STRETCHERS
YOUTH
ORGANIZATION.

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STRETCHERS YOUTH ORGANIZATION.

REPORT

ON

ADOLESCENT GIRLS ON TRANSFORMATIVE ADVOCACY (AGoTA) TRAINING.

HELD ON 1ST & 2ND JUNE 2018.

IN PARTNERSHIP WITH

HER VOICE FUND.
ACKNOWLEDGEMENT.
Many thanks to the Almighty God for having guided us to the completion of the training.
To the County Officials who graced us with their presence during the training and the facilitation.
To the Stretchers Youth Organisation team for their assistance during facilitation.
Thank you all and May God Bless you all abundantly
STRETCHERS YOUTH ORGANIZATION.

Stretchers Youth Organization is a membership youth led community based organization that was started in 2011 with the aim of raising dialogue through advocacy, community mobilization, capacity building, artistic expression and service linkage on reproductive health, human rights, good governance and skills development among women and young people at the Coastal counties of Kenya to address societal issues ranging from teenage pregnancies, high rate of unemployment, human rights violation and bad/poor governance.

VISION.

A healthy society where every voice counts.

MISSION.

Promoting Health Rights and Governance among youth and women by integrating capacity building, advocacy and information sharing for sustainable society.

MOTTO.

Building Youths and women capacities.
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1. ADOLESCENT GIRLS ON TRANSFORMATIVE ADVOCACY.

1.1 ABSTRACT.

Today there are more young people in the world than ever before, including 1.2 billion adolescents. Young people can bring about a lot of societal and economic progress but only if their rights are protected and the policies set at the national level promote their well-being and expose them to social and economic progress plus allow them participate in the decision-making process to empower them and advance their rights. Adolescence is a critical phase in the development of physical, mental, social and economic capacities. At present too, few adolescents reach their potential with some dying; Preventable diseases, Birth complications, HIV (9% with HIV and 13% deaths (adolescents) (ASRH policy 2015 Kenya), Violence, drug & substance abuse among others.

With this in mind we need to help these young adolescents advocate for their rights and inorder for that to happen this only means that these adolescents need to know their rights and identify which policy’s work for them, which government institutions are mandated with the responsibility of ensuring policies are set to ensure adolescent health and well being plus ensure that the Adolescent policies are set and implemented to the latter.

It is in this light that AGoTA (Adolescent Girls on Transformative Advocacy) project was set up. The aim of the project being to promote policy and legal frameworks that empower adolescents’ girls and advance their rights. There are a number of activities lined up for this project; training, consultative discussions and round-table meetings with stakeholders.

The following highlights the Training of Adolescents that took place in 1st and 2nd June. It was an opportunity to identify challenges adolescents face and to also know how best to help in tackling some of the issues. We also sough the chance to share on the ASRHR Policy 2015 with the girls plus sensitize them on the need to champion for their rights. At the end we got to form networks, work on action points to be implemented to improve Adolescent well being.

1.2 PURPOSE OF OBJECTIVE OF TRAINING.

➢ To educate girls on Policy development, Sexual Reproductive Health and Adolescent Health Rights and Family Planning.

➢ To capacity build on life skills.
➢ Create networks among the adolescents.

➢ To encourage young adolescents and women to speak out on the issues they face for them to be addressed.

➢ To identify Adolescent Champions.

1.3 TRAINING DAY 1.

The participants started arriving from 7:30AM to around 8:30AM. The training began with a word of prayer from one of the participants. Thereafter, Rebecca, the Project Assistant guided on introduction and informing the participants why we had the AGoTa training. The participants had to introduce themselves in the following procedure;

1. Name
2. Location
3. Something Special about themselves
4. The secret thing that makes them happy
5. Whether in or out of school.

1.4 NORMS AND EXPECTATIONS.

The participants guided by the P.A set the norms for the training. They then selected the leaders that will guide them in controlling the sessions during the training. The leaders chosen were;

- Spiritual Leader- Hefsiba Mayaka
- Time Keeper- Alice Achieng.
- Welfare- Hajra and Mwanamwinyi
- Energizer- Beatrice.

Expectations.

We also had the participants give their expectations for the training. They got to write them down on sticky notes and stick them on the Flip charts made available for this purpose. Some of the expectations include but not limited to;

- To acquire more knowledge and new skills
- To advance and enhance my skill in advocacy especially for adolescent girls right
“To gain more knowledge on the AGoTA Training and use the skills acquired to help adolescent girls in guiding them and advising on reproductive health.” AGoTA Participant.

