



TASH PROJECT FINALE REPORT

INTRODUCTION

The Transforming Adolescents Sexual Health (TASH) project aimed at establishing strong and sustainable multisectoral partnerships for the development of the **Kwale County Adolescent and young people (AYP) strategy**. This initiative was crucial in fostering collaboration across different sectors and partners within Kwale County to address the diverse sexual and reproductive health (SRHR) needs of adolescents and young people.

This report provides an overview of all the activities conducted under the TASH project, which actively engaged duty bearers at the county level, as well as adolescents and young people, both in and out of school, across the four sub-counties: Msambweni, Lungalunga, Kinango, and Matuga. The key activities were; courtesy visit to the Kwale County Department of Health Services, an inception meeting with key stakeholders such as the Department of Health, the Department of Gender, Youth Affairs, and various civil society organizations. Additionally, focused group discussions were held to gather the perspectives of adolescents and young people in regards to SRHR services and information, alongside support for commemorating significant international events like Menstrual Hygiene Day in Kwale County.

Key Activities

I. Inception Meeting

On April 8th, 2024, the Transforming Adolescent Sexual Health (TASH) project was officially launched with an inception meeting that brought together key stakeholders from the Kwale County Government and health sectors. This meeting focused on officially introducing the project to the stakeholders that would be engaged throughout the project implementation. Attendees included high-profile county officials such as CECM for Health Services, Chief Officer for Preventive Health Services, and other distinguished leaders from the Departments of Youth Affairs and Gender. During the meeting, Stretchers Youth Organization Executive Director highlighted the project's focus on adolescents aged 10-24 years, emphasizing tailored interventions to equip young people with the knowledge and resources to make informed decisions about their sexual and reproductive health. This meeting marked an important step in fostering collaboration toward creating a healthier and more empowered future for Kwale's youth.



The photo shows the Executive Director from Stretchers Youth Organization Mr Dickson Okong'o presenting the project to the partners and stakeholders during the inception meeting

II. Focused Group discussions



This photo shows young people being engaged in a focused group discussion by a facilitator.

Stretchers Youth Organization, in partnership with various stakeholders like NAYA Kenya ,SAFE Pwani, USAID-STAWISHA, Kwale Women Focus Initiative ,YACH Kwale County and the county government of Kwale department of health through the support from the county and sub-counties Adolescents and Young People coordinators , conducted a series of 15 focus group discussions (FGDs) reaching 483 AYPs in different locations within Kwale County to explore challenges and opportunities related to Sexual and Reproductive Health and Rights (SRHR) among adolescents and young people. These fifteen FGDs took place in Msambweni subcounty (Mvinden Secondary School,

Kwale women focus initiative, Mbuoni dispensary, Mwaroni social Hall), Lungalunga Subcounty (Godo community, Shimoni dispensary), Kinango (Kinango subcounty hospital), Samburu (Ndohivyo primary) Matuga (Kwale primary, Tiwi) . The discussions aimed to identify gaps in SRHR services, barriers to access, and potential improvements to better meet the needs of young people in these areas. In all the Focused group discussion, a methodology of question and answer and open discussion were used. A total of 8 questions were used to gather information from the adolescents and young people.

Link to guiding questions;

https://docs.google.com/document/d/1vA7PCuJAiaKLrGBlv7wB7NrxcdQR950/edit?usp=drive_link&oid=106094771934476584875&rtpof=true&sd=true

