



Hivos
people unlimited

PROMOTING
INCLUSIVE
SRHR

HIAS

Welcome the stranger.
Protect the refugee.

A Case Study of HIAS
Kenya

INTRODUCTION



In March 2019, HIAS Kenya set out on a mission to improve the access to quality, fair and safe Sexual and Reproductive Health and Rights (SRHR) and services for youth. This is not only a primary concern but a crucial component to the realization of one's health no matter their social, economic or cultural status.

However, it is this case study's contention that SRHR of refugees are not prioritized for adequate integration in humanitarian planning and work. Because of this general failure to appropriately recognize refugees' SRHR (SRHR), the existing challenges in broader society's SRHR are exacerbated among vulnerable groups.

For refugees, who are among the vulnerable in society, what tends to happen is that there is a general lack of knowledge and access to information about SRHR. Because of forced migration, people are unfamiliar with how SRHR services in the new host countries are structured and provided, men and boys are not included in SRHR planning and services, and gender-based violence is prevalent. Looking closer into refugee communities, there are even more vulnerable groups who are disproportionately affected by the obstruction and denial of their sexual rights: women, youth, and LGBTI persons. HIAS set out to improve the state of SRHR for one of the most vulnerable groups in society: youth refugees.

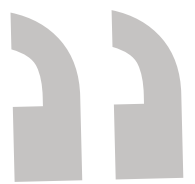
HIAS is a century old global non-profit organisation that works in 17 countries. In Africa, HIAS has field offices in Kenya and Chad. This organisation works to protect the most at risk refugees who might be in danger because of their refugee status and helps them to rebuild their lives in safety and dignity.

The work that HIAS Kenya set out to do to improve the state of SRHR for youth refugees was a part of a larger programme supported by Hivos, through the Regional SRHR Fund. The programme's overall goal was to improve the realization of rights and access to quality SRHR services in a safe, fair and equitable manner by all citizens and people in the region particularly focusing on women, girls and marginalized groups.

The Big Picture



Kenya is currently host to nearly half a million refugees and asylum seekers, half of whom are between 10 and 24 years old.



HIAS Kenya, in the process of conceptualising this project, was well informed about the state of SRHR for youth refugees. Youth refugees are vulnerable to many difficulties that have lasting negative impacts on their SRH. Youth girls particularly face a high risk of encountering gender-based violence, including sexual violence, exploitation, abuse, trafficking and early and forced marriage. Refugee youth have little access to healthcare in the first place, so access to SRH is even more limited.

Having migrated from their homes, youth refugees lose their social networks which are integral to accessing useful information. This compounds the difficulty they face in navigating the healthcare system in their new host country. Inaccessibility or limited access to SRH is particularly damaging because youth refugees are exposed to high risks of sexually transmitted infections including HIV, early and unintended pregnancies, and unsafe abortions. They face dangerous complications in childbirth and obstetric fistula due to prolonged labour.

The challenges youth refugees face in accessing SRH, unfold in the general context of Kenya's struggling health system. The World Health Organisation (WHO) has listed Kenya as one of the countries which suffers a critical shortage of healthcare workers. Kenya has one doctor for every 10,000 people, and most of these doctors are found within the private sector. Health infrastructure in the country is severely underdeveloped and under-resourced.

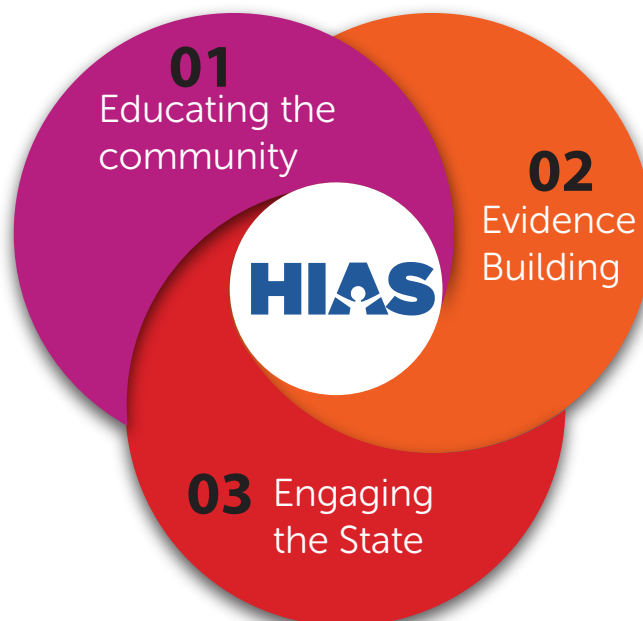
Despite this reality of an under-resourced healthcare system, Kenya's Constitution guarantees that every person has the right to the highest attainable standard of health. This right includes reproductive health care. The law importantly states that a person should not be denied emergency medical treatment and that the state shall provide appropriate social security to persons who are unable to support themselves and their dependents. Further still, there are national policies and strategies on SRH which outline the plans and approaches by the government geared towards ensuring and promoting SRH. To this end, the Adolescent Reproductive Health and Development Policy was developed in 2003.