“To be empowered on how to face life and what it comes with as an adolescent and student with dreams and ambitions on changing the future for the better.” AGoTA Participant 2.

“Help in transforming other girl’s life and open their minds to speak up and acknowledge their rights as girls.” AGoTA Participant 3.

“To acquire the courage and to mentor others without shame.” AGoTA Participant 4

After the discussions on the expectations we distributed the Pre-evaluation questions for the training for assessment purposes.

**Stretchers Youth Organisation and AGoTA Overview.**

The AGoTA Project Officer, Loice Felice took the Girls through the Stretchers Youth Organization Profile and an Overview of The AGoTA Project. This included discussing about the SYO activities and its mandate in helping build Youths and women capacities plus promote their rights. It also entailed discussing the current projects being implemented by SYO. This was done by the various P.O and P.A of the projects;

- I Vote I Participate- Ann Nzioka
- SEPOYE- Edward Sakwa.

The Project Officer then gave an overview of AGoTA project, its **GOAL-To Promote Legal and Policy frameworks that empower girls and advance their reproductive health rights.**

Plus, the Project objectives. We also discussed further on how we plan to engage the girls in the Project in the number of activities planned;

**Consultative Group Discussion.**

The champions will conduct Consultative group discussions with other adolescents within the community and in schools informing them of the existing policies plus gather information on challenges the adolescents are facing. This will be used in developing a memorandum on health
programs to be submitted during the round table meeting with the Mombasa county assembly Health Committee and CS Health.

We’ll conduct Peer learning sessions with the adolescent girls as an effective way of sharing with them different skills on how to improve their Sexual and Reproductive health. We shall also provide knowledge and skills, required to lead healthy lives among adolescent girls, conduct discussions in a free environment to allow for sharing of information and experiences with the girls giving them a platform to ask questions on taboo subjects without the fear of being judged or teased.

**Round-Table Meeting.**

The trained champion will have a round table meeting with the members of county assembly and members of national assembly and other officials of the county to table some of the recommendations for addressing adolescent health issues of the county. The champions will also push for the implementation of National Guidelines, provision for Youth Friendly services in Mombasa county-Kenya. In line with this guideline, they will also advocate for Adolescent Sexual Reproductive Health Policy at the county level through the devolved government structure.

2. METHODOLOGY.

The training involved using a number of methods for the two-day training. The following is a combination of the methods used for the two-day training:

- Facilitation
- Group Discussions

**Day 1.**

The first day of the training involved using a number of methods to help in identifying issues adolescents face and also to help them voice out their opinions on matters regarding their sexual reproductive health and well-being. It also involved use of facilitators who shared information on ASRH Policy 2015, Reproductive Health and Situational Analysis of HIV/AIDS among other things. Each facilitator engaged the adolescents on number topics based on Policy Development, Adolescent Health Rights and Life skills. We also had group discussions to help in identifying the priority issues affecting adolescents in order to select a major one. The following are some of the facilitators and the discussions they had with the adolescents;
Mr. George Kissinger.

Took the Adolescents through the situational analysis of HIV/AIDS and STIs plus teenage pregnancy rate in various counties. It was noted that Changamwe had the highest rate of Syphilis Infection while Jomvu leading in Teenage Pregnancy. He spoke on Youth Friendly centres being places where adolescents can seek help on STIs, HIV/AIDS and advice too. He also stated that some money had been set aside to help Youth Groups assist community members.

In terms of what the County Government should do to promote Adolescent Health and well-being:

- To provide Youth Friendly services at the community and grassroot levels
- Provision of Contraceptives to areas with high rate in syphilis among other Sexual Reproductive Health infections. The condoms should also not be tight.
- More people should be empowered at the grass-root levels.

Madam Lucy Nyambura.

She spoke on Decision Making Skills. The three components-Challenge, Choice and Consequence. She also spoke on how best to improve self-esteem. Some questions were posed during her session;

Q) What might be the root cause of teenage pregnancies?

- Lack of sexual education
✓ Ignorance

✓ Many parents don’t want their children to be taught on Sexual Behavior.

✓ Accessibility of Porn on the internet.

Q) How can the adolescents get involved in the decision making at the County level?

✓ Through involvement in the Public Participation process during the Budgetary process to air their challenges.

