



# Hope 4 The Youth - Kenya

**H4TY-KENYA**

ALEX OTIENO JUMA

## 1. Contact Information of applying organization.

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|----------------------------------|---|--|---|
| <b>Name of your organization</b> | <b>Hope 4 The Youth - Kenya</b>                                     | <b>Name of the contact person</b>              | Alex Otieno Juma  |
| <b>Postal Address</b>            | P.O. Box<br>254722164299-50307,<br>Luanda, Vihiga County,<br>Kenya. | <b>His/her current position</b>                | Founder   |
| <b>Type of organization</b>      | Community-Based Organization  | <b>Phone &amp; Email of the contact person</b> | +254722164299<br><a href="mailto:jumaalex448@gmail.com">jumaalex448@gmail.com</a><br><a href="mailto:am.alex@hotmail.co.uk">am.alex@hotmail.co.uk</a> |

## 2. Vision, Mission/structure of the applying organization

**Vision:** Healthy and Sustainable Communities.

**Mission:** To promote the development of Healthy and Sustainable communities through Partnerships, Advocacy, and Empowerment.

### 2.1 Organizational profile and key objectives.

**Profile:** Hope 4 The Youth Kenya (H4TY-Kenya) is a youth-serving and youth-led community-based organization committed to the promotion of the health, and development of youths through leveraging: advocacy platforms, technical assistance, and capacity building to expand choices and improve access to quality, affordable, and sustainable health services as well as social accountability. YouEN-Kenya believes and works in partnership with like-minded youth organizations, civil society organizations, private sector, and government to advocate for youth responsive policies, legislation, and programs within Siaya County through advocacy, mentorship and capacity development.

#### Objectives:

1. To create a platform where young people can freely interact, learn, and acquire knowledge and skills to thrive in society.
2. To build effective linkages for young people's economic empowerment to accelerate their self-reliance and sustainability.
3. To promote and advocate for the rights of youth, women, and girls through mentorship and providing avenues for their meaningful participation in society.

## **PART B: PROJECT OVERVIEW**

### **3. Project Title: Empower Youth Now Project**

#### **4. A brief of our proposed Project**

Adolescents and Young people in Siaya have the least access to, and greatest need for, comprehensive sexual and reproductive health services. In addition, adolescents in primary and secondary schools have been subjected to the competency-based curriculum which does not effectively support them to identify, nature and leverage their talents and abilities to thrive in today's competitive world. Their limited access to soft skills and basic life skills has subjected them to vulnerability hence they are negatively impacted by; **teenage pregnancy**, HIV and other sexually transmitted infections, child marriage, drugs, and substance abuse, Sexual, and Gender-based Violence as well as mental health issues. The project aims to address these problems and enable the target population to realize and leverage their potential for self-resilience and to access sexual and reproductive health and services by:

- Accelerating access to high-quality, evidence-based sexual and reproductive health information and services through facilitating in and out-of-school health talks.
- Strengthening Adolescent and young people's soft skills through mentorship and coaching on their soft skills and/or talents.
- Increasing adolescents' ability to make decisions about their bodies. This will be done through leveraging both the My Health My Choice (MHMC) and the Health Choices Better Future (HCBF) curricula for the 14-17 years teens and the 10-13 years teens respectively.

#### **5. Project Implementation Area**

|        |       |              |       |      |                                |
|--------|-------|--------------|-------|------|--------------------------------|
| County | Siaya | Constituency | Bondo | Ward | 1. Yimbo East<br>2. Yimbo West |
|--------|-------|--------------|-------|------|--------------------------------|

#### **6. Project Duration in Months**

The project duration is expected to be approximately 2 years. However, this is subject to availability of funding.

## 7. Your Target Groups

| Type of beneficiary                   | Number targeted | Type of beneficiary        | Number targeted |
|---------------------------------------|-----------------|----------------------------|-----------------|
| Orphans and Vulnerable Children (OVC) |                 | Children (10-17 years old) | 3000            |
| Schools                               | 6               |                            |                 |
| Young People (aged 18 – 24 years)     | 3500            |                            |                 |

### How will your proposed Project amplify community voices in governance processes?

Through civic education, the project will empower the target population with information and skills on how to meaningfully take part in public participation processes.