HIAS Kenya advocacy approaches to increase access to SRHR for youth Refugees

Armed with the clear picture of the reality of SRHR for youth refugees, HIAS Kenya set out to increase the access to high quality SRHR for 800 youth refugees in Nairobi, Kenya. In order to achieve this, they focused on two strategies:



These two strategies informed the three main advocacy approaches that HIAS Kenya used to achieve their goal, educating the community, engaging the state, and building evidence for their advocacy work.



One of the key considerations in deciding the approaches in this project was the type and structure of the communities that HIAS would engage. The refugee community is largely a religious one influenced highly by traditions and cultural norms which are not usually immediately open to sexual health discussions or projects.

EDUCATING THE COMMUNITY



Promoting increased and sustained access to comprehensive high quality SRH services necessitates raising awareness and providing education on various matters concerning SRHR.

PROMOTING SRH AWARENESS



HIAS Kenya trained 45 refugee youth on how to use social media to promote awareness on sexual reproductive health, they recruited and trained 9 specific peer champions to conduct peer education and they proceeded to conduct discussions for 900 refugees over a very short period of 5 months. This work took place in Kasarani, Githurai, and Kayole areas of Nairobi.

The discussions on SRHR were conducted to increase the knowledge on the importance of SRH among youth refugees. These discussions and training of the peer champions went so well that some of the peer champions who had been trained were invited to speak to students in some neighboring schools and requested to provide guidance and counseling for between 50 and 100 students in total.

The discussions were intended not only for refugees themselves but also for the communities in which they live, with emphasis on the faith-based leaders in the communities because they often hold a great deal of power in influencing beliefs and attitudes in the community. Peer educators were trusted by the communities in which they worked. Communities recognized the importance of the work they were doing and were interested in working with them.

In addition to these discussions HIAS Kenya also conducted comprehensive sexuality education training for 119 refugee youth from Somalia, South Sudan, Ethiopia, Burundi and Rwanda.

As a result, more youth refugees are aware of the need for high quality SRH service and they now know to demand for the services from health facilities as is their right.

Before the Comprehensive Sexuality Education by HIAS Kenya, less than 15% of those who were trained had encountered formal training on the subject. After the training, they were all very well informed about what SRHR are, and why this knowledge is important. They are now in a far better position to access SRHR services as well as to share the information with their peers.

Capacity Building

It is easy to assume that SRHR organizations would have the capacity to implement inclusive SRHR programmes, but refugees and youth are often neglected in SRHR programmes. HIAS Kenya identified the need for capacity improvement of such organisations. They took the opportunity to enhance the reach of the project and furthered the sustainability of the work by engaging other organizations that work on SRHR.

The organisations were Women Fighting Aids in Kenya (WOFAK), the SRHR Alliance, and Alfajiri SRHR. These organisations implement SRH programs in Nairobi particularly targeting community youth. In the training, the organisations were equipped with the skills and knowledge that they needed to incorporate the needs of refugees in SRH programming. They were also educated about the myriad obstacles that youth refugees were facing in accessing these services.

The outcome of extending training to include those organisations that working on SRHR but don't include refugee youth, was a pledge by the trained organisations to conduct their own advocacy outreach work in sub-counties within Nairobi, and to continue to create awareness especially among the refugee community on SRHR issues.

Challenges

1

One of the challenges in this approach was that many of the faith-based leaders were not open to participating in the SRH discussions and needed to be convinced of the importance of working with the peer champion educators. However, eventually there was collaboration with four local churches which led to the leaders understanding the need to SRHR programming in refugee communities.

2

Another challenge that was revealed at the end of the project was the limited number of peer champions that were trained due to the project scope, only a small portion of the refugee community in Nairobi were reached. This challenge will be addressed in the next phase of the project.

“Overall, as a result of the community education, there are fewer early pregnancies noted in the refugee communities where HIAS Kenya worked.”

ENGAGING THE STATE



The advocacy undertaking by HIAS Kenya would be incomplete without engaging the state and state representatives. This is especially the case because ensuring the dispensation of health services is a state responsibility in Kenya as it is in most countries globally.

It would be difficult to make any meaningful progress in the SRH of youth refugees without speaking to state health administrators and health service providers appointed by the state.

A key strategy for state engagement was conducting meetings to simultaneously train refugee youth leaders and youth led organisations and County Health Officials about the context of SRH in Nairobi County. The meetings were held simultaneously to create an opportunity for interaction between refugee youth and the County Health Officials. The meetings presented a great opportunity for refugee youth to present their issues, perspectives and ideas with County health officials about what could be done to improve access to quality of SRHR services for refugee youth in Nairobi County.

