



4th Annual Scientific Conference on Youth and Adolescents Sexual Reproductive Health and Rights

Theme: *Advancing the three zeros by prioritizing adolescent and young people sexual reproductive health and rights*

Dream Achievers Youth Organization (DAYO)

REPORT



Held at Diani Reef Beach Resort, Kwale County from 1st to 4th December 2020

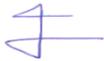
Acknowledgement

Dream Achievers Youth Organization would like to acknowledge the support received from Hivos Southern Africa through the SRHR Fund that made it possible for ten young people to attend the conference in various capacities. We would also like to appreciate the conference organizers through Reproductive Health Network Kenya who made sure that the conference was well coordinated and that every delegate was kept safe and secure. We would also like to appreciate all the partners including Civil Society Organizations that took part in the conference through presentation of abstracts. Finally, we would like to appreciate the various panelists who made it their mandate to deliver informative discussions through-out the conference.

Together we can as young people.

Thank you.

Seif Jira Mali



Executive Director

List of Acronyms used

RHNK - Reproductive Health Network Kenya

DAYO - Dream Achievers Youth Organization

NAYA - Network for Adolescents and Youth of Africa

CRR - Centre for Reproductive Rights

AYSRHR– Adolescent and Youth Sexual Reproductive Health and Rights

SRHR- Sexual Reproductive Health and Rights

RHR - Reproductive Health and Rights

SGBV - Sexual and gender based violence

CSE - Comprehensive Sexuality Education

ICPD+25- International Conference on Population and Development +25

UNFPA – United Nations Funds for Population Activities

NMS –Nairobi Metropolitan Services

WHO – World Health Organization

SDGs - Sustainable Development Goals

NCPD - National Council for Population Development

UN– United Nations

HIV/AIDS – Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome

SOGIE – Sexual Orientation and Gender Identity and Expression

GSM - Gender and Sexual Minorities

LGBTIQ - Lesbians, Gays, Bisexuals, Transsexuals, Intersex and Queer

CAC – Comprehensive Abortion Care

FGM – Female Genital Mutilations

AGYW -Adolescent Girls and Young Women

YFS- Youth Friendly Services

MHM - Menstrual Health Management

CSOs – Civil Society Organizations

Executive Summary

Reproductive Health Network Kenya hosted the fourth Annual Scientific Conference on youth and adolescents Sexual Reproductive Health and Rights 2020 under the theme advancing the three zeros (Zero unmet need for family planning, Zero preventable maternal deaths and Zero gender-based violence and harmful practices) by prioritizing adolescent and young people sexual reproductive health and rights. In regards to the current health pandemic, the conference was hybrid, having both physical and virtual delegates. The conference was held at Diani Reef Beach Resort, Kwale County from 1st to 4th December 2020.

Several issues were deliberated during the keynote addresses, panel discussions, abstract presentations and plenary sessions. The key thematic areas for the conference were:

- Thematic area 1: Unsafe Abortion among Adolescents (Addressing high maternal mortality and morbidity)
- Thematic area 2: Adolescent Sexual Reproductive Health and Rights Programming (Integration of HIV, Key Population: Sex Workers, inclusion-SOGIE, Drug and Substance Abuse, Conflict and Humanitarian Context)
- Thematic area 3: Comprehensive Sexuality Education (Teenage pregnancy, Maturation challenges)
- Thematic area 4: Menstrual Health in ASRHR
- Thematic area 5: RHR for Adolescent and Youth with disabilities
- Thematic Area 6: Unmet need for family planning
- Thematic Area 7: Sexual and gender based violence
- Thematic Area 8: Mental Health
- Thematic Area 9: Adolescent Capacity and Consent
- Thematic area 10: Advocacy in SRHR (Policy, Budget, Media advocacy, Meaningful Youth Engagement)
- Thematic area 11: Innovations and digitalization in Sexual and Reproductive Health and Rights (Mobile Applications, Telemedicine, Self-Use)

The conference was well-attended drawing participation from different sectors including the National and County governments, civil society organizations, academia, media, young people and private sector. The conference acted as a platform for SRHR stakeholders, actors, champions and young people to share experiences and learn new information on Sexual and Reproductive Health and Rights from experts.



Figure 1, Our SRHR Officer, Gaetano Ndalo -centred- during the High Level Panel discussion on addressing the three Zeros.

This report therefore, represents some of the key outcomes from the different presentations and sessions as well as description of the process used in each. The conference adopted a hybrid model of delivery leveraging on technology to ensure both the physically and virtually delegates are up to date with the proceedings. In addition to live broadcasting, the conference adopted abstract presentations, breakout sessions, exhibitions, plenary sessions, question and answers among others.

Dream Achievers Youth Organization (DAYO) was part of the conference partners as well as conference secretariat. It was a great pleasure for the organization to be part of the organizers as well as a supporting conference sessions. The experience, passion and commitment of participants/organizations who are already deeply engaged in prioritizing SRHR of young people, with the right synergy, there is a great potential for the participating organizations and participants to play a significant role in prioritizing adolescent and young people's SRHR

Opening Ceremony

The 4th Annual Scientific Conference 2020 youth and adolescents Sexual Reproductive Health and Rights 2020 officially kick started on Tuesday 1st December 2020 at the Diani Reef Beach

Resort, Kwale County. The conference was moderated and facilitated by Diana Sifuna and Wilson Chihanga.

