



Unlocking Young People's Potential on SRHR

Information | Services | Enabling Environment



Our Partners



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Word From The SECRETARIAT

The 2nd edition of the SRHR Alliance annual Newsletter is here with us! We are glad to share with you once again this publication which simply showcases the achievements of the Alliance members from the past year.

In this edition, you will find stories of hope and great achievements by ordinary people in our midst who seek to change the community and nation at large, stories of young people who have found a voice and are empowered to advocate for their own rights and demand for SRHR services, stories of young people fighting HIV related stigma and discrimination and encouraging adherence to HIV drugs amongst their peers living with HIV, amongst other intriguing stories.

One of our greatest achievements is having health facilities that now offer youth friendly services in 3 counties i.e. Mombasa, Nairobi and Kakamega, spear headed by our Alliance partners. It has been a joy seeing the ever growing number of young people that are now able to access health services without feeling intimidated or scared.

Be inspired and enjoy each and every story as you turn the pages. Also make sure to give us feedback on this publication and your ideas or thoughts for our future editions.

Send views and comments to:
info@srhralliance.or.ke

Kenya SRHR Alliance Achievements:



The SRHR alliance works to promote Sexual Reproductive Health and Rights of young people, women and marginalized groups. In line with its vision, mission and core values, the alliance has had activities and engaged with stakeholders in the communities, counties and country at large to create awareness on SRHR issues faced by young people and the interventions that can be used to promote young people SRHR.

Since its inception, the Alliance has made significant progress in contributing towards better health outcomes among young people, women and marginalized groups. We have so far reached 2,295,698 young people (10-24 years) in and out of school with comprehensive sexuality education across 15 counties namely Nairobi, Mombasa, Kisumu, Kwale, Kilifi, Homabay, Siaya, Migori, Kisii, Busia, Kakamega, Bungoma, Uasin Gishu, Trans Nzoia and Kajiado. This has been achieved through a mix of innovative approaches including: Teacher driven Curricula e.g. world starts with me, Peer education through innovative ways like newspaper pull outs and board games, Digital platforms like www.youth4life.co.ke, Mass media, Edutainment, IEC materials, Help lines and Tele medicine. We have also managed to reach 505,658 women and men with sexual reproductive health information and 1,683,860 community members and leaders have been engaged with the aim of creating a supportive SRHR environment.

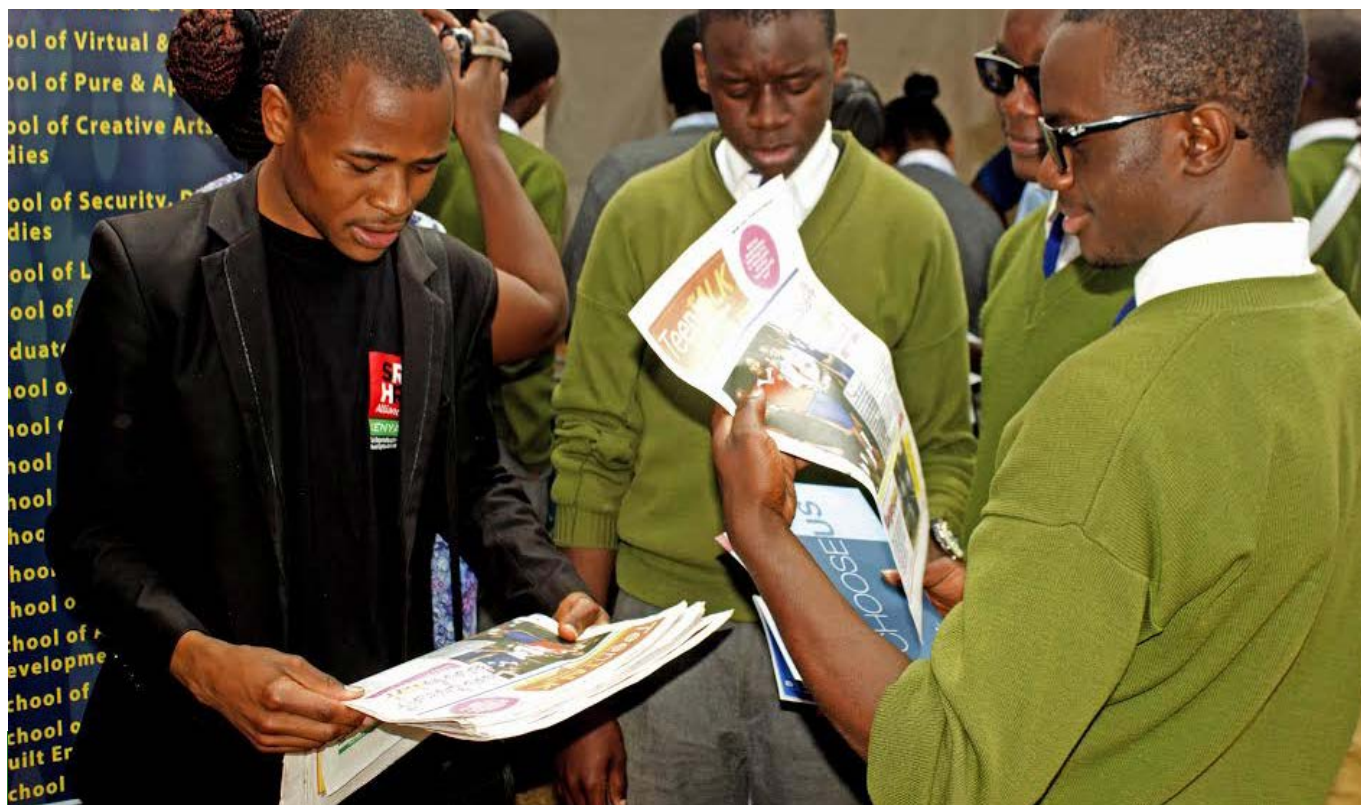
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SRHR services

Regarding access to SRHR services, we have, Trained 21,141 health care providers on essential aspects of service provision including Youth friendly services; commodity supply management; and Basic Emergency Obstetric Care (BEmOC); Supported the establishment of youth friendly centres in 28 health facilities; Supported the setting up and strengthening of community health units. We have also managed to implement a community led alternative rites of passage model in Kajiado County that has significantly contributed to the fight against FGM

As a result,
8,120,642

Young people and women of reproductive age have been able to access SRH services including commodities, in the counties of operation.



Creating An Enabling Environment

On the policy front, we have utilized our comparative strengths to inform different policy discourses including but not limited to: The review and development of the National Adolescent Sexual and Reproductive Health Policy 2015; National Guidelines for provision of Adolescent & Youth Friendly Services in Kenya 2016; The development of guidelines on comprehensive sexuality education; The formulation of the Kenya AIDS Strategic Framework; County budget processes for reproductive health and ICPD beyond 2014 and post 2015 agenda

In the last year the SRHR Alliance has been able to reach young people aged 10-24 through trainings, workshops, community outreaches and other community events. With this, a huge number of young people have been capacity built and empowered to raise awareness in the community on their SRHR issues and to demand for SRHR services. As per now we have a pool of 30 trained SRHR youth champions from 7 counties in Kenya i.e. Nairobi, Siaya, Kisumu, Mombasa, Kajiado, Kakamega and Homabay. These SRHR champions have held activities in their own counties with the support of our partners, engaging the opinion leaders and community elders on their SRHR issues. For instance in Kajiado the young people organized an activity to discourage FGM in the community and gave recommendations that

could solve teenage pregnancies, early marriages, drug abuse etc.

In addition the SRHR alliance has made it a priority to have a wider reach of the young people in the country together with its alliance partners. Therefore with the social media pages, our partners have reached more than a million young people in 2016 with witty and attractive messages oftenly accompanied by videos or pictures thus setting the agenda for most of their topics of discussions on SRHR. Young people have been able to get answers from our social media accounts as well and crucial messages on their SRHR.

The Alliance has always strived to capacity build its partners in various areas that will as well strengthen their impact in the community on a number of areas but not limited to Program Monitoring and Evaluation, Operational Research, positive SRHR reporting, HIV and YFS integration and SRHR advocacy.

As we move forward the SRHR alliance will continue to create visibility stability and strengthening networks. We feel headed for a greater impact both in terms of improving access to SRHR by our target groups and to national and regional platform.

