceptive method availability and distance to the nearby outlet, interactions between the market and consumer perspectives and behaviours on modern contraceptive utilization among women in Migori county using geo-referenced data.

Methodology/Interventions

A multi-round longitudinal FP outlet censuses with accompanying repeated surveys among women within the same locations was done. FP outlets were evaluated on a quarterly basis to capture changes in product availability and accessibility over the study period. Respondents were linked directly to their most recently visited FP outlet, or indirectly to nearby outlets to assess geographic access, outlet choice and bypassing behaviors, and other demand-and supply-side interactions. Data was collected in 3 rounds from 2019 to 2020 in a twelve-month period. This design allowed us to revisit the same outlets and women in the study sites for greater insight into changes over time. This aimed to identify every service delivery point offering more than just male condoms.

Results

Proximity and service quality were top considerations driving consumers' choice of their most recent FP source, yet other considerations mattered more for many consumers. The highest distance from a consumer home to her most recent short term or long FP method was approximately 5 KM. Stock status changed at the level of individual outlets and alternated between having short- and long-term methods in and out of stock for the period under review. Stock availability also determined the choice of FP method. In addition, the median distance from a consumer's home to her most recent source of FP varied by method taken. The number and range of methods available and proximity were independently associated with contraceptive utilization.

Conclusions

FP supply is an important component for ensuring access to family planning products, and yet relatively little is known about family planning supply-side dynamics. Recent efforts to capture FP product availability dynamics have relied on approaches that can only give a picture at aggregate level.

Recommendations

There is a need for additional research and investigation to establish other community and health systems barriers and enablers of FP supply and utilization among adolescent girls. This includes more research focusing on product availability (impact of uninterrupted availability), expansion on the range of contraceptives, stockout and on the demand side experience of access to FP.

ADDRESSING ADOLESCENTS SEXUAL REPRODUCTIVE HEALTH UNMET NEED FOR CONTRACEPTION THROUGH BINTI SHUPAVU MODEL OF INTERVENTIONS IN HOMABAY COUNTY, KENYA

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Keywords: *Adolescent Girls and Young Women, Sexual Reproductive Health, Kenya Demographic Health Survey*

Background/Significance

Sexual and Reproductive Healthcare (SRH) needs of Adolescent Girls and Young Women (AGYW) have recently gained attention in the global and national sphere, many of their needs remain unmet. Adolescents girls and Young women of aged 15-29 years have the highest unmet needs for Family planning at about 30%. The level of unmet need continues to be higher in rural areas (27%) than in urban areas (20%). According to the Kenya Demographic survey 2022, Adolescent girls aged 15-19 years has the highest proportion of unmet needs for family planning at 21.6% unmet whereas young women aged 20-24 years have 16.9% unmet needs for family planning.

Objectives

To create demand on addressing unmet needs of adolescent girls for Family planning through Binti Shupavu interventions

Methodology/Interventions

In efforts towards addressing the unmet needs for ASRH, Population Services Kenya in Collaboration with Homabay County Health Management Team implements Adolescent 360 (A360) program in 90 facilities with adolescent girl -led model scope termed as 'Binti Shupavu 'which aims at Supporting Girls in Making the Best Choices for their Future. This is a holistic human centered design model which tends to address both the Adolescent girl's sexual reproductive health needs and economic needs. Population Services Kenya and Homabay County Health management Team trained the Community Health Officers, Health care workers, Community Health Volunteers and Youth Peer Providers who were identified as the primary implementers of the project from the across 90 facilities that had been identified for the project implementation. Binti Shupavu Model developed 3 key implementation approaches: Binti Shupavu Clinics, Binti Shupavu Stories and Binti Shupavu fests to reach Adolescent girls with ASRH information & Service provision. The Sub County & County Health Management Teams have been instrumental in the implementation of the Binti Shupavu Activities through taking lead in conducting joint support supervision, planning for activities, conducting joint routine data quality assessments (RDQAs), performance reviews and as well as being the Binti Shupavu Ambassadors

Results

In 2021, through the Binti Shupavu Clinic sessions 340 girls were reached with information and 53 girls received the Contraceptive services for the 1st time. In 2022, The total Adolescents reached were 12,105. Amongst the Adolescents reached, 4925

adopted a Contraceptive Method. In quarter 1 of the Year, 2360 girls were reached with ASRH messages and 487 out of them adopted contraceptive services. In Quarter2, 2756 girls were reached with ASRH messages and 1008 out of them adopted contraceptive services, In Quarter 3, 2994 girls were reached with ASRH messages and 1353 out of them adopted contraceptive services and in Quarter 3, 2319 girls were reached with ASRH messages and 1239 out of them adopted contraceptive services. The Average reach per session in every month is 16 Adolescent girls.

Conclusions

Binti Shupavu interventions has showed out that Adolescent girls and Young women need a holistic approach to address their unmet needs on access and uptake of contraceptive services as well as information.

Recommendations

To reduce the unmet need for contraceptives and unintended pregnancies among AGYW, improving the availability and accessibility of SRH services for AGYW is necessary. It is critical to ensure that access and use of contraceptive services for AGYW are aligned with their SRH behavior, preferences, as well as their reproductive intentions. The health system needs to know to the needs of the AGYW in their specific context in order to be responsive, and should have the capacity to deliver the services that meet the SRH needs of AGYW. Therefore, I would recommend that the County government of Homabay to allocate resources for ASRH unmet needs mitigation

COMMUNITY AND HEALTH SYSTEMS BARRIERS AND ENABLERS TO CONTRACEPTIVE UTILIZATION ON SITE FAMILY PLANNING INTEGRATION APPROACH- TO REDUCE UNMET NEED AMONG ADOLESCENTS AND YOUNG WOMEN AT KINANGO SUBCOUNTY HOSPITAL.; KWALE COUNTY

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Keywords: *Family planning, Post pregnancy family planning, Antenatal care*

Background/Significance

Unintended pregnancy, resulting from unmet need for contraception, threatens the lives and wellbeing of women and their families globally. Globally, there are 214million women with unmet need for contraception with the highest proportion in the world being in Sub Sahara Africa. In Kwale County for instance, the unmet need of family planning among married women is 24.4% compared to 14% nationally, and 34.6% of sexually active married women of reproductive age (15-49 years) use modern contraceptive method, compared 62% nationally. Kwale's teenage pregnancy rate is about 15% which is almost similar to the national's average and requires urgent action.

Objectives

The main objective is to increase accessibility to family planning services through integration with other healthcare consulting services at different entry points through (on –site FP integration approach) and thus reducing unmet need of contraception among adolescents and young women at Kinango sub County Hospital; Kwale County.

Methodology/Interventions

The USAID Stawisha Pwani conducted mentorship of 13 nurses on FP. These nurses were drawn from maternity and female wards from 19th to 25th May 2022. The project analyzed records on family planning uptake among different age groups from January to December 2021 and 2022 from MOH 512, 711 and female ward admission register before and after initiation of on-site family planning integration. On-site integration is where FP services are offered by one service provider in one room during same consultation while offering other health services or offered by more than one service provider within one facility but different entry points.

Results

The analysis of facility data showed that, the on-site FP approach was effective in increasing uptake of post pregnancy family planning (PPFP) i.e. Post abortion FP from 4.4% in the year 2021 to 24.7% in 2022 and immediate post-partum FP (within 48 hours) from 0% in the year 2021 to 4.1% in 2022. According to MOH 711 reports for the year 2021 January to December adolescents and young women aged 10-24years FP uptake was at 315 (34.2%) out of 920, women of twenty-five years and above was at 605 (65.7%) out of 920. For the year 2022 January to December, adolescents and young women aged 10-24years FP uptake was at 348 (27.9%) of total FP use. Women of twenty-five years and above was at 900 (72.2%) of the total FP usage 1248 at Kinango sub county Hospital. On pregnancy, the year 2022 MOH 711 new ANC aged 10-14years were 2 (0.5%),15-19 years 44 (10.5%),20-24 years 136 (30.9%) of the total new ANC (440).

Conclusions

This approach tends to increase accessibility of FP services, as services are availed at every healthcare consulting entry point.

Recommendations

The on-site approach was effective in increasing post pregnancy family planning, we therefore recommend scale up, continuous mentorship for service providers and availability of steady supply of commodities to provide quality services.

LIMITATIONS IN THE IMPLEMENTATION OF THE IN-SCHOOL SEXUALITY EDUCATION PROGRAMS IN NAIROBI, KENYA

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Keywords: *CSE, SRHR, Young People, Adolescents*

Background/Significance

Evidence affirms that the timely provision of accurate and comprehensive information and life skills training regarding sexual and reproductive health and rights (SRHR) is essential for adolescents to achieve sexual health and rights and avoid adverse health outcomes by empowering young people to make informed, voluntary, and healthy choices about engaging in sex. Despite efforts by different stakeholders in Kenya to provide life skills and provide SRHR information, many young people still lack adequate information to access contraception or skills to negotiate safe sex.

Objectives

To assess the limitations in the implementation of the sexuality education programs for diverse groups of adolescents and young people in Nairobi, Kenya

Methodology/Interventions

This was a case study conducted in Nairobi between October and November 2022. The data was obtained from desk review, KIIs, FGDs, and Case narratives from diverse groups of young people, parents, teachers, programmers, and policymakers in the AYSRHR space. The study adopted qualitative data collection methodologies to allow the participants to describe their interactions and experiences freely. The data were transcribed verbatim and coded in NVivo® before analysis. Qualitative findings were triangulated with finding from the desk review to ensure the validity of the results. Informed consent and confidentiality ethical requirements were adhered to in the study.

Results

Kenya has a supportive policy environment for in-school sexuality education guided by several policies at multiple levels—from national laws to local school administrative guidelines. Schools are an essential platform for sex education for in-school adolescents and youth, with government, CSOs, and FBO-sponsored curricula offered for sex education. The government-sponsored curriculum

for sex education in schools is a life skills curriculum integrated into compulsory and examinable subjects by teachers in a classroom setting. This curriculum: uses fear-based or negative frames to introduce sexuality, has a soft focus on gender and human rights, has misinformation in several key topic areas such as contraceptive methods, sexuality, and abortion, and lacks responsiveness to emerging societal issues by focusing on abstinence. Whereas the curricula by the CSOs and FBOs address some of these gaps, there are still restrictions in accessing adolescents and youth in schools due to fear from religious leaders that children are being *'sexualized'* when it comes to SRHR for the young PWDs and LGBTQI+ groups. The curriculum is unstandardized despite targeting the exact SRHR needs.

Conclusions

There is policy support for sex education in Kenya. However, the preference for an abstinence-only approach by education and faith-based stakeholders and disjointed implementation of sex education techniques by the CSOs collectively limit the full realization of benefits adolescents, and young people can achieve from sex education in Kenya.

Recommendations

Young people's voices should be prioritized in CSE curriculum development and implementation for relevance, realism, and relatability

CSE programs should be revamped and the content expanded to address young people's diverse needs, and teachers should be trained on content delivery methodologies to benefit from the interventions fully.

MEANINGFUL YOUTH PARTICIPATION (MYP) IN SRHR PROGRAMMING: RIGHT HERE RIGHT NOW KENYA'S EXPERIENCES

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Keywords: *MYP, Meaningful, Youth, Adult, SRHR, Partnership, Participation.*

Background/Significance

Meaningful Youth Participation (MYP) is a fundamental right for young people in all their diversity (Convention on the Rights of the Child (CRC). In the SRHR space, MYP has been proven to have many positive effects on the development and well-being of young people and in strengthening organizational capacity critical to achieving positive SRHR outcomes. The RHRN2 program in Kenya implements Youth-adult partnership (Y-AP) as a form of MYP with young people consciously included in the decision-making processes, such as in the design, delivery, and implementation of SRHR interventions through the Youth Executive Board (YEB). Evidence shows that Y-APs are essential for positive youth development and community engagement by contributing to the empowerment, agency, and community connections in youth programs. However, as the evidence further suggests, the program has many lessons from applying YAP in its program strategies and adult practices.

Objectives

To document experiences in applying meaningful youth participation (MYP) in Sexual Reproductive Health and Rights (SRHR) program for adolescents and youth in Kenya

Methodology/Interventions

These reflections include young people (including YEB), program staff, MYP experts from Rutgers and Choice for Youth and Sexuality, and National Advisory Committee meetings. The findings of this study are based on an analysis of minutes from 4 YEB meetings, 4 MYP assessments conducted by YEB using the MIY checklist, and notes from an evaluation conducted by Rutgers and Choice for Youth and Sexuality experts on MYP. All the experiences have been gathered between June 2021 and February 2023. Confidentiality and informed consent ethical considerations were made during the discussions on which these findings are based.

Results

The program's governance structure incorporates young people in various ways, including YEB, with six diverse and competitively selected young people. The YEB's role involves program oversight, advisory, and representation of young people's voices. The first board has been oriented and facilitated in this role since 2021. They are fully involved with adults in planning and executing their meetings, representation in the NAC with 7 Executive Directors of the partner organizations, co-create and co-facilitate the program reflection and planning sessions, participate in the capacity strengthening initiatives and in the implementation of the SRHR intervention by shadowing. In YA-Ps, youths and adults have varied interests that should be considered and addressed amicably. In shadowing, youth work with program staff based on their areas of interest, where they see partners in action, learn and contribute to the planning and execution of activities. The majority of the youth consider shadowing as intentional, meaningfully engaging, and considerate of their opinion. It, however, is limiting considering their diverse and varied interests. They feel they can gain more through interacting with all the partners and their costed work plans. Finally, there is little buy-in from some partners around MIYP that should be addressed.

Conclusions

MYP of adolescents and youth is an evolving concept whose implementation is challenging and requires careful consideration. However, if implemented correctly in a clearly defined context, with a phased approach and a clear learning agenda, it can amplify young people's voices in improving SRHR outcomes for young people.

Recommendations

- Youth and adults partnership roles should be clarified for meaningful engagement.
- Youths and adults should be trained on MYP together to foster understanding.
- Adults should progressively cede power in decision-making to youths for increased ownership of SRHR programs and trust building.

ADDRESSING CONTRACEPTIVE AND SRHR SERVICE NEEDS OF WOMEN AND GIRLS IN RESOURCE-CONSTRAINED SETTINGS: INSIGHTS FROM RHNK'S EXPERIENCE IN HUMANITARIAN

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Keywords: *Humanitarian, SRHR, Contraception*

Background/Significance

Following the failure of a third consecutive rainfall season, most Arid and Semi-Arid Lands (ASAL) were experiencing critical drought conditions. As a result, a climate-induced humanitarian crisis was unfolding in eastern and northern Kenya. According to Famine Early Warning System Network (FEWS Net), 3.1 million people in Kenya were estimated to be food insecure. Due to lack of food security many people were forced to migrate, causing a shift in priorities from SRHR to basic survival needs. The impact of such emergencies on SRHR was devastating, increasing the risk of sexual violence, human trafficking and forced marriage. This, in turn, contributed to unintended pregnancies, unsafe abortions, maternal mortality, and human rights violations. Furthermore, Healthcare facilities are far from rural areas where most people live, leading to limited access to healthcare. Additionally, facilities experience periodic stock outs due to financial and structural constraints.

Objectives

- To promote the health and well-being of women and girls, and reduce the risk of SRH related complications in affected populations through the provision of essential SRH services.
- To provide reproductive health services

and information to populations affected by drought in Kilifi, Isiolo and Samburu counties.

Methodology/Interventions

The Reproductive Health Network Kenya (RHNK), in partnership with IPPF, conducted an emergency response to provide SRH services and information to drought-affected populations in three Kenyan counties. The project utilized community-based dialogues and outreaches, with the assistance of local community health volunteers and translation services. The team mapped the towns most affected, sensitized the County Health Management Teams and engaged the Ministry of Health and local facilities. Patient cards and MOH reporting tools were used to collect data, which was later compiled into a buildup report for the three phases and summarized in a final report. Throughout the project, RHNK staff and project leads were sensitized on SRHR humanitarian response and provision, while 16 partners from county governments and community organizations were trained on SRHR, MISP and response to humanitarian crises

Results

Through the intervention RHNK managed to reach 540 clients treated for STI, out of which 176 were male and 364 were female, 44 clients were referred for STI treatment, out of which 16 were male and 28 were female, 5451 male condoms were distributed. RHNK also managed to reach 81 PLHIV, out of which 38 were male and 43 were female, 46 PLHIV clients were treated for opportunistic infections all the PLHIV were referred to the nearest county hospital for further treatment. 5719 clients received contraceptives; 544 OC pills dispensed with 102 women and girls being first time users, 173 IUCD with 122 first time users, 218 implants with 153 first time users, 789 injectable with 399 first time users, 127 emergency contraceptives with 94 first time users, 79 female condoms were also distributed. RHNK conducted 18 ANC health education sessions that reached 1069 expectant women. The sessions were complemented by provision of supplements, and referral of 19 women to the county hospital for safe delivery, care to new-born and EmONC services. RHNK developed strategies with county health management teams on implementation of signed MoUs to strengthen RMNACH services. 6 missionary health facilities that offer SRH services within the reach of the larger community were also identified to support with continuity of SRH services.

Conclusions

RHNK's interventions showcased remarkable achievements in sexual and reproductive health, with successful outcomes in STI treatment, condom distribution, PLHIV support, contraceptive services, ANC education, and strategic partnerships. These results highlight their commitment to comprehensive care and the importance of collaboration in strengthening RMNACH services.

Recommendations

The findings demonstrate the effectiveness of RHNK's comprehensive SRH interventions, including STI treatment, condom distribution, PLHIV support, contraceptive services, ANC education, and collaboration with health management teams and missionary facilities. Scaling up such integrated approaches can significantly improve SRH outcomes and should be replicated in similar settings.

REDUCING UNINTENDED PREGNANCIES AMONG ADOLESCENT GIRLS (15-19 YEARS) IN BUSIA COUNTY BY 2025

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Keywords: *Teenage pregnancy, adolescents, sexual and reproductive health services.*

Background/significance

Evidence shows that a proportion of adolescents who would wish to delay, limit or avoid pregnancy are unable to achieve their desires, due to barriers in access and use of family planning. According to the 2022 Kenya Demographic and Health Survey, 15% of girls aged 15-19 have been pregnant, 12% had live births, 1% had a pregnancy loss while 3% are currently pregnant. In Busia County, the adolescent fertility rate for girls 15-19 is 128 births per 1000 women (national- 73 births/1,000). Limited access to SRH services, poverty, myths and misconceptions, restrict girls and young women to make choices, thus predisposing them to teen pregnancies, sexual and gender-based violence, sexually transmitted infections. Due to this, the Angaza group is implementing interventions to address the issue through the provision of comprehensive sexual education, access to youth friendly services and meaningful youth participation in planning and implementation of youth programs. We summarize the early findings of the Angaza group interventions in Busia County, Butula constituency, Marachi West Ward.

Objectives

1. To increase provision of quality and youth friendly services to adolescents in Busia County by 2025.
2. To ensure meaningful youth participation in decision making in the health sector in Busia County.
3. To economically empower young women to access resources and job opportunities to cater for their family planning needs in Busia County by 2025.

Methodology

Beginning January 2023, the Angaza Youth Group in collaboration with youth advocates in Busia County began engaging in discussions on how to reduce unintended pregnancies by increasing adolescent access to contraceptives using online platforms (such as WhatsApp groups). In the subsequent period (January to March 2023), we held three structured focused group discussions (2-virtual while 1 physical) that were between 1-2 hours, and on a number of topics including Contraceptive use, pregnancy testing and counseling, and sexual and reproductive health. These discussions which involved presentations and question and answer sessions were attended by young girls in the community, primary school-teachers (3), healthcare providers (7) and one Member of County Assembly also attended to hear the voices of young women and act upon them. We collected data on patient visits (especially young women) at the local health facilities in Marachi West Ward to monitor trends on service uptake and supplemented this information with group discussions to understand the experiences and outcomes for young women

Results

Through these virtual and physical educational engagements with young people, up to 700 adolescent girls were reached in the community with information on SRH and services. Further, there was a 20% increase in the young women (15-19 years) who were the largest consumers visiting Bumala Health Centre in February 2023 for contraceptives. This increased uptake in services could have potentially contributed to the decrease in adolescent pregnancies reported in Marachi West Ward among young women. Despite the increased demand of services, healthcare providers reported low supply of contraceptives and limited number of personnel. Group discussions so

far have revealed the low levels of sexual and reproductive health knowledge among teachers, some parents and also health care providers even though have been cited as alternate sources of SRH information to adolescents. All the activities led to also creation of awareness on the harmful myths and misconceptions on family planning methods. Married girls(15-19years) have also learnt the essence of limiting and delaying pregnancy.

Conclusion

The use of virtual and physical platforms can increase reach and coverage of SRH information for young people. To address unintended pregnancies among young girls, there is need to strengthen access to information and services through provision of comprehensive sexuality education which could have multiple positive outcomes for young people.

Recommendation

There is need to provide comprehensive sexual education to young women to enhance their autonomy and urgency to access contraceptives and family planning services to prevent unintended pregnancies. Health workers should be well equipped with the necessary skills and information to provide quality services to the youths. The government should provide a favorable environment for such

ROOT CAUSES OF GENDER BASED VIOLENCE IN THE INFORMAL SETTLEMENTS IN NAKURU, KENYA

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Background/Significance

In Kenya, 39-45% of women experience physical and/or sexual violence at-least once in their lifetime (KNBS, 2015). Though research in this area is limited, studies from Kenyan informal settlements demonstrate that violence against women was more widespread compared to the general population in Kenya. During the Covid-19 pandemic, violence against women and girls increased significantly. Survivors of gender-based violence face increased morbidity through physical injuries, sexually transmitted infections, reproductive health problems, and psychological trauma. Nevertheless, research also shows that women, more often than men, justify gender-based violence among intimate partners. In a Kenyan study 66% of women respondents justified intimate partner violence, as a mistake but also as a social expectation. This study was conducted in the informal settlements of Nakuru County in Kenya to understand root causes of gender-based violence.

Objectives

1. What are the personal beliefs and social norms of gender-based violence in the informal settlements?
2. What are the systems and structures that influence gender-based violence in the informal settlements?
3. What makes community members vulnerable to gender-based violence?

Methodology/Interventions

The study adopted household surveys, key informant interviews and stakeholder workshops to understand the root causes of gender-based violence. Systematic random sampling was used for the survey with 411 respondents participating. The enumerators selected every 10th house and selected participants who were above the age of 18 and consented to participate in the survey. The second part of the study included Key Informant Interviews. Purposive sampling was used to select 20 participants from the national and county government gender departments, police gender desks, provincial administration, religious leaders, and non-governmental organizations working with survivors of gender-based violence and LGBTQ+ rights.