The conference engaged young people from diverse backgrounds from the National and Regional level and ensured strengthened collaboration and the youth voices at the community and grassroots level heard especially in ensuring that the Three Zeros are realized in line with The ICPD+25 Commitments.

Reproductive Health Network Kenya (RHNK) holds the Adolescent Sexual and Reproductive Health and Rights Scientific Conference on an annual basis to provide a platform for SRHR stakeholders, actors, champions and young people to share experiences and learn new information on Sexual and Reproductive Health and Rights from experts.

2020 conference theme was “Addressing the three zeroes By Prioritizing Adolescent and Young People’s SRHR” and focused on bringing together, Policy Makers , Service Providers, experts ,Grassroots Women and Girls , Men , Sexual and Gender Minority Groups, like minded civil society organizations and young people from the National, Regional and International community.

Opening Remarks by Prof. Joseph Karanja, RHNK Chairperson

In his opening remarks, Prof. Karanja initiated by welcoming everyone to the conference, thanking all for attending the conference despite the current public health pandemic stating that the action was a form of commitment from the delegates to SRHR of adolescents and young people. He continued by thanking the organizers for their great work in ensuring that the conference was a hybrid and all the COVID 19 health guidelines observed.

Reproductive Health Network Kenya is a network of healthcare professionals within the public and private sector committed to SRHR advocacy and service provision. The network membership draws from all health care professional associations, including; Kenya Medical Association, Kenya Obstetrical and Gynecology Association, National Nurses Association and the Kenya Association of Clinical Officers. The network has a national outfit with representation in 40 counties out of the 47 counties in Kenya.

As key stakeholder within the government the network has been working to ensure that its commitment are achieved, however the current health pandemic has presented challenges as a result of limited adolescents, young people, youth, women and girls in accessing reproductive healthcare information and services resulting in losing the gains made pre pandemic. The pandemic has saw an increase in cases of gender based violence, unintended teenage pregnancies as well as maternal deaths.



Figure 2. Prof. Karanja giving his opening remarks.

He continued by stating that RHNK was celebrating their tenth anniversary and the opportunity provided a great platform for the organization to celebrate with its members and key partners. He reiterated the importance of addressing the three zeros; Zero unmet need for family planning, Zero preventable maternal deaths and Zero gender-based violence and harmful practices as the year's theme was based on taking stock of the ICPD25+ Commitments. He particularly mentioned the unmet needs for family planning being at 18 percent in Kenya.

He continued by stating that RHNK recognizes and appreciates the importance of partnerships seeking to share and learn best practices, harmonizing activities to better amplify the voices in a united manner during advocacy towards SRHR for all in seeking to accelerate the promises and commitments.

He concluded by officially opening the 4th Annual Scientific Conference 2020 youth and adolescents Sexual Reproductive Health and Rights. Wishing all the best in their deliberations during the four-day conference.

High Level Panel

Taking Stock on adolescents, Youth Sexual Reproductive Health, and Rights, one year post ICPD+25

Moderated by Victor Rasugu, Executive Director Network for Adolescents and Youth of Africa, NAYA Kenya

Panelists

1. HE Ambassador Maarten Brouwer – Embassy of the Kingdom of the Netherlands
2. HE Ambassador Nicolas Nihon – The Kingdom of Belgium
3. Dr. Ademola Olajide – UNFPA Country Representative
4. Faith Kiruthi – Adolescent Health Services Coordinator, Nairobi Metropolitan Services
5. Gaetano Muganda - SRHR Advocacy Officer, Dream Achievers Youth Organization
6. Evelyn Odhiambo – Youth Coordinator, Reproductive Health Network Kenya

Mr. Rasugu initiated the panel discussion by stating that the panel was going to deliberate on stock taking on the AYSRHR on year post ICPD+25 calling upon the panelists to wholesomely share their insights and called upon the delegates to take keen interest as well as contribute when called upon.



Figure 3. DR. Ademola, UNFPA Country Director to Kenya during the High Level Panel Discussion.

He then enquired the role of young people in ICPD+25 of which Evelyne Odhiambo responded by stating that young people are still not aware on what ICPD is, especially young people who are not in the SRHR space or hard to reach areas. This present a challenge in achieving the commitments made at the ICPD, as it will not be inclusive. Widen how can the space to bring each young people on board and reach to them with information on ICPD25 as well as SRHR.

On the question on how Nairobi Metropolitan Services plan to finance the recently launched Adolescent and youth SRHR implementation framework. Faith Kiruthi stated that during the ICPD+25 there were many commitments and as part of the government, they owe it to the young people to offer the best available health services. The county was looking at ways of integrating youth friendly services in all the health facility. The NMS has started conversations with different partners on financing the implementation of the framework; the NMS health department has also tabled the needs of financing the framework to the NMS leadership as well as ensuring strengthened public private partnership.

HE Ambassador Maarten Brouwer reiterated the need for young people to be involved in ICPD commitment monitoring and implementation, as the Netherlands they were key a following the progress and commitments made at the ICPD+25. He continued by stating that SRHR is crucial in national development, there has been a spike in gender based violence, an increase in maternal mortality amidst the pandemic, this is likely to hinder the gains made so far in these areas. As the pandemic continues, there is need to underline the importance of SRHR as essential health services just as recommend by the WHO.