Profile partner organizations



Africa Alive

Is a youth-serving organization started in 1998 with a vision to build and empower a healthier HIV/AIDS free generation of African youth. Africa Alive! Seeks to promote positive behavior change among young people through advocacy, empowerment, partnership and resource/community mobilization. The organization promotes the full participation of young people at every level of programme implementation using audience and message strategy of edutainment (entertainment education). Under the

SRHR alliance, Africa Alive! Is implementing the dance4life project reaching youth in and out of school in Nairobi and at the Coastal region. Anglican Development Services (ADS) Nyanza is a Faith Based organization serving vulnerable communities in Nyanza province. Its goal is to increase access to secure and sustainable livelihood and economic opportunities through integrated and participatory community development, capacity building and economic empowerment programs



AMREF Health Africa

Is Africa's largest International Health NGO. Founded in 1957 as the Flying Doctors of East Africa to provide critical health care to remote communities in East Africa, the organisation has since grown to become the main African based International Organisation working in Health Development. Amref Health Africa's vision is for "lasting health change in Africa": communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty. Amref Health Africa's mission is to improve the health of people in Africa by partnering with and empowering communities, and strengthening health systems. With a focus on women and children, Amref Health Africa works with the most vulnerable African communities to achieve lasting health change. Amref Health Africa believes that the power to transform Africa's health lies within its

communities and works side by side with women and men in communities to build the knowledge, skills and means to transform their health, laying foundations that will be felt for generations to come. Amref Health Africa ensures that health systems are functional and empower communities to play their role because they have the solutions to their problems. Since 2007 AMREF Kenya has been one of the implementers of a regional multi-site Nomadic Youth (10-24years) Reproductive Health Project which covers Kenya, Ethiopia, and Tanzania with funding from the Dutch Ministry of Foreign Affairs through AMREF Netherlands. The project now in its second phase as the Unite for Body Rights, covers Loitokitok Sub-County (district) and Magadi division in Kajiado County and targeting to reach at least 80,000 Kenyan youth with SRH information and services.



Ambassador for Youth and Adolescents Reproductive Health Programme (AYARHEP)

Is by adolescent and youth and for the adolescent and youth reproductive, health and rights organization that was established in May, 2016 by a group of Youth leaders and youth activists with passion in addressing human, health and reproductive rights issues of young people



Child Line Kenya

Child line Kenya: Is a national Non-Governmental Organization (NGO) established in 2005 and works to promote children rights and protection through both response and prevention interventions. Childline Kenya operates the National Child Helpline 116, Kenya's only 24-hour, toll-free telephone helpline where children and concerned adults can call in to report child abuse. Management of the Helpline is done through a partnership between the Government of Kenya through the Department of Children Services and Childline Kenya. To successfully provide services to children,

Childline Kenya trains child protection actors in Kenya on the role of the children helpline as reporting mechanism for child safety, case management and referral guidelines, children rights and other child protection laws. The partners key to Childline's work include the Police, Hospitals, Teachers Service Commission, Ministries of Education and Health, Civil Society organizations, caregivers, Community and Faith based Organizations dealing among other government and non-governmental agencies in provision of child protection services.



Clinton Health Access Initiative (CHAI)

Founded in 2002 by President William J. Clinton, the Clinton Health Access Initiative (CHAI) is a global health organization committed to strengthening integrated health systems around the world and expanding access to care and treatment for HIV/AIDS, malaria and other illnesses. Based on the premise that business oriented strategy can facilitate solutions to global health challenges, CHAI acts as a catalyst to mobilize new resources and optimize the impact of

these resources to save lives, via improved organization of commodity markets and more effective local management. By working in association with governments and other NGO partners, CHAI is focused on large-scale impact and, to date, CHAI has secured lower pricing agreements for treatment options in more than 70 countries. In addition, CHAI's teams are working side-by-side with over 30 governments to tackle many of the largest barriers to effective treatment and care.



Family Health Options Kenya (FHOK)

Family Health Options Kenya (FHOK) is a local Non-Governmental organization which has been a leading service provider of sexual and reproductive health services in the country for the last five decades. It has presence in seven of the eight provinces with a strong grassroots network. FHOK has played a leading role in providing sustainable, innovative and comprehensive services in response to health and socio-

economic needs of all Kenyans. Since its inception, it has been a centre of excellence in providing capacity building in sexual and reproductive health. It is also committed to offering quality services as well as championing sexual and reproductive health and other rights. It works to ensure the empowerment of young people so that they can exercise and enjoy these rights.



Great Lakes University of Kisumu (GLUK)

Is an academic institution whose aim is to develop effective managers and leaders of health and development initiatives through community mobilization, organisation, capacity building, technical support and management improvement. Through its programs, GLUK facilitates poverty reduction, health care and development by bridging academics/training with service delivery programs using partnership approach,

focusing on the needs of the most vulnerable members of the society. It develops, tests and disseminates innovative and effective models of community health and development initiatives through research, knowledge translation and policy advocacy. Under the SRHR Alliance, GLUK supports the implementation of UFBR and ASK programmes in the Western region through the community health strategy.



Kisumu Medical and Educational Trust (KMET)

Is an indigenous NGO formed in Kenya in 1995 and dedicated to provision of quality Reproductive Health and Educational Services. K-MET exists to promote sustainable development among underserved communities through innovative health and education programs -KMET's Core Values are

encapsulated in the acronym CHIGAID where: C - Community participation, H- Human rights promotion, I - Innovation, G - Gender Equity, A - Accountability, I - Integrity and D - Diversity. KMET also advocates for sexual and reproductive health rights.



NairoBits Trust

Is a not-for profit organization registered in 1999 and based in Nairobi working towards changing the lives of vulnerable 15 to 24 year old youth in Kenya by improving their access to productive employment as well as their ability to cope with their social environment through creativity and innovation. Nairobits provides these youth with training in ICT multimedia, entrepreneurship, reproductive health and rights and life skills in order to enhance their confidence and self-esteem as well as their chances for gainful employment. Since inception, Nairobits has provided more than 7,000

youth from disadvantaged backgrounds with multimedia, SRHR, entrepreneurship and life skills. Over 60% of these are gainfully employed both formally and informally. Nairobits works closely with community based organizations in reaching and training youth. This involves partnering with the CBOs to set up information centers within their premises to ensure ease of access to the training by the youth and community ownership in the larger context. Under the SRHR Alliance, Nairobits works in Nairobi region.



National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK)

The National Empowerment Network of people living with HIV/AIDS in Kenya (**NEPHAK**) is an organization that unites individuals and support groups of PLHIV, community based organizations, non-governmental organizations and networks into a national and formidable social movement to counter the impact of HIV and spearheads meaningful involvement of PLHIV towards the goal of zero new HIV

infection, Zero stigma and Zero AIDS related deaths. NEPHAK runs programs in Advocacy, capacity building, peer and social support to those affected and living with HIV engaging members in national policy making, implementation, local service delivery as well as accountability mechanisms for improved healthcare and quality of life for PLHIV and their communities.



Network for Adolescent and Youth of Africa (NAYA)

Is a youth led regional advocacy network founded in October 2001 during the Second Adolescent International Conference convened by the African Regional Office of the Planned Parenthood Federation of America (PPFA). NAYA aims at enhancing the capacity of youth advocates and civil society organizations (CSO's) to advocate for comprehensive Sexual and Reproductive Health and Rights (SRH&R). This is achieved by enlisting the support of policy makers, opinion

leaders, donors, the media, like-minded organizations and individuals in advocating for reforms and implementation of international, national and county policies and legislation to improve the quality and accessibility of Sexual and Reproductive Health and Rights information and services. Under the SRHR Alliance, NAYA works in Kisumu, Siaya and Migori



Support Activities in Poverty Eradication and Health (SAIPEH)

Is a registered Non-governmental organization [NGO] based in Kakamega County in Western region of Kenya. SAIPEH works to provide structural and sustainable support services to alleviate poverty and increase ways of bettering living standards of all members of the community, especially the orphans and vulnerable children, youth, women and the marginalized through development of strategies and initiatives at grass root level in the community that will enable these groups to be self-supportive and independent.

The Organisation runs a reproductive health and rights programme supporting SRHR/HIV outreach in and out of schools targeting young people, performing arts, community peer education and youth friendly services. SAIPEH has a strong community background and contributes immensely in supporting CSE implementation in Western region, under the SRHR Alliance. SAIPEH implements programmes in Kakamega and Busia Counties.