Results

Root causes were found to include social norms on gender roles and personal beliefs promote the perpetration of GBV e.g. violence by men is a form of exertion of masculinity, expectations that women need to be submissive and dependent on men etc., there is acceptance that GBV is normal among communities in the informal settlements of Nakuru, Poverty plays a role in women staying in abusive relationships, Systemic barriers inhibit women's reporting and ultimately access to justice, Gendered stigmatization affects reporting cases of GBV, Traditional values and reporting GBV, Societal stigma towards minority groups(LGBTQ, PWDs and Sex workers) makes them vulnerable. The study made the following recommendations : Need to transform attitudes, beliefs and social norms through awareness raising, Raise awareness on Mental Health and Psychosocial Support Services for survivors of GBV, Strengthen referral Network, Address financial and service barriers for survivors of GBV, Advocate for the use of Alternative Justice Systems by the Courts, Support safe spaces for reporting gender based violence, Ensure an intersectional approach in response to GBV, Promote comprehensive sexuality education, and Enhance opportunity for collaboration between sectors.

IMPROVING MATERNAL NEWBORN AND CHILD HEALTH SERVICES UPTAKE AND OUTCOMES AMONGST ADOLESCENTS AND YOUTHS THROUGH YOUNG MOTHERS' CLUB IN KWALE SUB COUNTY HOSPITAL, KWALE COUNTY (KSCH)

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Keywords: *Maternal Deaths, Immediate Family Planning, Multi-sectoral collaboration, youth champions*

Background/Significance

Kwale County has made tremendous strides over the years in reducing teenage pregnancies from 24 % (KDHS 2014) to 15% (KDHS 2022). Maternal and perinatal complications among teenage mothers still remain high. 17% of the total antenatal care (ANC) clients for the financial year 2021/2022 (MOH 405) were adolescents between 10-19 years, the burden of maternal complications among the cohort was 45% (MOH 333.2021/2022) and 31% of the maternal mortalities (KHIS, July 2021 to June 2022) were young mothers in Kwale Sub County Hospital (KSCH). Site improvement assessment conducted by USAID Stawisha Pwani (USP) in January 2022 established that 90% of the first-time young mothers started ANC in their third trimester. Late ANC initiation, socio-cultural factors, knowledge gaps on adolescent and youth sexual reproductive health (AYSRH) were the major barriers to service access and utilization. Young mother's clubs at the facility and strengthened community facility linkages would bridge the gaps.

Methodology/Interventions

The USAID Stawisha Pwani in collaboration with the Ministry of Health (MoH) Kwale County supported training of Seven healthcare workers (HCW) from KSCH on AYSRH, identified youth champions and community health volunteer's (CHVs) to support door to door identifications, accompaniment and referral. Onsite line listing of young mothers was done and given common return dates. Young mothers' club was formed at the facility, school health programs were initiated, facility mentorship plans were developed and relevant personnel oriented on AYSRH package of care. Maternity tours, monthly meetings with health talk sessions, continuous home visits and follow-up were supported.

Results

Currently, the club has 46 adolescent mothers (young mothers register at KSCH 2022-23); 26 of whom delivered in the hospital (KSCH, MOH333), received immediate family planning services

(KSCH, MOH512) and 20 young mothers are still continuing with ANC (KSCH, MOH405). All 26 have also had their children vaccinated (KSCH, MOH511). Despite the initial high numbers of maternal complications, there has been a significant overall reduction in maternity complications at KSCH from 45% to 12% (KSCH, MOH 333).

Conclusions

Achieving Zero maternal complications, zero maternal deaths and perinatal deaths among adolescents delivering in the facilities is highly possible with strengthened facility community linkages, service integration, capacity building, multisectoral collaborations and utilization of readily available resources to offer quality services.

Recommendations

Scale up of the young mothers 'clubs are a low resource course that can be utilized to save lives. Early AYSRH information in schools can also be adopted as a social behavior change platform for school going children to delay teenage pregnancies thus reduced teenage pregnancies

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USE OF SOCIAL ACCOUNTABILITY TO ADVANCE GENDER REPRODUCTIVE EQUITY

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Keywords: *Community Scorecard (CSC), Focused group discussion (FGD), Longitudinal study, Social accountability.*

Background

Social accountability is an approach towards building accountability that relies on civic engagement, it is increasingly seen as central to improving equitable access to health services. Social accountability encompasses enhancement of collective social action and improved governance of resources to best meet health needs of citizens. Disconnection of the citizen perceptions on service provider's mandates has played a key role in causing havoc among communities. Community capacity strengthening on sexual reproductive health and rights is a milestone towards citizen's realization of their health rights. The 2008 Accra Agenda for Action and the 2005 Paris Declaration on aid effectiveness emphasized country ownership for development policies through citizen engagement. As enshrined in the Kenyan Constitution, Article 43,1 (a) every Kenyan has a right to "to the highest attainable standard of health, which includes the right to health care services, including reproductive health care".

Objectives

To hold duty bearers responsible on their actions in office and improve public health family planning service delivery in Mombasa County; Changamwe and Jomvu sub-counties.

Methodology

A stratified sampling was done for the community scorecard and 5 FGDs were held each consisting of 12 members. The FGDs targeted youth; male and female, adults'; men and women and PWDs. A scorecard was used to gather information from each cluster separately, responses were scored on a rubric scale of 1-5 (1- very poor and 5-very good). Responses were analyzed through content analysis for the identification of challenges and recommendations. Secondly, we conducted an interface meeting in the same venue (Changamwe social hall). Duty bearers were in attendance to respond to the mentioned gaps from the right holders.

Results and discussion

During the interface meeting, the creation of a joint action plan emerged as a key recommendation. A smart, clear plan was developed to empower community with an aim of training actors to claim entitlement to their rights. This was measured in a qualitative analysis. Citizens were aware of their rights and duties, citizens participated in and organized collective actions, citizens influenced srhr policies through effective public participation. Customer effort score was utilized to measure the quality of services rendered after the action points that were consolidated at the interface meeting.

12 months later, a similar FGD was conducted to gauge attitude change among service providers (Longitudinal study). A clear understanding of the service chatters at the health facility were received with much hospitality upon a series of sensitization forums. Positive attitude change, timekeeping, good working spirit, effective srh counselling and good rapport were some of the output received in response to the social accountability exercise. Contraception service uptake demand improved (measured through booming FP facility data), thus the County Government adopted family planning as a sub program and remunerate budget line to sustain family planning interventions.

Conclusion

Social accountability process has demonstrated to be an effective pathway to change, evidently proved, through; improved sexual health service, strengthened governance and empowered citizens. Community meaningful participation in decision making spaces in the health sector is an accelerator to realization of Abuja declaration commitment on health financing.

Recommendations

Mombasa County Government needs to work towards eliminating legal, policy, and programmatic barriers that impede youth participation in decision making, planning and implementation of development activities at all levels by 2030 in line with Kenya's commitment at the ICPD25 Nairobi summit.

BEST PRACTICES IN SEXUAL REPRODUCTIVE HEALTH SERVICE DELIVERY FOR ADOLESCENTS AND YOUTHS: A SYSTEMATIC REVIEW

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Keywords: *Adolescents, Youths, Sexual reproductive health, Best practices, Service delivery*

Background/Significance

Adolescents and youths are a vulnerable population when it comes to sexual and reproductive health. They face numerous challenges in accessing sexual and reproductive health services, including stigma, discrimination, and a lack of knowledge about their sexual health. In many countries, adolescents and youths are also not legally allowed to access sexual and reproductive health services without parental consent, which further limits their access to care. To address these challenges, it is important to implement best practices in adolescent and youth sexual and reproductive health service delivery. These practices should be tailored to the needs of adolescents and youths, and should consider the specific cultural and social contexts in which they live.

Objectives

The objective of this study is to identify the best practices in adolescent and youth sexual reproductive health service delivery. By conducting a systematic review of the literature, this research aims to provide a guide for service providers and policymakers to improve service delivery for adolescents and youths. The identified best practices will be used to inform policy and program development in order to improve the quality of care and promote positive sexual and reproductive health outcomes for adolescents and youths.

Methodology/Interventions

To identify the best practices in adolescent and youth sexual reproductive health service delivery, a systematic review of the literature was conducted. The search was carried out in online databases, as well as reports from international organizations such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA). The keywords used in the search were "adolescents," "youths," "sexual reproductive health," "best practices," "service delivery," and their variations.

Results

A The review of literature highlights the importance of implementing best practices in adolescent and youth sexual and reproductive health service delivery. The following five best practices are key to ensuring that adolescents and youths have access to the care they need:

Providing age-appropriate services: Services should be tailored to the specific needs of adolescents and youths, and should be delivered in a way that is respectful and sensitive to their needs.

Offering a variety of services: Adolescent and youths have diverse needs when it comes to sexual and reproductive health, and offering a variety of services can help to meet these needs.

Promoting positive and healthy sexual relationships: Promoting healthy relationships, safe sex, and consent is an important part of adolescent and youth sexual and reproductive health service delivery. This includes providing information and services related to contraception, HIV and STI prevention.

Providing confidential services: Confidentiality is an important component of adolescent and youth sexual and health service delivery. Adolescents and youths should be able to access services without fear of stigma or discrimination.

Working with local partners: Working with local partners can help to ensure that services are culturally relevant and meet the needs of the local community.

Conclusions

In conclusion, implementing and adopting best practices in adolescent and youth sexual and reproductive health service delivery is crucial to ensuring that adolescents and youths have access to the quality care they need. Through these practices, providers can promote positive sexual and reproductive health outcomes for adolescents and youths.

Recommendations

There has been a narrow focus on the research that has been done which proves to be a potential limitation and future research can explore the challenges to implementing the best practices. Nonetheless the identified practices can inform policymakers and service providers in tailoring services to meet local communities' unique needs.

LEVERAGING ON THE DIGITAL PLATFORM TO IMPROVE ACCESS TO QUALITY SRH SERVICES AMONG ADOLESCENTS IN BUNGOMA COUNTY: A CASE OF THE TIKO PROJECT

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Keywords: *Tiko, SRH access, adolescents*

Background

Adolescents comprise a critical 24% of the population in Kenya. A total of 14,054 pregnancies were reported among adolescents aged 10-19 years in Bungoma county in the year 2021.This accounted for 23.3% of all pregnancies. Adolescents accounted for 20.3% of clients accessing post abortion care services and 12.9% of reported maternal deaths within the said period. Nationally, more than 50% of new HIV infections occurred among adolescents. More than 90% of female adolescents know about at least one modern contraceptive method but a paltry 40% of the sexually active girls are able to access and use a method. This paints a grim picture of the state of sexual reproductive health services among this cohort both in Bungoma county and the country. There is urgent need to improve access to information and services targeting this group to enable them make informed choices about their SRH needs.

Methodology/Intervention

The county government of Bungoma in collaboration with one of its ASRH partners Triggerise embarked on

a digital approach to improving access to the much-needed information and services for adolescents. Tiko project is a digital platform that allows girls to choose where and how to access information and services via a phone or paper route (Tiko card). The theory of change applied is designed to put girls at the centre of their healthcare with an overall goal of reducing incidence of unwanted pregnancy. This is achieved by increasing uptake of SRH services and products. The strategy involves creating awareness among adolescent girls, enrolling them to use the service and facilitating them to redeem points earned in the process. Awareness and demand creation are done by Tsafe community mobilizers who share SRH and Tsafe information within their Tiko system. It is also done via branded items and IEC materials, through social media campaigns, SMS campaigns and Shujaaz print media. Tsafe mobilizers enroll the girls on the platform via phone or Tiko cards for those without phones. Girls may also enroll themselves via Tiko triggers on social media or they may be referred by peers who have taken up a service on the platform. The girl uses the clinic trigger to identify the closest clinic or pharmacy where they can access the services. There are 8 Tiko clinics in Bungoma,10 pharmacies and 50 retail outlets. The initial project phase engaged private facilities; integration of public facilities is ongoing. After taking up the service, girls rate it as a form of feedback and finally they redeem points earned by choosing items at the Tiko affiliated outlets in their locality.

Results

Implementation of the Tiko project in Bungoma county in the last three years has seen over 20,000 adolescents access contraceptive information and services. This has contributed immensely to the fight against unwanted pregnancies among adolescents in the county. The digital platform is expected to unleash optimal potential with the ongoing integration of public facilities.

EVIDENCE BASED INTERVENTION AS AN APPROACH TO INCREASING THE UPTAKE OF AYSRHR

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Keywords: *Adolescent Girls and Young Women, Comprehensive Sexuality Education, Evidence Based Behavioral Intervention, Know Your Rights, My Health My Choice, Very Young Adolescents.*

Background/Significance

Evidence Based Behavioral Interventions (EBI) implemented under the scope of age appropriate Comprehensive Sexual Education (CSE) aim at increasing Sexual Reproductive Health and Rights (SRHR) service uptake among Adolescents and Young People (AYP). In rural settings, our AYP-SRHR program objectives are achieved through; 1) Healthy Choices for a Better Future (HCBF) targeting adolescents of age 10-12 years with information package on sexual risk and safety, risky setting, communication and negotiation skills, 2) My Health My Choice (MHMC) targeting adolescents of age 13-17 years and equips them with information on abstinence and safer sex practices to reduce HIV infection, STIs and unplanned pregnancies and 3) Risk Reduction and Mentorship targeting Adolescent Girls and Young Women (AGYW) aged 18-24 years with information on delaying their sexual debut and practicing safer sex. Ultimately, the interventions promote access to youth-friendly SRHR services.

Objectives

1. To advocate the need for adoption of EBIs for comprehensive access to SRHR services among Adolescents and Young People aged 10-24 years.
2. To demonstrate best practices in the implementation of EBIs to ensure uptake and utilization of SRH services Adolescent and Young People aged 10-24 years.

Methodology/Interventions

EBIs are phased into three stages; activation, information acquisition and change. During activation, identification, profiling and enrollment of AYP are conducted through Peer to Peer strategy. Information acquisition involves taking AYP through

curriculum-based EBIs' sessions embedded with SRHR information. Along the EBI cascade is the referral for SRHR services. Bondo Youth Wellness Center (BYWC) is a referral facility and safe space for youth friendly SRHR and mental health services. At change stage, AYP grandaunts of EBIs are transformed to become agents of change to their peers and the whole society. This is anchored on our Theory of Change.

Results

Through the EBIs, AYP's referral and linkage in the community has been enhanced. AYP have enjoyed safe youth friendly services at the BYWC and have been able to share personal stories and testimonies that have led to the acquisition of reproductive justice. The Know Your Rights (KYR) component has acted as an initiation platform towards evidence-based advocacy and collection of a myriad of human rights violation cases in the community that had gone un-tackled. Further, referral, linkage and the flexibility of the intervention model to be integrated with other community legal aid activities have given the AYP the opportunity to access rights-based services and information through the support of paralegals and pro-bono lawyers. EBIs have enabled AYP to make informed decisions on SRHR issues. Notably, 16 young people received family planning services, 9 received condoms and 6 general counselling at BYWC in the month of July-2022 as compared to 152, 68 and 130 young people receiving family planning services, condoms and general counselling services respectively in April – 2023. This shows that the BYWC witnessed a steady increase in the number of young people accessing various SRHR services for a period of l0 months.

INNOVATING SERVICE DELIVERY ON SRHR FOR YOUNG PEOPLE IN THEIR DIVERSITIES

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Keywords: *Sexual Reproductive Health and Rights, Comprehensive Sexuality Education*

Background/Significance

The national teenage pregnancy rate is in Zimbabwe 22% and there is a general lack of comprehensive information and knowledge about Reproductive Health-care Services (RHS) among adolescents (ZDHS 2015), only 41% of boys and girls in the 15-19 age groups have sufficient knowledge or information on reproductive health. AIDS is the leading cause of death among adolescents and is the cause of an increase of 50% in adolescent mortality giving negative RHS outcomes, according to the WHO. According to the progress report on the 90-90-90 Global fast track targets on HIV, 48% of young people in Zimbabwe do not know their HIV status as they need parental consent. The Girls Choose Program innovates access to SRHR and HIV prevention and management among young people (10-24) in Zimbabwe through advocacy and provision of stigma-free and youth-friendly access to comprehensive sexual and reproductive health information and services—including modern contraception.

Objectives

To increase access to access to sexual health and rights information and comprehensive sexuality education among 20000 young people in Masvingo Province of Zimbabwe by December 2023.

Methodology/Interventions

My Age Engaged and builds the capacity of Girls Choose SRHR Champions with enables them to disseminate information on SRHR, and refer their peers for services. The capacity building also includes gender equality, sustainable development; and meaningful youth engagement; Innovative communication strategies to disseminate SRHR information: theatre for development, digital conversations, and radio talk shows; Youth-Led Health Services Monitoring and Data Collection. Information collected is used for advocacy on local health coordination forums with key stakeholders; SRHR tuck-shops which are safe spaces for the dissemination of SRHR information and basic services such as self-test kits and condoms.

Results

Improved contextualized services that serve marginalized groups in a manner that is free of stigma and discrimination including quality, accessibility, and improved overall health outcomes.

Increase strategic partnerships, alliances, and broader movements working to protect the sexual health and rights of all, and hold governments to account.

Enhanced capacity of young people especially girls and young women to disseminate information on SRHR, refer for services, and understand and claim their sexual and reproductive rights.

Improved Investments in sexual health and rights resulting in a reduction in rates of HIV and STIs and reduce unwanted pregnancies among young people

Conclusions

There is a need to ensure systems are in place to provide sexual and reproductive health services and modern contraception across settings, including emergency settings, and strengthen health systems and commodity supply chains. Fostering enabling environments to tackle cultural norms inhibiting access to modern contraception with the involvement of boys, men, and stakeholders from the community level to the Ministry Of Health improves access to SRHR.

Recommendations

- Liberalize abortion laws and provide safe abortion and post-abortion care.
- Adopt the 2018 revised International Technical Guidance on Sexuality Education guidelines to deliver universal, high-quality comprehensive sexuality education.
- Remove legal and regulatory barriers to sexual and reproductive health and family planning services, information, and supplies for all, including adolescents.
- Integrate SRH into the provision of primary healthcare services and Universal Health Coverage.

MULTI-LEVEL AND INNOVATIVE APPROACHES TO PROMOTING SRHR: LESSONS FROM RHNK's PROGRAMMING IN KENYA

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Keywords: *Comprehensive sexuality education, Youth peer providers, Healthcare providers, Humanitarian response, Youth friendly model facility, SRHR information.*

Background/Significance

Reproductive Health Network Kenya is a network of healthcare providers and youth advocates committed to promoting sexual and reproductive health and rights services for all through strategic partnerships, collaborations, and advocacy. With over 600 trained healthcare providers in 43 counties and a network of over 200 youth advocates, RHNK is dedicated to providing evidence-based information and quality SRHR services in Kenya. The country has a high rate of teen pregnancies, with 15% of women aged 15-19 years who have ever been pregnant (KDHS, 2022), and a significant unmet need for family planning among adolescents and young women. HIV remains a major public health issue, with adolescent's girls and young women accounting for a significant proportion of new infections. RHNK has prioritized the meaningful engagement of young people in its programming, recognizing their importance in advocating for comprehensive SRHR services. The network's vision is to create a healthy society by providing comprehensive reproductive health services and its mission is to promote access to evidence-based information and quality SRHR services in Kenya through strategic partnerships and capacity building.

Objectives

1. To strengthen the capacity of healthcare providers, youth peer providers, community members, private sector employees, and policymakers to deliver, advocate for, and promote high-quality and gender-responsive SRHR services, communication, and self-care practices, as well as to address SRHR-related challenges and opposition at the individual, community, and policy levels.
2. To increase access to and uptake of contraceptives among women, girls and young people in order to reduce the high adolescent teen pregnancy and meet the significant unmet need for contraceptives.

Methodology/Interventions

RHNK conducts continuous monitoring and evaluation to assess the impact of the interventions and inform further improvements on its regular SRHR programming work. RHNK also used a mixed-methods approach to collect and mitigate challenges in promoting SRHR. Data was collected through surveys, interviews, and focus group discussions with healthcare providers, youth peer providers, community members, private sector employees and policymakers. This helped to identify gaps in knowledge, attitudes, and practices related to SRHR, as well as barriers to access and utilization of services. Findings from the data were used to design and implement context-specific interventions, including capacity-building activities for healthcare providers and community members, youth advocates and public-private partnerships to increase access to contraceptives.

Results

RHNK providers served 14,234 clients with contraceptive services. Of these, 3340 clients were reached through community outreaches, while 274 were served through in reaches at the RHNK youth-friendly model facility. To improve service delivery, the network distributed 18,700 doses of DMPA-SC to all healthcare providers. Additionally, 2401 clients accessed SRHR services at the youth-friendly facility, while 10,834 clients were served during humanitarian response in Kilifi, Isiolo and Samburu counties. RHNK also trained 102 individuals on DMPA-SC and VCAT on self-care, including 45 healthcare providers, 17 drug vendors, and 28 youth peer providers. The network also trained 63 HCPs and 12 CHMTs on conducting community dialogues, SRHR communication, and SRHR self-care. Moreover, 7 MCA's were trained on SRHR advocacy, and 41 private sector employees on SRHR and gender equality. Finally, RHNK youth reached 11,451 people with SRHR information through various platforms, while 12,938 youths received comprehensive sexuality education.

Conclusions

In conclusion, RHNK's efforts in contraceptive services and SRHR have yielded significant results. Their outreach programs, training initiatives, and information dissemination have improved services delivery and empowered individuals in Kenya. By addressing the diverse needs of communities and fostering partnerships, RHNK is making a positive impact on sexual and reproductive health and rights in Kenya.

Recommendations

To further advance in contraceptive services and SRHR, it is recommended to expand community outreaches, strengthen training initiatives, foster private sector partnerships, and sustain comprehensive sexuality education. These actions will enhance service delivery and promote sexual and reproductive health and rights for individuals in needs.

IN-SCHOOL ADOLESCENTS' PERCEPTION OF SEXUALITY EDUCATION IN REGION ONE OF THE GAMBIA

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Keywords: *Adolescents, qualitative research, sexuality education*

Background/Significance

Unmet sexual education needs of adolescents due to socio-cultural challenges have been ignored in different societies. Sexuality education has attracted growing interest and attention in the past decade. At the same time, young people themselves are increasingly demanding their right to it. Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. Sexuality education has been recognized by international organizations as a human right, a necessity for development, and a promoter of equity. Nevertheless, most young people do not receive sufficient education for their sexual lives.