He continued by stating that in 2021 under the policy framework to strengthen civil society, the Dutch government will start implementing six new strategic partnership programs that focuses on SRHR and HIV/AIDS. The partnerships to continue influencing and lobbying to the government to responsibility for the sustainable and inclusive implementation of the sustainable development goals (SDGs) and in particular SDG goal three and five.

Dr. Ademola Olajide in answering the question on the current progress, stated that in the build up to the ICPD+25 summit, UNFPA had to mobilize a whole range of stakeholders and at the summit 1250 commitments were made, while Kenya made 17 commitments. After the summit, UNFPA tried to work together with the National Council for Population Development (NCPD) to develop an implementation framework, a plan of action but the process was halted due to COVID 19. UNFPA in then decided to work closely with the communities through community based organization to do things differently in reaching out to young people in partnership with young people. He concluded by stating that UNFPA were working with NCPD to come up with the first year progress report.

On the issue of discussions post ICPD+25, Mr. Gaetano Muganda stated that the conversations so far are not rich as the policy environment that the civil society are operating on is still not conducive despite the policy makers being on the know of various SRHR issues affecting young people. He continued by stating that the country enjoys favorable policies but challenges still

exists in implementation of the policies making it challenging for the civil society organizations to fully and fruitfully operate. Giving an example with the Kenya School Health Policy, which was launched in 2019 but until then, implementation framework was not yet developed.

He continued by stating the need for proper information/education packaging to adolescents and young people in an effort to meet Zero unmet need for family planning, Zero preventable maternal deaths and Zero gender-based violence and harmful practices.

HE Ambassador Nicolas Nihonin answering the Belgium position in financing the ICPD+25 commitments, he stated that Belgium was committed to offer solution through financing the UN agencies like the UNFPA to do the implementation on behalf of the country as they are the ones who knows where the monies is really needed.

Key issues raised from the panel discussion

- As the pandemic continues, there is need to underline the importance of SRHR as essential health service.
- Stocktaking is important as it seeks to make each other accountable for the implementation of the ICPD+25 commitments
- Dutch government to start implementing six new strategic partnership programs that focuses on SRHR and HIV/AIDS. The partnerships to continue influencing and lobbying to the government to responsibility for the sustainable and inclusive implementation of the sustainable development goals (SDGs) and in particular SDG goal three and five.
- At the ICPD+25 summit, 1250 commitments were made, while Kenya made 17 commitments
- UNFPA and NCPD were working on the first year progress report post ICPD+25
- Information/education packaging to adolescents and young people in an effort to meet Zero unmet need for family planning, Zero preventable maternal deaths and Zero gender-based violence and harmful practices.
- There is need to start looking at young people as expert and partners of their SRHR, this can be done through skill building, mentorship and giving young people the space to do things differently.
- The health systems must respond in a way that the community takes ownership of the community health. Young people also must own their own health to ensure they hold the duty bearers accountable.
- The government must work to ensure implementation and safeguarding of the already existing policies on SRHR of adolescents and young people.
- The call for structure coordination within various government departments

Remarks by Ms. Ritah Anindo, Youth Ambassador

She began her remarks by thanking the organizers for according her the opportunity to represent the voices of young people especially from the informal settlements. She continued by sharing her story, stating that she was born and raised in the informal settlements of Korogocho in Nairobi, where there exists high levels of poverty, crime and teenage pregnancies.

She continues by narrative that growing up in Korogocho was not easy as she saw many girls drop out of school due to teenage pregnancies, some acquiring HIV and STIs while some because of teen pregnancies procure unsafe abortion, which further complicated their lives. She stated that as teenagers, they were already engaging in unprotected sex but she was lucky enough not to contract any infection or get pregnant for that matter. At the age of 21, she started to understand issues of HIV, teenage pregnancies and contraceptive use to the point of using contraceptives.

In reference to her story, she reiterated the need to actively and meaningfully involve adolescents and young people in SRHR issues therefore enabling them to make informed choices earlier. She continued by noting the existence of well-packaged programs to adolescents and young people but without involving them, these programs do not resonate well with them.

In conclusion, she stated the need for adolescents and young people to be involved and be placed at the heart of SRHR programming as well as in response to COVID 19 health pandemic. The need for youth friendly services that are accessible to young people as well as programs that are centered on young people.

Remarks by Mrs. Monica Kerrigan, Regional Director -Planned Parenthood Global

In her introductory remarks Mrs. Kerrigan joining the conference virtually thanked the Reproductive Health Network Kenya and all the partners for making the conference a success in the midst of the novel coronavirus. She continued by noting the commitment of Planned Parenthood towards prioritizing the sexual and reproductive health of adolescents and young people congratulating RHNK Executive Director Nelly Munyasia for her great leadership of the network and great work they have done in Kenya.

In her remarks, Mrs. Monica Kerrigan on behalf of the Planned Parenthood Global announced that Nelly Munyasia, Executive Director of RHNK was the recipient of Global Citizen Award 2020. This was in recognition of her work for bold and visionary leadership in expanding the network of abortion providers in Kenya and for her fierce advocacy against the global gag rule.