The Centre for the Study of Adolescence (CSA)

Is an independent non-partisan, non-profit organization established in 1988 working in the field of adolescent sexual and reproductive health including HIV/AIDS. CSA's mandate is to advocate and implement policies and programs that enable young people to exercise choice, access to services and participate fully in activities that promote their health and well-being. CSA has a strong background in Community mobilization, adolescent program design and development, research, monitoring and evaluation and advocacy. CSA works with a wide range

of youth, in and out of school and special groups of adolescents such as married young girls. CSA has been at the fore front of policy development and advocacy both at the grassroots level and at the national level working with public sector and parliamentarians in promoting and creating visibility for ASRHR issues. CSA has been working with Rutgers/WPF and Simavi to provide comprehensive sexuality education through innovative approaches including ICT. Under the SRHR Alliance, CSA works in Western, Central, Coast and Nairobi Regions.



United Nation's Education, scientific and cultural organization (UNESCO)

In 1945, UNESCO was created in order to respond to the firm belief of nations, forged by two world wars in less than a generation that political and economic agreements are not enough to build a lasting peace. Peace must be established on the basis of humanity's moral and intellectual solidarity. UNESCO strives to build networks among nations that enable this kind of solidarity, by Mobilizing for education so that every child, boy or girl, has access to quality education as a fundamental human right and as a prerequisite for human development and building inter-cultural understanding through protection of heritage and support for cultural

diversity. According to the UN division of labour among the UN family, UNESCO is lead agency for ensuring high quality education for a more effective HIV response. In the division of labour, UNESCO is also a partner in reducing sexual transmission of HIV, policy development and stopping sexual and gender based violence. UNESCO supports inclusion of comprehensive sexuality education, advocacy on emerging issues and generation of strategic information within the education sector.



Women Fighting AIDS in Kenya (WOFAK)

Women Fighting AIDS in Kenya (WOFAK) is a national non-governmental organization founded and registered in Kenya in 1994 by a group of women most of whom had tested positive to HIV. The founding group had in mind an entity that would provide them with a forum for mutual support and empowerment. Since inception, WOFAK has continued to grow to its present status of a national network of women living with HIV and AIDS, contributing significantly to national

efforts aimed at prevention and to provide comprehensive care and support to women youth and children living with and affected by HIV and AIDS to enable them lead more wholesome lives. WOFAK's vision under strategic plan 2013- 2017 was crafted along the Kenya National HIV and AIDS strategic plan (KNASP III) 2008-2013 which strives for a 'Society free of HIV'. Today, WOFAK is visible in the Coast, Nyanza, Western, Rift Valley and Nairobi.

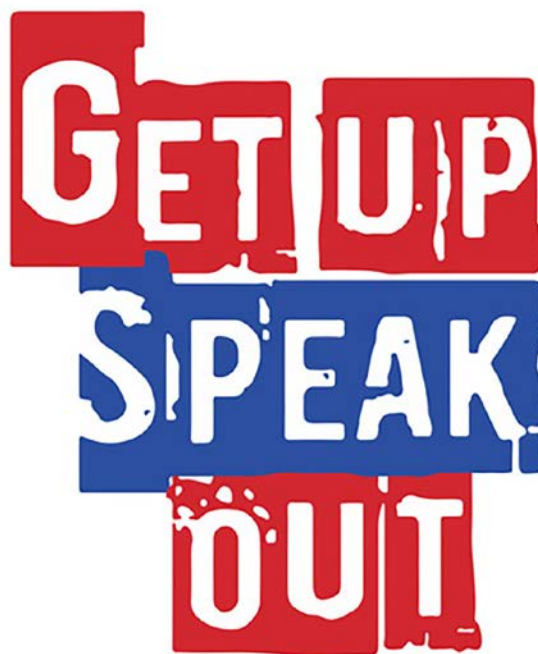


World Starts with me Alumni Youth Advocacy Network (WAYAN)

World Starts with me Alumni Youth Advocacy Network is a youth-led advocacy network of youth from the regions of Nairobi, Nyanza and Central and Coast Kenya focusing on SRHR. WAYAN was the outcome of the successful

implementation of the computer-based sexuality education program WSWM in secondary schools. Through advocacy and raising awareness, WAYAN aims to improve the SRHR situation of youth in Kenya.

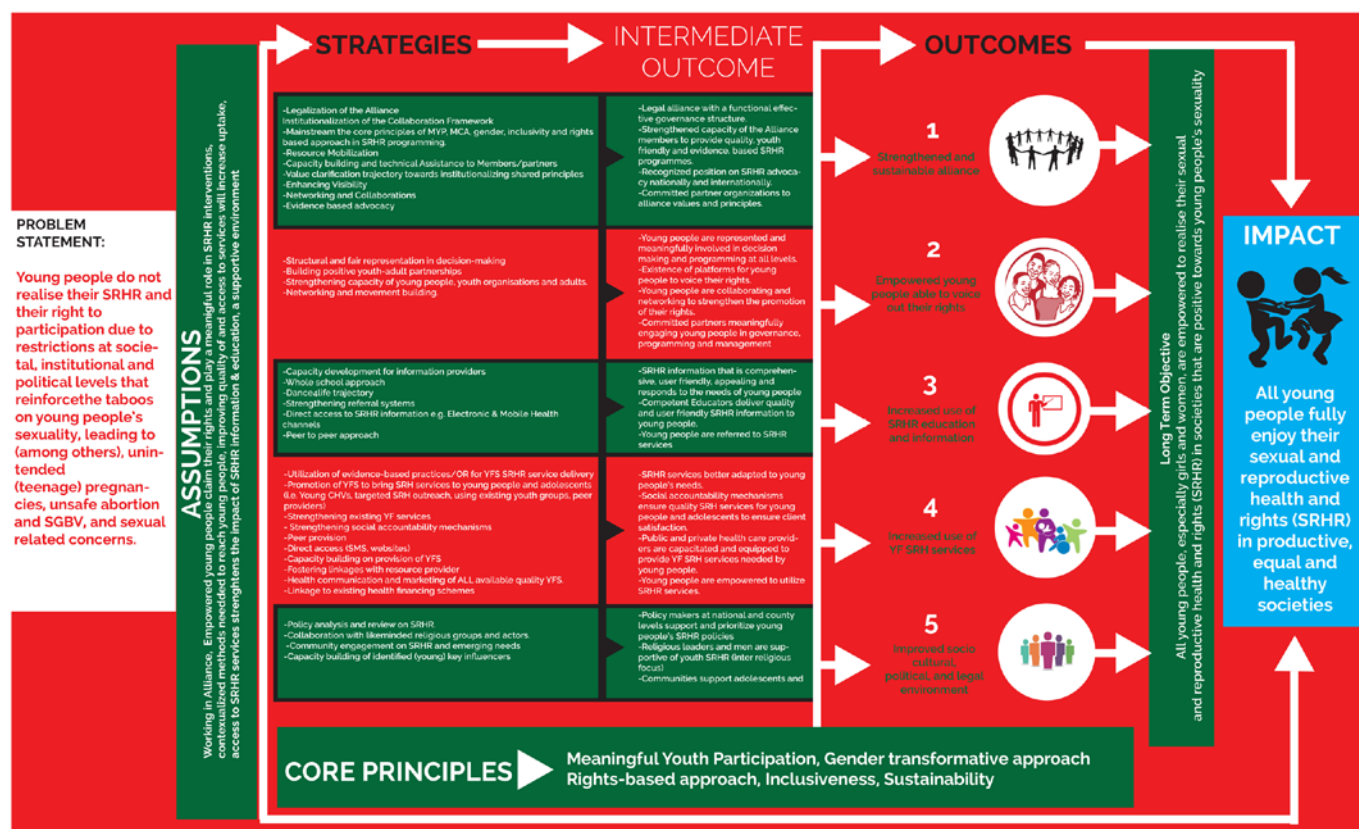
The new Get Up Speak Out Programme 2016-2020



The **GUSO** “aims to tackle the problem that young people do not claim their sexual and reproductive rights and their right to participation because of restrictions at community, societal, institutional and political levels.” These restrictions hinder their access to comprehensive SRHR education and services that match their needs, and hamper their ability to make their own informed decisions concerning SRHR. The GUSO programme which was launched last year is guided by the Theory of Change. Acknowledging that addressing health and wellbeing of young people has profound educational and economic benefits, the GUSO program bases its strategies, approaches and activities on the ‘**Theory of Change**’ that fundamentally links

- a) Provision of sexuality education and information,
- b) Provision of quality, youth-friendly SRH services, and
- c) Building support for young people’s SRHR by addressing socio-cultural and political barriers in terms of practices, norms and policies. As shown below;

THEORY OF CHANGE GUSO Program 2016-2020



The Long Term Objective (LTO) of the GUSO programme is

‘All young people, especially girls and young women, are empowered to realise their SRHR in societies that are positive towards young people’s sexuality’.