✓ Involvement of Adolescents in the Technical Working Groups.

Ezekiel Kodonde.

He spoke of the Global Fund. Disbursing of the fund is made possible by the Kenya Co-Ordinating Mechanism which is made up of Government, Donors, Non-State and the community. Aim being to facilitate the education and capacity building for youths. Also, to help nations affected with HIV/AIDS, TB and Malaria.

James Atito

A number of challenges were mentioned facing adolescents; GBV, Rape, Pregnancy, Poverty, Drugs, Culture, Depression, FGM, Lesbianism, Homosexuality, Menstruation challenges, Temptation, Peer Pressure, Discrimination, Drop-out, Harassment, Stigma.

Solutions to challenges- advocacy, counselling, Abstinence, Contraceptives, Awareness, Cohesiveness, Decision-Making, Empowerment.

Adolescent Rights.

After these discussions we issued daily evaluation forms to get feedback from the adolescents on their first day training experience. The questions asked included;

Q1.) What went wrong?

Q2). What needs to be improved?

Q3). What went well?

Majority of the Adolescents did say that the sessions and that they enjoyed interacting with the different facilitators however, time-management was a big issue that needed to be improved.

Others commented on being grateful for the meals.
The Day 1 of the training ended at 5:30PM with a prayer from one of the participants. The SYO team held a brief meeting to review the evaluation questions and see how best to deal with the issues presented by the participants-Time-Management and Transportation Cost.

**DAY 2.**

The training began at 9AM with the Programs Manager engaging the participants in a RECAP session of the previous day. After which we had the Reproductive Health Co-Ordinator discuss ASRH Policy with the Adolescents.

**Emily Mwaringa.**

Spoke on Adolescent Sexual Reproductive Health policy 2015 the aim being to improve Sexual Reproductive Health and well-being of adolescents.

A question was posed on as to why Teenage pregnancy rate is high in Mombasa County and these were some of the reasons given;

1. Parental skills are lacking
2. Many teenagers are ignorant and they also lack sexual education.
3. Many adolescents are guided by social media.

**Figure 2** Reproductive Health Co-Ordinator having a session with the girls.

Solutions given by participants;
1. Police should be involved in places like lodgings to be strict on people engaging in sex when they are not married.

2. School policies also count like sending students home for petty issues. This gives them a chance to sexual acts or using drugs.

3. Entertainments in school should be supervised by a senior or teacher.

4. Follow up on absenteeism (School Administration should be responsible).

![Figure 3Reasons Adolescents gave for the need to advocate for Adolescent Health and wellbeing.](image)

Other Issues that came out;

**Poverty**—Adolescents end up engaging in sexual activities to earn money for their needs.

Myths on contraceptives make people engage in unprotected sex.

Drug abuse make the adolescents engage in unplanned sex which leads to early pregnancy.

Mogoka (damages/destroys reproductive system of male yet people assume it’s a way of planning for birth

GBV issues should be reported at the Youth Zone in Madaraka e.g. rape. Coast General Ward administrator have a direct link to Governor. It was noted that some MCAs don’t help in dealing with some of their constituents’ cases because they have a negative attitude on areas that did not vote for them.

**Menstrual Hygiene**—Was identified as an issue resulting to most adolescents not attending school. The adolescents advocated for enough and diverse distribution of sanitary towels. Sanitary towels were to be subsidized to make them affordable.
Adolescent Sexual Reproductive Health Policy

Policy set to enhance SRH status of adolescents and contribute to the realization of their full potential in National Development.

Mainstream ASRHR into health and development Agenda.

Defines structure and key components of ASRHR to facilitate their mainstreaming in all sectoral planning activities.

Goal of the policy- To enhance SRHR Status of adolescent in Kenya and contribute towards realization.

Objective of Policy.

To promote an enabling legal aid, social, cultural environment for provision of SRHR information and service for the adolescent.

Enhance equitable access to high quality efficient and effective adolescent friendly ASRH information and service.

Increase Gender Equity.

Madam Emily Mwaringa did state that the County Health Team is planning to increase working hours in Youth Friendly Centers to atleast 9pm so that the adolescents are able to access the services even after school.

The existing Youth Friendly centers are Mlaleo and Tudor.

Support adolescents’ participation and leadership in SRHR.

Through Education will be able to:

- Reduce STIs including HPV and HIV
- Reduce Early and Unintended pregnancy
- Reduce Harmful traditional
- Reduce drug and substance abuse
- Reduce Sexual and GBV and improve response
- Address SRHR needs and needs of marginalized and vulnerable children.