Remark by Lucy Minayo, Capacity Building Manager—Centre for Reproductive Rights (CRR)

Lucy Minayo initiated by briefly introducing the organization she represent, Centre for Reproductive Rights, which is a global organization using the power of the law to advance reproductive rights as fundamental rights that governments all over the world are obligated to

respect, fulfil and promote. The organization's headquarters are in New York which regional offices in Africa, Europe, Latin America, the Caribbean and Asia. In Africa, the organization works with human rights mechanisms and collaborate with partners.

CRR works on diverse issues including adolescent Sexual Reproductive Health Rights, she continued by stating that it was important that the conference was convened during the COVID 19 pandemic while the world was struggling to make meaning of what was happening, adolescents and young on the other hand were experiencing a shadow pandemic. In many countries there were an rise in cases of teenage pregnancies, early marriages, new HIV infections, SGBV, and the situation provided the backdrop for the topic that she was tasked to speak about, which was safeguarding the constitution and consent.

She continued by noting that it was unfortunate that the adolescents and young people were reckoning about the SRHR in a global emergency. Adolescent and young people are entitled to all the rights that are outlined in human rights instruments at global, regional and national level that their countries were party to. She continued by stating that their exists some limitations on the instruments and many at times the limitations are age based which mostly are misapplied in sexual and reproductive healthcare, creating barriers to access to services. Moreover, the consequences of criminalizing sex to adolescents are dire as they may turn to unverified sources to seek misleading information.

She continued by stating that it was their hope that the conference will begin disambiguating the age of consent to sex and SRH services, consensual sexual conduct among adolescents which is different from sexual violence must be decriminalized. In conclusion, the ministry of health must be engaged to revise the laws and policies and remove unjustifiable age based violence that disable adolescents and young people in seeking SRHR services.

Remarks by Dr. Stella Bosire, Co-Executive Director, UHAI-EASHRI

Dr. Bosire initiated her remarks by stating that there is need for demystifying many issues for everyone to understand the matters of sexual minorities and gender minorities. She continued by thanking the conveners of the conference and all the partners. She continued by thanking all the organizations for their continued work in ensuring that adolescents and young people sexual reproductive health are respected.

She continued by honoring every departed soul in the world; the activists, human rights defenders, SRHR advocates and the healthcare practitioners who have been affected due to the nature of their work, COVID 19 and also as a result of HIV/AIDS. She continued by requesting the delegates to stand up and observe a one minute in respect to the departed.

The year 2020 has been touch to young people looking at the numbers of teenage pregnancies at the country, sexual violence, number of violence towards gender and sexual minorities increase. The lived realities of gender and sexual minorities (GSM) in Kenya remains one of the

most hostile as they face homophobia, transphobia and denial of health and other services, stigma and violence meted by both the state and the state actors.

She also stated that the progress towards optimum sexual reproductive health and rights for all cannot be achieved yet their still exists weak political systems, inadequate resources, persistent decriminalization against gender and sexual minorities. Often when designing and thinking about SRHR many organizations/people think about heterosexual people and people who are able bodied leaving the people living with disabilities as well as gender and sexual minorities behind. This is usually characterized by limited resources as well as policy landscape, leaving LBQ, Trans and gender non-conforming women from realization of highest standard of reproductive healthcare.

The healthcare system being adversely underfunded continue to discriminate the sexual and gender minorities by preventing access to accurate information on SRHR services. Stating that recently she had been called by two lesbian women who went to a health facility for a service and were turned away. In addition, she noted the hostility especially around the reproductive health bill, which the opposition have termed as abortion bill.

In addressing the way forward, to improve and empower the sexual minorities rights to fully enjoy their sexual and reproductive health, she stated the need to equip the communities as well as transforming societal organizations from transphobia, homophobia and ensure that their exists an enabling environment that are open and support the gender and sexual minorities. Integrating the GSM in preparation, design, implementations and monitoring policies that are geared towards regulations and in decision-making.

The HIV field in the country is very diverse and inclusive but looking at the access to safe abortion LBQ, women continue to face unequal challenge in access to SRHR services, giving an example of rape as a conversion therapy, which is usually meted on lesbian women, as a result the women become pregnant and are unable to access safe abortion services. Unmet needs for contraceptives, high violence cases among gender and sexual minorities.

She continued by stating that COVID 19 had worsened the situation for the GSM, stating that when talking about reproductive matters there is need to include; HIV, STIs, choice for parenting among others. All these had been affected during the COVID 19 response and the gains made in HIV might be threatened.

In conclusion, she stated that there is need to continue to supporting resilient and open society that takes ownership among young people's SRHR, where sexual minorities have access to equal opportunities, have shared responsibilities, recognize the digital world as a way to do opposition monitoring towards achieving strengthened local and national movements as well as galvanizing global support. There is also need to ensure meaningful inclusion of GSM in order to create evidence about SRHR including setting up leadership and learning platforms. There is need for advocacy for better funding on diversity and inclusion, success requires collaborative

and concerted efforts, the need to have more safe spaces, creating of evidence to inform policy.

Remarks by Prof. Dr. Marleen Temmerman, Aga Khan University

In her opening remarks, Prof. Dr. Temmerman started exhibiting her joy to be part of the conference and to celebrate with the RHNK their tenth year anniversary. She also congratulated Nelly Munyasia for winning the recognition award. She continued by giving the story of ICPD 1995, which she was, part of, it was called the conference of reproductive rights. She also stated that the conference did not talk about reproductive rights rather population and development.