. The overarching strategy of the GUSO Program is the **Multi-Component Approach** that acknowledges that structural barriers that often go beyond the individual level thus, negatively impacting young people’s access to contraception, SRH services and information, and on positive communication about sexuality. As a result, many young people cannot express their wishes, opinions and boundaries in relation to sexuality and violations of their rights. Such structural barriers include but not limited to: poverty; non-equitable gender norms and attitudes; power relations; an increasingly restricting political-legal context; weak health and educational systems; sexual taboo; and contradictory norms and values.

The 5 Fundamental Principles of GUSO

The GUSO program implementation will be guided by five core principles to respond to SRHR gaps the youth are facing, thus propelling the youth to attain their SRHR as well as accrue educational and economic benefits in line with the SDGs. The five principles are:

Multi component approach:	Young people’s SRHR is strongly influenced by factors beyond the individual level, including social, economic, cultural, and political factors.
Meaningful Youth Participation (MYP):	Young people are structurally engaged as equal partners and leaders at all levels to meet their needs and make their voices heard.
Participation of inclusiveness:	Is fundamental to make choices and opportunities available to all young people, regardless of gender, sexual orientation, HIV-status, religion, disability or poverty.,
Positive rights-based approaches:	To defend and advance young people’s SRHR
Gender transformative programming:	To address gender inequalities, challenging partners and stakeholders to reflect on gender norms and values, involve men and ensure gender mainstreaming in all interventions

THE CHANGE the SRHR Alliance envisages to make is that all young people, especially girls and young women, are empowered to realise their SRHR in societies that take a positive stance towards young people’s sexuality. The SRHR Alliance has formulated five outcomes which should contribute to achieving this change: These outcomes include:

Outcome 1:	<i>Strengthened and sustainable Alliances</i> that comprehensively address the SRHR of young people including sensitive issues.
Outcome 2:	Empowered <i>young people increasingly voice their rights.</i>
Outcome 3:	Increased utilization of <i>comprehensive SRHR information and education</i> by all young people.
Outcome 4:	<i>Increased utilization of quality and youth-friendly SRHR services</i> that respond to the needs and rights of all young people.
Outcome 5:	Improved social-cultural, political and <i>legal environment for gender-sensitive, youth-friendly SRHR</i>

GUSO Partners and the counties



The GUSO program will consolidate the experiences, lessons, best practices and the gains we have made since inception to scale up our interventions on sexual and reproductive health among our key constituency who are largely young people aged **10-24** years especially girls and women of reproductive, the marginalised such as individuals with disabilities and those living with **HIV/AIDs**. These groups experience poor SRHR

outcomes and are vulnerable to HIV, sexual violence, unintended pregnancies and unsafe abortions. The intermediate beneficiaries will be the peer educators, peer providers, community health sector practitioners, teachers, young influencers, religious leaders, policy makers and SRHR champions who play a critical role in the provision of the youth friendly SRHR services.

In Kenya 10 member organizations who will be implementing GUSO programme are:	The SRHR Alliance will rely on the strong presence of its partners in the following 6 counties for the interventions:
• Africa Alive	• Nairobi
• ADS Nyanza	• Kisumu
• Centre for the Study of Adolescence	• Siaya
• Family Health Options Kenya	• Homa Bay
• GLUK-TICH	• Kakamega and
• KMET	• Bungoma
• MAXFACTA	
• Nairobis Trust	
• NAYA Kenya and	
• WOFK	

These sites, especially the rural regions and urban slums, are characterized by difficulties in accessing services and have diverse SRHR needs.

It is our firm belief that the **“GET UP SPEAK OUT”** will contribute immensely to the improvement of health outcomes for young people, women and the marginalized. This will in turn ensure that the future of the next generation is secured.



Young people should be at the fore front of global change and innovation. Empowered they can be agents for development and peace. Let's work together to retrieve Kenya and make it a better place for young people.





By joining forces, community development and Sexual Reproductive Health can have even more impact in the communities.

Spearheading Comprehensive Sexuality Education through CSOs



Promote the health and development of young people through research, technical assistance, advocacy and capacity building while expanding choices and access to safe, affordable and containable service.

In 2013, the Health and Education Ministers and representatives from 20 countries in Eastern and Southern Africa (Kenya included) signed a commitment supporting sexuality education and sexual and reproductive health services for adolescents and young people. This Eastern and Southern Africa (ESA) commitment was a positive step in accelerating adoption and implementation of age appropriate comprehensive sexuality education in schools (AACSE) in Kenya. However, there has been an ongoing campaign against AACSE in

schools. The campaign by the parents against AACSE suggests that the goal is to sexualize children and create a market for contraceptives. This campaign continues to misinform the public, especially the targeted parents, and religious leaders who read the messages. The Centre for the Study of Adolescence (CSA) and the SRHR Alliance continue to engage in AACSE dialogue including monitoring the ESA Commitments on AACSE.

In essence, CSA argues that CSE should entail Emphasize a broad approach to

sexuality, focusing on the whole person and presenting sexuality as a natural and positive part of life. It should also cover broad aspects of being a sexual, gendered person; including biological, psychological, social, economic and cultural perspectives. Additionally, CSE should be structured to address the three learning domains - cognitive, affective and behavioural; should explore values and develop social skills with the goal of promoting sexual health.

CSE provides quite a lot of benefits including empowerment of young people to not only obtain required knowledge, but also to develop appropriate attitudes and learn healthy and responsible behaviour and life skills. These include communication skills, the knowledge on how to negotiate and be assertive as well as the proper utilisation of reproductive health services. Young people also learn how to make own decisions which will go a long way in reducing sexual harassment and abuse; teenage pregnancy; unsafe abortion; and STIs including HIV & AIDS. It also delays age at first sex and improves the use of condoms for sexually active young people.

CSA in partnership with the SRHR Alliance, recognizing the role of CSOs in engaging with the stakeholders i.e. parents and religious leaders and discussing AACSE in a coordinated way held a one day consultative meeting with CSOs to share strategies in dealing with the AACSE backlash. A joint work plan was developed with different CSOs taking leadership in different activities. An AACSE CSO committee was also established having the Alliance as the Secretariat. This would help monitor progress of the joint work plan and explore innovative ways to help create momentum for AACSE and its inclusion in the school curriculum.

CSA Kenya

Through The Eyes of Tijara, The SRHR Agenda



Tijara, fondly referred to as Tj is the administrator at CSA and has been involved in SRHR for a long time, she has seen SRHR transform and evolve. Judy Amina catch up with her as she shares with us some of her experiences;

In the course of your career in the SRHR you've heard it all, which SRHR narratives get to you?

Early pregnancies and Forced marriages. There was a time we had gone to a shelter called Jangua Huruma in Kilifi County which is a rescue for young girls forced into marriage. I met a girl who was sold off to a chief by her father for only 200 shillings. The girl was so bitter and I felt that was so unfair for such a young girl. The fact that women especially young girls are still forced into marriage against their will saddens me.

In your opinion what can solve this problem?

I think we have been reaching the wrong people. When solving a problem you start from the roots. So before reaching the victims we should reach the perpetrators, custodians of the law and law makers and all other relevant stakeholders.

Overtime, SRHR and the dialogue around it has changed, how has the environment changed?

We actually face almost similar problems now compared to the 80's. Back then the religious fraternity were all up against Reproductive Health. They held a very huge demonstration and burnt most of our materials in protest of creating awareness on reproductive health.

What did you do in response to this?

Well, we tried to understand them and tried a different strategy to pass SRHR information. We realized the problem was that they did not understand what exactly reproductive health was about. So together with UNFPA we created fact sheets with reproductive health information. We also used the media; we had a show on KBC which aimed at creating reproductive health information. With time reproductive health was accepted and we did not face as much backlash. Right now we need to approach religious leaders that are keen or seem a bit understanding on SRHR issues to support us and pass SRHR information. In addition parents are key to get SRHR accepted by the young people. Once the parents and religious leaders are on our side we will completely have succeeded in reaching everyone

Kenya is a centre for so many organizations, we write proposals, source for funds, and train for activities, there are so many programs and projects, unfortunately, our indicators do not seem to change. In your opinion what seems to be the problem?

As I had earlier mentioned, we should address problems from the roots. In Kenya we are not keen on identifying the core of each problem and

coming up with solutions from that level. We as well do not involve all the stakeholders linked to these problems, this therefore bars us from achieving our objectives.

FGM, there are communities that abide by it, we know the dangers of it, but there's a lot of disputed information also.....what's your take...views

Communities should be educated on the dangers of FGM but the education and lessons that girls went through during initiation, such as menstrual hygiene should be retained. Alternative rites of passage will help in ending FGM but the lessons that girls are taught should not end with FGM as well.