Objectives

This study investigated students' perception on the sexual education received at school level.

Methodology/Interventions

The study was conducted in two (2) municipalities in region 1, The Gambia. Region 1 is one of the eight Local Government Areas (LGA) of The Gambia and is subdivided into wards. The region is an area which is known by diverse cultural constituents, it has a population of 322,735 inhabitants (Gbos, 2003) representing about 24 percent of the total population of the country. This region is considered to be the most densely populated in The Gambia. It was chosen for this study because the region has a large children and adolescent population. In this qualitative study, five focus group discussions with 50 adolescents and 10 individuals in depth interviews were conducted among respondents aged 15-19 in both public and private schools in region 1, The Gambia. Data were analyzed using qualitative content analysis.

Results

The study results revealed that the adolescents were dissatisfied with the sexuality education in their schools. The emerged themes included: lack of priority for sexuality education, lack of appropriate educational materials and trained teachers and inconsistency of the sexuality education content with the adolescents' needs.

Conclusions

Students showed disappointment with sexuality education they received in schools and evaluated it inadequate. Their views and suggestions provide insights for developing and tailoring sexuality education for students.

Recommendations

The adolescents in this study showed great abilities to appraise sexuality education and health services delivered for them, and so any program for sexual health promotion in adolescents ought to address adolescents' needs, demands, and aspirations.

INCREASING ADOPTION BY KENYAN WOMEN OF A NEW CONTRACEPTIVE TECHNOLOGY THROUGH TARGETED INCENTIVES

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Keywords: *Family planning, counseling, new technology adoption, subsidies.*

Background/Significance

Over 48% of unmarried women in Kenya choose private facilities (clinics and pharmacies) as their main source of family planning (FP). Pharmacies are located within the communities they serve, so convenient and affordable access to family planning products within the patient's community can help reduce unmet gaps for family planning needs. Given that younger women are more likely to access FP through private facilities, increasing access to affordable products in this setting is particularly important for this population. Policy makers and global funders have become increasingly interested in collaborating with private pharmacies to expand access to affordable products through subsidies. We study the effects of subsidies on the availability and adoption for an injectable contraceptive (Subcutaneous depot-medroxyprogesterone-acetate, DMPA-SC) that is safe to be administered by a broader set of providers, including pharmacists. These subsidies can help make access for medium-term contraceptives more convenient and affordable to younger populations.

Objectives

1. In this project we study the effects of subsidies to patients and providers on the availability and adoption of the injectable contraceptive DMPA-SC (branded as Sayana Press). Our main study objectives are:
2. Study the effect of consumer subsidies and pharmacy subsidies on patient adoption of DMPA-SC (measured as the share of family planning transactions that include a DMPA-SC sale).
3. Understand whether subsidies (to the patient or the provider) impact the family planning counseling of pharmacies, and the knowledge of providers.
4. Understand which family planning products are patients shifting away from when choosing DMPA-SC.

Methodology/Interventions

In a multi-arm study, we randomized 137 private pharmacies into a control group (n=33), consumer subsidies (n=35), and pharmacy subsidies (n=69). Adoption levels in the control group are compared against those of the distinct subsidy types to estimate treatment effects. For analysis, we use transaction data, along with: a standardized patient activity to gain information about the effects on the quality of family planning counseling, and a provider survey to understand the effects of subsidies on their knowledge and preferences, and a pharmacy and clinic census to study whether patients are shifting their source of family planning.

Results

We find that both pharmacy and patient subsidies are effective in increasing the availability and patient adoption of DMPA-SC. In treated sites, the share of family planning patients that choose DMPA-SC as their method increases by over 400% relative to the control group, and effect sizes are similar for patient and pharmacy subsidies. We also find that the availability of DMPA-SC doubles in sites with any type of subsidy. However, we find only small reductions in prices to patients in the pharmacy subsidy arms which suggests that pharmacy subsidies are likely leading to increased adoption through changes in the counseling of providers. Our data from the standardized patient activity suggests that providers in pharmacy subsidy arms are more likely to share information about the availability of DMPA-SC with patients, appear more knowledgeable on family

planning to the standardized patients, and more likely to use illustrations during counseling. Provider surveys also suggest that in pharmacy incentive arms providers are more comfortable administering injections. For both consumer and pharmacy arms we find increases in provider training for injectables, higher knowledge, and more familiarity with injectables. Moreover, we find that patients are mostly shifting away from short term methods in all arms.

Conclusions

We find that both consumer and pharmacy subsidies are effective in increasing the availability and adoption of DMPA-SC. Patients seem to be shifting away from short-term contraceptive methods. With pharmacy subsidies, there are small price reductions to the patients but providers appear more likely to share information with patients.

Recommendations

Our results suggest that subsidies for contraceptive products in private facilities can be effective tools in increasing adoption and access. Subsidies also affect the preferences and knowledge of providers, likely making the effects more sustainable in the long-term. Subsidies are effective in nudging patients to methods with lower failure rates.

MEANINGFUL INVOLVEMENT OF YOUNG PEOPLE TO INCREASE UPTAKE AND ACCESS OF CONTRACEPTIVE SERVICES IN WEST POKOT

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Key words: *Adolescents based interventions, Demand driven model, Access to Family Planning, Community Based Organizations (CBOs), Community Health Volunteers (CHVs), Community Based Distributors (CBDs), Positive Health Outcomes*

Background/Significance

Adolescent pregnancies in West Pokot is high, the county has challenges of Harmful traditional practices (HTP) that include Female Genital Mutilation (FGM) that leads to early marriages which result in adolescent pregnancies. The county also has security challenges that are contributed by constant banditry attacks that make adolescents venerable to displacement, sexual attacks, lack of Health services, school dropout, adolescent pregnancies and lack of justice for the adolescents Gender Based Violence (GBV) survivors. Implementing of adolescent based interventions while working closely with The County Health management team and incorporating the community will help in ensuring that West Pokot girls are able to make informed Family planning choices. We are also working through the youth to reach-out to fellow youth. These interventions have seen significant strides in up-take of Family Planning (FP) services and Maternal Child Health services which are giving the community hope for the future.

Objectives

Increase up-take and access of contraceptives to young people in West Pokot

Methodology/Interventions

Accelerate Program utilizes a demand-driven model that works through youth led activities that gear towards reaching young people. The project started in 2020 utilizes locally organized young people such as youth Community Based Organizations. It works through a local youth organization Declares Kenya to implement, advice and coordinate activities in West Pokot and Central Pokot sub-counties. The program also leverages on community strategy therefore, advocating for recruitment of youth community-based distributors, trained, and reporting monthly through Community Health Volunteers. Activities are conducted in a multi-prolonged manner, community dialogues, and outreaches. Data reported through KDHIS 711.

Results

In 2022, West Pokot and Central Pokot sub-counties had a total of 8,283 and 12,887 adolescents respectively aged 10-24 who accessed family planning services through the program, compared to 2639 and 6012 respectively from previous year. Among the clients, 8% were aged 10-19, while 68.2% were aged 20-24. In both sub-counties there was more acceptability for injectable contraceptives over other contraceptives due to its discreet nature, condom uptake was high however, there were few revisits; implants had relatively high uptake and very low retention with most clients reporting perceived side effects. Most 20-24 demonstrated readiness to use contraceptive services whereas the retention rates for 10-14 was low for factors such as parental consent, fear and inadequate information. One of the challenges experienced is limited evidence on ways to reach specific groups of adolescence such as young adolescent age 10-14, the married ones and those living with disabilities. A key challenge noted was also fear of prosecution of healthcare workers due to giving family planning services to children since the laws in Kenya consider all below 18years as children. Another key challenge also noted was inconsistent supply of Family Planning commodities in the County with frequent stock-outs reported.

Conclusions

By having young people at the center of FP programs we will achieve an effective strategy in provision of positive health outcomes for FP services among the youth. There is need to ensure data on adolescence and young people is available to guide in prioritizing specific needs for them.

Recommendations

The scope of this model should be scaled up to other Sub counties in West Pokot. It has proven that its possible to increase uptake and access of contraceptives in the entire county by having the youth engaged in FP programing.

INVOLVEMENT OF ADOLESCENTS AND YOUTHS IN HEALTH SERVICE DELIVERY IN HEALTH FACILITIES: FOCUS ON SCORE CARDING

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Keywords: *localizing global commitments, adolescents, youths, sexual reproductive health and rights, non-communicable diseases, score-carding*

Background/Significance

The key to localizing global commitments to health services delivery is to use evidence as the basis of localization from dialogue as a platform for community engagement. Adolescents and youths from Plan International are involved in localizing the commitments related to adolescents, youths' sexual and reproductive health rights, and non-communicable diseases by using score-carding, adolescents and youth-led participatory process to evaluate the standard of youth-friendly health services in their community. They use a scoring method to determine the strengths and weaknesses, which are used to create recommendations and action plans for facilities to consider by bringing the demand side (adolescents and youths) and supply side (service providers) together. The principle of Plan International score-carding is that services are more likely to be effective if they are assessed by the adolescents and youths for whom they are designed by involving service providers in the process to make it successful.

Objectives

1. Adolescents and youths participate in rating public and private health services to make them more youth-friendly.
2. Participation of service providers in score-carding of the health services they offer adolescents and youths in public and private health facilities.
3. Action plans developed by adolescents, youths and service providers to enhance

youth-friendly health services in public and private facilities.

Methodology/Interventions

With a scoring matrix on observation and a combination of observation and health provider feedback, adolescents and youths used the score-carding method, which has been shown to improve patient experiences and health outcomes for people. This method is based on the Global Standards for Quality Healthcare Services for Adolescents of the World Health Organization, covering four themes: facilities, services, confidentiality and consent, and staff education, expertise, and attitude.

Results

The score carding of the public and private health facilities in the community by the adolescents and youth improved health-seeking behavior and improved health outcomes for adolescents and youth in these ways: adolescents and youth are actively engaged in the score-carding of public services; promoted the community ownership and participation of adolescents and youth; adolescents and youth are empowered to understand and claim their rights; adolescents and youth are empowered to hold duty bearers to account (social accountability); service providers see adolescents and youth as active stakeholders who have their own specific needs and concerns; improved the relationship and reduced the barrier between adolescents and youth and health service providers; and contributed to the improvement of community health services.

Conclusions

The score carding of the public and private health facilities by adolescents and youth improves health-seeking behavior and improves health outcomes for adolescents and youth.

Recommendations

- Adolescents and youth to be actively involved by the service health providers to score-card their health facilities.
- Participation of service providers in score-carding of the health services they offer adolescents and youths.
- The action plans to be developed by adolescents, youths and service providers.

"DIAL A CONDOM" A COMMUNITY-BASED STRATEGY TOWARDS INCREASING ACCESS TO CONDOM AND OTHER SHORT-TERM CONTRACEPTIVE METHODS AMONG ADOLESCENTS AND YOUTH IN RONGO SUB COUNTY, MIGORI COUNTY

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Keywords: *Youth peer provider (YPP), Adolescent, contraceptives, dial-a-condom*

Background/Significance

Globally, majority of young people initiate sexual activity before reaching the age of 18 years. According to Welling's et al., (2006) these are the years when they are most vulnerable to HIV, other STIs and teen pregnancy. Despite Sub-Saharan Africa bearing the brunt of the three threats, family planning use including condom is still low. Condom is particularly considered an important line of defense against the three. Merville, (2017) alludes that despite efforts to increase access to contraceptives among young people, the secrecy surrounding contraceptive use among unmarried women and adolescents is great. The stigma originates from most girls fearing bringing their reputation to disrepute as a result of people knowing they are using FP method. This stigma also covers condom use. The "dial a condom initiative" was therefore borne to reduce such stigma and make condom and other FP services more accessible to young people.

Objectives

To increase access to contraceptive services among youth and adolescent through a decentralized service delivery model.

Methodology/Interventions

With a pool of 120 Trained YPPs, LCA conducted a further training on FP, BCC concepts and community-based distribution. Through the YPP leads, they created a WhatsApp platform in every ward and recruited young people within their spaces. In addition, one toll-free line was given to each ward. A critical mass of young people was established and YPPs equipped with condoms and pills. Young people were encouraged to call and "order" for pills and condoms through the lines and ask critical questions on the joint WhatsApp. The YPPs would then deliver the method at any convenient place for the youth.

Results

Data was monitored between January to December 2022. A total of 2,429 ordered for male condom (48,590 pieces), 63 ordered for female condoms, 1,439 ordered for E- pills, 243 ordered for COCs while 78 ordered for POPs. Compared to 2021, there was 41.4% increase in male condom uptake, 67.1% increase in female condom, 63% increase in POPs, 39.3% in COCs and 44% increase in the uptake of emergency pills. Additionally, 166 habitual users of emergency pills were converted to Long-acting reversible methods compared to 39 who converted in 2021. Out of the 450 users who were sampled to help understand more about the approach, 79% ordered for services during weekends with 65% of them recommending private spaces for delivery of the order. Only 3% had the service delivered at home. About 52% reported to be very satisfied, 41% satisfied while 7% were not satisfied. About 63% of young people ordered by themselves, 34% ordered through friends and only 2.8% ordered through their parents.

Conclusions

There was tremendous increase in uptake of short-term methods. It was noted that young people prefer services that are taken closer to where they are, due to challenges of transport and non-friendly environment in most health facilities.

Recommendations

With persistent Stigma around condom use and other contraceptives, there is need to innovatively decentralize FP service delivery to young people. Young people value privacy and they rhyme a lot with their peers (YPPs).

IMPEDIMENTS TO WOMEN'S AGENCY IN REPRODUCTIVE DECISION MAKING IN HUMANITARIAN SETTINGS

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Background

In the context of humanitarian settings, women encounter numerous challenges that impede their reproductive agency. Additionally, power imbalances within these settings can further limit women's ability to make decisions about their own bodies. Economic, social, cultural, and legal factors can further exacerbate these barriers, especially for marginalized groups. These challenges include gender-based violence and stigma, inadequate access to reproductive health services like safe abortion, and limited availability of contraceptive options. These limitations can hinder women's ability to make informed decisions about their reproductive health

and well-being, potentially resulting in negative health outcomes. Therefore, promoting reproductive agency is crucial to improving reproductive health outcomes, particularly in terms of contraceptive use and access to safe abortion, and advancing gender equality in humanitarian settings.

Objectives

The objective of this study is to identify and analyze the barriers to reproductive agency faced by women who have had abortions in humanitarian contexts, with a particular focus on the impact of power imbalances, social, cultural, economic, and legal factors.

Methodology

The data was drawn from a mixed-method study conducted in the Kakuma and Bidibidi refugee settlement in 2022. This paper focuses on the qualitative aspect of the study, where 62 in-depth interviews were conducted with women aged 15-49 years who had experience with abortion in the last 3-5 years, purposely recruited from the quantitative component of the study based on their age, marital status, abortion method, and country of origin. The data was transcribed verbatim and a codebook was developed and coding was done by a team of 4 researchers.

Results

Findings indicate that women faced numerous challenges to their reproductive agency at the settlement, with economic sustenance being a primary concern. The food rations provided by humanitarian organizations were often inadequate, forcing women to resort to informal work and transactional sex to make ends meet, which resulted in limited agency and negotiating power during sexual encounters. Notably, some women reported experiencing coercion and rape, leading to unintended pregnancies. We also observed limited agency in contraceptive behavior, as some partners opposed contraceptive use, social norms stigmatized it among unmarried women, and accessing preferred methods at facilities presented challenges. Initially during the care-seeking process, some women attempted to exercise their agency by choosing not to disclose information regarding their unintended pregnancy to their partners, friends and family, however, insufficient knowledge of abortion methods forced many to disclose to a select few, including friends, neighbors, partners, pharmacists, and healthcare providers. Most women self-managed their abortions at home in an effort to limit disclosure and avoid potential stigma and legal consequences. Following the advice, they received, they used methods such as medical abortion pills, pharmaceutical drugs, and homemade remedies, resulting in post-abortion complications that compelled them to seek care at a facility.

Conclusion

These findings demonstrate the need for increased access to accurate information on reproductive health, contraceptive options, and safe abortion methods, particularly for women in humanitarian settings. Promoting reproductive agency and rights is critical to advancing gender equality and improving reproductive health outcomes in such contexts

Recommendation

The study recommends that future interventions should be designed to address the economic and social drivers of unintended pregnancies, such as poverty and sexual and gender-based violence. In addition, the study calls to action the need for greater reproductive agency for women in these contexts which includes increasing access to reproductive health services such as contraception and safe abortion care, as well as encouraging the use of evidence-based information on contraception and abortion methods.

BREAKING BARRIERS: EMPOWERING YOUNG TRANSGENDERS IN KENYA THROUGH TIKO – A TECHNOLOGY FOR SAFE AND INCLUSIVE SEXUAL REPRODUCTIVE HEALTH AND RIGHTS: CASE STUDY OF THE ICRHK- TIKO PROJECT

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Keywords: *TIKO project, technology scale up, transgender, SRHR, collaboration, inclusive care, empowerment, mobile app, HIV testing, tailored care, person centered.*

Background/Significance

At the International Conference on Population Development (ICPD25+) held in Nairobi in 2019, governments and stakeholders made a commitment to achieving universal access to sexual and reproductive health and rights (SRHR) as part of universal health coverage. To fulfill this commitment, socio-economic and legal barriers to accessing SRHR services must be addressed. However, the transgender community in Kenya continues to endure significant social-economic marginalization and structural inequalities due to discrimination of their gender expression. As such, most transgender individuals are unable to access the SRHR services they need. According to the Kenya National Transgender Discrimination survey (2020), 68% have postponed care because they cannot afford it while 51% because of unfriendly health services

Objectives

Addressing barriers of accessing SRHR services by Transgender population in Mombasa County.

Methodology/Interventions

The International Centre for Reproductive Health Rights Kenya (ICRHK) collaborated with Triggerise NGO to implement TIKO, a digital platform designed for adolescents and young individuals aged 15-24. Through the TIKO mobile app, personalized health messages are provided to empower young transgenders to make safer, informed choices about their reproductive health. SRHR information and referral is provided with utmost confidentiality at the user's convenience. The app also connects users to high-quality and key population-friendly SRHR services, and its reward system that enables users to redeem TIKO points has motivated young transgenders to develop health-seeking behaviors.

Results

Over the past six months in Mombasa County, 649 SRHR (HIV prevention, care and treatment) services have been provided to young transgender individuals, out of which 509 (78%) have utilized the TIKO app. From this, it was found that 459 (90%) individuals were tested for HIV, and 32 (7%) identified as HIV positive, all of whom were successfully linked to antiretroviral therapy (ART) services. This feedback mechanism has facilitated the collection of real-time data on the experiences of transgender individuals seeking SRHR services, enabling ICRHK to better understand their needs and tailor its services accordingly. By incorporating feedback from its users, ICRHK has enhanced its ability to deliver high-quality, person-centered care that meets the unique needs of the transgender population.

Conclusions

The TIKO project by ICRHK and Triggerise-Kenya empowers transgender individuals in Mombasa County, Kenya, through a mobile app providing personalized SRHR information and services. It increased SRHR service utilization, improved HIV testing and treatment, and enhanced understanding of transgender individuals' needs for tailored care.

Recommendations

Based on the positive outcomes observed, it is recommended that SRHR and technology-focused interventions should be scaled up to other regions in Kenya and beyond. Governments and stakeholders

should prioritize the inclusion of transgender-specific services in their SRHR strategies and policies to ensure provision of safe, inclusive, and non-discriminatory care.

PREVALENCE OF STRESS FROM MENSTRUATION AND COPING STRATEGIES AMONG EARLY ADOLESCENT GIRLS IN SELECTED PRIMARY SCHOOLS IN LIVINGSTONIA ZONE, MALAWI

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Keywords: *Adolescent girls, Menstruation, coping strategies*

Background/Significance

Among many reproductive health issues, menstruation has been one of the most overlooked issues. According to Rafique and Al-Sheikh (2018), adolescent girls' unique health requirements are not given enough consideration, despite the fact that doing so would set them up for physical and emotional wellbeing as well as the capacity to handle the high demands of reproductive health in the future. Unfortunately, the problem gets worse for girls due to a lack of awareness about menstruation preparation and management or due to shyness and embarrassment. Just like most resource limited countries, menstruation in Malawi, though it is a natural physiological process has been and still dealt with secrecy (Johnson, 2018). Knowledge about menstruation and how early adolescent girls cope up with it is very important as it may help in creating strategies of assisting the young girls.

Objectives

1. To determine the prevalence of stress from menstruation among early adolescent girls in selected primary schools in Livingstonia zone
2. To determine the sources of stress during menstruation period among early adolescent girls in selected primary schools in Livingstonia zone
3. To find out ways which early adolescent girls cope up with stress from menstruation in selected primary schools in Livingstonia zone

Methodology/Interventions

The study adopted a descriptive cross-sectional design utilizing quantitative methods of data collection. This study was conducted among girls in four Primary schools in Livingstonia Zone, Rumphi District, Malawi. Participating schools were selected purposively, and simple random sampling technique was used to select respondents. Data was analyzed using software package IBM SPSS Statistics version 27 and presented in tables and graphs.

Results

The study revealed that 64% of respondents had experienced high stress, 21% medium stress, 10% low stress and 5% no stress. On self-rate concerning "menstrual shame and embarrassment", the results revealed that majority (65%) experiences high shame and embarrassment and the least (8%) experienced low shame and embarrassment. The school of respondent, distance to school, worrying about washing the absorbent and signs of menstruation were significantly associated with stress at 5% level of significance. On the other hand, age, parents' income level, availability of medication, and cultural restrictions were not significantly associated with stress. The results have shown that adolescents cope with menstruation stress by pretending to be sick (24%), taking medication (23%), absenting from school (18%) and informing their parents about their condition (8%).

Conclusions

Stress associated with menstruation was high among adolescent girls. The distance to school, worrying about being observed washing menstrual absorbent

and the symptoms of menstruation significantly contributed to stress among girls. These girls pretend to be sick, absent themselves from school and inform their parents to cope with the stress.

Recommendations

The study recommends the revision of school construction policies to include sanitation facilities and introduction of male involvement concept in Menstruation management to minimize shame and embarrassment among adolescent girls. In addition, MHM should be on every WASH agenda to improve menstrual education and the coping strategies among the girls.

