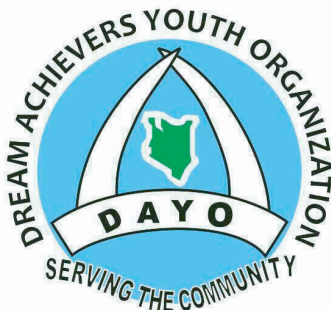




Hivos
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Advocacy for Youth Sexual & Reproductive Health & Rights



A Case Study of Dream Achievers
Youth Organization (DAYO)
in Mombasa, Kenya

Introduction

Dream Achievers Youth Organization (DAYO), a youth led organization in Mombasa, Kenya, is among the organizations that have recognized the gap in youth Sexual and Reproductive Health and Rights (SRHR) information and services access. DAYO's work, and their project highlighted in this case study, are both grounded in the link the organization has made between improving youth SRHR services and reducing teenage pregnancies through their advocacy. DAYO has worked with young people both in and out of school since 2003 to improve their health and socio-economic status.

For over two decades, there has been global acknowledgment of the importance of young people's Sexual and Reproductive Health and Rights (SRHR) in development. A few illustrations exemplify the recognition of the importance of youth SRHR, these include the International Conference on Population and Development and the African Union's Youth Decade Plan of Action (2009-2018). In Kenya, several national policies and legislation such as Kenya's Adolescent Reproductive Health and Development Policy of 2003 also make this recognition. Despite this acknowledgement, youth SRHR challenges and their consequent harmful, long-term implications persist, particularly among youth in rural and low-income areas.



The State of Youth SRHR in Mombasa, Kenya

According to Kenya's 2019 population census, the youth constitute 75% of the population in the country. Out of this population segment, adolescents aged between 10 and 19 years make up nearly a third of the youth population. Given the significant portion of the population that the youth constitute, paying attention to youth health and education is a crucial investment that must be accorded appropriate and sustained commitment by governments and all development stakeholders.

In addition to national commitments to youth SRHR such as through the Adolescent Reproductive Health and Development Policy of 2003, Kenya is also party to several international conventions and declarations related to adolescent and youth health. Notably, Kenya is a signatory of the International Conference on Population and Development (ICPD) (1994) and ICPD +5 (1999) which explicitly recognizes that young people have reproductive rights. Kenya is also a signatory to the Maputo Protocol which states that;

“State Parties shall ensure that the right to health of women, including sexual and reproductive health is respected and promoted.” Equally important is Kenya's constitution which states that “every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care.”



However, these commitments alone are insufficient to promote and improve youth SRHR in the country. There are still significant barriers for Kenyan youth in the awareness and access of sexual and reproductive health services.

The most significant challenges in youth SRHR includes the lack of reproductive healthcare services for adolescents, particularly access to high quality and affordable contraceptives, and lack of information and education on sexual and reproductive health and rights. These challenges exist within a broader context of poverty, child marriage, sexual abuse, and coerced sex. One of the impacts of poor youth SRHR are teenage and early-unintended pregnancies that have far-reaching consequences for the young girls and young women who often drop out of school, are exposed to unsafe abortions, and suffer life-threatening complications.

Mombasa is among the counties in Kenya with the highest prevalence of teenage pregnancy in Kenya with over 17% of girls between 15-19 years having begun childbearing. The high rate of teenage pregnancies illustrates the high unmet need for access to SRHR services, specifically contraceptives, and educative information on sexual and reproductive health and rights among the youth. For instance, an assessment of service availability and readiness in health facilities conducted in 2013 revealed that only 13% of public health facilities in Mombasa provided comprehensive youth friendly services including providing access to contraceptives.

The Context

In addition to Kenya’s international and regional commitments to providing quality SRHR services indiscriminately, the Ministry of Health has a track record of developing youth focused health policies and strategies to work towards the attainment of reproductive healthcare for all young people. The National Adolescent Reproductive Health Policy of 2015 was preceded by the National Guidelines for the Provision of Adolescent Youth Friendly Services in 2005. The National Youth Policy (2006) also recognized that reproductive health issues have the greatest impact on youth, specifically citing teenage pregnancies as one of the more damaging consequences of poor SRHR services among the youth. These policies are not widely known among SRHR stakeholders including health facilities and the youth. Where the policies are known and well understood, there are structural and socio-cultural barriers to achieving quality and affordable sexual and reproductive services for youth.

Structural barriers include the slow pace of implementation of the various national plans and policies on youth SRHR, worsened by the fact that these plans and policies are under-resourced. Other structural barriers include the scarcity of consistently updated disaggregated data on youth SRHR, and the lack of a reliable system of monitoring and evaluating youth SRHR in the country. Socio-cultural barriers constitute the powerful norms that are disapproving of early sex such that comprehensive sexuality education is either not provided to young people or it is restricted to abstinence and HIV/AIDS prevention. The problem is such that young people will still engage in sexual activity, but they will feel ashamed to access SRHR services or those SRHR services will not be available for them to access.