How do you think the topic of contraception and abortion should be approached in discussions with religious communities?

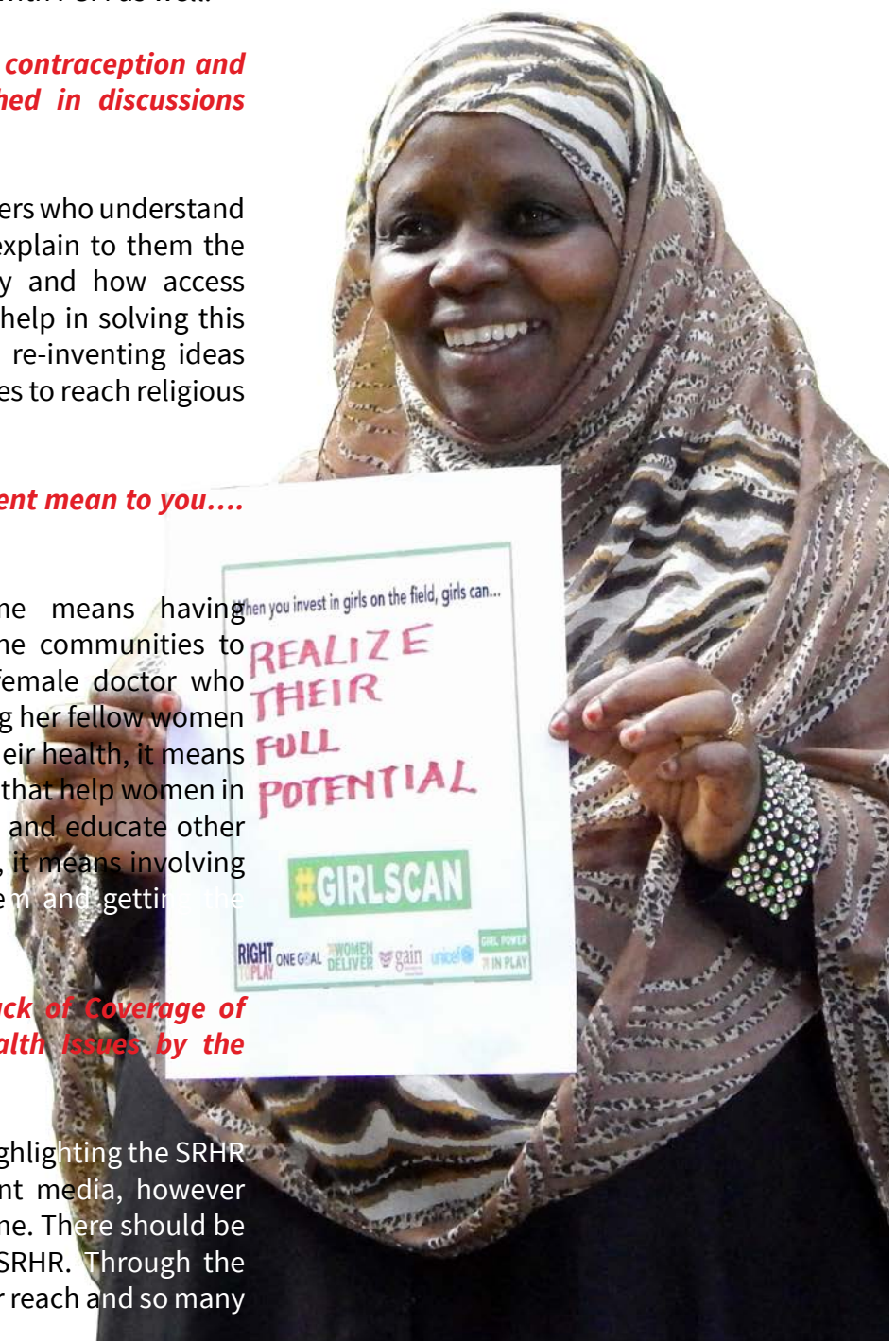
First of all identify religious leaders who understand and can support SRHR. Then explain to them the SRHR situation in the country and how access and use of contraceptives can help in solving this problem. We should also stop re-inventing ideas and come up with fresh strategies to reach religious leaders.

What does women empowerment mean to you.... relating it to SRHR?

Women empowerment to me means having opportunities for women in the communities to elevate them. It means that female doctor who dedicates herself in empowering her fellow women with the right information on their health, it means the traditional birth attendants that help women in the rural areas and give advice and educate other women on reproductive health, it means involving women on issues affecting them and getting the solutions from themselves.

In your opinion, is there a lack of Coverage of Sexual and Reproductive Health Issues by the media

The media has made steps in highlighting the SRHR agenda especially through print media, however there is a lot that is yet to be done. There should be segments or programmes on SRHR. Through the media we can have a wider reach and so many people will be educated





Tackling Sexual Abuse by Speaking through a Box

“My sister and I live with our uncle at home because our parents do not live together. My father stays in Sigulu Island where he works as a fisherman; my mother stays in Sumba Island where she sells fish. Since June, my uncle has been asking me to go to his house daily during the day when aunty has gone to the farm or to the market. He does ‘bad manners’ to me every time I go there and tells me not to say anything to mama and other people. Last Sunday (June 5, 2016) he did bad manners to me all night because aunty had gone to a funeral at our grandparents’ home.”

***“I felt pain until Monday. When I went to school my class teacher...
...I wrote the note and dropped it in the box.”***

Most children have fond memories about their childhood; their uncles and close relatives but 12 year old Doris from Budalangi is not one of the lucky ones, she has a totally different mental image. She only recalls horrific incidents of frequent sexual abuse by the very person who would have been her protector. Doris (not her real name) has been continuously defiled by her paternal uncle (her current guardian) with whom she was left because her parents separated.

Budalangi sub-County where Doris hails from has an estimated population of 878,000 people of which 46% live below the poverty line. Cases of incest in the area have historically been handled by the senior members of the family and the matters are kept and regarded as family secrets. If such cases are reported to law enforcement agencies, the community and the family through the elders try to get the matter arbitrated out of court.

As a strategy to have more children and community members report cases of abuse, Childline Kenya and its partners through a project dubbed Promoting Family Based Care, introduced Speak Out Boxes (SoB) initiative in schools and in the community as an alternative channel of reporting abuse in confidentiality. Doris's school is one of the schools targeted in the programme where teachers and peer educators have been trained on how to use the Speak out Boxes (SoB) to address child abuse issues.

Doris says “I felt pain until Monday. When I went to school my class teacher asked me what the problem was. I refused to talk because I feared that uncle can be called to school and he can beat me. The class teacher asked me if I can write

my problem or tell a friend to write and put in the Speak out Box at school. I wrote the note and dropped it in the box.”

Mr. Opiyo a teacher at the school says: “Immediately the case was reported through the Speak out Box, I contacted the ChildLine Officer and together with Doris we were taken to Port Victoria Hospital. The medical report from Port Victoria Hospital confirmed that the girl had been defiled and had contracted a Sexually Transmitted Infection. She was immediately put on medication. We were then taken to Port Victoria Police Station to report the incident. Because most of such incidents are resolved at the family level and to protect the child while the case is under investigation, the child was taken to a children's home in Busia where she stayed for a week until she finished all her medicine and thereafter she was handed over to her mother as the case is ongoing.”

A neighbour accompanying the child, confirmed having heard of the rumours on the incident but could not reveal the details since in her community it is taboo to talk about incestuous relationships more so within the nuclear family. However, with the training received through Promoting Family Based Care project, community members are changing attitudes and traditional approaches towards cases of child abuse.

The neighbour is currently assisting the police to make a case against Doris's uncle who will appear in court for defiling a child. The Children's Officer and the other stakeholders involved in this case are vigilant to ensure that family members do not interfere with Doris' case.





Butere Sub-county benefits from 13 youth friendly service providers

Western Kenya has for a very long time registered worrying reproductive health indicators especially among young people.

This is a problem that is particularly more rampant in Homabay, Kakamega, Kisumu and Siaya counties than in other areas.

One intervention Great Lakes University of Kisumu has used through Youth Friendly Services (YFS), a private space in a health facility where young people are able to go for counselling on sexual and reproductive health concerns, including contraception and safe abortion.

Due to culture and religion; compounded by various myths and beliefs, the discussion on sexual and reproductive health and rights is not common especially in many rural areas. A good number of health centres serve a low-income community where young people struggle to access sexual and reproductive health care due to stigma, lack of information, and a cultural belief that adults should not talk to young people about sex.