The direct outcome of conducting trainings and meetings with both youth refugees and State health representatives, was an acknowledgement by County health representatives that refugees' access to reproductive health services was a pertinent area of concern that needed to be documented sufficiently because of the existing knowledge gaps. The Deputy County coordinator on reproductive health specifically acknowledged that the County and local health agencies focused on service provision for the local population and not necessarily for refugees which meant that the refugees were neglected. The County health officials heard directly from youth refugees who spoke about the challenges hindering their access to SRH services which were all tied back to issues of their refugee status. They highlighted their specific challenges as:

1 Being unable to access free maternity services because national identity documentation is required.

2 Most of the youth refugees lack proper documentation for identification in the first place, so no matter what kind of healthcare they're seeking they are turned away by health care providers. the process of acquiring documentation is often long or drawn out which means that for as long as they don't have the required documentation, they would not be able to access health care services.

3 Refugees are generally not willing to access specialized health services including reproductive health because they're afraid of being arrested for lack of proper documentation.



Significant movement in a positive direction when engaging the State and State representatives is only seen after a long time of consistent engagement, so the results in this approach will only culminate in something concrete from the State after more engagement due to the nature of how most government bureaucracies work. This will be managed by continuing to work with the state in the second phase of the project.

EVIDENCE BUILDING



HIAS Kenya conducted research on SRHR trends among youth refugees to collect data that would be used in evidence based SRHR development and implementation. The research conducted used qualitative methods, specifically focus group discussions, and key informant interviews.

01

MALE REFUGEES

Lack of refugee documentation, and delays in delivery of services at the health facilities due to overcrowding. Misconceptions that the more children one has the more welfare one gets in the country of resettlement.

02

FEMALE REFUGEES

high rates of maternal and mortality, low use of contraceptives. difficult to access due substantial challenges such as high cost of services, lack of refugee documentation, and delays in delivery of services at the health facilities due to overcrowding.

03

YOUTH REFUGEES

high prevalence of teenage pregnancies, which often results in unsafe abortions, high rates of maternal and mortality, low use of contraceptives, lack of refugee documentation.

04

MARRIED REFUGEE WOMEN

misconception was that the use of contraception affects sex life among married couples because of the false belief that contraceptives caused low libido among the women. high cost of services, lack of refugee documentation, and delays in delivery of services at the health facilities due to overcrowding.



RECOMMENDATION

From this research, HIAS Kenya recommends that there has to be collaboration between the government, the office of the United Nations High Commission for Refugees and other health service providers to ensure that there are trained refugee support providers in health facilities, and that there has to be awareness on the issues of refugees among health workers specifically so that the refugees are served with dignity in health facilities.

LESSONS LEARNT



There are several lessons that can be drawn from the HIAS Kenya project on improving the SRH access for youth refugees.





Always work with the community and take seriously the role of faith-based leaders because of their power in significantly influencing perspectives and opinions on crucial subjects such as SRH. Pay special attention to those leaders who feel strongly that SRH goes against their religious beliefs.



HIAS policy is to do no harm. It is crucial to ensure that the safety of the community that one works with, in this case youth refugees, is the top priority. Because of the refugee status and the difficulties in obtaining migrant documentation for the youth refugees it was particularly important to pay attention to the use of their images and videos in advocacy work. Failure to be extremely careful with the use of images and videos of the youth refugees would undoubtedly compromise their safety and security. Using social media as part of any advocacy work, one has to be more vigilant and aware of safety and security vulnerabilities.



Incorporate as much as possible various languages accessible to the communities that you intend to train. In this project some segments of the training material were in various languages spoken by the refugees including Oromo, Somali, French, and Kiswahili. This way any hesitation to engage with the training material is significantly reduced.



Integrate education, training, and awareness raising in advocacy work with not only the community with which you work, but also with other organizations working in the subject in which you're working. The impact of this education and training beyond the community with which you work is that advocacy for SRH of youth refugees is carried forward instead of coming to a grinding halt when the project cycle comes to a close.



Engaging in more participatory action research in program advocacy work is increasingly important to build evidence pays for advocacy especially if there is meant to be any form of engagement with state and state representatives. It is a very powerful modality to bridge the gap between the state and slash or state representatives and the community with which you are working. In this case it was particularly powerful to have the youth refugees speak directly about their issues in accessing SRHR as opposed to the officials hearing about these issues only from intermediaries i.e. the project team at HIAS Kenya.

NEXT STEPS



HIAS Kenya has received a second grant to further their work. It is expected that the work will be extended to reach more refugee communities, the research findings will be more widely disseminated, and more peer champions will be trained. The next phase of the project will scale up on work done and strengthen the project approaches to mitigate gaps and challenges experienced in the first phase of the project.

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