DAYO's Intervention

With a clear understanding of the youth SRHR context in Kenya and in Mombasa, DAYO identified and seized the opportunity to contribute to improving youth SRHR, and specifically reducing teenage pregnancies in Mombasa County. They focused their work on three specific objectives:



DAYO's advocacy project was also informed by the devolution of health services in Kenya to the county governments, which means that there are now more opportunities for advocacy targeted at the county level because it is easier to reach county government health officials than it is to reach central government health officials. Mombasa county government, where DAYO's intervention was focussed, started the process of developing a health policy targeting adolescents and youth in the county in 2019.

This policy development process was initiated in recognition of the reproductive health challenges facing adolescents and youth in Mombasa. DAYO rightly noted that in such processes, youth are rarely meaningfully engaged due to their limited capacity for meaningful engagement on one hand, and due to poor approaches in adult-youth partnerships on the other hand.

DAYO therefore set out to design a 12-month project to train Community Health Volunteers (CHVs) who were to be tasked to create awareness on SRHR among the youth in the community and to make appropriate referrals to the partner health facility in Ziwa La Ng'ombe in Nyali Sub-County in Mombasa County. Peer educators were also trained on the Dance4Life approach¹ to conduct activities for in-school and out of school youth to educate them on SRHR. The Dance4Life approach uses music, dance, theatre, and mentorship talks to create SRHR awareness among youth and empower them so that they can become agents of change in their communities. DAYO targeted both in and out of school youth because the in-school youth participants' knowledge would be enhanced by the advocacy project while the out of school youth would be able to access SRHR services that would have otherwise been difficult for them to know about and subsequently to access. DAYO therefore had three approaches in their work which were designed to achieve each of the three objectives, the approaches used in the project were:

- 1** Peer education and the Dance4Life approach
- 2** Community Health Volunteers (CHVs) and establishing a dedicated youth desk at the partner health facility
- 3** Data-driven decision making

¹ Dance4Life works worldwide to decrease the prevalence of the greatest sexual health threats to young people: unintended pregnancies, HIV and sexual and gender-based violence. The organization development an empowerment model by and for young people to empower rather than educate the youth. <https://dance4life.com/empowerment-model/>

1. Peer Education and the Dance4Life Approach

This involved identifying schools that would participate in the project in Mombasa County. 10 schools were selected, however DAYO conducted the peer education and Dance4Life activities in 4 schools: Maweni Secondary School, Kongowea Secondary School, Frere Town Secondary School and Family Health Options Youth Center. Peer educators were recruited and trained on the sensitization and empowerment material as well as the approach to be used in engaging the youth involved in the advocacy project. Due to the COVID-19 pandemic, the planned activities needed to be modified to decrease in person interactions between the peer educators and the young people selected to participate in the project. Initially, DAYO had planned to conduct school visits with several activities planned in each visit. Instead, peer educators held sensitisation meetings with the teachers to develop a work plan that was more appropriate for the safety of everyone involved. Dance4Life drills were created and shared online and with teachers and parents to be passed to youth whose participation in group activities were limited due to COVID-19 regulations.² Before the pandemic, DAYO had planned to hold in-person Dance4Life activities with the targeted youth. Peer educators conducted 10 sensitization sessions in the four selected schools for 2 hours per session with 12 students between 15-24 years,



Another activity that was developed to mitigate the effects of the COVID-19 pandemic was the preparation and broadcasting of bulk Short Message System (SMS) messaging on SRHR to students and parents. More than 200 students and parents were reached with SRHR messaging using the SMS platform that was established for the project. Due to COVID-19 restrictions on interaction, the project had to reduce the number of students engaged in the project due to new regulations that restricted public gatherings where more young people would have otherwise been reached. Similarly, COVID-19 regulations that restricted public gatherings led to the reduction of the number of students engaged in the project. As a result, fewer young people than intended were reached by the project.

² The Dance4Life drills can be viewed on DAYO's YouTube channel <https://www.youtube.com/watch?v=kq8TEh0tQUQ> and <https://www.youtube.com/watch?v=uZTxBzmOwRY>

The peer education, Dance4Life and the bulk SMS messaging all increased the knowledge of adolescents and young people on SRHR to increase their ability to make informed decisions. The cohorts that participated are now aware of different types of adolescents and youth SRHR services offered at health facilities and where to get those services.