In 2013, during a facility health needs assessments in all the thirteen (13) health facilities in Butere Sub-county, GLUK noticed a glaring gap on YFS service provision in the facilities. We then changed our approach and in partnership with the Sub-county and County Health Management teams, designed a rigorous approach to help public health facilities mainstream YFS within their planning, services and budgeting priorities.

There were also discussions among the various stakeholders whose result was a signed Memorandum of Understanding (MoU) with GLUK-TICH and Kakamega County to integrate YFS in all facilities in Butere Sub-county. The MoU agreement stated that the County Service Board would second all the nurses employed in the ASK program and sustain the integration of YFS in all facilities in Butere Sub-county when the program being run by GLUK-TICH came to a close.

This approach addressed existing systemic barriers of SRH services access and uptake by young people. The program recorded improved SRH indicators including, strengthened school health program.

Hope in the face of HIV

Veronica Wanyua is 24 years, newly married and 24 weeks pregnant with her first baby;

She came to Makadara for her first antenatal clinic. With the introduction of FANC nurses are able to get information on antenatal history, identify medical and obstetric problems. Youth friendly Service providers trained under AMPLIFY CHANGE provide health education on danger signs of pregnancy, the prevention of possible complications and also through education other youth are able to make informed choices with regards to SRHR services at the facility.

Veronica learned of her HIV status during investigations which is a requirement under FANC. When the suggestion came that they will be tested with her partner, she was very happy. Little did she know it would test positive? And the partner tested negative.

Veronica was in distress and very irritated. It never crossed her mind that it would happen to her, both of them coming from a religious background, saying she had one partner and now the spouse is negative. The results shocked her partner. She fainted and had to be resuscitated by nurses through first aid.

It was difficult to start treatment immediately, given she hadn't yet started having any sickish feelings. The common signs of HIV were not showing either. This was reassuring but the nagging thought of her spouse not being ready to support her at the moment slowly ate into her soul. Worse still, she had to contend with collecting drugs at the CCC. It was

even horrifying her more to think of discrimination- what people would think of her.

The integration of Reproductive Health- HIV Testing and Counselling Youth Friendly Services and Comprehensive Care Centre- proved to be the antidote as the youth friendly service providers who benefited from the RH-HIV integration were able to counsel the couple on understanding prevention in discordant couples. She was also advised on the importance of starting treatment early and the importance of coming for antenatal visits.

All this was made possible after the integration of prevention of mother to child transmission services within the existing MCH program, after the training established and strengthened linkages with other programs and services.

The privacy and confidentiality prioritization of the status of young women and availability of all services including treatment of opportunistic infections in the same place made a lot of difference in that she agreed to start treatment and the husband confirmed he will be her treatment support partner and stopped blaming her for wanting to infect him with HIV. When she came for the second visit they did CD4 count and viral load, the viral load had gone down and CD4 increased.

They were also attached to peer educators who were trained under the program, so that they can do follow up and also assist when necessary.

HIV Stigma and Discrimination, the plight of Young People in Siaya



Eli*

Is 17 years and shares a similar story to Monica's. He says he realized that teachers discuss him in the office all the time due to his HIV status.

"Whenever I go to the office teachers usually stare at me. I can feel them whisper (that is the boy with HIV). This has made me have low self-esteem. I did not choose HIV, so why are they talking about me, sometimes I wish I was dead because this is too much"

He said

Faith*

Confidently spoke and said

"I am living with the virus and the virus is not living with me. I wish people could judge me based on my moral behaviour and values and not based on this virus, which clearly doesn't define who Faith is. The moment you judge me based on my HIV status, you miss the goodness in me. This stigma and discrimination really hurts and sometimes is even worse than the virus itself. It kills someone spiritually, emotionally and physically. You have to stop it."

Monica*

A 15 year old form one student at a school in Siaya County was born with the HIV virus. Her status was concealed from many until when she reported to a boarding school where her parents confided in a teacher whom they had asked to monitor Monica's use of anti-retroviral drugs.

Unfortunately, the teacher did not maintain confidentiality and the information about Monica's HIV status became known to her colleagues and some students; stigma and discrimination became Monica's norm.

"I once went to my classmate to consult over a mathematics question that was really bothering me, but before I could even utter a word she dismissed me and rubbed it on my face that she couldn't help me because I was sick and I could infect her too. It was really painful and I cried a lot and even started looking for excuses and reasons not to be in school, I do not have many friends"

Monica said.

*Youth making it happen, working together
against HIV/AIDS.*

One parent spoke out with a lot of bitterness.

“Sometimes I feel like just being with my daughter at home so that she doesn’t go through this continuous stigmatization. School is no longer a safe place for children living with HIV. I expected teachers to be well informed about HIV, to have compassion and guidance that would help my daughter but I was wrong. Our teachers lack comprehensive knowledge on HIV.”

These are all our young people sharing their painful experiences about living with HIV especially in schools because of the stigma and discrimination from students, teachers and other staff within the schools.

There is still need for more anti-stigma messages especially in schools in order to encourage people to know their HIV status, improve adherence to treatment among HIV-infected persons and stop the stigma and discrimination.

Several initiatives have been put in place to eradicate stigma. For instance, last year the Kenya National Aids Control Council partnered with Football Kenya Federation, development partners as well as the civil society in a campaign dubbed Maisha County League purposely to

“Kick out HIV Stigma”.

This drive aimed at mobilising young people and reaching out to them with HIV messages, testing and counselling services.

Still, our young people in Siaya are hurting, they are crying and it is our hope that by working together with teachers, parents and the communities, we will be able to pass comprehensive knowledge and information on HIV and SRHR to young people in schools with a view to reducing new HIV infections and eliminating stigma and discrimination in schools.

We believe that everyone is born free and equal regardless of their HIV status and deserves to be treated with respect and dignity. Comprehensive knowledge about HIV is the key to ending HIV stigma and discrimination!

By Africa Alive



You only live once!!!



Wow!

Where has the time gone? It has been 10 years since I found out my status and I remember that day like it was yesterday, I was devastated, angry and hated myself, my parents and the world. During my first clinic day I was all tears especially after been told I would be on medication for the rest of my life. How would I cope with this situation?

It was third term in class 7. The previous term, I was position 4 and after this news, I slipped to the 24th place in my mid-term exams. I blamed HIV for failing my exams, I convinced myself that the HIV had infected my brains and I would die very soon. Those were the worst days in my life! I hated everything.

Talk about looking at the glass half full, my journey has actually been tremendous. My acceptance begun when I understood how I could live and survive with HIV. I finished primary school and with the support of my teachers and my mum, I passed my exams. I joined high school in Murang'a and although it was not right, I lied that I had a pancreatic infection and that

was why I had to take drugs daily. High School life was not hard for this HIV positive girl. I then cleared high school and joined University. Support groups have always kept going. Seeing my other peers very strong has always been a real eye opener.

At nineteen I had my first boyfriend but did not disclose my status. We dated for 8 months and then I felt comfortable enough to tell him, things did not go very well, he was angry, I had withheld that information from him. After a dramatic moment and many conversations, he decided to stick around. He was caring, loving and understanding. He supported me all through. Unfortunately after 4 years, we parted ways. My greatest fear, which has become a sad reality is telling another person my status because they always leave.

Since high school I have been an advocate for HIV/AIDS. I am currently a peer educator and a student pursuing counselling and psychology having completed a Diploma in Business Administration. My main message is that your status does not define you, you define yourself and your destiny besides you only live once. Death is inevitable, so stop wasting time! .

"My name is Grace Kamau and I am HIV positive"

One Pill at a time!



My name is Adreana Faraja, 22 years and a recent graduate of Community Health and Development. I was born HIV positive but did not get to know this until 2003. I was often a sick child, always in and out of school. So one day I was tested and was immediately put on treatment, what I later learnt were anti-retroviral drugs. I honestly did not understand what was happening, and like the obedient child I was, and still am, I did what was expected of me and took my medicine.

Disclosure was done when I was in upper primary, I had too many questions that needed answers, so they figured out, and it was time. They had to tell me. But acceptance was not easy, I ran to denial, anger, the days were dark, and the nights darker;

I couldn't see past, the phrase, "You are HIV positive".

After a while, a long one at that, I met a counsellor at Mbagathi Hospital who honestly changed my life and perception of HIV. I began to learn, read and understand what had been happening to my body. Adherence to the antiretroviral drugs is very difficult for young people, there is a lot of discrimination from our peers, especially when they see you popping pills every day. I purposely attended the treatment literacy trainings and got to meet many other people who were just like me.