HOLISTIC APPROACH IN DELIVERY OF SRH PROGRAMS TO YOUNG ADOLESCENTS

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Keywords: *Holistic Action Project for Young Adolescents, Income Generating Activity, Village Savings and Loan Association, Young Adolescent, Youth Empowerment center*

Background/Significance

According to the Census report 2019, 23.7% of Kenya's population represents adolescents and youth. Young adolescents aged between 10 and 14, constitute almost 13% of the total population and are currently undergoing significant physical, cognitive, emotional, and social changes associated with puberty. Due to these changes, they require information and access to reproductive health services, and supportive environments to develop life skills. Unfortunately, many young adolescents lack adequate support from their surroundings, appropriate information, and access to youth-friendly health services, protection, decision-making power, and life-skills needed to handle SRHR issues. Parents, guardians, and teachers are often unprepared or constrained to communicate effectively about sexuality, and in many societies, the topic is considered taboo. As a result, we witness high teenage pregnancies, increased risk of contracting HIV/STIs. Contributing factors include inadequate knowledge, lack of community support, harmful practices and social norms, economic vulnerability, lack of political will, and weak voice and agency.

Objectives

Overall objective: HAPA envisages that young adolescent boys and girls aged 10-14 take conscious and informed decisions about leading a healthy and self-determined life. Project outcome: 7,000 boys and girls aged 10-14 in Kilifi and West Pokot counties have improved Sexual and Reproductive Health and Rights (SRHR) by 2023. The project aimed to achieve the following key outputs throughout the implementation period:

1. Targeted young adolescents have increased access to age appropriate SRHR information.
2. A supportive school and community environment is created, promoting young adolescents' SRHR and access to SRH services, with a focus on tackling gender inequalities.
3. Targeted young adolescents have increased advocacy and leadership skills to participate in leadership and decision-making processes at the community, county and national level.
4. Decision makers prioritize and support young adolescents' SRHR at the community, county and national level.

Methodology/Interventions

14-schools were mapped based on poor SRH indicators, YA organized through in-school clubs, 56-peer educators trained on SRH and engaged to cascade information to peers. Supportive school-community environment was created, promoting young adolescents' access to SRH services. 28-teachers trained on youth-friendly teaching methodologies, 28-mentor parents trained on positive parenting and parent child

communication, 12-youth mentors trained on SRH and 420-parents supported to form VSLA and initiate 14-IGAs. The project built the agency of YA in demanding fulfilment of their SRHR through engagement in advocacy platforms. Decision makers are engaged to ensure prioritization of SRH. Surveys was conducted showing positive impact.

Results

Through continuous mentorship and regular peer learning sessions, YA's confidence levels and ability to make positive SRH choices has improved. School enrollment and transition has improved. CACs efforts in addressing child abuse GBV (Gender Based Violence) cases together with other county efforts has resulted in a reduction of teen pregnancies from 30.2% in 2018 to 14% in 2022 in Kilifi County according to DHIS-2. Silence around SGBV has been broken in these very patriarchal communities as shown by the increased reporting of the cases by paralegal officers from 9 cases in 2019 to 78 GBV cases in 2021. Through joint advocacy efforts, there is now commitment by Kilifi and West Pokot county governments to invest in ASRH. 4-Youth Friendly Centers have been established in West Pokot County and are providing safe-space for delivery of SRH information and services to adolescents; increased budgetary allocation for FP from 37,149,099 in 2019/2020 to 78,686,429 in 2021/2022 budget and abolishment of FP user fee (in public hospitals). Kilifi County government committed an allocation of 9 million Kenya shillings for the establishment of 2 innovative hubs integrating adolescent and youth SRH, economic empowerment and talent development for the FY 2021/2022.

Conclusions

Peer educator model where young adolescent become change agents to empower fellow adolescents is core for behavior change in schools. Holistic partnership approach needs to engage wide range of stakeholders at county, sub/county and community level. The YEC are designed to foster sustainability given its leadership and IGAs are enhanced.

Recommendations

While progress has been made in reducing adolescent pregnancies and associated school dropout rates, more work is needed to address the underlying causes, promote access to SRHR and education. The project demonstrated that through a coordinated and multifaceted approach they were able to ensure that young adolescents make informed decisions.

IMPROVING ACCESS TO ASRH SERVICES TO ADOLESCENTS AFTER HOURS IN WESTERN KENYA USING COMMUNITY MODEL – AFTER HOUR ADOLESCENT PROJECT (AHAP)

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Keywords: *Rovers, adolescents, comprehensive, sexuality, education*

Background/Significance

In rural part of Western Kenya, most young people aged 10-24 do not access sexual and reproductive health (SRH) services. As a result, unintended pregnancies, school dropouts, and STI transmission are common. Youths fear to visit health facilities for SRH because of worries about provider harshness, lack of privacy and confidentiality, and serious side effects from using family planning. For students, having to ask permission to leave school to get SRH is a major barrier. Meanwhile, many providers are not welcoming to sexually active youths, whom they consider immoral/promiscuous. In 2018-2020, Centre for the Study of Adolescence (CSA) implemented an AHAP to test whether making sexual and reproductive services more convenient, confidential, and youth-friendly could increase young people's use of government health facilities. The main components included extended clinic hours, hire and train newly-graduated nurses, ensure adequate supplies, youth spaces with board games and use of youth client satisfaction cards.

Objectives

1. Promote the SRH of children, adolescents and young people through the provision of comprehensive sexuality education, with a focus on gender sensitive approaches.
2. To test if the use of trained youthful nurses dedicated to serve adolescents would increase access for children, adolescents and young people to clinical and non-clinical SRHR services including community-based services

Methodology/Interventions

AHAP was a randomized controlled trial relied entirely on government health facilities and providing no incentives. The project trained 10 rovers who conducted Comprehensive Sexuality Education (CSE) to 2000 adolescents during out of school and promoted SRH services offered in the selected government facilities. AHAP nurses trained on Youth Friendly Services (YFS) provided adolescents with services after hours after 5pm and weekends. At the end of each consultation, nurses gave adolescents anonymous satisfaction cards which were analyzed. To assess the project's impact, an evaluation team compared facility registers, conducted Focus Group Discussions (FGDs), analyzed satisfaction cards, interviewed facility in-charges, and tested nurses' knowledge and attitudes.

Results

AHAP project achieved a major increase of youth SRH client visits: 87% increase in the intervention facilities in one year against the 1.6% increase from the control facilities. The success was due to conducting CSE session to adolescents and promoting SRH services, offering after hours services plus one day weekend, youthful and welcoming nurses, training of young nurses on YFS and CSE, Nurses involvement in CSE in community, buffer stocks of condoms, youth friendly spaces in facilities and games at the facility to give cover for youths if needed. Youth client cards revealed very high levels of satisfaction with services at AHAP facilities. These is where clients confirmed they that they felt comfortable with provider: 97.7%, received information wanted: 97.6%, had enough privacy: 95.8%, received supplies wanted: 95.4%, provider was not harsh: 93.6%, comfortable coming here again: 96.7%. From 1987 youth client cards (53% female, 44% male).

Conclusions

AHAP achieved a major increase in youth client visits to government facilities in Kenya for SRH services attributed to the CSE sessions at the community with trained nurses participating during the trainings to promote SRHR services. The model seems to be acceptable and feasible for rural facilities with limited infrastructure.

Recommendations

- The ministry of health should consider extending working hours to accommodate adolescents.
- There is need to incorporate nurses in CSE at the community level to promote ASRH services and enhance confidence and trust.
- The MOH should work towards coopting YFS into nurses training curriculum

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IMPROVING TB CASE NOTIFICATION IN COUNTIES THAT HAVE HIGH BURDEN IN KENYA: EVIDENCE OF A QUALITY IMPROVEMENT-GUIDED ACTIVE CASE FINDING INTERVENTION

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Background/Significance

Identifying and treating undiagnosed TB cases is crucial to interrupt transmission and treat patients earlier. However, late presentation for medical services makes it difficult to detect TB in high-risk populations. To address this, a quality improvement with facility-led active case finding (QI-ACF) intervention was implemented in high TB burden areas in Kenya. The QI-ACF approach aimed to improve case notification by combining

quality improvement with active case finding in health facilities. This strategy helped to identify undiagnosed TB cases and provide treatment earlier, ultimately reducing transmission rates. The QI-ACF intervention could be replicated in other areas with high TB burden to improve TB case detection and treatment.

Objectives

To detect Prompt treatment initiation Case finding Monitoring and evaluation Resource allocation TB control.

Methodology/Interventions

The QI-ACF intervention was used in various counties in Kenya to systematically screen and diagnose vulnerable groups, including people living with HIV, fishing communities, truck drivers, and prisoners. The approach engaged sub-counties and facility teams in TB systems strengthening and trained health professionals on national x-ray diagnosis guidelines for smear-negative patients. The intervention also addressed documentation gaps and encouraged chest X-ray diagnosis for smear-negative tuberculosis when a sputum test came back negative. The impact of the intervention on case notification was evaluated independently throughout the post-intervention period.

Results

By using the different screening symptoms 57% of the prevalent cases reported a cough of any duration. Among the prevalent cases 48% reported cough of greater than two weeks while 9% reported a cough of less than two weeks. Forty-three percent of the prevalent cases reported no history of cough. Digital chest x-ray was able to detect 88.2% and missed 29 9.5% of the prevalent cases while 2.3% had no chest x-ray done. New cases contributed the highest number of prevalent cases at 72% while previously treated cases accounted for 24% and those current on treatment represented 5%.

Conclusions

Targeting should be applied at all levels of TB intervention to improve yield: targeting counties and facilities with the lowest rates of case notification and targeting index patient contacts, HIV clients, truck drivers and fishing communities. Screening tools are useful to guide health workers to identify presumptive cases. Efforts to improve availability of x-ray for TB diagnosis contributed to almost half of the new cases identified. Having all HIV patients who were eligible for viral load provide sputum for TB screening proved easy to implement.

Recommendations

By increasing referral and follow-up processes, cooperation and coordination, implementing ACF on purpose, and assuring sustainability. It is hoped that by putting some of these recommendations into action, TB case notification rates will increase in Kenya's high-burden counties, leading to early diagnosis, rapid treatment initiation, and enhanced TB control in the affected areas.

THE ROLE OF PHARMACIES IN PROMOTION OF SELFCARE CONCEPT AMONG YOUTH -LESSONS FROM THE STRENGTHENING HIV SELF TESTING IN PRIVATE SECTOR (SHIPS) PROJECT – KENYA

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Keywords: *Demedicalization, Selfcare, HIV Self Testing*

Background/Significance

WHO's definition of selfcare is "the is the ability of individuals, families and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a health worker. Pharmacists play an important

role in guiding patients 'self-care behaviours. They act as advocates who empower patients and help them make sound decisions about self-care. The Strengthening HIV Self testing in Private sector (SHIPS) project is implementing a project that seeks to grow use the sale of HIVST kits as an entry point to growth of the Selfcare component or still, use the sale of other sexual reproductive health products. The pharmacy staff in this case, is looked at as a health promoter, a communicator, a supplier of health products and services and a collaborator with other health care stakeholders.

Objectives

1. This abstract demonstrates learnings during implementation of the SHIPS project with the following objectives:
2. To establish the role of pharmacies in growing the selfcare component
3. To determine pharmacies 'sales innovative sales strategies to increase uptake of selfcare products among youth

Methodology/Interventions

The SHIPS project mapped and recruited pharmacies in Kisumu and Nairobi counties based on willingness to and pharmacies that were already stocking HIVST kits and other Selfcare products such as Condoms, pills, Lubricants, pregnancy test kits. The project has been working with a total of 118 physical pharmacies (Nrb -98, Kisumu 30) and 1 online platform. Pharmacy staff were then taken through an orientation which focused such as customer care orientation, selfcare, product bundling and reporting. The sole responsibility of the pharmacy attendants is to be able to talk to clients to purchase selfcare products with the purchase of HIVST kits as an entry point or vice versa.

Results

From interactions with clients, pharmacies sold the following selfcare products Between April 2022 and February 2023: WHO pre-qualified kits- 16 049, Locally approved Kits-13250, Non-quality assured kits- 2960, Condoms- 32864 Lubricants – 2841 EC- Pills- 24907, Pregnancy test kits 22469, Oral Contraceptives 14377. The sale of the selfcare products is either provider initiated or client initiated.

Conclusions

Pharmacies are often the first place to be visit in case of an ailment or need to purchase a selfcare product. They play a big role in giving information about the product and or services. From the project, we have learnt that if trained well, pharmacy professionals play a big role in growth of selfcare by giving the correct information on selfcare products and services hence largely contributing to demedicalization of health.

Recommendations

Stakeholders in the health sector have an opportunity to ensure that the potentials of the pharmacist are fully realised. This can be done through trainings, involving them in policy/guidelines formulation and dissemination and involving them during planning and implementation of selfcare products. In addition, emphasis has to be made on provider's customer care skills as this will be instrumental in their engaging clients on selfcare.

INTIMATE PARTNER VIOLENCE AND ITS EFFECT ON ACCESS TO CONTRACEPTION IN KENYAN UNIVERSITIES

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Keywords: *Intimate Partner Violence, Contraceptives, Psychological violence, Emotional Violence, Family Planning, Sexual Violence*

Background/Significance

Intimate Partner Violence (IPV) is a serious public health issue that affects millions of women globally, including in Kenyan universities. IPV can have a significant impact on women's access to contraception and their ability to make decisions about their reproductive health. Few studies have been published on matters involving IPV and how it relates to access contraception in women. This is very unfortunate as a scientific and statistical basis is very crucial in eradication if not significantly reducing this problem. Better still, the misconception the SGBV and contraception use in women are enormous. This paper would provide essential information in filling the big gaps in literature as far as IPV and its effects to access to contraception in university students is concerned. Also, the focus to the youth in tertiary education is reassuring as it guarantees a continuum to the future in addressing the issue.

Objectives

Main Research Objective

1. To assess the prevalence and factors affecting of SGBV among Kenyan university students.
2. To assess the knowledge and perception of Kenyan university students towards contraception use.
3. To assess the consequences of IPV towards access of contraception among Kenyan university students.

Methodology/Interventions

The study employed a descriptive cross-sectional study design. The research was conducted online across all the Kenyan Universities. The target population was Kenyan University students. The sample size was determined using Yamane's formula 1967 to obtain a sample size of 122 respondents. Data was collected using online self-administered questionnaires consisting of closed-ended dichotomous questions (Google forms). Data collected was entered and analyzed using SPSS V25 software. Permission to conduct the study was sought from the Institutional Research Ethics Committee (NACOSTI). Informed Consent was obtained from the participants. Privacy and confidentiality were upheld and no incentives were given to the participants.

Results

The study found that majority of the respondents had encountered Intimate Partner Violence at 54.5% with only 45.5% indicating that they had not encountered IPV. Majority of the respondents had encountered some form of violence with a majority citing emotional violence as the major type of violence encountered at 33.9%, 25% encountered physical violence, 11.6% encountered psychological violence, while 29.5% had not encountered any form of violence. The study also sought to assess the consequences of IPV where majority of the respondents had fallen into depression (34.8%), 14.3% had faced physical harm (14.3%), 11.6% had stigma subjected to use of a contraception each, 10.7 suffered an abortion, 9.8% had some form of stress while 7.1% felt anxiety resulting from IPV. The study also sought to assess the relationship between Intimate Partner violence and uses of contraceptives which was tested at 95% confidence interval level. The study found that there was no association between IPV and the use of contraceptives with a p value of 0.640>0.05, hence accepting the null hypothesis. The study also found no association between the contraceptive used and Intimate partner value with a p value of 0.237 > 0.05 hence accepting the null hypothesis.

Conclusions

IPV remains a great public health issue among

the society due to the negative psychological and emotional impact it has on the society. The findings indicate that there is a high prevalence on IPV with an increased access to contraceptives among university students an indication that there is a need to educate the society on the use which may reduce risky sexual behavior.

Recommendations

- There is a need to define programs that may educate the university students on protective factors linked to IPV in an effort to prevent its occurrence.
- There is also a need to come up with strategies to reach out the victims of IPV more so males who may not be in a position to speak up.
- There is also a need to incorporate IPV sensitization programs in the school programs which may educate the student population on ways to counter such violence.

INFLUENCE AND REACH OF A HOTLINE TO PROVIDE SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS TO YOUNG PEOPLE IN RWANDA

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Keywords: *SRHR, Young People, RedCap*

Background/Significance

Lack of accurate, fact-based sexual and reproductive health information inhibits young people (10–24) to utilize sexual and reproductive health and rights (SRHR) services appropriately. Despite the existence of trustworthy health providers who can provide accurate information, young people mostly still acquire SRHR information from untrusted and unqualified sources. SRHR services and education are still highly stigmatized among the youth, leading them to seek information from unqualified sources. In addition, young people do not openly discuss SRHR-related matters with their caregivers and parents for fear of the stigma that may arise afterward.

Objectives

To assess the influence and reach of the hotline in providing Sexual and Reproductive Health and Rights to Young People in Rwanda and to determine reasons why they call.

Methodology/Interventions

We used routinely collected data to assess the influence and reach of the hotline from January 2022 to December 2022. We analyzed the average daily number of calls on the hotline, the sociodemographic characteristics of the callers, and the main reasons for the calls.

Results

In 2022 there were on average 130 calls per day. In total, the hotline reached approximately 45,559 beneficiaries from all 30 districts countrywide. Of them, the large majority (95%) (43307/45559) were young people aged 10 to 24. Furthermore, 82.87% (37757/45559) of beneficiaries were young women aged 10 to 24 years. Approximately nine out of ten callers (95.56%; 43533/45559) are beneficiaries seeking accurate SRHR information and services. Among beneficiaries seeking SRHR services, 52% (22638/43533) were seeking information on the menstrual cycle and fertility window; 26% (11381/43533) asked about reproductive health changes; 5.72% (2493/43533) called about contraception, among which 33.77% (842/2493) were seeking advice on emergency contraceptive pills to prevent unwanted pregnancy; and 20% (502/2493) of callers sought information elucidating myths about FP methods and its side effects. Overall, 1.1% (479/43533) of all beneficiaries sought information and services related to safe abortion. The majority of beneficiaries seeking abortion services, 63.88% (306/479) were seeking information

on the current abortion law in Rwanda, 29.85%% (143/479) needing a referral to abortion services and 5% (340/6801) sought and received legal and financial support to access safe abortion

Conclusions

These results show that a hotline can be an effective approach to provide young people with accurate and stigma-free SRHR information and SRHR services including family planning and safe abortion services. The number of calls received emphasized that young people need trusted sources of information and SRHR services in Rwanda.

Recommendations

Further research and programs are needed to expand more avenues where young people can access comprehensive SRHR education and services.

HIV PREVENTIONS AND FAMILY PLANNING AMONG ADOLESCENTS AND YOUNG PEOPLE; CASE OF DAGORETTI SUB –COUNTY IN NAIROBI, KENYA

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Background

Teenage pregnancy in Kenya is a persistent and complex issue, with a high prevalence rate. Adolescent girls face multiple challenges, including limited access to sexual and reproductive health services, inadequate sex education, poverty, and social stigma. These factors contribute to a high rate of unwanted pregnancies, unsafe abortions, and maternal and neonatal morbidity and mortality. Moreover, adolescent girls who become pregnant are more likely to drop out of school, experience social isolation, and have limited opportunities for economic and personal development. Teenage pregnancy is a significant global public health concern, with profound social and economic consequences. The World Health Organization (WHO) reports that Kenya is ranked third in the world with the highest teenage pregnancy rates. This problem is particularly prevalent in Dagoretti sub-county in Nairobi county, where the Youth Advisory Council (YAC) has initiated a project to address this issue.

Objectives

To reduce teenage pregnancy and new HIV among AYPs in DAGORETTI

Methodology

The YAC initiative, NIKO FITI NIMELOCK, aims to reduce the rate of teenage pregnancy and HIV infections among adolescents and young people in Dagoretti sub-county. in implementing an HIV prevention and family planning intervention for AYPs, a needs assessment was conducted to identify their specific needs. Information was gathered on the prevalence of HIV and unplanned pregnancies in the community, as well as the knowledge, attitudes, and practices related to HIV prevention and family planning. Different stakeholders, such as PIT meeting with sub county team supported by TCI, group leaders and community health workers were engaged and NGOs were involved to support and train community champions. Community dialogues were conducted, and sports and arts were used to raise awareness. Contact information was provided for condom requests and referral for family planning services. Video stories of young people who had overcome HIV-related challenges were also shared.

Results

The activities that were carried out resulted in the dissemination of HIV prevention information to 5,115 young people. Additionally, 1310 referrals for family planning services were made among adolescent and young persons (AYPs). The community was also provided with a hotline number to request for condoms, which was utilized by 2,100 individuals. As a result of the awareness campaign, 1,559 individuals voluntarily tested for HIV, with a positive response from the community towards HIV testing and prevention. Those who tested positive were promptly enrolled on medication and were positive about adherence to the prescribed regimen.

Overall, the activities undertaken proved to be comprehensive and official, resulting in positive outcomes that contributed towards reducing the incidence of HIV infections and promoting overall health and well-being among the community.

Conclusion

This intervention is a comprehensive and community-based approach to promote HIV prevention and family planning among AYPs. It involves engaging young group leaders, community health workers, parents, church youth leaders, and church elders. Different NGOs will support and train community champions on HIV prevention and family planning. The intervention will also involve community dialogues, engagement through sports and arts, provision of contacts for condom requests, referral for family planning, and sharing of video stories. The intervention will empower AYPs with knowledge, skills, and services necessary for HIV prevention and family planning.

ADOLESCENT FRIENDLY ANTENATAL AND POSTNATAL CLUBS FOR PROMOTING THE UPTAKE OF MATERNAL AND CHILD HEALTH/ PMTCT SERVICES AT KITALE COUNTY REFERRAL HOSPITAL, TRANS NZOIA COUNTY

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Keywords: *Kitale County Referral Hospital, Antenatal Clinic care, Post Natal Clinic Care, Community Health Volunteers, Orphans and Vulnerable Children, Respectful maternity care*

Background/Significance

Adolescent pregnancy had been on the rise, especially after the long school holidays preceding the Covid 19 outbreak. Data from Kenya Health Information System (KHIS) 2020 indicated 11,840 girls aged10-19 years had been confirmed pregnant. A further analysis of the data indicated that Kiminini Sub County documented the highest numbers, in tandem with the Ministry of education report showing 3,366 adolescents were confirmed pregnant. Similarly, other sub counties reported significant numbers; 2,424 in Saboti Sub County, 2,157 in Cherangany Sub County, 2017 in Kwanza Sub County and 1,878 in Endebess Sub county. Adolescent pregnancy poses a significant problem to the health and wellbeing of young women and their children, as well as for society as a whole

Objectives

To provide holistic, integrated sexual reproductive health service to pregnant and postnatal adolescent mothers.