ICPD happens every 10 year to talk about population and development, over the past years women were not on the table at the ICPD to talk about their reproductive rights. She then enquired from the delegates the meaning of reproductive rights which a participant answered by stating that it is the entitlements related to sexuality. She continue by stating that it was the rights of a woman to decide when to have children and with who according to the 1995.

In line with the ICPD 1995, the millennium development goals were born with eight distinctive goals to propel countries to common development goals. However, the goal on maternal mortality was mostly lagging behind and it was the most difficult to achieve due to its nature as it requires women to have choices to choose which kind of contraceptives to use, when to have a child etc.

She concluded by calling upon all the organizations to really work on sustainable development goals in partnership, as they are commendable and can assure progress if achieved. Kenya has made progress on advocacy towards SRHR but it is time to walk the talks.

Remarks by Dr. Ademola Olajide- UNFPA Country Representative

Dr. Ademola Olajide started by stating that the COVID 19 has come with its challenges. It has impose new ways of doing things, it has deepen the fault lines that have continued to exist in the society including those related to SRHR, it has increased vulnerabilities of women, girls, sexual minorities and people living with disabilities. He continued by noting that despite the challenges youth have experienced low morbidity. So in moving forward there is need to leverage on the capacity of the youth.

The crisis is a bad thing wasted as it presents opportunities to do things in different ways. Therefore for the economy to progress there is need to leverage on the young people as they make the majority of the population, in doing so, there is need to address their SRHR. Young people must be engaged to take ownership of issues affecting their health and define solutions that are geared toward achieving the ICPD+25 commitments.

He continued by stating that in November 2019, ten thousand delegates from around the world convened in Nairobi for the ICPD+25 making about 1,250 commitments. The president of Kenya

led his country in making 17 commitments, to achieve those commitments; young people have to behave differently and hold everyone accountable starting with themselves.

He concluded by reiterating the need for partnership and build a country that responds to the dreams and aspirations of young people and the expectations of the generations who are ahead. Thanking everyone, stating that UNFPA is always happy to be a partner.

Remarks by Mr. Ton Coenen, Executive Director – Rutgers

Joining virtually, Mr. Coenen initiated his remarks by thanking the organizers for making the conference a success despite the current health situation globally. He also noted the importance of leveraging on technology to ensure that everyone was well presented both physically and virtually.

He continue by stating that Rutgers has been a champion for sexual reproductive health and rights of young people through providing trainings, advocacy and funds. At various levels, Rutgers collaborates with partners and organizations to create advocacy for safe choices. He continued by stating that the Dutch government has a commitment at both national and international level in line with the ICPD+25, sighting the work that Rutgers has continued to carry out in Kenya.

In conclusion, he stated that Rutgers has four funds to Kenya for programs starting in the year 2021 with the goal of prioritizing adolescents and young people's SRHR and creating a just society. He then reiterated Rutgers commitment to SRHR and called upon partners to always leverage on each other as a formidable resource.

Key Note Address

Hon. Lilianne Ploumen – She Decides Founder

Joining Virtually, Hon Lilianne Ploumen started by thanking the organizers and all the partners for their support in spreading the good work of She Decides movement. She called upon the delegates to work and support each other in their work because there are many others who oppose the work of women movement. She continued by stating that one of the fiercest opponents of women rights was President Trump who after becoming the president re-introduced the global gag rule in January 2017 which took away USA funding to organizations advocating for safe abortion and the effect was enormous.

During the signing of the gag rule, Hon. Ploumen stated that she was part of the Netherlands government as the minister of trade and development organization and she knew that the gag rule would affect the lives of women and girls. She then decided to create a fund to try to make up for the lost investment of the USA government and to invite friends and make a call to

everyone all around the world to join in the fight for women rights to access safe abortion. The response was overwhelming as there was many responses around the world and one of them was Belgium vice prime minister who suggested the need for a conference for those who were agreeable with the movement.

In March 2017, over 50 governments, many activist and civil society around the world had joined and in the first year they brought together over 450 million euros to make up for the lost funding. Over the years the fund has developed into a global movement called She decides and many places in the world many young activists have joined hands in promoting women rights at their community level and called upon their governments to respect these rights.

In Kenya, the government and society continues to be informed on the need to respect women to decide about their own body but it is time to ensure the advocacy is reflected in the national documents and policies. She continues by stating that the movement started as a response to Trump's administration but has now grown to a strong global movement and there is still a lot of work to be done.

She concluded by calling upon all the organizations and governments to come together and join hands to ensure progress is achieved. She called on the young people to continue their great work in speaking out for women rights and to amplify the efforts of the She decides movement.

Nelly Munyasia, Executive Director - Reproductive Health Network Kenya

In her opening remarks, Nelly thanked the Planned Parenthood Global for recognizing her work in Kenya. She then thanked all the partners and delegates for making the conference a success. She then broadcasted a video documenting the stories of women and girls at the community level sharing their work in breaking the shame and stigma they face at the community.

She continued by calling upon the partners and advocates to create a wave that would influence decisions and actions, that the government will take keen interest in matters reproductive health and rights. She called upon the delegates to engage in having conversations that transforms people knowledge, attitude and behaviors towards reproductive health. This can only be done through sharing workable interventions at the conference.