A person living with HIV is not any less of a person that you reading this article, HIV does not degrade someone in any way. Living positively means putting one foot forward every day, doing the same things as everyone else. I have completed my primary, secondary and college education very successfully and like all young people out there, gone through the ups and downs of life in the teenage fast lane.

To all the people living positively with HIV, it's a journey; let us all carry a positive attitude, have a good supportive community around us; that starting point is all that we need and then the sky can only be the limit, one pill at a time!

I have lost many friends who were very dear to me, this has become a sad reality but has made me stronger and more focused knowing that the battle is real. My family; parents and siblings whom I love so much are very supportive and are my strength during the hard times. The AYARHEP family are God sent and are a support system like no other, at AYARHEP, no one feels different, and you are your true self. Life is beautiful, life is what you make it and I have

decided, my life is going to be bliss; not because I don't face any challenges but because I choose for it to be.

To all the people living positively with HIV, it's a journey; let us all carry a positive attitude, have a good supportive community around us; that starting point is all that we need and then the sky can only be the limit, one pill at a time!

Ambassador for Youth and Adolescents Reproductive Health Programme: (AYARHEP)

A close-up photograph of a mechanical gear, likely from a watch movement. The gear is dark, possibly black or dark blue, with a metallic sheen. A small, circular screw head is visible on the left side of the gear. The background is dark and out of focus, showing other parts of the mechanism.

From Custodian of Culture to Champion for Youth SRHR

Ogai,

for his title is more of a name, is the head of the Luo council of elders in Homabay County. This puts him at a strategic position to influence policy and decision making regarding the social lives of the people of his county.

When I first broach the topic of young people in our first encounter, his attitude is condescending. Ogai regrets the formal schooling system that has done “damage” by interrupting the traditional schedule of life such that there is little, if any, time to talk sense into the minds of the young ones. Worse still, he believes education has also given these young ones a sense of entitlement to decision making. “Whenever they are told anything, they feel they know their own way better,” he declares with a tinge of bitterness in his voice.

The old man then looks at me poignantly and asks why children, in reference to the youth, nowadays feel they are the ones to direct adults.

He continues with a deep sigh, *“Or does it happen on the other side of the lake?”* He points across the lake to the misty distance, the direction of my home county of Siaya.

He reminisces the good times of yore, when in the evenings-like chicken coming home to roost- the boys, or young men as it were, would go to the old man’s abila (traditional hut) and the girls would gather around the fireplace to be advised on their social lives, interaction with adults and values of the tribe.

I cleverly manoeuvre this line of discussion and bring in the sexual and reproductive health and rights situation in Homabay County, especially with regards to young people. Nationally, Homabay is leading in HIV prevalence with about one in four people living with the virus. Again, **the county takes the pole position in teenage pregnancy with 22% of girls between the ages of 15-19** already into childbearing. This is even higher than the national average of 18%.

Culture still has its place in this community and the role of the council of elders is to defend it even if it means overruling the government. As the custodians of culture, they see nothing wrong in a woman being inherited even if it places them at risk of contracting/spreading HIV. They see nothing wrong with an adolescent girl getting pregnant and being married off at that early age. Still, to them there’s nothing wrong in women fishmongers being forced into sex in order to get fish at the beaches.

“So how do we move to reclaim our lost society and save the youth?” I ask, more like an observation or a general comment.

Like one from a trance, Ogai shouts, *“Get all these young people who do bad things, lock them up and knock the sense into them with serious beatings! That worked well when I was a young man like you.”* He moves on as to say that there is no such a thing as discussions between adults and young

people. The youth are there to listen and take instructions. The only time they should partner with adults is when they are undergoing apprenticeship- learning traditional crafts. Having noticed his stand, I let the discussion rest for the day. We deviate to general discussions: politics of our time; how our “son” Obama is now jobless and whether he will come home to tend to cattle like his grandfather did after serving the colonial masters.

Two days later on a hot afternoon in Homabay Town, we have a forum bringing together the youth and adults. We are glad members of the council of elders agreed to come. Ogai personally must have been looking forward to this meeting as he tells me off-the-cuff. The council, seemingly, is prepared to shoot down everything from the younger generation.

We have fair and frank discussions around the place of young people in modern society and their meaningful engagement thereof. Of particular concern is the fact that young people are not displacing the elders in their roles. Neither are they fronting to be the decision makers in the society. They want to be part of decision making on issues affecting their lives. This, elders are made to understand, is a complementary role with very positive ripple effects even to the coming generations.

Issues on SRHR are also discussed especially on the provision of SRHR information and services to young people. It is generally observed that the structure of the modern society means there are so many channels through which young people get exposed to information on their lives particularly their sexuality. The forum agrees that there needs to be credible sources of information that would also clarify on some of the grey areas young people don’t understand.

Elders agree that it is time proper structures are put in place, borrowing from the old system, on how young people can receive information and services without discrimination. Ogai then becomes a champion for youth issues and leads the other council members to commit to utilize their influence to appeal to the county government to include meaningful youth participation and youth SRHR needs in its policies and budgets.

Further, he gives a date for the next consultative meeting at which the council will report the progress. He implores the young people to also partner with them and put aside all the gendered and cross-generational stereotypes that have worked for a long time to prejudice meaningful youth-adult partnerships; thereby contributing a lot to the numerous negative social outcomes such as poor reproductive health and rights.

Mutual relationships; The thin line between romance and respect



Sharon and Wycliff

Edwin and Everline

As a parent or someone working with young people it can be difficult to appreciate the impact that a romantic relationship can have on their lives. They may describe quite 'stormy' romances, lasting only a number of weeks or sometimes even days. Given that they are often so short-lived and seemingly unstable, young people's romantic relationships are often dismissed as 'puppy love' and assumed that they are too trivial to be of any major significance or to have a lasting impact on their lives.

Romantic relationships are a common topic of conversation among the young people, a significant source of preoccupation and rumination, and a major cause of strong emotions in adolescence. The young people themselves argue that romantic relationships and experiences – whether real, potential or fantasized – account for many of

their strong emotions both positive and negative.

During the Cancer awareness month in October, NairoBits Trust partnered with Mater Hospital, Tabitha Clinic Kibera and FHOK Eastleigh by participating in the campaign through creating awareness and giving services to the target group on reproductive health issues such as: breast cancer (self-examination); cervical cancer and the importance of screening; menstruation and its attendant challenges; sexual abuse/exploitation; healthy relationships; early and unprotected sex; and HIV and STIs infections amongst others.

To ensure that we reached the young people who are in romantic relationships, we asked them to bring along their partners. Six confident and bold young people brought their partners to the sessions.



Meet Wycliffe Makori 22 Years Media Lab Student NairoBits Trust and Sharon Imbuka 18 Years

“When Wycliffe called requesting me to attend an SRHR session in their institution I thought to myself, why now, just because both of us have feelings for each other it doesn’t mean this relationship has to be paraded everywhere.

I gave him a hard time before accepting to accompany him to the GoDown Arts center for the session. Of course we learnt a lot and we were even appreciated by NairoBits Trust with a t-shirt and a notebook”

The two met 3 months ago during a church Hangout event at the Arboretum and the relationship picked up that one would think they have been together for longer decades.

“We value each other as we are. Culture, beliefs, opinions and boundaries are a must value in our relationship. We treat each other in a way that demonstrates the high esteem we hold for one another,” says Sharon.

She feels it’s very okay and right for young people to have the tendency of getting to know each other’s status by visiting a VCT center before any romantic relationship kicks off. She further states that they agreed with Wycliffe that he would respect her decision when the right time will come and protection will be their first priority.

The two couples agreed that making consensual sexual decisions is very important. Always talk openly about your sexual decisions together as a couple where you both agree, and most importantly, explore the mutual ways in which you want to enjoy your sexuality.

When you decide to have sex, talk about possible consequences together such as pregnancy or STIs and together decide on how to address issues such as the use of condoms, abstinence and birth control methods.

NairoBits

Meet Edwin Mwangi 21 Years Media Lab Student NairoBits Trust and Everline Wanjiru, 20 years.

They have known each other for the past 5 years and it started like a simple mutual relationship. Least did they know they would end up in a boyfriend-girlfriend relationship.

“**R.E.S.P.E.C.T**, that’s what Edu needs from me and the vise versa. Mutual respect is one of the cornerstone of our successful and lasting relationship” says Everline.

Peer pressure has been there from all angles especially from their closest friends who view this as some sort of fairy tale. How can a modern boy-girl relationship last this long?

“The WSWM program that I have gone through as a NairoBits student has really contributed to the fact that I feel there is essence for me to abstain from sex and practice a healthy relationship.