Key Findings

Guiding questions summary	Responses
1.Awareness and Knowledge of SRHR Services	<p>Out of the 483 adolescents and young people reached ,approximately 180 which is equivalent to 37% confidently demonstrated awareness of various SRHR services, such as family planning, condom use, gender-based violence (GBV) issues, pregnancy-related services, safe abortion, antenatal and postnatal services among other services . However, around 80% were unsure where to access these services, indicating a need for better information dissemination. Msambweni subcounty participants demonstrated highest level of SRHR knowledge compared to the other sub counties while Lungalunga demonstrated the least level of knowledge.</p> <p>Areas where SRHR services and information could be accessed as mentioned by the participants include;</p> <ul style="list-style-type: none"> • Hospitals, • Through other organizations and NGOs , • Social media • Community outreaches • Dialogues forums • Pharmacists • Market centers <p><i>" If I want to know how a certain contraceptive is working, I just go to you tube watch some directive videos then I go ahead to the chemist to buy it". Said by one of the participant from kinango.</i></p>
2. Challenges in Accessing SRHR Information and Services	<p>The following were the challenges mentioned by participants as barriers to access of SRHR services and information.</p> <ul style="list-style-type: none"> ✓ Lack of Access to Information: Due to the remoteness of the areas such as the Godo community, some of the young people lack access to critical information on Sexual and Reproductive Health and Rights (SRHR) services. The lack of network connectivity further isolates them, as they are unable to access online resources. Those with access to radios do not listen to health programs but prefer playing music throughout the day. ✓ Fear of Judgmental: Approximately 60% of the young people expressed fear of being judged by both the community and healthcare providers. They are especially afraid to ask for condoms in local shops or pharmacies because most shops were owned by relatives who are elders in the community. This fear is compounded by healthcare

	<p>providers who were described as judgmental and, in some cases, who disclose information to parents about the services accessed by their children.</p> <ul style="list-style-type: none"> ✓ Fear of parents: Approximately 23% of confirmed that they were afraid of their parents finding out that they had accessed SRHR services, particularly contraception. This is because most parents believe that using family planning methods before having children could causes infertility or cancer. Some parents also believed that using contraceptives is an indication of frequent sexual activity. ✓ Lack of Youth-Friendly Services: The participants highlighted that health facilities were not youth-friendly. They described healthcare providers as unprofessional, lacking privacy and confidentiality, and being discriminatory towards young people. This hostile environment discourages youth from seeking the necessary SRHR services. ✓ Shortage of Healthcare Workers: Shortage of healthcare workers was reported, leading to long queues at health facilities and delays in accessing services. The lack of sufficient personnel means that young people were often rushed through consultations, with limited time to express themselves and address their needs adequately. Lack of Youth-Friendly Spaces: There were no designated spaces for young people to discuss SRHR issues openly. The lack of such spaces limits opportunities for peer education and engagement on SRHR topics. ✓ Insufficient SRHR Commodities such as contraceptives and medications. This scarcity forces young people to seek services in chemists, which may be expensive and unsustainable to them. ✓ Transportation Barriers: Inadequate transportation to health facilities was a significant barrier to accessing SRHR services. The remote nature of these areas makes it difficult for young people to reach facilities that could provide them with the care they needed. <p>For instance, The Godo community participants mentioned that the condom could only be accessed in the market places and in Umoja Centre which was miles away from their residential locations. And so they preferred having unprotected sex especially with the adolescents and as a result leading to teenage pregnancies and finally the adolescents girls with pregnancy forced to early marriages.</p> <p><i>“ Kufanya sex na mtoto ni rahisi juu nampea tu ten bob na anaingia box na mimi nachapa tu ndani tena bila condom na shughuli inaisha , wasichana wakubwa wako na mambo mengi , wanataka kulipiwa rent mara pocket money mambo mengi sana ,lakini mtoto, ten bob tu ama twenty na tunamalizana.” One of the participant said</i></p>
<p>3. Preferred Channels for Discussing SRHR Concerns</p>	<p>Across all locations where FGDs were conducted , young people preferred discussing SRHR issues with peers, friends, and social media platforms rather than with adults or healthcare providers due to fear of judgment or lack of trust. Around 2% preferred parents and partners (mother, father, grandmothers, husband,) because they were close to each other and that they depended on them for both financial and emotional support.</p> <p>Those who preferred using online platforms said that they felt that there was no one to judge them as they seek information and services and that they were secured that there would be no breach of information</p> <p>While others felt that they were totally not comfortable talking to their parents because they were too busy in their jobs</p>