Methodology/Interventions

KCRH was chosen for adolescent ANC/PNC club based on KHIS (2021), showing high number of adolescent mothers seeking services. Recruitment was done at the MCH, booking Adolescent mothers for the Thursday sessions, snow balling and CHVs helped identify others at the Community, 560 adolescents were enrolled into the program. MCH staffs were sensitized on SRHR, facility adopted hybrid package of care (Clinical services, health education, linkage to OVC, School re-integration, Life skills training through Sinovuyo) for this cohort. Longitudinal register used in capturing and analysis of clients details during each visit up to until they are discharged from the program

Results

98% of the adolescent enrolled into the program completed the four ANC, 90% delivered in a health care facility through a skilled birth attendant. 40% of the adolescents resumed schools both secondary and primary, most of them resumed during the ANC visits. The program reached 158 adolescent's parents and guardians who provided support system during pregnancy and continuity of support through education. Teachers in 30 schools were reached who helped in re-orienting them back into the classroom and supported in any difficulty related to pregnancy and stigma. School health programs was conducted in 30 schools at least three sessions in each school for different age cohorts to help prevent pregnancies. 25 Adolescents were enrolled into OVC program which helped enroll them into NHIF, pay school fees including tertiary education based on their needs. 25 Adolescents enrolled into Care and started on antiretroviral therapy.

Conclusions

Cohort based ANC/PNC for adolescents below 19 years promotes ANC visits, hospital delivery and postnatal visits. Addressing the issue of adolescent pregnancy requires a comprehensive approach that addresses not only the physical health of young women and their children but also the social and economic factors that contribute the problem.

Recommendations

At the population level, many adolescents still face stigma from parents, peers and community; there is no support system to help them go through pregnancy. Health facilities setting special day(s) to serve the youths can considerably improve maternal and neonatal health outcomes in places where adolescent-friendly centers are not established.

CHAMAS FOR CHANGE: ADAPTING A COMMUNITY-BASED PEER-SUPPORT AND HEALTH EDUCATION MODEL FOR PREGNANT AND PARENTING ADOLESCENTS IN KENYA

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Keywords: *Community-based, peer support health education model, MNCH*

Background

Adolescent girls in low-income countries continue to experience high rates of pregnancy: sixteen million adolescent girls aged 15-19, and two million under age 15 become pregnant each year. Pregnancy in adolescence is not only associated with increased maternal and neonatal morbidity and mortality, but it also decreases the likelihood of adolescents completing their education and obtaining sustainable employment. As a result, adolescents are less likely to lift themselves and their families out of intergenerational poverty. The risk is even higher during health crises like Covid-19 that expose adolescents to increased psychosocial challenges. To address these and other inequities that drive higher adolescent maternal and infant mortality in Kenya, we adapted an intervention beyond the formal healthcare system that is culturally acceptable and appropriate; (Chamas). Chamas is a well-established community-based, peer-support and health education model that is geared towards improving maternal, newborn, and child health indicators and adolescents' school re-enrolment.

Objective

To adapt and evaluate a community-led, peer-based model to meet the needs of pregnant and parenting adolescents, a population that disproportionately suffers from socio-economic marginalization and poor health outcomes.

Methodology/Intervention

This was a two-phased, mixed methods study conducted in Western Kenya to assess the feasibility, appropriateness, and acceptability of Adolescent Chamas. We consented all study participants and engaged the guardians of the adolescents. In Phase 1, we collected qualitative data with key stakeholders to adapt the Chamas model which we piloted in Phase II by engaging 199 pregnant adolescents (15-19 yrs.) weekly in 23 CHV-led Chamas for 6 months after which data was collected. We used content analysis for qualitative data and descriptive analysis for quantitative data at baseline and end-line. For further analysis, multinomial logistic regression will be done.

Results

Out of the 199 adolescents, we collected end line data from 174 (87%) adolescents whom we engaged in Chamas for 6 months. 168 (95.6%) of the adolescents had a mean acceptability, appropriateness, and feasibility of ≥ 4 on a 1-5 Likert scale. 170 (97.7%) of the adolescents stated that they would recommend the adolescent Chamas program to other pregnant/parenting adolescents. These findings were also echoed in the qualitative findings. Additionally, 94 (54 %) of the adolescents attended at least 76% of the

Chama sessions. For Maternal Newborn and Child Health indicators (n=160), 115 (71.9%) attended at least 4 ANC visits, 155 (96.9%) delivered in a health facility with a skilled birth attendant and 106 (66.3%) were visited by a CHV within 48 hours of delivery. Of those who were enrolled in school 66 (39.3%), all of them reported that Chamas participation motivated them to stay in school.

Conclusion

Through the Adolescent Chamas program, we demonstrated significant uptake of positive MNCH and psychosocial outcomes. Additionally, Chamas fostered a strong community-based network among pregnant adolescents who considered the program acceptable, appropriate, and feasible.

Recommendation

Referencing this and other evaluations of this Chama's program, participation contributes to improved health and social outcomes. The MoH, in partnership with other stakeholders, should scale up this model as suggested by the study participants and adapt multi-sectoral approaches that are contextually appropriate and critical in addressing adolescents' needs.

OF ADOLESCENT PREGNANCY, CHILD MARRIAGE AND EDUCATIONAL ATTAINMENT IN KENYA

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Keywords: *Adolescent Pregnancy, Child marriage, Educational attainment, Not in Education, Triple Threat, Kenya*

Introduction

Child marriage is a violation of child rights as enshrined in the United Nations Convention on the Rights of the Child (1989), the 2010 Constitution of Kenya, the Children Act, 2022 and other legal frameworks operating in Kenya. In 2019, 396, 840 girls (10-19) were pregnant while 2.1% of children (10-14) and 5.5% aged 15-19 had been married contrary to "acting in the best interest of the child". Child marriage is a sexual gender violence addressed within the aegis of the triple threat of HIV Infection, SGBV and Pregnancy among adolescents in Kenya. Adolescent pregnancy, FGM, marriage and dropping out of school are risk factors that expose girls to poverty, disease, disability including death. During the Nairobi Summit on ICPD25, Kenya committed to eliminating adolescent pregnancy, new HIV infection, child marriage and other harmful practices by 2030 through investments in education, health/well-being and advanced technology to ensure young people thrive.

Objective

This study aims to assess county variations and relationships between educational attainment and adolescent pregnancy and child marriage in Kenya.

Methodology

The study used data from the 2022 KDHS as well as 2019 KPHC. SPSS descriptive statistics was applied to correlate and draw levels of significance between the four variables, namely: secondary school completion rates, adolescent pregnancy, child marriage (girls) and school dropout rates. County variations were analysed using Ms-Excel.

Results

There is an inverse relationship between secondary school completion rates and levels of adolescent pregnancy and child marriage. Counties with high secondary school completion rates report lower cases of adolescent pregnancy and child marriage. All counties in the Central region are in this league. Conversely, counties in the Northern region where adolescent pregnancy and child marriage are more prevalent have high levels of school dropout. Secondary school completion has a significant (.000) strong negative (-.817) and (-.816) at 99% CI correlation to child marriage and school dropout. The correlation between adolescent pregnancy and

secondary school dropout is positive but weak (.403) at 99% CI. However, dropping out of school has a strong positive relationship with child marriage (.797) at 99% CI.

Conclusion

Keeping adolescents in school, especially girls, has the potential of ending child marriage, school dropout and adolescent pregnancy. "Each additional year a girl completes in secondary school reduces the likelihood of child marriage by eight percent" (Save the Children, 2020).

Recommendation

Policy makers and programme designers need to invest in education and in- and out-of-school AYSRH programmes especially in counties with high levels of out-of-school adolescents. The Global Health Promoting Schools (GHPS) project has the potential of reducing disease burden in children and adolescents through whole school community engagements.

APPROACHES TO PREVENTION OF TEENAGE PREGNANCIES AND EMPOWERMENT OF YOUNG MOTHERS AT ELWESERO COMMUNITY, LURAMBI SUB COUNTY KAKAMEGA COUNTY

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Keywords: *Community Health Volunteer, Kenya Youth Empowerment Programme, Sexual Reproductive Health Services, Sexual Reproductive Health Rights, Ante Natal Care, Reproductive Maternal Newborn Child and Adolescent Health*

Background

Adolescent age starts at puberty and ends when biological, and physical maturity occurs at adulthood age. Adolescent age is defined as a period of the ages from 10 to 19 years. Globally, 21 million girls 15–19 years old become pregnant and approximately 12 million of them give birth each year, contributing nearly 11% of all births worldwide (WHO, "Adolescent pregnancy fact sheet," 2019). Two million of these births are from girls under 15 years of age. More than 90% of these births occur in low and middle-income countries. In Kenya, teenage pregnancies account for 18% of all pregnancies posing a health challenge in prevention of maternal moralities, unsafe abortions and gender equity for these girls. The adolescent birth rate in Kenya is quite high at 96 live births per 1000 women compared to the global adolescent birth rate of 44.1 births per 1000 women. This imply that in Kenya, about 1 in every 5 teenage girls between the ages of 15-19 years, have either had a live birth or are pregnant with their first child. Omoro *et al.*, (2017), stated that 23.3 % of teenage girls in western Kenya had a history of pregnancy. County recorded 6686 cases of teenage pregnancies between January and June 2020, Lurambi Sub County also recorded approximately 1,400 cases of teenage pregnancy between January and July 2020 and the same was a replica at Elwesero Health Centre which also experienced a sharp increase in teenage pregnancy from 15% to 35% during the same period (KDHS 2020). The drivers of teenage pregnancy and motherhood include lack of education on sexual and reproductive health; poverty; early sexual initiation; harmful cultural practices such as child marriages; sexual abuse/violence and barriers to access to sexual and reproductive health services, if nothing is done to empower young girls with knowledge and skills on SRH then their reproductive health will be negatively affected.

Objective

To Prevent Teenage pregnancies and Empowerment of young mothers at Elwesero Community, Lurambi Sub County Kakamega County, Kenya.

Methodology/Intervention

Available evidence has revealed that teenage pregnancy is not a simple health problem that can be addressed with appropriate educational and health promotion but through comprehensive evidence-based approaches. Due to the high rates of teenage pregnancies in Elwesero Heath Centre

from 15% to 35%, there was a need of evidence-based community approaches and empowerment to the teenagers. An eemphasis made on prevention of teenage pregnancies and empowerment of the young mothers. After realizing a sharp increase in teenage pregnancies between 2019 – 2021 by 35%. I together with another RMNCAH champion Dorah from Matungu Sub County learned that these girls feared attending their ANC and the few that came were not free to mingle with other pregnant women, this provoked the need to start a community-based approach and empowerment of teenage mothers. This led to the birth of Elwesero young mothers Club. Boresha Jamii Programme has brought smile and hope to these young mothers. The programme has made Elwesero young mothers club to be a home away from home for these teenage girls. This is because; they usually experience low self-esteem after going through pregnancy, labour and delivery. Most of them who dropped out of school could find it difficult to associate with their peers, yet majority of the pregnancies occurred due to lack of knowledge and empowerment on SRH issues. With the support received from Boresha Jamii, Elwesero young mothers club has been able to offer a friendly environment for the teenagers and young girls, during their monthly meetings as the young girls enjoy snacks from the programme, they share personal experiences, being empowered with relevant information on SRH through Health Education and are also empowered on IGA. Elwesero young mother's club is sub-divided in smaller groups and the topics on health education to be discussed are given according to need of each group.

COMIC 4 A BETTER FUTURE

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Keywords: *Adolescent Sexual and Reproductive Health Rights, Adolescent and Youth Sexual and Reproductive Health Rights, Female Genital Mutilation, Meant to Cause Laughter*

Background/significance

Adolescent Sexual and Reproductive Health and Rights (ASRHR) issues in West Pokot and Baringo Counties in Kenya are multifaceted and complex. Some of the challenges faced by adolescents in the counties include early marriages, limited access to sexual education, cultural practices such as female genital mutilation (FGM) and wife inheritance continue to be prevalent in West Pokot County. These practices are harmful to the physical and emotional health of adolescent girls. Addressing these challenges requires a multi-pronged approach, including increasing access to comprehensive sexuality education, providing affordable healthcare services, addressing harmful cultural practices, and empowering adolescents to make informed decisions about their reproductive health and rights. Comics can be an effective tool to address ASRHR in West Pokot and Baringo counties. By providing information in a fun and engaging way, they can help young people to make informed decisions about their sexual and reproductive health and rights.

Objectives

1. To increase knowledge and information among rural pastoral adolescents and youth aged 13 – 19 years in West Pokot and Baringo Counties in Kenya
2. To increase meaningful adolescents and youth aged 13-19yrs participation in AYSRHR Programing in rural pastoral communities of West Pokot and Baringo Counties in Kenya

Methodology/Interventions

Meaningful Youth/Adolescent engagement; Comic books provide a platform for young people to express their creativity and share their ideas on ASRHR. They can create their own characters, stories, and artwork to tell their own stories to influence decisions in our communities. Media

Engagement: This is used to share the Comics as a tool to help young people learn a new language. Comics are often written in simple language, making it easier for language learners to understand We use social media, Newspapers and Journals to share this content to a wide audience targeting adolescents aged 13- 19 yrs. in West Pokot and Baringo Counties.

Results

Increased number of adolescents in West Pokot and Baringo Counties with accurate and age-appropriate information about ASRHR topics, such as puberty, contraception, STIs, and consent. By using visuals and storytelling, comic books help young people understand complex topics in a way that is engaging and easy to interpret. Improved positive attitudes and behaviors related to ASRHR among adolescents in Baringo and West Pokot Counties, such as respect for others, healthy relationships, and responsible decision-making. By presenting positive role models and scenarios, comic books can help young people envision a future for themselves in which they are empowered to make informed choices and live healthy, fulfilling lives. Empowered adolescents whom can speak for themselves related to ASRHR and their general sexual life. Comic books can help adolescents understands their right and therefore easy to advocate on their, adolescents work best if they are fully engaged.

Conclusions

Effective involvements of adolescents in books writing, comics reviews and also taking their concern seriously and putting in place. Encouraging them on the benefits of their right and how they can handle the little problem they come across. Engagements of adolescent in more training to make them have a better understanding.

RECOMENDATIONS

- Conducting more trainings on the personnel together with the peer adolescent to encourage the use of comics
- Establishments of more safe and friendly stations to make a friendly environment to the adolescent to make speak up for themselves
- Encouragements of adolescents' engagements in any available opportunity to make the world know that's adolescents voice is important.
- Encouragement of own self decision making among the adolescent for a better future decision maker.

ADOLESCENT ANC/PNC GROUP MODEL: A PROMISING STRATEGY INCREASES UPTAKE OF IMMUNIZATION AND EXCLUSIVE BREASTFEEDING AMONG CHILDREN IN SABOTI WARD, KITALE COUNTY

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Keywords: *Immunization, Exclusive Breastfeeding, Adolescents, Safe space, Comfortable, Out of pocket, Low cost*

Background/Significance

Childhood immunization and exclusive breastfeeding are among the high-impact low-cost strategies World Health Organization (WHO) recommend to prevent or eliminate infections and malnutrition among children. However, vaccination and breastfeeding coverage has remained significantly the same, Globally, Nationally, and at Sub-national levels In Kenya, children who don't receive vaccines yearly are

estimated to be at least 300,000. Misinformation and lack of personal experience on breastfeeding & vaccine and vaccine-preventable diseases have led to low access, uptake, and utilization, with more parents focusing on adverse effects rather than the benefits. Teenage pregnancy is on the rise, especially, posing a threat to childhood immunization and breastfeeding coverage and increasing the risk of acquiring infectious diseases (KNBS 2019). In Trans Nzoia County, an estimated 6,500 adolescent girls presented with pregnancy in health facilities accounting for 23% of total new antenatal clients in 28,534. Teenage mothers face psychological challenges which may hinder childhood vaccination.

Objectives

To increase immunization and exclusive breastfeeding uptake among the children born to adolescent girls through implementing ANC/PNC group model.

Methodology/Interventions

The CDoH with the support of USAID AMPATH Uzima conducted a performance review on AYSRH, Immunization and nutrition indicators. This resulted in mapping of Hot spots for teenage pregnancies and missed opportunities/Zero doses for immunization in Saboti ward were. The department identified and trained 8 Health Care Workers and 40 Community Health Volunteers on utilizing differentiated care model for Adolescents to enhance the uptake of services. The health facilities enrolled pregnant and breastfeeding adolescents in groups on a rolling basis while the CHVs mapped, referred, and linked them to health facilities for those in the communities.

Results

The county adopted the WHO recommendations on antenatal care for a positive pregnancy experience that prioritizes person-centered health and well-being for the prevention of death and morbidity that focused on skill demonstration, testimonials, and information on maternal and newborn health. In Saboti ward, 1,384 pregnant and breastfeeding women were mapped through support of 40 CHVs and 4 MCH Nurses in 3 health facilities. Among the women mapped, 264 pregnant and 189 breastfeeding adolescents were enrolled into 7 ANC/PNC groups between January 2022 and December 2022. During the same period, 108 adolescent delivered in the health facility under the care of skilled birth attendant 1,085 children received DPT1, 975 children recived DPT 3 and a total of 550 children attained FIC status against a population of 1,479 surving infants (under 1 year). This performance was a positive improvement from 2021 data which shows 37% of Infants Receiving DPT/Hep+HiB1, 34% of Infants receiving DPT/Hep+HiB3 and 31% of Infants under 1 year Fully Immunized against a population of surving infants (under 1 year) of 2,872. 96% of the PNC group mothers practiced EBF and adopted acceptable feeding practices. There were no cases of underweight children reported among the children of the PNC group.

Conclusions

The community adolescent ANC /PNC model is a promising strategy in increasing access and utilization of immunization and exclusive breastfeeding among adolescents' mothers. It is a high impact, low cost intervention towards attainment of ANC, SBA and PNC among adolescent mothers, while also enhancing achievement of FIC and adequate nutrition for children born to Adolescent mothers

Recommendations

The CDoH recommends scale up of the intervention in all the sub counties, as an acceptable approach by the community to reduce out of pocket cost in health care and promoting a safe space for the growth and development of children born to adolescent mothers.

THEMATIC AREA 4:

EMERGING TRENDS AND THEIR EFFECT ON LOCALIZATION OF SRHR COMMITMENTS

A NEW QUEST TO DEMOCRATIZE, LOCALIZE AND MUTUALIZE AYSRH GLOBAL POLICIES; BILLI NOW NOW, THE MOVEMENT.

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Keywords: *AYSRHR, Youth, Movement Building, Change*

Background/Significance

This abstract introduces the emerging trend of movement building in the localization of global adolescents and youth sexual and reproductive health rights commitments. We are thrilled to present to you the B!ll! Now Now (BNN!) youth movement. Our movement is dedicated to empowering young people to take charge of their bodies, cultures, and destinies. As part of our commitment to advancing adolescent and youth sexual and reproductive health rights (AYSRHR), we are excited to share our journey as an emerging trend in localization of global AYSRHR commitments in Eastern and West Africa with a view of expanding globally. At BNN! we recognize that the localization of global AYSRHR commitments is critical to ensuring that the voices and needs of young people are heard and addressed. It is in this regard that we actively partner and work with youth led and youth centric organizations to disseminate and implement global AYSRHR commitments for sustainable impact and public discourse shaping/policy influencing.

Objectives

As a global youth movement, we are targeting one billion plus youth aged between 15-24 years to be meaningfully engaged and positioned as key decision-makers for their lives and their futures. Our approach to movement building is centered on harnessing the power of this critical mass to achieve the following objectives:

1. Expose and provide youth with a billion plus opportunities to change their lives and communities,
2. Spotlight and celebrate a billion plus acts of bravery by young people across the world.
3. Provide a billion plus avenues and linkages to influence, develop and sustain positive change in diverse life spheres.
4. Put a billion plus US dollars in the hands of young people.

Methodology/Interventions

Expose and provide youths with a billion plus opportunities to change their lives and communities. BNN! has an opportunity desk that highlights local and global opportunities that young people can benefit from and offers mentorship towards successful uptake of these opportunities. Spotlight and celebrate a billion plus acts of bravery through our #IAmBrave campaign by young people across the world. BNN! Is undertaking a 'moments in the movement' docuseries that is profiling brave youth stories to highlight the resilience of young people, their agency and urgency of their needs and how localization of AYSRH policies in different country contexts of BNN! Youth can be a pathway to youth destiny shaping. Provide a billion plus avenues and linkages to influence, develop and sustain positive change in diverse life spheres. BNN! has launched its FREE online learning platforms where young people can get certified for diverse short courses such as Movement Building. Put a billion plus US dollars in the hands of young people; BNN! has supported Idea Initiative's SRHR boot camp where outstanding youth-led innovations won seed funding as well as ongoing social media challenges that awards unique SRHR messaging and communication with seed grants. Validation of insights currently standing at 500+ responses with the goal of reaching 5000+ responses across East Africa.

Results

In the spirit of co-designing the movement with young people, BNN! conducted a study across East Africa to find out key motivators of young people as they navigate life and what is most meaningful for them. The aim of this study was to design a

movement that acknowledges youth needs and most importantly provides opportunities and avenues for them to take charge of their lives, bodies and cultures. BNN! Has also launched two country chapters in East Africa; Uganda and Kenya respectively to herness the power of youth critical mass for sustainable change. Among the insights generated from both processes are: Young people are overwhelmed by social economic challenges, Young people feel a sense of disengagement from adult partners, Young people are influenced by and use social media, technology, pop culture and Young people want success Now Now and in the future.

Conclusions

Movement building harnesses the power of a critical mass to influence desired change at both community and policy level. African youth being the largest demographic with 70% of Africa's population being under the age of 35 years and globally youth forming 1.8 billion; we cannot be shy to engage these numbers and talents to shape their destinies via policy adoption, reformation or revolution.

Recommendations

We are inviting young people ages 15-24 years old and multi sectoral youth centric organizations in Eastern Africa to engage with us via this toolkit and support each other's efforts to define a friendlier environment for youth excellence nationally, regionally and globally.