The project will establish school Health Talk Clubs and Talent shows as well as modeling competitions to be used in mentoring and nurturing the students' talents and abilities. The best items will be published and rewarded appropriately.

The project will leverage community scorecards for communities to gauge the levels of service delivery and implementation of Adolescent and young people's programmes. Through partnerships, linkages and collaboration with other community-based organizations, the project will leverage the existing platforms to amplify community voices by mainstreaming the project ideas, and goal in implementing partner activities and projects.

### How will your proposed project impact the targeted beneficiaries?

The project seeks to realize the following impact;

- Empower adolescents and young people to realize and leverage their abilities and talents in building healthy and vibrant communities.
- Increase the number of adolescent girls and young women accessing menstrual health products.
- Improved health seeking behavior on utilization of sexual reproductive health information and services among adolescents and young people.
- Increased awareness among target beneficiaries on their sexual reproductive health rights and responsibilities.
- Increased budgetary allocation for, and the implementation of adolescent and youth sexual reproductive health programmes.
- Reduced rates of teenage pregnancies, sexually transmitted infections especially HIV/AIDS and gender-based violence among the target communities.
- Reduced stigma among adolescent and youths due to availability and utilization of youth friendly services at health facilities.

## Who are your other stakeholders and how will your project build collaboration with other stakeholders?

The project will mutually collaborate with the Ministry of Health, GMDG in ensuring accessibility and availability of Sexual Reproductive Health services both at the public and private youth friendly centers, and capacity build and create awareness among policy makers (the county finance committee and the Budget and Economic Forum) at the county level to influence budgetary allocation through resource mobilization It will leverage local administration platforms like chief barazas and community engagement forums to create awareness the state of Sexual Reproductive Health.

The project will partner and work with local media stations, community members, the Siaya County SRHR Coalition, and The Reproductive Health Network Kenya, through coordinated county and community forums to advocate for self-use SRHR interventions, the revitalization of comprehensive sexuality education, emergency contraception, HIV self-testing and digital assistance technologies.

The project shall also leverage innovative and targeted strategies to communicate robust evidence that will influence policy changes in the health and education sectors in Siaya with regard to broadening policy makers' understanding of the consequences of unintended pregnancy for adolescent girls' schooling. Through these advocacy efforts, we hope to successfully contribute to increased attention from policy makers in Siaya county to ensure that out-of-school parenting girls re-enter school, and advocate for the approval and implementation of the draft county youth policy.

## PART C: PROJECT DETAILS

### 8. Problem definition:

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| Who are the people targeted by the proposed Project in your community?                   | <ul style="list-style-type: none"><li>❖ Adolescents and young people (both in and out of school.)</li><li>❖ Teachers</li><li>❖ Policymakers</li><li>❖ Parents</li></ul>  |
| What issues/challenges/needs do these target groups face which the Project will address? | <ul style="list-style-type: none"><li>❖ Teenage pregnancy, and early marriage,</li><li>❖ HIV and other sexually transmitted infections,</li><li>❖ Sexual, and Gender-based Violence.</li><li>❖ Drugs and substance abuse,</li><li>❖ Access to menstrual hygiene products.</li></ul>  |
| How did you identify these issues and needs?   | <ul style="list-style-type: none"><li>❖ 2022 Kenya Demographic Health Survey.</li><li>❖ Reports from recognized media stations.</li><li>❖ County Integrated Development plan.</li><li>❖ County Annual Development plan</li><li>❖ County budget committee reports</li><li>Reports from our SRHR coalition monthly meetings.</li></ul> |