2. Community Health Volunteers & Health Facility Youth Desk

This approach was targeted at achieving the second objective of the project which was to make adolescents and youth SRHR services available and easily accessible by young people through referrals. Many young people, if they choose to go to health facilities for SRHR services, tend to get impatient at the health facility if they find long queues. Dayo worked together with a health facility, Ziwa La Ng'ombe, upon the recommendation of the County Department for Health in Mombasa County and established a dedicated youth desk. The youth desk was developed to enable young people to feel comfortable and free to seek services at the facility and is run by a Community Health Volunteer (CHV).



DAYO worked with the Nyali Sub-Country Reproductive Health Coordinator who led a three-day training programme for 20 recruited CHVs on adolescents and youth SRHR. The trained CHVs were then deployed to make referrals and run the youth desk at the Ziwa La Ng'ombe health facility. The CHVs recruited were deliberately young to enable more openness that would increase the youth's likelihood of accessing SRHR services. DAYO made this decision with the understanding that young people tend to get intimidated by older service providers and shy away from accessing SRHR services because they don't feel comfortable around them. Having young people as CHVs and advocates for youth SRHR provided better conditions for young people to understand and make informed decisions about their health because the youth can relate to the CHVs who share the same experiences as them.



Instead of conducting community outreaches as planned, DAYO conducted “in-reach” work at the health facility to mitigate the COVID-19 restrictions on gatherings and social distance. The Mombasa County Department of Health advised this approach which limited the number of people engaged to those in the health facility. These facility “in-reaches” were conducted on selected Saturdays and services offered on that day were free of charge. Outreach work which could not take place as planned, was also replaced by recording the dramatized videos on SRHR sensitization³ and poetry which were shared on DAYO’s social platforms.⁴ As a result of the CHVs work, the youth desk, the health facility “in-reach” work and the SRHR messaging, more young people accessed SRHR services for the duration of the project.

3. Data-driven Decision Making

One of the challenges in improving SRHR services for youth is the scarcity of good quality data. Within this project, DAYO also set out to improve the availability and use of quality data for decision making to help Mombasa County Department of Health in its planning for adolescents and youth SRHR. 20 referral books were printed, and each given to the 20 trained CHVs to make referrals. The referral sheets collected afterwards were analysed for every given month, a total of three quarterly data review meetings were also held where the County Department of Health has been consistent in supporting the review work.

Through DAYO’s support together with the County Department of Health the project developed an online reporting tool for all activities related to youth SRHR. The gaps identified during the analysis of the data provides opportunities for designing interventions that will appropriately and effectively address youth SRHR needs. DAYO together with the County Department of Health is in the process of purchasing containers that are meant for providing youth friendly services in Nyali, Mombasa.

³ DAYO recorded a video with young DAYO thespians emphasizing the need to sensitization of young people on SRHR
<https://www.youtube.com/watch?v=q8jzziyQLWo&t=30s>

⁴ A young spoken word artist performed a piece on prioritizing youth SRHR services during COVID-19 to reduce teenage pregnancies in Mombasa.

From DAYO's preliminary analysis, a total of 1045 referrals were made since the project inception. More girls (647) than boys (224) received SRHR services. DAYO has also led the establishment of an East and Southern Africa consortium on SRHR that brings together youth-led organizations from Kenya, Zimbabwe, Malawi, and Zambia to work on improving youth SRHR programming in the two regions.

Lessons learned

DAYO's project has contributed positively in filling up the gap in the provision of youth friendly services to adolescents and youth in Mombasa. The partnership they established with the Mombasa County Department of Health will continue to prove beneficial to youth SRHR programming in the region.

Some of the lessons learned during this project include:

01

MASS MEDIA IS ESSENTIAL

Effective use of mass media is essential to reaching young people with information, particularly during pandemics like Covid-19. Resorting to using videos and the more traditional bulk SMS to spread the SRHR messages was crucial to sensitization efforts during the shutdowns caused by the COVID-19 pandemic. Conducting facility "in-reaches" instead of community outreach work is a good illustration of DAYO's flexibility and adaptability.



02

ORGANIZATIONAL GROWTH AND DEVELOPMENT

Every project offers an opportunity for organizational growth and development. From this project, DAYO was able to enhance their visibility as a youth-led organization and to improve their policies which has led to their ability to continue and sustain the project.



03

PUBLIC - PRIVATE PARTNERSHIPS ARE CRUCIAL

Public-private partnerships are crucial to ensuring the attainment of project goals and addressing conservatism and red tape.



WHATS NEXT?

DAYO's peer education on SRHR and mentoring sessions has gained the interest from 6 additional secondary schools who are interested in participating in the sessions with their students. DAYO has now expanded the project with support from Hivos and will be reaching more schools and more youth. The expanded project aims to reach 2,000 young people within the next year and follow up with the Mombasa County Department of Health on establishing a youth center using the container that the department committed to providing for that purpose.

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