THE IMPACT OF SOCIAL MEDIA ON ADOLESCENT HEALTH INFORMATION AND SERVICES

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Keywords: *Social media, Sexual health, Young people & Adolescents*

Background/Significance

Social media has become a widely used platform for accessing information and services related to sexual health. This is due to its accessibility, anonymity and ability to reach a large audience. Social media platforms such as websites, forums and applications offer information on various sexual health topics; including sexually transmitted infections, contraception, sexual orientation, pleasure, Intimacy, Consent and healthy relationships. Additionally, some platforms provide resources for finding healthcare providers, ordering STI testing kits, and receiving virtual consultations. However, it is important to consider the accuracy and credibility of the information found on social media, as well as the privacy concerns associated with accessing sensitive health information online, young people are using social media to access a wide range of information and resources related to sexual health and wellbeing, and It's really important that they are able to access accurate and reliable information from trusted sources. The purpose of this is to evaluate the use of social media as a source of health information among young people and Adolescents.

Objectives

Healthcare providers and educators should work to educate young people on the importance of evaluating the credibility of health information found on social media.

Methodology/Interventions

Based on the cross-sectional survey administered to the 3 Change makers, they implemented an intervention to collect data from 500 young people and Adolescents. The intervention likely involved a survey questionnaire and administering it to the target population using different data collection methods, paper-based questionnaires, and in-person interviews. The survey had questions related to the young people's social media use, their sources of health information, and their perceptions of the accuracy and reliability of health information obtained from social media. The data collected from the survey helped in analyzing and using it to

inform strategies and policies aimed at improving the quality and accessibility of health information for young people.

Results

The results of the cross-sectional survey conducted by the 3 Change makers show that social media is a popular source of health information for young people and adolescents. More than 80% of the participants reported using social media platforms like Instagram and YouTube to access health information. This finding highlights the need for health organizations and professionals to engage with young people on social media to provide accurate and reliable information about health and wellbeing. Moreover, the study revealed that young people have a high level of trust in the information they obtain from social media. More than 70% of the participants believed the information to be accurate. However, it is important to note that not all health information found on social media is trustworthy or accurate. This highlights the importance of educating young people about the need to critically evaluate the information they obtain from social media and to seek advice from trusted sources like healthcare professionals. The study also highlights the need for health professionals to engage with young people on social media platforms like Instagram and YouTube, where they are most likely to be found. Social media it's an effective tool for health promotion and education, and it's important for health professionals to use these platforms to provide accurate and reliable health information to young people. This will help to empower young people to make informed decisions about their health and wellbeing and promote positive health behaviors.

Conclusions

Our findings suggested that social media is a significant source of health information for young people and Adolescents. While social media can be a very effective tool for providing Adolescents and young people with health information, it is important to ensure that the information being shared is accurate and reliable.

Recommendations

increased efforts to educate young people about the responsible use of social media for health information seeking and Further research is needed to understand the impact of social media on adolescent health behaviors and decision-making.

VALUE-ADD OF MULTI-SECTORAL APPROACH IN IMPLEMENTING SRHR AND CLIMATE CHANGE INTEGRATED PROJECTS FOR INCREASED RESILIENCE: SRHR AND CLIMATE CHANGE PROJECT, KILIFI

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Keywords: *Resilience, Multisectoral approach, Adaptation*

Background/Significance

Kenya like many countries in Sub- Saharan Africa is facing the effects of climate change. It is anticipated that this will affect the country's sustainable development efforts. Kenya's population stands at 47.6 million as per the 2019 census up from 38.6 million in 2009. Kenya National Population policy for sustainable development recognizes that population pressure is a major factor in environmental degradation and lowers resilience to climate change. It further emphasizes the need to integrate population and environmental variables into development planning to accommodate the needs of current and future generations. SRHR and Climate Change (CC) project, is a 4-year project implemented by CSA in Kilifi County, targeting Beach Management Units (BMUs) and Community Forest Associations (CFAs) who are prone to climate change effects, by building their resilience through integrating SRHR and climate change.

Objectives

To describe the value-add of multi-sectoral

approach in implementing SRHR and climate change integrated projects for increased resilience

Methodology/Interventions

Health Department, Directorates of Fisheries and Environment working together in a multisectoral approach for advancement of SRHR and gender equality for young girls and women while cognizant of the interrelations between them and climate change. Use of a rights-based approach to focus on addressing the interlinkages between SRHR and climate change. Capacity strengthening the BMUs and CFAs through trainings to jointly hold duty bearers accountable for the protection, fulfillment and advancement of SRHR and gender equality which will lead to increased resilience especially of young girls and women and increased ability to adapt to the effects of climate change.

Results

An enhanced cross sectoral collaboration which is essential in promoting sustainable development and ensuring that areas of synergy between the various sectors are strengthened and available resources used effectively to address the multifaceted challenges. Capacity strengthening the BMUs and CFA has led to the active participation in forums such as the technical working groups and the CIDP development process to share knowledge, experiences and to explore solutions that impact positively their livelihood and wellbeing. The BMUs and CFA members having a change in attitude upon realization through capacity strengthening how climate change affects their lives especially their access to sexual reproductive health and rights information and services during climate crisis as they are unable to access information and services easily hence them adapting sustainable practices and engaging in nature-based solutions. Through mobile medical community outreaches, there has been an increase in uptake of SRHR services and information as the target groups have increasingly sought SRHR information and services and referred their fellow community members for the same. Community sessions on the interlinkages between SRHR and climate change have also ensured that there is a ripple effect in the community in terms of the ability to adapt sustainable practices.

Conclusions

The multi-sectoral approach in implementing SRHR and climate change integrated projects for increased resilience has multiple benefits. It maximizes on collaboration across various county departments, the available resources and additionally recognizing the importance of capacity strengthening the local actors hence them leading in designing solutions that impact their own communities.

Recommendations

BMUs and CFAs are particularly vulnerable to the effects of climate change therefore it is very important to provide more opportunities for them to participate meaningfully on SRHR matters and in climate action to influence policies that affect their lives as agents of change in the fight against climate change.

THE IMPACT OF CLIMATE CHANGE AND URBANIZATION ON LOCALIZATION OF SRHR COMMITMENTS IN KENYA

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Background/Significance

Kenya, like many countries in Sub-Saharan Africa, is facing significant challenges related to climate change and urbanization, which are impacting the health and well-being of its population. Climate change is causing increased temperatures, erratic rainfall patterns, and extreme weather events, leading to food insecurity, water scarcity, and the spread of diseases. Urbanization, on the other hand, is resulting in overcrowding, poor sanitation, and inadequate access to health services. These challenges are particularly affecting vulnerable

populations, including women, youth, and marginalized communities, who are also facing significant sexual and reproductive health and rights (SRHR) issues. Climate change has been a growing concern in the SRHR space, as it has been linked to adverse health outcomes. Adolescents and youth, who are already vulnerable due to their age and socio-economic status, are particularly at risk. Urbanization is another significant trend that is expected to have implications for sexual and reproductive health SRHR commitments.

Objectives

1. To examine the relationship between climate change and AYSHR, and the potential impacts on localization efforts.
2. To explore the implications of urbanization for SRHR commitments and the challenges faced in reaching vulnerable populations.
3. To promote SRHR commitments in the context of climate change and urbanization in Kenya.

Methodology/Interventions

Use a multi-sectorial approach to promote SRHR commitments; The intervention will work with government agencies, civil society organizations, and communities to develop and implement strategies that address the intersection between SRHR, climate change, and urbanization.

Focus on building the capacity of health workers, policymakers, and community leaders to deliver SRHR services that are climate-resilient and responsive to the needs of urban populations.

Use of community survey conducted in urban areas to assess the impact of climate change and urbanization on access to SRHR services.

To develop and disseminate a policy brief on the intersection of these issues.

Results

The need for greater collaboration between government agencies, civil society organizations, and communities to promote the localization of SRHR commitments has contributed to the following efforts:

Increased awareness and understanding among policymakers and community leaders about the linkages between SRHR, climate change, and urbanization.

Improved access to climate-resilient SRHR services, particularly for vulnerable populations.

Strengthened the capacity of health workers to deliver high-quality SRHR services in urban settings.

Strengthened partnerships between government agencies, civil society organizations, and communities to promote SRHR commitments.

Policy or Program Implications/Lessons

The findings suggest that there is a need for proactive planning and action to address the potential impacts of climate change and urbanization on SRHR commitments. Policymakers and practitioners must consider the challenges presented by these trends and ensure that vulnerable populations are not left behind. The localization of SRHR commitments requires a comprehensive approach that considers the intersectionality of emerging trends and the diverse needs of communities.

Conclusions

In conclusion, addressing the impact of climate change and urbanization on the localization of SRHR commitments in Kenya require collaborative action, policy coherence, and a A comprehensive approach that considers the intersectionality of these issues. By prioritizing SRHR in climate and urban development agendas, Kenya can foster resilience, gender equality, and the well-being of its population.

Recommendations

Strengthening Policy Frameworks: Advocate for integrating climate change and urbanization considerations into national SRHR policies and strategies. Encourage multi-sectoral collaboration to develop comprehensive policies addressing the interlinkages between SRHR, climate change, and urbanization.

Enhancing Access to SRHR Services: Expand and improve SRHR services in urban areas to meet the growing needs of urban populations. Prioritize the inclusion of marginalized groups, such as rural-to-urban migrants and informal settlers, in SRHR service provision.

Promoting Awareness and Education: Conduct targeted awareness campaigns on the relationship between climate change, urbanization, and SRHR to foster informed decision-making. Integrate SRHR education into school curricula to ensure comprehensive knowledge and awareness among young people.

Strengthening Research and Data Collection: Invest in research that examines the specific impacts of climate change and urbanization on SRHR in Kenya. Improve data collection systems to gather reliable information on SRHR indicators, enabling evidence-based decision-making.

THEMATIC AREA 5:

EFFECT OF SOCIO-CULTURAL AND RELIGIOUS BELIEFS ON IMPLEMENTATION OF AYSRHR COMMITMENTS

UTILIZATION OF CONTRACEPTIVE SERVICES AMONG ADOLESCENTS AND YOUTH IN KIPINI, TANA RIVER COUNTY.

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Background/Significance

According to WHO, 15 million adolescents use modern contraceptives, while 23 million have unmet need of modern contraception globally. Women unmet need for contraception is highest in Sub-Saharan Africa and southern Asia accounting for 21% and 39% respectively. In Africa there have been improvements in utilization of contraceptives from 8% in 1970 to 36% in 2017. Data from the current report by KNBS show that from 1993 to 2022 the demand for contraceptives has increased, over the same period the unmet need has declined from 55% to 14%. Traditional methods are more common among sexually active unmarried women than married women indicate 11% and 6% respectively. Most commonly used method being injectables recording 20% among married women and male condoms commonly used among unmarried women recording 20%. Tana River county being among the leading counties with highest unmet needs of contraceptive services of 34%.

Objectives

1. To assess knowledge on contraceptives among adolescents and youth.
2. to assess socio-demographic factors affecting utilization of contraceptives among adolescents and youth.
3. to assess community perception on contraceptives.

Methodology/Interventions

The study adopted a quantitative and a cross section survey among 300 participants who attended MCH for contraceptive services at Kipini Health Center between October and December 2022. A convenient sampling method allowed data to be collected about contraceptive utilization among the youth and adolescents and associated barriers simultaneously during the study period.

Results

Out of the responding participants only 40% were youth and adolescents, further only 10% were between 10-19 years while the 30% were between 20-35 years adolescents and youths respectively. Male condoms were highly sought services at 45% followed by COP at 23%. Unsought services included female condoms, IUD and implants.

Conclusions

Associated barriers on adolescents' low utilization were stigma and attitudes from healthcare providers who are not youth and adolescent friendly. Lack of information stating that contraceptives are for married people. Parents discourage adolescents from seeking contraceptives on an aspect that they should be abstaining from sexual activities. Among myths and misconceptions were contraceptives will affect your fertility if you use them before child birth. Contraceptives contribute to promiscuity.

Recommendations

- MOH in partnership with other stakeholders should conduct mass education on the benefits of contraceptives. It will help in eradication of myths.
- Health care attendants should be trained on how to deal with adolescents and youth seeking services such as contraceptives.

HOW ENGAGEMENT OF MALE HAS IMPROVED ACCESS TO CONTRACEPTIVE INFORMATION AND SERVICES AMONG ADOLESCENT GIRLS AND YOUNG WOMEN IN KURIA WEST SUB COUNTY MIGORI COUNTY: EXPERIENCE FROM BINTI SHUPAVU PROGRAM

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Keywords: *Influencers, Adolescents, Contraceptives*

Background/Significance

Access and utilization of contraceptive information and services remain a key strategy in reducing adolescent pregnancies, in Migori county where teenage pregnancies stand at a prevalence of 18% according to the last multi-sectoral action plan report compared to the national average of 12.7%, adolescents and young women often face significant challenges accessing and using contraceptive due to various reasons such as stigma, lack of education and limited access to health services. In most communities' women are not the primary decision-makers when it comes to seeking health services, especially contraceptive services. The involvement of males in contraceptive use is crucial as they play a key role in influencing their partner's contraceptive decisions. Thus, the implementation of the Binti Shupavu program which focuses on increasing their knowledge about contraceptives and empowering them to support their partners in accessing and using contraceptives.

Objective

Increase access to contraceptive information and services among adolescent's girls.

Methodology/Interventions

To create contraceptives demand among adolescents and young women, Binti Shupavu program creates an enabling environment in community, the program identifies adolescent girl's key influencer who are their husbands, mothers-in-law, community gatekeepers, and their peers. The male influencers especially husbands of the adolescents are brought together for a discussion and learning session where topics of contraception are discussed, the session focuses on the correction of contraception myths and misconceptions, educating them on child spacing as they share their stories and experiences as people whom the young women rely on for support and advice. The session ends with introduction to other program touch points such as Binti Shupavu clinic and fest.

Results

Since the program started engaging adolescents' male influencers in Migori County through Binti Shupavu stories, contraceptive demand especially among married adolescents in Kuria west has gone high, between the month of April and June 2022 adolescents male influencer engage were 134 ,a total of adolescents girls reached were 321 and 91 voluntary adopted a contraceptive method, between July and August 2022 the number of male influencers engaged increased to 332 and adolescents reached went up to 919 with 427 adopting a contraceptive of their choices and finally between August and September 2022, 344 male influencers were reached with 1416 adolescents attending our clinic sessions and 627 adopting contraceptives method. Married adolescents have also received support from their husband on decision they make concerning their future and bodies.

Conclusions

Engaging community influencers in matters of adolescent's health especially male influencers is a promising approach to providing correct health information, understanding the role they play in adolescents health decision and creating enabling environment and support for adolescent's girls and young women to seek health services and information.

Recommendations

To improve Sexual Reproductive Health outcome,

efforts should be made to engage men in contraceptive education and services, and address the barriers to male participation through all the community health forums conducted by Community Health Assistants and this will change the health seeking behave of most adolescents and young women.

EFFECTS OF SOCIO-CULTURAL BELIEFS ON ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH COMMITMENTS AMONG MALE ADOLESCENTS IN KAKAMEGA COUNTY

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Key words: *Male adolescents, sociocultural beliefs, Kenya*

Background/Significance

Sexual and reproductive health is critical for people's health. Research demonstrates that one in four teenagers have an unmet ASRH essential needs. The situation is miserable for adolescents in developing countries, those in the rural areas and male adolescents. Kakamega County has reported poor SRH outcomes. Previous studies pay attention to individual and systematic factors hindering access to ASRH. Little efforts are on the sociocultural factors. Male adolescents SRH are stipulated, but there are less efforts for their actualization. These unnecessarily affects their sexual mates, families, and the health systems. Females may experience unwanted pregnancies, abortions, early marriages and sexually transmitted infections. Effects on males are less documented.

Objectives

1. To identify the ASRH services available for male adolescents in Kakamega County.
2. To determine the sociocultural factors that affect the attainment of ASRH commitments for male adolescents Kakamega County.
3. To examine the effects of sociocultural factors on the attainment of ASRH commitments in male adolescents in Kakamega County.

Methodology/Interventions

The study used the phenomenological research design. The design helped to identify the sociocultural phenomena and as well provide the subjective experiences and understanding of the study population. The target population was adolescents between 10 to 19 years, Health care workers, school personnel in charge of guidance and counseling, religious leaders, parents and community focal persons. Qualitative data from was collected by document analysis, focus group discussions, key informants, and in-depth interviews. Data collections sessions were audio recorded and field notes were taken. Thematic data analysis was done using NVivo and presentation done in themes.

Results

Results for Objective one from the health care workers showed that there are several ASRH services available for the adolescent males in Kakamega County. These included ASRH immunizations, voluntary male circumcision, Assessment for alcohol and substance use, assessment for incidences forms of violence, Pre/Post-exposure prophylaxis, mental health assessment, contraception, screening for SRH-related male cancers, Urinary tract infections and sexual dysfunction. Results for the second objectives show that adolescent males do not seek for SRH services because of the gender and age of the healthcare provider, the socialization process, school based SRH, Ethnicity, Religion and Conservative traditional values and norms. Fear of social segregation by peers and Limited knowledge on available services were factors too. Third objective found that male adolescents belonging to the key populations feared coming out. Desire to comply with religious demands on abstinence and desire to belong to peer groups left them with dilemmas. Male adolescents have also contracted preventable diseases and in some cases

deaths. Some reported being in conflict with the law because of unwanted pregnancies and early marriages.

Conclusions

There are adolescent sexual reproductive services available for the male adolescents in the county. Gender socialization, school based ASRH education, religion, conservative traditional values, beliefs and norms, social networks, transitional rites prevent the attainment of ASRH commitments for the male adolescents.

Recommendations

Comprehensive sexuality education is important for male adolescents to enable understanding of physical, socio-cultural and emotional transformations. There is need to equip the male adolescents, parents, guardians and peer with knowledge, skills, attitudes and values that facilitate appreciation of one's sexuality. Policy makers should consider the sociocultural factors.

DEMYSTIFYING THE NEXUS BETWEEN CSE AND TRADITIONAL AFRICAN CULTURES

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Keywords: *Sexuality education; adolescent; sexual and reproductive health and rights; global standards; traditional African cultures; traditional African values.*

Background/Significance

The challenge of balancing progressive rights-based standards with cultural and traditional values can clearly be seen in the context of Comprehensive Sexuality Education (CSE) which is defined as a curriculum-based process of teaching and learning that aims to equip children and adolescents with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships. Many African states are opposed to providing adolescents with CSE because of misinformation or disproven information about the content of CSE, the purpose of CSE and ultimately, the impact of CSE e.g. CSE goes against African cultures and values. This is one of the key issues that underlies the negative reproductive health outcomes among adolescents living in Africa including the highest teenage pregnancy rates globally, millions of deaths and injuries from unsafe abortions and increasing STI infection rates.

Objectives

1. Demonstrate that CSE is not incompatible with African cultures values
2. Demonstrate that there is substantive congruence between CSE and African cultures and values
3. Demonstrate that the global standards on the content and purpose of CSE respond to the needs of adolescents in Africa; and therefore, the progressive standards on CSE adopted at the global level and are reflected in some African regional commitments should be localized as they are implemented at the national level.

Methodology/Interventions

An analytical research methodology was utilized for the study and it comprised: Conducting desk research on the genuine contents, purpose and impact of CSE and the nexus between lack of CSE and the negative health outcomes that adolescents in Africa are facing; Examining open access, published, peer-reviewed anthropological studies on aspects of African Cultures including practices on provision of information and education on sex and sexuality; and Examining anthropological studies on aspects of values that are common to most African cultures and values and if/how CSE can be located within these values.

Results

1) Global standards on CSE are compatible with African cultures and can enable significant progress towards addressing the sexual and reproductive health challenges faced by adolescents. They require the provision of education and information which is: adapted to their age, stage and realities; accurate; and supports them to develop the skills that they need to develop healthy relationships and behaviors. This is comparable to the sexuality education practices among the Luo of Kenya and Luvale of Zambia who, as part of initiation ceremonies, taught children about sex, dating, courtship, pregnancy prevention, acceptable sexual conduct and behaviors among other concepts.

2) Global CSE standards also require the provision of information and education which tends to the physical, biological, social and emotional aspects of adolescents. African cultures embrace values including respect and responsibility for self and others; dignity, responsiveness, honoring children as blessings. These values serve as a basis for providing children with education and information that: enables girls to make decisions about their health on an equal basis as boys; that they need to be healthy, well including by protecting themselves and others from STIs and harmful relationships; as we as enabling them to be productive members of society.

Conclusions

Global standards on CSE are compatible with both contemporary African human rights laws and the traditional cultures of African communities. Further, adopting and implementing CSE is an effective way to realize adolescents' right to sexual and reproductive health information and reduce the negative health outcomes African adolescents are currently experiencing.

Recommendations

Governments in African Countries need to put in place laws, policies, administrative measures (including developing curricula and hiring and training teachers) and budgets to ensure the domestication and implementation of CSE that aligns with global standards.

LOW UPTAKE OF POST EXPOSURE PROPHYLAXIS AMONG SEXUAL GENDER BASED VIOLENCE SURVIVORS (WOMEN) IN TURKANA COUNTY: A RETROSPECTIVE STUDY

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Keywords: *Gender Based Violence, Human Immuno-deficiency Virus, Post Exposure Prophylaxis, Sexual Gender Based Violence*

Background/Significance

Gender Based Violence is "any act that results in, or is likely to result in, physical, sexual, mental harm or suffering to women, including threats of coercion or arbitrary deprivation of liberty". In Turkana County, Kenya, GBV is a complex phenomenon that has its roots in interaction of many factors - biological, social, cultural, economic and political and is mainly caused by unequal power relations between men and women that result in differences. Women's subordinate status to men in the society is coupled with general acceptance as a means of solving violence conflict against women since there is no support system in the society to support law enforcement at family level. SGBV response services including medical treatment should be sought within 72 hours of the incident, but survivors do not find it necessary to seek health care services and when they do, they present at the facility after 72 hours.

Objective

To determine factors contributing to low uptake of PEP among Sexual Gender Based Violence survivors, in selected facilities of Turkana County.

Methodology/Interventions

The study utilized a retrospective design and involved the secondary extraction of data from the Kenya Health Information System (KHIS) and the Ministry of Health (MOH) 711 dataset. The study population consisted of 287 women who sought healthcare services between 2021 and 2022. Data was collected from 23 health facilities that had reported cases of sexual and gender-based violence (SGBV) out of 52 care and treatment facilities supported by the Amref-Imarisha Jamii project in Turkana County. The collected data was analyzed descriptively using MS Excel Version 2016. Frequencies and proportions were used to summarize and present the data.

Results

Of the 287 SGBV cases abstracted, 124 (43.2%) and 163 (56.8%) were reported in the years 2021 and 2022 respectively. This indicates a gradual increase in the number of survivors across the two years. With regards to PEP uptake, only 67.7% and 51.5% in 2021 and 2022 sought health care services within 72 hours. Some of the factors that contribute to this based on lessons learnt during implementation of the program, include lack of awareness on importance of seeking healthcare services within the stipulated time and stigma (self and public).

