Expanded Access to Adolescent Sexual Reproductive Health Rights, Information and Services (ASRHR Project)

December 2019-November 2021, Mombasa and Kilifi Counties
ASRHR project goal

Stronger and more coordinated youth-led civil society in Southern and East Africa that can promote, address and advance ASRHR and its intersections with HIV and gender inequalities at the regional level, with a key focus on adolescents’ girls and boys, young women and young men.

- 58 health facilities supported to provide a minimum package of youth-friendly services
- 91 peer champions/ mentors trained on peer education and advocacy
- 18 AYP groups trained on organization system strengthening
- Partnered with Counties of Kilifi and Mombasa to convene four Adolescents Technical Working Groups (ATWGs) during the project period
- Supported capacity building and documentation of best practices of AYP (20 abstracts submitted to different conferences/forums)

Project location
Mombasa and Kilifi Counties

Expected Result 1.
Increased knowledge on sexual reproductive health and rights services among adolescents and young people:

- Adolescents and young people in Mombasa and Kilifi can access Sexual Reproductive Health and Rights (SRHR) information through one2one™ Integrated Digital Platform. As a result, 28,168 AYP were registered and utilizing one2one™ digital health solution to access SRHR information and services.
- Digital health interventions: one2one™ digital solutions are underpinned under a stepped care model that uses exciting, innovative, comprehensive, evidence-based approaches to reach youth with information, counselling, and health services. The model uses an evidence-based, staged system, comprising a hierarchy of interventions, from the least

Problem statement
Adolescent and young people in Mombasa and Kilifi Counties face a myriad of challenges in accessing information and health services due to, among other factors, stigma and health systems that are not responsive to their needs. AYP are often left out in the policy development thus denying them an opportunity to contribute meaningfully to shaping programs meant for them. These, in turn, contribute to poor services utilization and hence negative health outcomes.¹

Project results summary
- 28,168 Adolescents and Young People (AYP) registered on the one2one™ platform to access SRHR information
- 77 health care providers trained to provide adolescent and young persons’ responsive services in Kilifi and Mombasa

¹ Adolescent’s Package of Care in Kenya (https://bit.ly/3XiQZfo)
² one2one™ website https://one2onekenya.org/
The starting point of the model is to stimulate the self-reliance of individuals. The goal is to provide alternative and responsive digital solutions to respond to an ever-evolving digital-savvy population.

**Expected Result 2.**
Increased uptake of sexual reproductive health and rights services among adolescents and young people:

- The establishment of the Youth Friendly Centers (YFC) and subsequent training of the health care workers to provide AYP responsive SRHR services within government facilities facilitated uptake of services among young people. Data from the Mombasa and Kilifi Kenya Health Information System (KHIS) indicate that there was an increase in uptake of services in the youth friendly centres.
- LVCT Health supported the Counties of Mombasa and Kilifi to assess youth responsive services offered at selected facilities. Based on the findings, the counties established youth friendly centers, trained health care providers and equipped the youth friendly centres. This has since encouraged health-seeking behaviors among adolescents and young people.

**Expected Result 3.**
Improved capacity of adolescents and young people to engage in policy, programming, and research:

- Amplifying the voices of young people: The project supported the establishment of Kilifi Youth Advisory Champions for Health (YACH) and strengthened Mombasa YACH.
- Continuous mentorship and capacity building of AYP and YACH over the project implementation period enhanced their ability to participate through self-advocacy, in policy & advocacy forums. The YACH conceptualized, documented, and developed an e-magazine. During the 4th Annual Scientific Conference on youth and adolescents (2020), seven YACH participated and presented abstracts on different thematic areas.
The project enhanced YACH’s confidence and taught them essential life skills. As a result, the YACH who participated in the Sexual Reproductive Health (SRH) program became more confident, which enabled them to articulate debates on AYP inclusiveness in policy and advocacy forums such as Technical Working Groups (TWGs) on behalf of their peers. In addition, the YACHs have documented their own success stories in the e-magazine for two editions for the second year. In Kilifi, the YACH president wrote an article in the leading Daily newspaper advocating for women and girls to receive support from duty bearers in managing menstruation safely and hygienically in schools and households in rural areas.