When that time will come for us to move this relationship to another level our first stop will be a VCT center to get to know our HIV status.

I love her so much, She’s so beautiful, caring, big hearted and understanding, What more would I be asking from her if not those virtues. She is a girl a lot of guys wish to be with but she choose me because she feels am real and committed to this journey.

Her accepting my invite to join me at NairoBits during the cancer awareness session conducted by Mater Hospital was a big honour and it really boosted my ego amongst my classmates” says Edu as he smiles.

Bringing the LGBT conversation out of the closet

Coming out and identifying yourself as Gay, Lesbian, Bisexual or even as Transgender is always a challenge no matter where you live because of the stigma and discrimination that one is bound to face for the rest of their lives.

Homosexuality is largely considered a taboo and unacceptable to the cultural values and morality of Kenya. According to Pew Global Attitudes Project, 96% of Kenyan residents believe that homosexuality is a way of life that society should not accept. **Same sex sexual act is a crime in Kenya and carry a maximum penalty of 14 years imprisonment.**

We believe that the only way for the LGBT community to win this battle against stigma and discrimination is by them

gaining courage, coming out of the closet and standing up for their rights.

But before we can have people coming out of the closet, it's important to realize that we have to first bring the conversation out of the closet. The best way to do it is to talk about it and hope that somehow, somewhere, that one young LGBT realizes that he or she is not alone and finds the courage to stand up and live life a normal life with pride.

Through our social media platforms, we have been able to bring out the conversation about the LGBT. The feedback is good. More young people are coming out and talking to us about their sexual orientation. The testimonies below prove that we couldn't be more proud.

"When I was coming out, Africa Alive/Dance4life really helped me overcome personal challenges and build confidence. The organization helped me become the person I am today."

"Although My coming out process has happened relatively late in my life, I am grateful that through Africa Alive/Dance4life I was able to have a successful transition. Their support has helped me tremendously and by watching the videos that they post on Facebook and advocacy articles that they write, I have gained some skills and knowledge and I want to help other people who are facing the same challenge I once faced."

"I was worried how my family would react if told them I am a lesbian and how it would affect them. But after watching a video on the Dance4Life Kenya page, I got to know the steps of coming out and what to consider when am certain about my sexuality."

"I was suspended several times in high school for being gay but Africa Alive/Dance4life was there for me and intervened for me to go back to school. They also taught me about my human rights and now I can stand up and speak out when I feel my rights are violated."

"As Africa Alive, we will continue to create awareness that all of us are human beings and regardless of our sexual orientations and preferences, we are all born free and equal and such deserve to be treated with respect and dignity. Just like supporting animal rights doesn't make you an animal, supporting LGBT rights doesn't make you an LGBT."

We want to let everyone know that they can stand up for humanity by speaking out and fighting for what is right and what will enhance love and unity among us."

Africa Alive



Providing SRHR information through digital space and the Arts, the KMET Case

38,725

Number of young people reached by KMET through use of an e-platform.

KMET

Digital technology is generally considered cost-efficient, readily available and has proven to reach young people faster. Social media is quickly becoming the most popular channel of communication among young people; text messaging, WhatsApp, Facebook, Twitter and Instagram have taken the young generation's communication arena by storm and it is not slowing down any time soon.

38,725 is the number of young people reached by KMET through the use of an e-platform. The e-platform is managed by trained youth counsellors and health personnel and provides relevant, up to date news, and frequently asked questions on reproductive health literature and SRHR. The website is complemented by a toll-free hotline that operates from 8.00 a.m. to 5.00 p.m.

With the peer to peer mobilization model KMET recruited and trained twelve young people of below 24 years as SRHR champions to offer age appropriate information on SRH services and provide hospital referrals to their peers. The Youth Peer Providers (YPP) and SRHR champions target adolescent and

young people in schools and out of school in group forums as well as in one on one sessions.

In 2016, we are proud to report that the YPP reached 28,598 young people.

Talk about giving information to young people in their leisure areas such as art theatres, fashion shows and sporting & community activities and the market place. Kisumu Fashion Week Gala at Tuff Foam Mall on September 10 was one fantastic area. KFW attracted 600 young people. Prior to the event, KMET sensitized 15 models on key SRH issues affecting the youth. During the fashion show, not only did the models showcase the extraordinary, unique and fashionable attire by designers from the lake side, they also used their platform to talk about the pertinent SRH issues affecting them as the youth in Kisumu and Western Kenya. Apart from learning how to accessorize and strut on the aisle, 120 young people accessed services from the colourful and bright KMET stand and were then referred to other services at the KMET supported Youth Friendly Clinics around Kisumu County.

A red square graphic with the letters 'SRHR' in white, stylized font. A white line forms a large ampersand (&) shape, with the word 'Myths' in white and 'Misconceptions' in red, both in a sans-serif font, overlaid on the ampersand.

SRHR Myths & Misconceptions

1. Masturbation causes low/ no sperm count

(It takes six weeks for your testicles to produce new sperms. Neither masturbation nor sex affects the sperm count)

2. Emergency contraceptives can be used as a mode of long term contraceptives

(Emergency contraceptive pills are recommended for occasional use only after unprotected intercourse and are not recommended for regular use as an ongoing contraceptive method because of the higher possibility of failure.)

3.If you start PrEP you have to take it for the rest of your life

(No, you can start PrEP and stop PrEP depending on when you determine you need it. Just remember, it takes seven days for PrEP to become fully effective.)

4. Using two condoms increases protection

(Double your pleasure, double your fun? Well, not in this case. Using two male condoms at the same time isn't recommended for pregnancy prevention or as a safer sex method. In fact, "double-bagging" as it is sometimes called, can increase the friction between the condoms during intercourse, making them more likely to rip or tear.)

5. Yeast infection is a sexually transmitted infection

(Yeast is a very common fungus that normally lives in a woman's body. When it overgrows in the vagina, it can cause uncomfortable symptoms. Yeast is usually not sexually transmitted)

6. Only Immoral people get STD's

(STD's don't discriminate anyone can get them, even someone having sex for the first time can get an STD)

Chakula cha ubongo na Mamboleo

Ukiona vinaelea ujue vimeundwa
 Lakini utajuaje vimeundwa kama haviielei...
 Vilio vya majuto vimesikika huko na huko,
 Kwanini mabaya katika jamii yamepata mvuto,
 Hebu tujiulize tuyafanyayo matendo yanatupa suluhisho au
 yanaongeza matatizo
 Hebu tazama tangulini Mwanajeshi katumia karatasi au
 unyasi kujikinga na risasi
 Au gunia la sufi kuuzuia mkuki wa almasi
 Au janadume kutorokea nduru kumbe nduru zenyewe ni za
 motto kuchomeka na mkojowe
 Tu'we na uhalisi tusiwe kama fisi
 Maji ya kina yanahitaji hekima nani alisema kutongoza
 kukubaliwa ni lazima
 Mwangalie mara mbili mfukuze
 maana hana huruma anakudanganya.
 Kamwe mwenye pupa hadiriki kula lililo tamu
 Kwanini kufaulu isiwe yetu n'do hamu
 Kwingineko heko kwa wasiomchagua bibi siku ya
 idi
 Kumchagua rafiki yategemea kama yuakufaa kwa
 dhiki sio kwasababu yuakununulia siki kila wiki ndo
 umfanye rafiki
 Mwanafunzi wewe wasoma watongoza watongozwa
 dawa za kulevya wameza haya yote kweli unayaweza
 labuda uko na mikono minane kama ya pweza
 Madawa haya ya kulevya mpaka lini
 Yametuharibu Tumbo,kichwa miguu na maini
 Hebu tuwe makini kwasababu hilo lako ini halina lake
 mfano
 Likiharibika tutakuzika machozi yatatumwagika.
 Eti "sela nipe hiyo pafu nifungue mapafu nihisi
 nafuu"
 Ole wako chako kifua kitaoza kitoe mabuu
 Eti unapenda kupatipati utajipata katikati ya
 maisha na mauti
 ukonde weeee! Kama ukuti
 Unataka nini tulia maishani ufaulu aushini bila
 kuamini utapata nishani
 Vuka daraja hilo uache lako baya tamanio ufuate
 lake mungu azimio utapatamaisha
 tuyatakao
 AU
 SIO????





When we work in an environment where adults bring their experience and young people bring their passion, energy and creativity, then we are able to achieve the best results possible



Vision

Sexual Reproductive Health and Rights for all

Mission

To harness partnership to promote the realization of sexual reproductive health and rights of young people, women and marginalized groups

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