	<i>“Wueh hapo kwa wazazi ni noma , hawana time wao watoke asubui, warudi jioni na chakula na siku zinsonga”</i>
4. Suggested Improvements for SRHR Services	<p>Participants across the fifteen FGDs recommended</p> <ul style="list-style-type: none"> ✓ Increased awareness and outreach programs to educate young people about SRHR. ✓ Creating youth-friendly spaces in health facilities, ✓ Training parents and teachers to provide better guidance and counseling, ✓ Distributing sanitary products in schools ✓ Establish specific days within health facilities where AYPs can receive SRHR services. These days should be communicated clearly to the community and designed to ensure privacy, confidentiality, and a youth-friendly environment. ✓ Provide regular training and capacity-building sessions for AYPs to enhance their knowledge and understanding of SRHR and other youth-related issues ✓ Organize educational sessions that introduce AYPs to existing policies that address adolescent and youth SRHR issues. These sessions should focus on explaining what policies are, why they are important, and how they protect the rights of young people. ✓ Create simplified versions of key policies related to SRHR and distribute them through schools, community centers, and health facilities. ✓ Involve the adolescents and young people voice in formulation of policies that addresses their concerns. ✓ Having service charter in the health facilities (Mbuoni and Shimoni dispensary)
5. Platforms for Youth Engagement	<p>Around 13% of participants were aware of existing platforms for youth engagement, such as Technical Working Groups (TWGs) or public participation forums. There was a strong desire for more inclusive youth participation in discussions and decisions related to health and well-being. At least 5% of the total populations reached have attended a public participation forum. The chief barazas forums were believed to be for the village elders and Nyumba kumi.</p>
6. How young people feel about their involvement on matters affecting them	<p>70% of AYPs stated they did not feel involved in community decisions, as these decisions were primarily made by the local administration and village elders. They expressed that there were limited forums for youth to discuss their issues some giving reasons that they were not aware of any designated places for youth to gather and engage in meaningful discussions. Around 11 people said that the Focus Group Discussion (FGD) organized was their first time meeting with other youths to discuss Sexual and Reproductive Health (SRH) issues. Most youths were unaware of how and when community barazas (public meetings) were held, as these were typically attended by elders. Some participants only joined the FGD by chance while passing by in search of casual work.</p>
7.. Role of young people in the implementation of strategies	<p>The following are some of the roles mentioned by the AYPs</p> <ul style="list-style-type: none"> ✓ Advocating for youth friendly services ✓ Participation in public barazas and other community forums ✓ Educating peers and colleagues about SRHR topics, such as family planning, HIV testing, and reducing teenage pregnancies that will help to create a more informed and supportive community. ✓ Looking for correct and comprehensive information ✓ Engaging in research on SRHR issues ✓ Understanding their own health, including accessing HIV testing and other SRHR services ✓ Educating themselves and Others on SRHR topics
8. Utilization of Technology and Social Media	<p>Participants suggested using social media and other digital platforms to disseminate SRHR information. Ideas included creating Whatsapp groups, Facebook pages, apps, and informative posters in Swahili to improve accessibility to SRHR services and information</p>

III. Drafting of the Memorandum

Following the focused group discussions, the TASH consultant was tasked with developing a comprehensive memorandum that captures the issues, concerns, and recommendations raised by adolescents and young people. This memorandum provides a detailed overview of the SRHR challenges faced by this demographic and serves as an advocacy tool for establishing the Kwale County Adolescent and Young People (AYP) Strategy. The document is designed to influence policy formulation and program implementation, directly addressing the needs of adolescents and young people in Kwale County.

Beyond advocating for the Kwale County AYP Strategy, the memorandum also calls for the following actions:

- **Development of Operational Guidelines for the National Facility Improvement Financing Act, 2023:**
- **Increased Funding Allocation to the Department of Health:** Advocating for dedicated funds to address the unique health service needs of adolescents, particularly in sexual and reproductive health (SRH).
- **Promotion of Multi-Sectoral, Multi-Pronged Approaches:** Encouraging collaborative efforts across sectors to address SRHR challenges among adolescents and young people. This includes championing and investing in the development of a county-wide AYP SRHR strategy.