Moreover, she stated the need for continued partnerships for achievement of healthy and happy lives where everyone knows their rights with the freedom and dignity to access SRHR services and information. She concluded by stating that knowledge is a commodity when shared but only powerful when put into use. She encouraged everyone to engage and gain necessary knowledge for use in prioritizing adolescents and youth SRHR, calling upon all to join the organization in celebrating its tenth year anniversary.

Abstract Presentations and Panel Discussions

Unmet Need for Family Planning

Moderator: Kagwiria Kioga and Martha Madowo

Speakers/Panel: Martha Kombe, Faith Mbehero, Mohamed Shuaib, CrolineNyandat and Peter Ngure

In the abstract presentations, Martha Kombe highlighted the increasing uptake and access of contraceptives services in Kamukunji and Ruaraka sub counties in Nairobi through meaningful involvement of young people.

Faith Mbehero presented on her abstract on post abortion family planning; lessons learnt from closing the gap project in southwest Kenya. Mohamed Shuaib highlighted the question of whether friendly health providers influence the retaining of adolescents and young people to access contraceptives. Caroline Nyandat addressed the cycle of repeat unintended pregnancies and abortions through integration of sexual reproductive health care in youth friendly facilities in Kenya. While Peter Ngure, presented on reducing unmet need for family planning for adolescents and youth.

Key highlights from the session

- Putting young people at the centre of programs that involve them is an effective strategy in provision of positive health outcomes
- Making data on adolescents and young people visible helps to better plan and prioritize on specific needs for them
- Findings suggested that for young women, positive provider attitude are the most desired feature of care
- Young women are willing to relinquish convenience for access to client-centered providers.

Key recommendations from the session

- There is need for mentorship and capacity building for youth advisory council and regular ongoing job training for youth community based distributors.
- Health facilities should prioritize the integration of family planning specifically long acting reversible contraceptive services into CAC services
- Training and mentorship of health providers to enable them acquire technical competency for long acting reversible contraceptive service provision.
- There is need to adopt friendly health providers to improve the influence and the retaining of adolescent and young people to access contraceptives.
- Strengthening ministry of health engaging in SRHR intervention to improve provider accountability and commitments in youth friendly service provision.

- Strengthening youth adult partnership at community and facility

Unsafe abortion among Adolescents (Addressing high maternal mortality and morbidity)and Sexual and Gender Based Violence

Moderator: Beverly Nkirote and Mr. AagaMitoko

Speakers/Panel: PhonsinaArchane, RehemaAbdulrazak, Dr. Anastacia Mirzoyants, Esther Kimani, Ricky Samwel, Elizabeth Naitalei and Faith Opiyo.

In their presentations, PhonsinaArchane presented on the regional efforts ensuring access to services for adolescents and young women in the times of COVID 19. RehemaAbdulrazak presented on stigma among adolescents students in secondary schools and out of school in Kibra, Nairobi. Dr. Anastacia Mirzoyants presented on contraception and pregnancy in the context of COVID 19 lockdown and shortages in Kenya.

In discussion the Sexual and Gender Based Violence, Esther Kimani highlighted the understanding drivers and impact of child marriage in Kilifi County. Ricky Samwel presented on need for improved SGBV policy environment, Elizabeth Naitalei presented on sexual and gender based violence amongst adolescents between 10-19years amidst COVID 19 in Kisumu East. While Faith Opiyo highlighted on pointing a finger to cross border female genital mutilation.

Key highlights from the session

Obtaining from the analysis, focus should shift to more rigorous enforcement of existing laws and policies to discourage early marriage, empowerment of communities to advocate against the negative impacts of early and child marriages and continued public investments in development programs that ensure reduce poverty and inequality.

Kenya has progressive laws and policies prohibiting any form of violence, promotes freedoms and security of all individuals. The government hence should address SGBV as part of its commitments towards elimination of gender inequalities where legislative and policy frameworks adopted and ratified are domesticated.

Considering the differences and ethnic and cultural traditions and beliefs that underpin FGM in the region, it is important to tailor the initiatives and strategies accordingly. Empowering the girls and women to exercise their rights, including through education and income generating activities.

Stigma and perception on abortion among adolescent girls and young women can be changed. There is need increase awareness on abortion related cases and to enhance the ability to have an open discussion on safe abortion services in the informal settlements.

Key recommendations from the session

- There is need for more rigorous enforcement of existing laws and policies to discourage early marriage
- The need to work closely with the communities and law enforcement agencies in an effort to stop child marriages
- The need to capacity build stakeholders on policies, legal frameworks and procedural standards to effect the implementations of policies.
- Establish a multi sectorial SGBV coordinating mechanism across the country
- Establish infrastructures and facilities for delivery of quality and comprehensive SGBV services across sectors including SGBV commodity management, recovery centres, safe shelters and spaces.
- Integration of FGM into sexual reproductive health services package for prevention through sensitization of women during pregnancies
- Promoting community surveillance for FGM prevention through monitoring, alerting and referring cases for care services.
- Advocacy and resource mobilization to sustain the result achieved
- Integrate the cross boarder female genital mutilation related indicators in national database and monitoring mechanisms and in the data for all.
- The need to leverage on technology through tele medicine, hotlines for information, counselling and referrals
- There is need to reduce stigma on abortion and increase areas of interventions that enhances sexual reproductive health and rights education among the adolescents and young people.