Mapping of AYP groups: We supported the Counties of Mombasa and Kilifi to map out AYP groups. This exercise aimed to establish how many active SRHR AYP groups exist within the Counties, their geographical locations, what they respond to in the AYP strategy, collaboration and partnership with the Counties, and how they involve AYP with disabilities within their programs. As a result, 217 AYP groups were identified in Kilifi and 53 AYP groups in Mombasa.

Expected Result 4.
Strengthened coordination of multi-sectoral response in responding to sexual reproductive health and rights among adolescents and young people:

- The Counties have a partner’s coordination office to enable the implementing partners to have a centralized synchronization of projects within the Counties—this improved reporting of activities geared toward implementing the AYP strategies.
- Strengthened coordination of multiple sectors in responding to HIV/SRH among AYP in Mombasa and Kilifi Counties, improved accountability of stakeholders at all levels.
  - Mentorship to AYP groups during Organization System Strengthening (OSS) evaluations: During the mentorship sessions, we supported the groups in
  - Developing communication strategies and branding manuals
  - Human-Centered Design (HCD) tools training: As part of the larger mentorship model on virtual engagements, we mentored the groups on how to use the following tools: Miro, Jamboard, Mentimeter among others
- We partnered with Mombasa County to develop an AYP health training manual. The goal of this training manual is to build the capacity of AYP peer educators and leaders for the adolescent with the right attitude, knowledge, and skills to transfer basic knowledge, attitudes, and skills on sexual and reproductive health, STI&HIV, Sexual and gender-based violence, communication, and relationships skills, peer education, life and facilitation skills.
Lessons learned during the implementation period

One2one digital health ecosystem (stepped care model): Stepped care model is an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to the individual’s needs. We utilized the stepped care model to provide SRHR information to AYP through online and offline approaches while implementing this project. This model helped us to have the right service in the right place, at the right time, delivered by the right person and systems.

Intervention mapping approach: We used Intervention Mapping (IM) as a planning approach based on using theory and evidence as foundations for taking an ecological approach to assess and intervene in health problems through community (AYP) participation. It mapped the path from the recognition of a need or problem to the identification of a solution. LVCT Health utilized this approach while developing digital health solution’s content for informed choices among adolescents and young people.

Human-centered designs approach: We used human-centred design as a creative approach to problem-solving that started with AYP and ended with innovative solutions tailored to suit their needs. For example, we used this approach during the documentation of the YACH Inspire Zone e-magazine. AYP were involved in the conceptualization, design, review, production, and dissemination of the publication.

Meaningful engagement of AYP: YACH has disseminated information to policymakers and government officials through AYP TWGs and stakeholder forums. YACH has had significant impacts on policy, including co-writing the AYP strategies for Mombasa and Kilifi and contributing to the review of the same strategies.

Multi-sectoral coordination: Government involvement and monitoring of projects were vital. Presentation and oversight of the project by the government agencies presented an opportunity to document the processes and measure outcomes of different strategies utilized in the project. This collaboration allows an implementation to generate practical evidence that will inform scale, policy, and practice.

Defining YACH community engagement approach: Activities to reach young people in the community yield better results than facility-based interventions hence the need to engage more AYPs to aid in the identification and referral of young people for SRHR information and services. As a result, we supported the YACH to define a community-level approach that engages young people from the County to the facility level.

![Figure 5: Kilifi Youth Advisory Champions for Health (YACH) members during an outdoor event. PHOTO: Kilifi YACH](image)
### Key challenges and recommendations

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<th>Challenges</th>
<th>Recommendations</th>
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<td>COVID-19</td>
<td>- Digital/ web-based tools can be an additional approach to adolescents' engagement in health management and information system.</td>
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<td>- Virtual space for meeting/ training could complement the physical approaches of capacity building/development, multi-sectoral &amp; engagement platforms, e.g. AYP TWGs, and stakeholder's forums.</td>
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<td>Adolescent and young people engagement at the community</td>
<td>- Integrating youth advisory champions for health (YACH) in the community health strategy can facilitate the mobilization of adolescents and young people to access health services in nearby facilities.</td>
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Acknowledgments
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Citation

About LVCT Health
LVCT Health is a Kenyan non-governmental and not-for-profit organization. Established in 2001, LVCT Health works every day to drastically reduce new HIV infections: increase equitable access to quality health services through innovative, integrated, comprehensive, and high-impact services and programs that can be delivered at scale.

www.lvcthealth.org