IV. Memorandum dissemination stakeholders meeting

The memorandum dissemination stakeholders meeting marked the concluding phase of the TASH project, bringing together county officials and all key stakeholders involved in the project to formally present and discuss the finalized memorandum. This meeting was pivotal in building consensus, rallying support, and ensuring that the issues, challenges, and recommendations identified by adolescents and young people during focused group discussions were comprehensively understood by decision-makers.

During the meeting, the consultant provided an in-depth presentation of the memorandum's findings, detailing the specific SRHR challenges faced by adolescents and young people in Kwale County and highlighting proposed strategies for improvement. Key agenda items included:

1. **Presentation of Memorandum Content:** The consultant walked participants through each section of the memorandum, explaining the issues, concerns, and actionable recommendations derived from the focused group discussions. This presentation underscored the critical need for a Kwale County AYP strategy and outlined specific interventions to address SRHR needs.

2. **Stakeholder Commitments and Feedback:** County officials and stakeholders were given the opportunity to provide feedback, raise additional concerns, and discuss their roles in implementing the recommendations. This session encouraged buy-in from key decision-makers and helped clarify responsibilities and timelines for each stakeholder involved.
3. **Advocacy for the Kwale County AYP Strategy:** The meeting emphasized the urgency of developing a dedicated AYP strategy, with a specific call to action for policymakers to prioritize it within the county's planning and budgeting framework.

Challenges

- ❖ During the FGDs , About 70% students were hesitant to speak openly about SRHR topics due to concerns about confidentiality, particularly with teachers present during the discussions. This led to discomfort and limited participation.
- ❖ Being a primary school setting for some sessions, around 75% of pupils had minimal prior knowledge of SRHR. This required facilitators to spend more time explaining fundamental concepts, which slowed down the discussion process.
- ❖ Some students were hearing about sexual and reproductive health for the first time, making it challenging for them to engage meaningfully in the discussion.
- ❖ Girls were reluctant to talk about menstrual hygiene in front of boys, fearing ridicule. This highlighted the need for gender-sensitive approaches to discussing SRHR topics.
- ❖ Many students were unfamiliar with basic SRHR terms, creating a barrier to understanding and engagement during discussions.
- ❖ Limited FGD Session Time: The time allocated for Focus Group Discussion (FGD) sessions in the school was insufficient to cover all questions comprehensively, limiting the depth of the conversation.

Achievements

- ❖ Strong Partnerships and Collaboration: Successful collaboration with various stakeholders, including health professionals, and local organizations, strengthened the program's reach and impact. These partnerships facilitated resource sharing, expertise exchange, and joint assessments efforts, enhancing the overall effectiveness of SRHR initiatives.
- ❖ Support from the County Government: The County Government, particularly through the Department of Health, provided crucial support for the program. The involvement of the County Adolescent and Youth Program (AYP) Coordinator ensured that SRHR activities were aligned with county health policies.
- ❖ Active Participation of Out-of-School Youth: Out-of-school youth were particularly engaged in the discussions and participated openly and willingly. This demonstrated the effectiveness of creating safe spaces for youth to express themselves and highlighted the importance of targeting out-of-school youth in SRHR programming.
- ❖ Flexible Session Locations: The flexibility to conduct SRHR sessions in both school and out-of-school settings allowed for broader reach and more inclusive participation. This approach ensured that students, as well as out-of-school youth, could access critical SRHR information and services.

Total Number of people reached :-

	Male	Female	Total
10-14 yrs.	38	53	91
15-19 yrs	60	123	183
20-24yrs	23	102	125
25-29yrs	27	59	86
30+	6	17	23
Total	154	354	508

Link to photos

https://docs.google.com/document/d/1p-sku0w9hJW0gha3WuX2QC-HT4zaCAb6/edit?usp=drive_link&oid=106094771934476584875&rtpof=true&sd=true