County Health Team shall help in the following;

- County Government shall allocate resources for ASRHR policy for implementation
• Planning, implementation, supervision and co-ordination of ASRHR programming shall be undertaken.

• Stakeholders Forums and dialogues shall provide avenues for partnership and public participation.

It was noted that there was a high rate of corruption in Jomvu Sub-County where the MP only support the ones he knows even when it comes to bursaries. The Mvita M.P has done his best to take the bursaries in schools but the principals to Deputy Principals give the bursaries to students who are not vulnerable.

It was reported by Madam Emily Mwaringa that, “Last year 100 babies were born negative due to protecting the HIV mothers during giving birth.”

Concerns were also raised by one the SYO facilitators;

1. Some youth and adolescents from the organization to be invited in any policy makers within the County.

2. The adolescents should be used to go to schools and in the community to talk on these challenges affecting them and also they should be used in resource mobilization.

3. The SRH Policy draft to be sent to the SYO.

4. The resources that are there should be brought to us and utilize them well and share the information to the grass root level.

Evans Ouma.

Topic of Discussion- Advocacy.

Raising the voice of the voiceless. Standing firm, speaking on behalf of others. The day one action on money award was used to describe what advocacy is.

Those who complained on behalf of those who were not awarded but had been promised to be awarded were the advocates. Those who agreed did not have an opinion to refuse for those not to be awarded.

The method was mainly to see if the girls are empowered enough to speak out on behalf of the community.

We also had group discussions to discuss the challenges facing adolescents in depth.
3. FINDINGS.

From the discussions with the adolescents, the Pre-& Post evaluation questions, the following were some of the findings presented:

Adolescents Views on what is lacking;
- There is need for Comprehensive Sexual Education for adolescents.
- Adolescents want Youth Friendly Centers present in their various sub-counties to avoid stigma when reporting certain reproductive health issues concerning them.
- There is need to advocate for proper Parental Guidance for children of all ages because parents play a key role in shaping up of a holistic individual.
- Teachers need to be involved in ensuring Adolescent Rights are protected.
- Adolescents view parents to be both a solution and challenge to issues facing adolescents because of a number of reasons;
  - They are not open to discuss sexual issues with their teenagers/adolescents.
  - Some marry off their own daughters to the rich
  - Issues of children being defiled by their parents
  - Lack of parental care- adolescents being seen as the teachers’ responsibility.
- There is need for provision of Sanitary Pads and follow up should be done to ensure that the pads given to be distributed in schools are distributed. This is because some teachers sell the free pads to be issued to students instead of giving them for free.
- There is need for distribution of contraceptives

Challenges Adolescent Face;
- GBV, Rape, Pregnancy, Poverty, Drugs, Culture, Depression, FGM, Lesbianism, Homosexuality, Menstruation challenges, Temptation, Peer Pressure, Discrimination, Drop-out, Harassment, Stigma.

Solutions to challenges given by the adolescents;
- Advocacy, Counselling, Abstinence, Contraceptives, Awareness, Cohesiveness, Decision-Making, Empowerment.
Challenges experienced during the Training.

❖ Time management was a challenge in terms of moderating guest facilitators thus some of the activities to be covered for the training were not covered fully.
❖ Mobilization of the adolescents- some failed to show up due to unavoidable circumstances.
❖ Food delays.

4. CONCLUSIONS AND RECOMMENDATIONS.

In Summary, I believe the training was a success since a majority of the adolescents demonstrated knowledge of the Adolescent Rights and Policy’s plus through the engagement with the adolescents we got to identify particular challenges that they face. The facilitators were impressed with the participation from the adolescents.

Through discussions with adolescents guided by the facilitators a number of challenges facing adolescents were identified and major issues facing adolescents noted;

✓ Parental Guidance
✓ Personality-depression, anxiety, self-esteem issues. The adolescents felt that if we could find ways to develop a holistic individual then will be able to deal with issues such as peer pressure; influencing individuals in a positive way.

At the end of the training the adolescents were more informed on ASRHR policy, advocacy and life-skill issues.

A network of Adolescent Champions was formed to follow up with the group progress.

Recommendations.

• There is need to create more Youth Friendly centers.
• There is need for allocation of more time to discuss on the County Budgetary process.
• Need to confirm with attendants prior to activity day.