Conclusions

PEP is an efficacious HIV prevention option that has largely been underutilized. This has been observed among SGBV survivors who present late than the recommended 72 hours after occurrence of the incident.

Recommendations

There is need for health education interventions to sensitize on SGBV and time sensitivity in seeking care post incidence. Focus should shift on HIV prevention by developing policies to support SGBV survivors in community. More research be done on PEP uptake to address the issue of sero-conversions among SGBV survivors.

"REASONS FOR MODERN CONTRACEPTIVE NON-USE AND STOPPAGE IN HUMANITARIAN CRISES: EXPERIENCES FROM A QUALITATIVE STUDY IN HUMANITARIAN SETTLEMENTS IN KENYA AND UGANDA, EAST AFRICA"

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Keywords: *AYSRH, East Africa, Family planning, Humanitarian context, Kenya, Modern contraceptive non-use and stoppage, Uganda*

Background/Significance

Globally, adolescent and youth pregnancies continue to remain high in humanitarian settlements. The high rates of pregnancies are largely attributed to low contraceptive use amongst refugee population. Conflict-related sexual and gender-based violence for example, rape is another major cause. Refugees are vulnerable and face conflicts, insecurity, violence and poverty. Adolescents and young people face barriers to healthcare and a high risk of poor sexual and reproductive health. These barriers are worsened in humanitarian settings. Understanding adolescent and youth sexual and reproductive health and rights, including contraceptive use, and the impact of sociocultural contexts on the sexual and reproductive health (SRH) outcomes is important. Such an understanding would ensure effective and responsive family planning (FP) programing. This study aims to determine the socio-cultural and religious factors associated with modern contraceptive services non-use and interruptions among adolescent and young refugees in Kenya and Uganda in East Africa.

Objectives

We examine the reasons for contraceptive non-use and interruptions as at the time they got pregnant amongst women aged 15-49 who reported terminating or attempting to terminate a pregnancy while on transit or residing in the humanitarian settlement within three years preceding the study.

Methodology/Interventions

This is a qualitative study with women drawn from 1200 women aged 15-49 who reported abortion experience within three years preceding the study in a quantitative respondent-driven sampling (RDS) study. The study is part of a larger project, Research for Health in Humanitarian Crises (R2HC) conducted in Kakuma, Kenya and Bidibidi humanitarian settlements. The study was conducted in September and October, 2022 (Kakuma) and in November and December, 2022 (Bidibidi). We conducted 62 IDIs (32 in Kakuma and 30 in Bidibidi) with purposively selected. Audio-files were transcribed and translated in English. The data was then analyzed using content analysis approach.

Results

The reasons for non-use and stoppage include;

Opposition by others

"One even told me that I cannot have family planning when I am married legally…I also raised it with my husband and he refused and told me that a woman using family planning isn't tasteful anymore (sic)."

Intimate partner violence

"…some husbands do not want their women to use family planning…you cannot do it because it will lead to violence. So, we must listen to our husbands."

Partners living separately

"I got pregnant…because I had removed…and did not know that he was going to come…If he had told me, I would go for the one for 3 months."

Lack of information

"I didn't know of any drug that would prevent me from getting pregnant…he told me he had run out of condom and when I had sex without condom I got pregnant."

Lack of access

"I did not have money…they are bought at the hospital."

Language barrier

"Another reason was also language barrier…at least now I have learnt some Kiswahili, it is easy to communicate."

Culture

"It is from the white man and was never our culture…"

Religious beliefs

"…our lay reader told me family planning [contraceptive] is not good…"

Conclusions

Our study shows that opposition from others, sexual violence, partners living separately, lack of information and contraception access and; language barriers are some of the reasons for contraceptive non-use and stoppage. Therefore, to be responsive, AYSRH interventions need to recognize the varying socio-cultural contexts and reasons for non-use and interruptions.

Recommendations

There is a need for FP interventions that challenge existing gender norms within intimate relationship and interactions between men and women, involving men/partners in FP education, addressing access-related factors, promoting adolescent and youth knowledge and agency on SRH, encouraging dual protection in the humanitarian context characterized by sexual violence situation.

ENGAGEMENT OF YOUTH CHAMPIONS IN ADDRESSING SOCIO-CULTURAL INFLUENCE TO IMPROVE UPTAKE OF SEXUAL REPRODUCTIVE HEALTH SERVICES AMONG ADOLESCENT GIRLS IN KWALE COUNTY

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Keywords: *Social Cultural-influences, Sexual Reproductive Health, Adolescent youth sexual reproductive health*

Background/Significance

Addressing Social-cultural barriers through dialogues at community level, leads to increased demand and uptake of SRH among adolescent girls. Globally, there are 214 million women with an unmet need for contraception, with the highest proportion in the world being in Sub-Saharan Africa. In Kwale County for instance, the unmet need for family planning among married women is 24.4% compared to 14% nationally, and 34.6% of sexually active married women of reproductive age (15–49 years) use modern contraceptive method, compared to 62% nationally. Kwale's teenage pregnancy rate of about 15% is almost similar to the national average and requires urgent action. Kwale County has a youthful population with young people below age 15 making up to nearly half (47%) of the total population. This population has implications on the county's health and development agenda as it puts increasing demands on provision of services including health and education.

Objectives

Addressing Social-cultural barriers through youth champions engagement at community level, in order to increase demand and uptake of SRH among adolescent girls.

Methodology/Interventions

At the start of the Stawisha project implementation period in 2021, the project identified a youth champion in each of the 20 wards of Kwale County and trained them on advocacy and community engagement on SRHR. The champions were then supported to conduct monthly targeted adolescent and youth dialogues to address social-cultural barriers on uptake of contraceptives among them. The project further supported 10 intergenerational dialogue meetings in Lunga Lunga and Kinango sub counties, 9 adolescent outreaches, and trained Adolescent Youth on Sexual and Reproductive Health packages. The project then oriented 29 health care workers on adolescent youth responsive service provision and supported 40 whole-site orientation on AYSRH to improve Adolescent youth services in facilities with high burden pregnancies. The service reached 920 health facility staff. The project then supported 42 facilities able to form young mother Support groups.

Results

The youth champions engagement increased awareness on SRH and addressed a lot of social cultural barriers including early marriages and myths and misconception on family planning which led to a steady increase uptake of the contraceptives among the youth and resulted in lower teenage pregnancy over the period of time.

Conclusions

Working with youth champions to reach adolescents and young girls with SRH information/messages is effective in improving contraceptive uptake among these cohorts, and contributes to a reduction in teenage pregnancies.

Recommendations

The youth Champions strategy is indeed an effective approach to reaching out to adolescents on SRH messages as they are influential across the social-ecological spectrum. It is recommended that this strength can be strengthened by deploying multi-reinforcing youth friendly strategies including digital platform

KNOWLEDGE AND ATTITUDES OF ABORTION LAW IN KENYA: FINDINGS FROM A NATIONAL SURVEY

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Keywords: *Abortion, Knowledge of abortion laws, Attitudes of abortion laws, Desired conditions for abortion, Knowledge scores*

Background/Significance

Abortion laws influence the pathways towards seeking safe and unsafe abortions. Yet, majority of Kenyans have limited understanding of the laws around abortion and circumstances under which it's allowed. Higher knowledge of abortion laws fosters agency and autonomy of women to access abortion-related care and enhances stronger advocacy towards legal reforms to expand access to abortion and eliminate unsafe abortions. This study aimed to assess the levels of knowledge of Kenyans on abortion laws, as well as their attitudes towards these laws.

Objectives

To assess the levels of knowledge of Kenyans on abortion laws, and attitudes towards these laws including desired conditions under which abortions should be allowed.

Methodology/Interventions

We conducted a nationwide cross-sectional survey using telephones to collect data from adults 18 years or older. The sample was selected from a database of over twelve million telephone numbers. We analyzed data from 8942 participants. We used knowledge of abortion law questions to create knowledge scores which were divided into three categories: "well known," "known," and "poorly known." All statistical tests were 2-tailed, and a 5% significance threshold was maintained. Logistic ordinal regression model was used to show the association between sociodemographic covariates and the knowledge score.

Results

The mean age of participants was 33 years (SD=10). Based on the three conditions under which the Kenyan laws allow for abortion, those reporting of knowing these conditions were 76% for when a woman's life is at risk; 74% for physical health at risk; and only 33% knew that an abortion is allowed when the pregnancy is as a result of rape. Overall, female respondents (adjusted odds ratio [AOR] = 1.21; 95% CI: 1.12–1.31; p-value <0.001), Age group 35+ ([AOR] 1.22; 1.10– 1.37; p<0.001), post-secondary education (AOR = 1.79; p-value<0.001) and non-Christian respondents (AOR = 0.82; p-value=0.007) were all significantly associated with higher odds of knowing the abortion laws. There was no association between marital status and knowledge of abortion laws.

Conclusions

Most Kenyans are unaware that the law allows abortion in case of rape, implying victims of sexual and gender-based violence are impeded from accessing abortion in spite of the law. There is need for interventions that increase the knowledge of abortion laws targeting males, the youth, Christians, and those with lower education level.

Recommendations

There is need for interventions that increase the knowledge of abortion laws targeting males, the youth, Christians, and those with lower education level.

FROM GLOBAL SEXUAL REPRODUCTIVE HEALTH AND RIGHTS COMMITMENTS TO PERSONAL LEVEL REALITIES: EXPERIENCES, PERSPECTIVES, AND MOTIVATIONS FOR MODERN CONTRACEPTIVES USE AMONG YOUNG WOMEN IN KENYA'S MOMBASA AND WAJIR: DOES THEIR RELIGION MATTER?

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Background

Kenya has varying contraceptive usage rates among different communities, with Wajir County having an extremely low modern contraceptive prevalence of 2%, and Mombasa having a comparably higher level of modern contraceptive prevalence of 43%. Evidence has shown that contraceptive use and methods vary by religious affiliation and that contextual factors affect contraceptive uptake and use by men and women. While knowledge about modern contraceptives among young people is almost universal in Sub-Saharan Africa, there is a knowledge gap regarding religious interpretations in relation to contraceptive uptake and use at the individual level, specifically among young people. This paper seeks to examine whether young people's religious affiliations impact contraceptive uptake and use. Thus, the study explores the experiences of women in negotiating and decision-making regarding contraceptive access and use of sexual reproductive health information and services in the context of religious interpretations.

Objectives

The study sought to explore how adolescent female family planning users of different religions navigate contraceptive decision-making and justify their contraceptive use and choice of methods with their religious beliefs;

Methodology

The data for this paper was drawn from qualitative interviews with young women (ages 18-24) who were contraceptive users in Wajir and Mombasa counties in Kenya. This qualitative study employed in-depth interviews with a semi-structured interview guide with adolescent women from both sites. Their responses were recorded, transcribed, and translated into English for coding and analysis. Young contraceptive users were recruited through health facilities and community health workers. To answer the question of whether the religion of young contraceptive users matters, we recruited participants who actively practiced religion. The definition of "practicing the religion" for this study was Christians who participate in religious worship at least once a week and Muslims who pray at least five times each day. The study aimed at understanding the adolescents' experiences with family planning, their perspectives on religion and religious beliefs about contraceptive use, and whether and how their religion affects their decision to use and choice of a method.

Results

We interviewed 24 adolescent women, 12 women per site, who currently use modern contraceptives and are affiliated with Christian and Muslim religions. Muslims from both sites, Wajir and Mombasa, interpreted modern contraceptive use as generally accepted in strict circumstances in their religion. Marriage was the most important factor as family planning was only allowed for the married. Child spacing and the health of the mother were other common factors that could warrant the use of contraceptives among Muslims. The majority of the Christian participants, however, believed that their religion does not support the use of modern contraceptives but still end up using them as they believe that the choice to use contraceptives is more of a personal choice and the decision is entirely on the individual. Our preliminary analysis shows that most efforts for promoting family planning require a human face and a personal touch with young people regarding needs specific to them.

Conclusion

The study provides insights into the role of religion in shaping contraceptive decision-making among young women in Kenya. Religion was found to both enable and hinder access to contraceptive information and services. The findings suggest the need for a more nuanced approach to family planning programs that address the diverse needs and beliefs of young people

Recommendations

There is a need for tailored messaging and sensitization that is context-specific and appropriate for young people of different religions and beliefs. Cross-sectoral collaboration and integration of religious beliefs into family planning programs may improve access and utilization of services

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"SHE IS YOUNG, AND THEN BY BAD LUCK SHE GETS PREGNANT": FACTORS INFLUENCING POSTPARTUM FAMILY PLANNING FOR FIRST-TIME ADOLESCENT MOTHERS IN TANZANIA, AND INSIGHTS INTO EFFECTIVE PROGRAM RESPONSES

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Keywords: *First time mothers, Post-Partum Family Planning, Family Planning, Focus group discussions, Community Health Workers*

Background/Significance

For first-time parents, the transition to parenthood brings multiple challenges, yet provides opportunities to encourage healthy timing of future pregnancies and health-seeking behaviors. Adolescent mothers (15-19) are often less likely to use postpartum family planning (PPFP) and more likely to have closely spaced second births than older mothers. Closely spaced second pregnancies to adolescent mothers (aged 15-19) are particularly risky, as they are twice as likely as mothers in their twenties to die of pregnancy and childbirth-related causes, and their babies face a higher risk of death in the first year. In Tanzania, more than one-quarter (27%) of girls are mothers by age 19.

Objectives

To explore additional barriers to PPFP use among adolescent FTMs ages 15-19 compared to older FTMs ages 20-24 and sought to deepen insight into those barriers and identify effective, integrated program responses to improve adolescent FTMs' PPFP uptake.

Methodology/Interventions

In 2020, we led formative research in Kongwa district, Dodoma, Tanzania, using participatory qualitative methods exploring interactions with health systems during pregnancy and postpartum, factors influencing use/non-use, and supply-side responses to FTMs' needs. We conducted triad interviews with FTMs (n=48, segmented by adolescent and older FTMs), focus group discussions (FGDs) with male partners (4 FGDs), older female relatives (4 FGDs), community health workers (CHWs; 4 FGDs) and interviews with facility-based providers (n=10). Findings informed the design of approaches launched in 2021. FTMs are engaged in existing community nutrition groups, enhanced to integrate PPFP. CHWs visit FTMs at home, providing counseling, referrals, and short-acting PPFP methods. We surveyed FTMs (baseline n=293, end line n=351), assessing PPFP uptake; socio-demographic characteristics; experience with approaches; and needed improvements. Multivariate regression analyses controlled for FTM/baby age, partnership status, household size, assets, and literacy.

Results

Formative findings identified PPFP barriers that were aggravated for adolescent FTMs compared to older FTMs. While social norms limited all FTMs'

decision-making, power, adolescent FTMs had less power to exert preferences. Some described age-related community judgment and stigma, which limited service-use and participation in activities. Adolescent FTMs reported harsh, judgmental treatment from facility providers, especially if they were unmarried. Surveys identified vulnerabilities influencing PPFP access. Compared to older FTMs, adolescent FTMs were less likely to be literate, and to have mobile phone access or male partners. CHWs experienced challenges with identifying adolescent FTMs in communities, and reluctance among adolescent FTMs to participate in activities for mothers. Surveys showed that fewer adolescent FTMs reported that providers discussed PPFP before discharge (51% versus 64.9% of older FTMs delivering in facilities) and adolescent FTMs were less likely to use modern PPFP than older FTMs (48.2% versus 62.4%) or discuss PPFP with male partners (60% vs. 82.3%).

Conclusions

Through formative research, implementation learning, and a quantitative evaluation, our mixed-methods approach shows that in Tanzania, compared to older FTMs, adolescent FTMs face additional barriers to PPFP use. Further, while our approach was effective in increasing adolescent FTMs' PPFP uptake, adolescent FTMs were under-represented in community activities; those who reached had lower PPFP uptake than older FTMs.

Recommendations

The findings clearly show that despite an increase in adolescent FTMs' PPFP uptake there is still a clear need for advocacy to address these age-related barriers experienced by adolescent FTMs and secure more investment for scalable and sustainable adolescent FTMs PPFP programming

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THE SOCIOCULTURAL ENVIRONMENT'S IMPACT ON CONTRACEPTIVE ACCESS AND USE AMONG YOUNG PEOPLE IN BURKINA FASO, ETHIOPIA, KENYA, NIGERIA, AND UGANDA

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Keywords: *Contraceptives, family planning, youth, social norms, socioecological framework*

Background/significance

One in five people in sub-Saharan Africa (SSA) is between the ages of 15 and 24. Many young people want to delay, space, or limit their births but are not using contraception. This high unmet need for family planning (FP) is among the factors contributing to high teenage pregnancy. Despite the growing number of youth friendly policies, youth often still face barriers when they try to obtain the FP information and services they need, suggesting that factors beyond the policy environment are at work. There is growing evidence that young people are strongly influenced by their environment indicating that community characteristics may influence young women's reproductive behavior. Reproductive program interventions aimed at increasing adolescent contraceptive use should consider both individual and diverse community factors. The extent to which the sociocultural environment may affect contraceptive use and behavior among youth is still not well understood.

Objectives

This study contributes a youth-informed perspective to understanding the interaction of sociocultural barriers present within the different levels of the socioecological model and how they moderate youth access to SRH services

Methodology/Interventions

59 focus group discussions with 346 youth of ages 14-24 years (male and female) and 233 in-depth interviews with stakeholders were conducted in five sub-Saharan African countries (Burkina Faso, Ethiopia, Kenya, Nigeria, and Uganda) in 2017-2018 We recruited IDI participants representative of a range of national and subnational stakeholders'

and decision makers' experiences working in youth contraceptive services and related fields. The participants included national and state policymakers, program managers, service providers, or other providers of clinician training, representatives of civil society and youth-serving organizations, and community gatekeepers. A socioecological approach guided the thematic analysis.

Results

Although the policy environment in Burkina Faso, Ethiopia, Kenya, Nigeria, and Uganda is generally favorable to youth contraceptive access and use, our findings confirm that prevalent sociocultural and gender norms at all levels of society are major hurdles to successful policy implementation of contraceptive access and use among young people. The socioecological model performed well in identifying and analyzing the barriers to successful FP services among youth in this study. These barriers were broadly defined under community norms and leaders, beliefs of providers and teachers, attitudes of families, and youth's own internalized biases as major obstacles to improving access to contraceptives. Youth participants and stakeholders identified access barriers grounded in the sociocultural environment, including abstinence-only messaging in community and religious settings, an absence of comprehensive sexuality education and parent-child dialogue, service provider bias, and fear of being known to seek sexual and reproductive health services.

Conclusion

Social norms, reinforced through multiple socioecological layers, persist as barriers to youth access to contraceptives. Although the policy environment in the five countries is generally favorable to youth contraceptive use, our findings confirm that prevalent sociocultural and gender norms are major hurdles to successful policy implementation of contraceptive access and use among young people

Recommendations

Gender norms are especially perpetuated by community gatekeepers and are often perpetuated across multiple layers of society. Designing norms-shifting interventions that address these pervasive beliefs and attitudes can successfully create positive norms, but require participatory approaches with communities and sustained effort from the communities themselves.

EFFECTIVENESS OF A COMMUNITY-BASED INTERVENTION IN CHANGING KNOWLEDGE OF AND ATTITUDES TOWARDS EARLY MARRIAGE IN THE GAMBIA

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Keywords: *Early marriage, Gambia, rural, adolescents, boys, girls*

Background/Significance

Early marriage for girls below age 18 is a global concern. In The Gambia, although early marriages have declined significantly from (58% to 30%) over the last two decades, this rate remains high. To accelerate the decline in the prevalence of early marriage in The Gambia, a five-year project titled, 'Preventing early marriage in rural Gambia: testing an intervention' was implemented by the Society for the Study of Women's Health (SSWH) and Agency for Development of Women and Children (ADWAC). The project focuses on determining the underlying factors of early marriage and designing and implementing a relevant package of interventions to reduce the prevalence of early marriage for girls in rural communities in Lower and Central Baddibu Districts in The Gambia. The project package of interventions includes community engagement forums and discussion sessions focusing on the social and gender norms around early marriage and capacity building for key community stakeholders.

Objectives

The objective of this study is to assess the effect of the project package of interventions in changing knowledge of and attitudes towards early marriage and its prevention at the individual and community levels following three years of implementation.

Methodology/Interventions

A midline evaluation was conducted to assess the effect of the project package of interventions in changing knowledge of and attitudes towards early marriage and the importance of its prevention among adolescents, parents, and key community stakeholders in the project implementation districts. The evaluation used a mixed-methods approach involving a cross-sectional household survey, focus group discussions and key informant in-depth interviews. The evaluation compares the project baseline and midline data and uses descriptive statistics, logistic regression, and thematic approach to analyze the data.

Results

After three years, there is a significant increase from a baseline of (44.8%) to (70.7%) at midline among the parents who have the view that the girl needs to come of age (18 years) before going into marriage. At both baseline and midline, there is a fear that girls may break their virginity by indulging in premarital sex if they do not marry early. Although this fear is widespread and constitutes a primary reason for early marriage, there was a significant decrease from (51.7%) at baseline to (10%) (p-value <0.001) in the proportion of parents who think girls must marry early to avoid premarital sex. The results show an increasing acceptance by the adolescents that parents should decide when their children should get married, which can potentially influence the perpetuation of early marriage. However, there is between (2%) and (7%) increase from baseline to midline on the view that adolescents have the right to choose when and who to marry. Qualitative findings directly attributed the change in knowledge of and attitudes towards early marriage and its prevention to the community engagements and capacity building for key community stakeholders implemented by the project.

Conclusions

The findings suggest that community-based interventions focused on engaging communities and building the capacity of community stakeholders can effectively change knowledge of and attitudes toward early marriage and its prevention in rural Gambian communities.

Recommendations

The study recommends that for community-based interventions to be more effective in preventing early marriage in The Gambia, they need to address the gendered socio-cultural norms, including the fear regarding virginity, as well as shift the gender and social norms shaping inequalities.