Advocacy in SRHR (Policy, Budget, Media advocacy, Meaningful Youth Engagement)

Moderator: Robert Aseda and Dr. Griffins Manguro

Speakers/Panel: Leila Abdulkeir, MaryAnneMwangi, Dennis Mwambi, Faith Abala and Esther Aoko

In the presentations, Leila Abdulkeir talked about engagement of inter-religious leaders in achieving the three zero's among adolescent girls and young women (AGYW) in Kilifi county. Mary Anne Mwangi presented on the use of policy communication tools for budget advocacy while Dennis Mwambi talked about amplifying youth voices. Faith Abala presented on ASRH policies and budgetary allocations while Esther Aoko concluded the presentation on improving the provision of youth friendly services (YFS) in Nairobi

Key highlights from the session

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

Youth are powerful agents of change when empowered with the right information, tools and skills. They can be powerful sources of inspiration for fellow youth as well as decision makers.

Building the capacity of young people in different topics has proven to increase youth productivity and inclusion in organizational project implementation and effectiveness.

Realizing responsive adolescents and youth friendly health systems require active engagement of young people in formulation, implementation and evaluation of programs.

Key recommendations from the session

- There is dire need to engage religious and traditional leaders to enhance achievement of the three zeroes
- Championing for YFS through participation in planning as well as mentorship of fellow youth to achieve much traction.
- Strengthen the capacities of institutions, service providers and communities to provide appropriate information and services to adolescents and youth with clear guidelines from the policy documents.
- There is need for continuous and sustainable youth sexual and reproductive health programs in ensuring increased access to essential sexual and reproductive health information services.

Menstrual Health Management (MHM)

Session supported by DAYO

Moderator: Brenda Boit and Eva Muluve

Presenters and Panelists: Dr. Agoyi Mary, Mike Wanjeng'u, Eva Muluve, Lucy Maina, James Atito, Kenneth Miriti and Phyllis Mbeke.

In their presentation: Dr. Agoyi Mary shared on the knowledge, attitude and hygiene practices towards menstruation and the prevalence of menstrual patterns and disorders among adolescents in secondary schools in a semi urban environment. Mike Wanjeng'u presented on the support empower enable pilot project. Eva Muluve presented on the impact of sanitary pads distribution and reproductive health education on education and sexual health outcomes.

Lucy Maina engaged on the integration of menstrual health in ASRHR. James Atito presented the men for period concept, which seek to involve men in issues of menstruation. Kenneth Miriti presented on enhancing government participation in nurse led ASRH through a multi-

sectorial approach; a case narration of Kilifi County. While Phyllis Mbeke concluded the session by giving a feasibility study on community led innovation and intervention as a platform for SRHR empowerment among Kenyan women with disability giving a case study of girls and women with disability from Kibra informal settlement in Nairobi County.

Key highlights from the session

The level of complete knowledge about menstruation and its related issues among adolescents is significantly low, although most had a good attitude towards it and some ideal practices are being left out.

Some unhygienic or unhealthy practices related to menstruation and various menstrual patterns and disorders are prevalent among adolescents.

MHM is an important component of women empowerment and sustainable development. If all the community is involved, MHM can be more sustainable enhancing gender equality and equal participation in the society.

Sanitary pads together with SRH helps girls manage menstruation and feel better about their bodies and increased reproductive health knowledge and attitudes.

MHM education and products is an effective entry into a broader SRH and comprehensive sexuality education program for girls in school settings.

In reproductive health, MHM should be included and taken into account since menstruation is an important and integral part of women's sexual lives and reproductive cycle.

Misinformation related to MHM is still common. Girls feeling shame and embarrassment during menstruation as MHM products remain unaffordable and inaccessible to adolescent girls especially those in informal settlements.

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

The COVID 19 pandemic has offered a new opportunity to bring on broad new energetic foot soldiers towards the overall goal of campaigning for disability sexual rights.

Key recommendations from the session

- Parents, sisters, schools, mass media, health professionals and centres, religious groups, the community, various leaders and government should be well equipped and provide a conducive enabling environment for the health of adolescents.

- There is need for more meaningful advocacy and community dialogues to rope in boy child into the conversation of MHM and as such galvanize support for the same in the households and community.
- There is need for joint collaborations between CSOs working on SRHR with the government to ensure integration of MHM in their programs and even in the health policy documents since it is an essential component of reproductive health of women and girls.
- Young people should be empowered and made co-implementers through equipping them with skills and advocacy on MHM and SRHR.
- There is need to leverage on digital technology as a powerful tool to put information on MHM across. Social media used objectively can be a medium to enable behavior change among users.
- The model of advocacy for all counties to achieve meaningful government participation in partner led SRHR activities, this approach can be modeled to enhance government commitment in all SRHR asks.
- Disability groups should begin to offer technical support to safe abortion service providers to offer disability friendly services such as ramps and lower examination beds.