MEANINGFUL YOUTH ENGAGEMENT OF THE YOUTH ADVISORY COUNCIL OF HEALTH (YACH) IN THE IMPLEMENTATION OF SIAYA COUNTY ADOLESCENT AND YOUNG PEOPLE ACTION PLAN ON HIV AND SEXUAL REPRODUCTIVE HEALTH (2019-2022)

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Keywords: *Engagement, advocacy, youth*

Background/Significance

The County Government of Siaya and its stakeholders developed the First action plan for the adolescent and young people in a series of Annual Development Plans to be implemented during the 2019-2022 period. The plan provided a structured approach towards responding to the needs of young people in regards to their engagement and addressing their

unmet needs on matters HIV and SRH through formulation and structuring of the Youth Advisory council for health (YACH). Siaya County has a youthful population with people below age 15 being 45% of the total population and 25% 10 – 19 years. The county leadership being cognizant of the role the young people play in its development, continued to invest in responsive programmes in order to achieve the demographic dividend. Upon implementation of the 4-year action plan, the county has seen some progress in the HIV and SRH outcomes which can be attributed to this action plan.

Objectives

1. To improve access to quality and comprehensive HIV/SRHR information and services by adolescents and young people
2. To improve structured and meaningful involvement of AYP and communities on AYP in policy and programming
3. To enhance multi-sectoral collaborations and accountability on adolescents and young people interventions
4. To promote adequate and sustainable resources for adolescents and young people programs

Methodology/Interventions

The action plan placed young people at the Centre through YACH, a network of youth advocates drawn from across the 6 sub counties and engaging in SRHR and policy advocacy in their spaces. The YACH closely worked with county and partners in implementation of the action plan, conducting structured lobby and advocacy activities. The YACH were engaged in review which involved data collection through focused group discussions to assess achievement towards set goals in the Action Plan priority areas, identify best practices for adaptation and generate actionable recommendations for subsequent implementation.

Results

The county government of Siaya-Department of health in partnership with the Youth Advisory Council for Health, stakeholders and partners with the Adolescent and Youth SRHR Stakeholders developed, designed, Launched and Disseminated the outcome of the Action plan implementation which improved the outcomes of the county on reproductive health indicators. The end term review exhibited a decrease in teenage pregnancies from 35% in 2018 (15-19 years) in Siaya county to 21% in 2022.The number of new HIV infections also reduced from 15% to 14.1% in 2022 among adolescents and young people (10-24 years) with an 80% Viral load suppression. (KDHS 2022). The results were attributed to increased interventions targeting contraceptive use, HIV prevention, behavior change and advocacy. Stakeholder collaboration and synergies has enhanced coordination and response to sexual and gender-based violence including reporting and management of cases including care for survivors' and increased community awareness to reduce stigma. The Adolescent and Youth Sexual and Reproductive programme has received a consistent allocation increase and activities are integrated in the county's Annual Workplans.

Conclusions

Implementation of the AYP action plan has led to increased meaningful engagement of young people in decision making, design and implementation of the Action Plan priority areas. The Action plan further enhanced and harmonized partnership and collaboration of County Government sector departments and relevant stakeholders.

Recommendations

The County Government of Siaya to be deliberate in the allocation of resources towards response to Sexual and gender-based violence especially in handling of survivors for example building safe houses to reduce cases of repeated perpetration. Investment in the continuation and scale up of policies such as the AYP action plan should also be prioritized by the county government of Siaya as it is evidently a best practice in youth engagement and addressing the unmet needs of young people.

WORKING WITH RELIGIOUS LEADERS; A GATEWAY TO ACCURATE SRHR INFORMATION

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Keywords: *Religion, Adolescents, Young People*

Background/Significance

In Kenya, as in many African societies, sex and sexuality is considered a private issue and is thus a taboo subject to speak on. This is due to our socio – cultural and religious background. The 2019 Kenyan census ascribed 97% of the Country's population to one of the two major religions and information provided by religious leaders and practioners is considered truthful and well-meaning despite the misconceptions that it may hold. This information covers various issues including sexual and reproductive health, despite the fact that most of these leaders may not be having accurate and factual information or may be completely biased based on their beliefs. Over 80% of Kenyans are aged 35 years or younger and the future of the country, they need and have a right to age-appropriate comprehensive sexuality education; a process of learning about the cognitive, emotional, physical and social aspects of sexuality. This will reduce the number of unwanted pregnancies and other SRH complications Marie Stopes Kenya (MSK) continues to partner with public and private sector facilities to ensure all women and girls including the vulnerable, marginalized and those in hard-to-reach areas access quality services.

Objectives

Working with Religious leaders to increase access to SRH information and services to adolescents and young people

Methodology/Interventions

Between 2015 and 2021, MSK implemented a project aimed at increasing access to SRH information and services to adolescents and young people through Health Care Providers and teachers in Bungoma, Trans Nzoia and Mombasa Counties. As part of the evaluation of the project, we documented several case studies exploring how the project had contributed to increasing retention of adolescent girls and young women in school. We spoke to a wide spectrum of respondents involved in the project and from the community including health care workers in public and private facilities, community and religious leaders, and the beneficiaries of SRH services.

Results

People of different socio-economic status visit religious institutions not only for their spiritual nourishment but also seeking social support. According to a religious leader we spoke with, he has come across several cases where young girls went to the church and spoke to his wife asking her to help them with money to procure abortions, because they did not want their parents to know they had been having been having sex and became pregnant. He is also a member of the board of the local primary school in his neighborhood, where several cases of male teachers having sex with young girls have been reported. However, he noted, that he did not have accurate and up-to date information on SRHR. This limits the information he can provide to their congregants (both the young people and their parents) when they seek information from them. This means that theological institutions need to reorient their training to include real – life issues that affect their communities. In addition, he noted that getting pregnant is considered a problem for the girl only and there is need to also provide accurate information to boys and men in the community.

Conclusions

It is obvious that religious leaders play a vital role in passing SRH information. They should be actively involved in the dissemination and reaching out to both boys and girls. The leaders play an important role in influencing and changing norms that hinder realization of sexual and reproductive health and rights. Government and SRHR organizations

should engage these leaders on issues of SRHR for them to have accurate information and enhance their capacities to talk about these issues. The religious organizations should also be encouraged to embrace policies that promotes SRH and include messaging in their sermons on family planning among others.

Recommendations

Organizations working on SRHR need to work with religious leaders, build their capacities and provide them with the correct information to share with members of their congregations and followers. Religious leaders should make the church a friendly environment for community to come for SRHR information and they can back up this information using religious teachings. This will result in a healthy community.

Initiate discussions; what religious teachings do we know that support SRH information and services? What are the best strategies of engaging the religious leaders in provision of SRHR information?

EFFECTS OF CULTURE, EDUCATION INFLUENCING ADOLESCENT PREGNANCY IN SAMBURU COUNTY, KENYA

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Keywords: *Teenage pregnancy, Culture, Education*

Background/Significance

The recently concluded DHS, Kenya found teenage pregnancy to be at an average of 15%. A high proportion of the pregnancy was among those with no Education (38%) while 50% of the pregnancy reported was from Samburu County (National Bureau of Statistics Kenya, 2023). Globally, literacy level for adults from 15 years is 86% in which 2/3rds are female, Kenya literacy level from adults 15 years and above in 2015 was 78%. Literacy level is a proxy indicator for poverty, where by poor countries have been found to have low literacy level, most of this countries are in the Sub Saharan Africa (World Population Review, 2023). Samburu County has a population of 307,957 (National Bureau of Statistics Kenya, 2019) with a poverty rate of 60% , 28% pre-primary enrolment, 31% attending school and a secondary school enrolment of 8,752 in the year 2018. Samburu County still embraces the bidding culture, which sanctions a non-marital sexual relationship between Samburu men in the 'warrior' and young girls (Meriwas et al., 2016).

Objectives

To understand how culture and education has influenced teenage pregnancy in Samburu over time.

Methodology/Interventions

This was a retrospective review on Samburu culture, education and teenage pregnancy to understand how culture and education has influenced teenage pregnancy in Samburu over time. Literature review was conducted on Samburu culture and Education. Retrospective documents review was conducted for Kenya Demographic Health Survey reports from KDHS 1989, 1993, 1998, 2003, 2008/9, 2014 and the Key indicator report for KDHS 2014. The Key information sought from the reports were age at first birth with a focus for those who gave birth within the ages of 10 to 19 years, median age at first birth and level of education with differentials per region/ counties.

Results

Over time, fertility preferences, spacing of childbirth, decision to use family planning and age at first birth were directly influenced by level of Education. Demographic Health surveys conducted between 2003 to 2022, show level of education influencing teenage pregnancy where in 2003, 40% of those with no education began child bearing early. In the 2008/2009 survey found that those with at least secondary education began child bearing more than 3years after women with no education at 22.1 and

18.7 median age respectively and Nyanza region had the lowest median age at 19. The 2014 survey showed the same trend where age at first birth increases with level of education. Women with at least some secondary education begin childbearing more than three years after women with no education (22.5 and 19.2, median age respectively). Nyanza (22%), Coast (21%) and rift valley (21%) are regions identified to have high proportion of teenage pregnancies compared to the rest of the regions. Results from key indicator survey 2022, indicated that education is a major determinant to teenage pregnancy, where a high proportion of teenage pregnancies were among those with no education (38%). Samburu County accounted for 50% of teenage pregnancy in Kenya, It maintains a high percentage of teenage pregnancies where, 28% of the teenagers accessed Antenatal Care Service in the year 2022, a high proportion compared to other Counties. Culture is an additional determinant to education influencing teenage pregnancy in Samburu County

Conclusions

Samburu culture on bidding of teenage girls and child marriages that increase with the rite of passage initiation, compounded with low numbers of those enrolled in school and the fewer numbers of those transiting to secondary school, are the major contributors to the high proportion of teenage pregnancies in Samburu County.

Recommendations

Affirmative action should be strengthened to correct cultural and historical gender imbalances. There is need to prioritize and address regional disparities in-order to promote equity in access to education for both the boy and girl child in Samburu. Legal action should be taken on those who perpetuate and those involved in child marriages.

REACHING ADOLESCENTS AND YOUNG PEOPLE WITH SEXUAL REPRODUCTIVE HEALTH AND RIGHTS INFORMATION AND SERVICES IN RELIGIOUS INSTITUTIONS

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Keywords: *Religious institutions; adolescent and young people; access to reproductive health information and services; life skills education; consent forms; safe space.*

Background/Significance

Access to Sexual Reproductive Health and Rights Information and Services to Adolescents and Young People that are from the religion set-up has been an issue within Mombasa county. New Dawn Youth Africa in partnership with Amref Kenya came up with a strategy of reaching the Adolescents and Young People in the religious institutions with the age appropriate information and referrals for sexual reproductive health and Rights. At least 8 out of 10 young people have information on religion while on the other hand, at least 8 out of 10 young people do not have any information on Sexual Reproductive Health and Rights and this has been one of the major issues leading to rise of Early Unintended Pregnancies, new HIV infections, sexual transmitted infections and even issues of gender-based violence.

As a result of the strategy, we noted that the number of young people was very high and due to that most of them do not have the right information and they have a barrier in accessing sexual reproductive health and Rights services. We mapped out to the religious institutions and sought their approval to reaching out to the young people with the age appropriate information and Services on Sexual Reproductive Health and Rights.

Objectives

1. Reach 2000 young people in religious institutions with Sexual Reproductive Health and Rights Information and Services.
2. Capacity build 20 young people as sexual reproductive health and Rights champions.

3. Reduction of School dropouts' cases among young people.

Methodology/Interventions

With the approved toolkit that we were using to pass the information to the young people, we had a debriefing meeting with the religious leaders, parents/care givers, authorities and other key stakeholders so that we could at least show them and take them through the topics and the information that was expected to be covered in the life skills education. Also, from their go ahead, we also had a mapping tool where we reached out to almost every young person who belongs to the same religious institutions. To Adolescents below the ages of 18 years, we had consent forms which we give them so that they can be consented by their parents or their care givers. From the mapping, we also had to plan with the young people on the meeting dates plus a safer space for them. During the session day, we start with a pretest form so that we can gauge on where or the kind of knowledge that the young people have on Sexual Reproductive Health and Rights. From the toolkit there are eight topics that are supposed to be have been completed in four days at a maximum of two hours a day. After the completion of the eight topics in the fourth day, we again issue out posttest form then combine both the pretest and the post test for each participant and grade it from the participants answers.

Results

From the number of seasons that we had with the young people, at least there were some results that we got from the sessions. In every completion of each cohort, we found or we saw that at least 90% of the participants are now informed and this was seen from the pretest and the post test that the participants used to undergo before and after the sessions. Also, in each religious institution that we had an engagement, we always had a positive feedback during our follow up meeting with the religious leaders. At least 100 parents reached out to us with feedback saying that their children had really changed and responsible enough in anything that they are doing. From the sexual reproductive health and Rights services referrals that we used to do, at least resulted to see that the young people in those institutions are willing to access. Some of the participants that we had an engagement with, even requested for more sessions on the same.

Conclusions

In deed this project played a major role in reaching majority of young people that have been not getting a chance to be part of the sessions for a very long period of time and from the same project at least we have seen more a deduction of school dropouts within Kisauni Constituency because young people are informed and are responsible with their choices.

Recommendations

Religious institutions are in every corner in our county. But now from this project, we had only targeted Kisauni Sub County so my wish is that we have more partners in supporting and implementation of this project in every corner of our county.

BEYOND WORDS: ADVANCING SOLUTIONS FOR GENDER-BASED VIOLENCE AND EMPOWERING WOMEN AND GIRLS

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Key words: *Female genital mutilation (FGM), health consequences, depression, licensed psychologist, support, mental health education, mental health as a human right.*

Background/Significance

Female genital mutilation (FGM) is still prevalent in the Kuria community of Kenya, despite being banned in 2011. This harmful practice has serious health consequences for young girls, including pain, bleeding, infections, chronic pain, menstrual problems, childbirth complications, post-traumatic stress disorder, and depression. It is

crucial to eliminate FGM in the Kuria community due to its long-term impacts on the health and well-being of young girls. However, previous efforts to end FGM in Kenya have overlooked the role of men in perpetuating or ending the practice.

To address this issue, the Catholic Medical Mission Board (CMMB), in collaboration with the Global Fund and the Kenya Red Cross Society (KRCS), has engaged a licensed psychologist to provide support to girls who are at risk of undergoing FGM in Migori county's Kuria community. The initiative aims to involve men and boys in discussions about the negative effects of FGM and encourage them to take a stand against it.

Objectives

To provide mental health education and support to girls at risk of FGM in the Kuria area of Migori County, with the aim of reducing the psychological and emotional impacts of the practice and promoting mental health as a human right.

Methodology/Interventions

The CMMB's methodology to address the mental health needs of girls at risk of FGM in the Kuria area of Migori County involved a multi-step approach. The rescue centers were profiled, and a paralegal visited the girls to assess their needs, highlighting mental health as a crucial concern. The intervention involved engaging a licensed psychologist to provide interactive education and individual/group counseling, equipping the girls with the necessary tools to cope with the psychological and emotional impacts of the practice. By adopting a comprehensive and evidence-based approach, the CMMB ensured that the mental health needs of the affected girls were effectively addressed.

Results

The CMMB program aimed to address the mental health needs of girls at risk of undergoing FGM in the Kuria area of Migori County, Kenya. The program was successful in providing mental health messages and support to 525 girls in rescue centers, thereby promoting mental health as a human right and challenging harmful social norms and attitudes that underpin the practice of FGM. The program achieved its goal of reducing the incidence of FGM cases in the region. By educating girls about the negative psychological and emotional impacts of FGM, including anxiety, depression, and trauma, the program provided girls with the tools to cope with these effects. The individual and group counselling sessions facilitated by the licensed psychologist were effective in supporting the girls in dealing with any psychological and emotional impacts of the practice. By fostering community support for survivors and promoting mental health as a human right, the program contributed to the broader goal of eliminating FGM in the Kuria community.

Conclusion

By promoting mental health as a human right and educating girls about the negative psychological and emotional impacts of FGM, the program provided girls with the tools to cope with these effects. The individual and group counselling sessions facilitated by the licensed psychologist were effective in supporting the girls in dealing with any psychological and emotional impacts of the practice.

Recommendations

Community-led campaigns that encourage dialogue around the negative effects of FGM on physical, mental, and emotional health should be prioritized. These campaigns should also aim to address the root causes of FGM and promote positive cultural practices that enhance the well-being of young girls. The involvement of licensed psychologists should be encouraged to provide effective mental health support to girls at risk of FGM.

MESSAGE FROM THE EXECUTIVE DIRECTOR, RHNK

Ms. Nelly Munyasia
The Executive Director, RHNK

Esteemed stakeholders, Distinguished Guests and Speakers, we have come to the close of the 6th Annual Scientific Conference on Adolescent and Youth Sexual and Reproductive Health and Rights (ASRHR). Its indeed very refreshing and encouraging after listening to discussions, deliberations, and lessons from across the region. To the conveners led by the MoH – DRMNH, Reproductive Health Network Kenya (RHNK), the Centre for Reproductive Rights (CRR) and FP 2030 thank you for making this possible. Thank you to the speakers, guests, and stakeholders. We at the RHNK, a network of trained healthcare providers committed to provision of comprehensive SRHR to all through strategic partnerships, collaborations and advocacy are encouraged by the commitment and ideas shared through the discussions in the various thematic sessions.

The conference fitted well in our effort through strategic collaborations and partnerships to bring together government officials, civil society, academia, the private sector, faith-based organizations, grass roots organizations and other partners, interested in the pursuit of sexual and reproductive health and rights on the African Continent to share experiences in advocating for comprehensive access to SRH information and services. The conference has worked well in providing a platform for stakeholders to network, share experiences, learn of new innovative ways for doing our advocacy and communication on SHRH matters, and more importantly, to renew and devise new ways of dealing with emerging threats including religious extremism, morality, and cultural positions to the realizing the respect to achieving these reproductive health rights. As per the conference theme, new ideas and commitments to the localization of the global SRHR commitments have come up, and a new demand placed on the stakeholders in the movement to ward off the threats and become bolder and more vigorous in advancing AYSRHR service delivery in Kenya and the region.

Ladies and Gentlemen, we must be counted on once more in pushing this agenda ahead and remain steadfast in the campaign for a better place for citizens, especially the youth and adolescents. We must change strategy and find innovative ways to engage with the governments and development partners to increase resources for SRH resources, create a conducive environment for people to access reproductive health services, and those countries without laws allowing the respect and promotion of SRHR to do as urgently. These global commitments must be domesticated, and the interventions localized to be relevant to us. Kenya has made great strides and efforts, both legal and policy at the national level to meet the sexual and reproductive health needs of adolescents in the country, and the operationalization of these good laws must follow as a matter of priority.

Resources and efforts to increase public understanding and appreciation of individual rights and decisions on people's sexuality must start in earnest. Mass public education, media engagements and information sharing to enable the much-needed behavior to change will enable disregarding extreme religious, cultural and or political standpoints over SRHR is a priority for the stakeholders and advocates. The conference and other studies have shown that for introducing sexual and reproductive health in the schooling system will act as a contraception awareness approach that will greatly reduce teenage

pregnancy, and national policies to that effect being developed, implementation remains a challenge, exposing the youth to the violation of their rights. Ladies and Gentlemen, we note that there is enough evidence showing that one way of reducing teen pregnancy is through empowering adolescents to make informed decisions about their sexuality and sexual health. Once resources are provided and a friendly environment is created for such education, and accessibility to education and the real services including contraception and related sexual and reproductive health services for adolescents, is provided, much more can be achieved in this direction.

Teenage pregnancy has negative health, social and economic consequences on girls and national development. Girls who become pregnant tend to drop out of school and often end up with inadequate education, skills, and opportunities to secure jobs. Countries lose out on the annual income a young woman would have earned over her lifetime if she had avoided an early pregnancy. Furthermore, early childbearing is linked to high fertility and rapid population growth, which puts pressure on available resources and hampers national development. Kenya can reduce teen pregnancy; keep girls in school through secondary school and higher; intensify efforts to address the underlying economic and socio-cultural factors that lead to school drop-out and allow adolescents to access to comprehensive sexuality education and friendly sexual and reproductive health information.

It's urgent that stakeholders in the sector engage in more proactive communication approaches that will mobilize communities to create room for accepting contraception, sexual education and enhancing accessibility to reproductive health services to the youth. Media has the potential to influence the national discourse on the issue, sway public opinion and assist in community mobilization towards change of behavior. Ladies and Gentlemen, the 1994 International Conference on Population and Development (ICPD), Programme of Action, that recommended that policies on population policies must be aimed at empowering individuals, especially women, to make decisions about the size of their families, providing them with the information and resources to make such decisions, and enabling them to exercise their reproductive rights were not in vain.

Denying and or slowing down access to safe and legal abortion information and services, access to comprehensive sexuality education by adolescents and young people, access to contraceptives are examples of reproductive rights is a violation of the human rights of these people. This must stop. Even as we surmount the challenges that we civil society groups, SRHR advocates, champions, grassroot organizations and government actors, we must continue to push for the localization of international human rights instruments, commitments and frameworks in national policies and laws to advance the enjoyment of reproductive rights by states using different strategies and tactics. We must remind the Governments that given that they have ratified several SRHR commitments since the recognition of SRHR as a human right at the 1994 ICPD and as an explicit target of SDGs where universal access to SRH care is provided for, they have every reason to ensure this is achieved.

Our countries have accented to several global and regional SRHR commitments include but are not limited to Generation Equality Forum (GEF), ICPD25, African Union Agenda 2063, Maputo Plan of Action, Campaign on Accelerated Reduction on Maternal Mortality in Africa (CARMMA), the Eastern and Southern Africa Ministerial Commitment on sexuality education and sexual and reproductive health services for adolescents and young people. We must remind them it was not a signature! Its urgent, that localization of global and regional SRHR commitments and policies recognizes the importance of local SRHR actors in leading and designing solutions that impact their own communities. The youth and adolescents cannot be our future leaders if we deny them their human rights at this critical stage of their growth. The burden of adolescent HIV, and in particular adolescent girls, is highest in Africa. The prevalence of teen pregnancy, unsafe abortion, SGBV, FGM and child marriage is also significantly high in Sub-Saharan Africa compared to other regions globally; complications from these SRH challenges threaten AYPs physical and mental health with long-term socioeconomic and health consequences. Thanks, and be blessed.

Ms. Nelly Munyasia,
RHNK Executive Director

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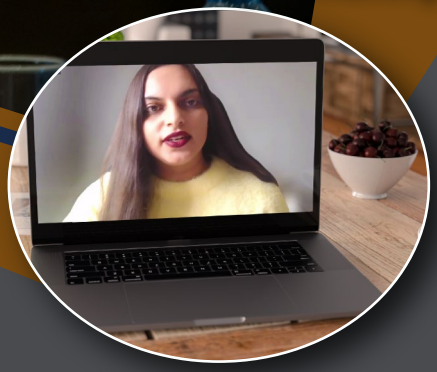

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