Innovations and digitalization in Sexual and Reproductive Health and Rights (Mobile Applications, Telemedicine, Self-Use)

Adolescent Sexual Reproductive Health and Rights Programming (Integration of HIV, Key Population: Sex Workers, inclusion-SOGIE, Drug and Substance Abuse, Conflict and Humanitarian Context)

Moderator: Arnold Gekonge

Panelists: Pauline Diaz, Tabitha Saoyo, Lydia Mulat, Andrew Githiria, Daniel Otieno, Kelvin Muigai, Silvia Okoth and Yusuf Nyanje

In their presentation, Pauline Diaz talked about providing abortion tele counseling: the role of safe2choose in bridging online users to on the ground health care providers. Tabitha Saoyo talked about telemedicine in Kenya: Legal and Ethical issues on access to misoprostol through online platforms. Lydia Mulat presented on use of digital platforms to motivate and reward young girls' health seeking behavior in Ethiopia.

Andrew Githiri presented about the use of WhatsApp based platforms to improve access to SRHR information and products among young people in Nairobi. Daniel Otieno talked about print and social media proving to be effective use of educating young people on sexual and reproductive health and rights. Kelvin Muigai presented on evaluation of promoting the participation of girls and young women in secondary school in Nairobi and Siaya County. Silvia

Okoth expounded on sex workers rights as human rights while Yusuf Nyanje presented on Lesbians, Gays, Bisexuals, Transgender, Intersex and Queer voices.

Key highlights from the session

Safe2choose has developed considerable experience in facilitating access to local providers, which proves that online, and offline interactions complement each other in a process of developing global yet individualized abortion counselling system online.

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

Online platforms allows private, confidential and secure communication between users and clinicians.

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

There is a growing evidence of the importance of addressing the structural and legal barriers that affect sex workers.

It will be difficult to realize the three zeros in HIV/AIDS interventions if key players will not adopt the key population; SOGIE a one of the key players in achieving zero new HIV infections.

Key recommendations from the session

- Strong local connections are needed in orders to build a culturally sensitive online service and these connections should transcend user/counsellor interactions and extended to local providers and activists who lack technical resources or the freedom to openly promote safe abortion access.
- There is need for continuous development and evaluation of WhatsApp based interventions to improve access to information and products in sexual reproductive health.
- Continuous advocacy engagement with the county leadership to ensure resource allocation and utilization for the intended purpose
- Institutionalization of the high impact intervention into county annual work plan, strategic plan and other guidelines for sustainability
- Mentorship programs can improve poor reproductive health outcomes among adolescents and young people.
- All countries should work towards decriminalization of sex work and elimination of the unjust application of non-criminal laws and regulations against sex workers.
- There is a dire need for realizing LGBTIQ- inclusive policies and institutions that will give an enabling environment for the LGBTIQ youth to enjoy their sexuality and participate meaningfully in process that promote and safeguard their SRH devoid of any barrier.

Advocacy in SRHR (Policy, Budget, Media advocacy, Meaningful Youth Engagement)

Moderator: Michael Ager

Panelists/Presenters: Selpha Amuko, Linet Juma, Mwanaisha Makari, Levis Onsase, Dominic Kimitta and Abdu Mohiddin.

In their presentation, Selpha Amuko presented the views of secondary school students on adolescents' friendly health services in level two facilities in Mombasa County, Kenya. LinetJuma presented on understanding the relationships universe of adolescents females and the linkages between particular relationships, unintended pregnancies and unsafe abortions. Mwanaisha Makari talked on advancing adolescents sexual and reproductive health and rights in Kenya.

Levis Onsase presented on saving the youth through business unusual investment models. Dominic Kimitta presented on using structured community dialogues to address FGM among the Masaai of Kajiado west. While Abdu Mohiddin finalized by presenting the mitigating adolescent pregnancy on a county level using human rights based approach.

Key highlights from the session

Effective involvement of young people in the design, implementation and evaluation of programs helps to ensure that their needs are addressed.

Both rights holders and duty bearers are to some extent unaware of the law, acting completely, or erroneous assumptions.

Key recommendations from the session

- Organizations working around health should be proactive in advocating for changes in policies and laws that restrict access to sexual and reproductive health services for young people.
- Capacity strengthening of youth led and youth focused organizations on policy, budget advocacy and social accountability
- Expand the program across counties practicing FGM and support them to implement alternative rites of passage.
- Human right capacity building for youth, parents, communities, law enforcement/judicial officers, county officials and civil servants.
- Parenting workshops and teacher training on rights and comprehensive sexuality education.
- Collection and reporting of relevant data including rights infringements relating to adolescents.
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Dream Achievers Youth Organization Exhibition Booth

DAYO was privileged to put up an exhibition booth at the conference in which various Information, Education Materials were displayed including a menstrual hygiene management desk showcasing different types of MHM commodities. The booth invited a lot of participants who not only got copies of the policy briefs as developed by DAYO but also got to learn about the different projects being implemented by DAYO and the donors sponsoring them. DAYO was able to share its profile to more than one hundred delegates who attended the conference.

Gallery



Figure 4. Ms Winnie from DAYO taking a delegate through DAYO profile at the exhibition booth.



Figure 5. Participants following keenly on the proceedings during the conference.



Figure 6. DAYO Exhibition Booth at the conference.



Figure 7. On-going panel discussion.



Figure 8. Gaetano Ndalo, DAYO's SRHR Officer following on the conference proceedings.



Figure 9. DR. Ademola, UNFPA County Representative to Kenya during the conference.



Figure 10. DAYO exhibition booth.



Figure 11. The Period Man, presenting his abstract on male involvement in MHM.