### 9. Project idea:

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| <p>What is our project idea?</p>                        | <p>Community outreach/forums - These are activities that spark conversations around Sexual Reproductive Health and Rights including Comprehensive Sexuality Education in select learning institutions through the use of ART within the community. These activities will be organized by trained Youth Champions and Community Health Workers in the community. Apart from education to ensure we empower youth and adolescent with soft skills that can help them in their sustainability</p> <p>Community Advocacy - Through community advocacy, the project will leverage the use of ART to organize bi-monthly meetings with adolescents and young people. Organize conversations with traditional and religious leaders, policymakers, and local administration platforms to discuss how best to ensure access to SRHR services can be done.</p> <p>Digital/media advocacy – The project will leverage online (twitter space, chat, thorns, Facebook lives) and local mainstream media to sensitize the community on SRHR services and information and where to access affordable services. In mainstream media, the project will hold talk shows in radio houses that use vernacular to disseminate information.</p> <p>Formation of teen mothers and peer support groups to help them interact freely in a safe space and share success stories and best practices on prevention of teenage pregnancy, Gender-Based Violence and other sexually transmitted infections including HIV.</p> |
| <p>How will it address the Problem described above?</p> | <p><b>Empower Youth Now</b> project will directly support over 6,000 Adolescents and Young people aged 10-24 both in and out-of-school, over 200 teachers, over 3,000 parents and about 20 policy makers in Siaya county.</p> <p>The project intends to reduce the following issues;</p> <ol style="list-style-type: none"> <li>Teenage pregnancy, and early marriage,</li> <li>HIV and other sexually transmitted infections,</li> <li>Sexual, and Gender-based Violence.</li> <li>Drugs and substance abuse,</li> </ol> <p>This will be through:</p> <ul style="list-style-type: none"> <li>➤ Utilization of community outreaches, learning institutions, and local administration platforms will diversify ways of reaching out to the larger population with information on sexual reproductive health, which will help reduce sexual, and gender-based violence among communities and early marriages.</li> <li>➤ Formation of teen mothers and peer support groups that will help AYPs to interact freely in a safe space, access menstrual hygiene products and share success stories and best practices on HIV prevention and other sexually transmitted infection. This will also help reduce stigma</li> </ul>   |

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|   | <p>and peer pressure among adolescent.</p> <ul style="list-style-type: none"> <li>➤ Apart from education to ensure we empower youth and adolescents with soft skills that can help them in their sustainability, especially those who are out of school, they can be linked to Got Matar Institute (GMI) to acquire basic skills and knowledge, which will help them create self-employment and reduce idleness, which leads to drug abuse and increased sexual behaviors among AYPs.</li> <li>➤ Advocating for youth-friendly services through budgetary allocation to equip existing youth-friendly centers with the required resources that will support the adolescents. Strengthening social norms through engagement of parents, religious, and cultural leaders in Adolescent Health Promotion</li> <li>➤ Promoting the use of innovations and technology such as <b>Nena Na Binti hotline</b> for adolescent's health and reduction of teenage pregnancy and HIV infection, GBV, and early marriage.</li> <li>➤ Equipping the target population with training and resources to advocate for evidence-based, accountable, and equitable policies, legal frameworks, and services.</li> </ul> |
| How will it impact on the target community?                       | <p>Through the project, we hope to realize a community where there is;</p> <ul style="list-style-type: none"> <li>➤ Improved access to high-quality, evidence-based sexual and reproductive health information and services.</li> <li>➤ Community-led strategies to address root causes of gender-based inequalities.</li> <li>➤ Increased adolescents and young people's ability to make decisions about their bodies.</li> <li>➤ Strengthened multi-sectoral coordination for adolescent health at national and sub-national levels.</li> <li>➤ Improved use of technology for health and reduction of teenage pregnancy and HIV infection, GBV, and early marriage</li> </ul>  |
| How our Project shall engage with government at different levels? | <p>The project will work in collaboration with the ministry of health to capacity build healthcare providers on youth-friendly service provision, mobilize community members to embrace community-led monitoring, Joint support supervision for the department of youth, gender and sports at the county level to ensure youth-friendly centers and services are well equipped.</p>   |

## 10. Project objectives

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| What Will Our Project achieve?                             | <b>The main objective/goal of the Project:</b><br>Strengthening Sustainable Sexual Reproductive Health through influencing community participation, and policymakers in budgetary allocation for access to quality and affordable Sexual Reproductive Health Services for adolescents and young people in Siaya County by December 2024. |  |
| What concrete results (specific objectives) would it have? | Result 1:  | Improved health-seeking behavior among adolescents and young people.   |
|  | Result 2:  | Reduced cases of teenage pregnancies, new HIV, and gender-based violence.  |
|  | Result 3:  | Increased budgetary allocation on Adolescents and youth sexual reproductive health programming.  |
|  | Result 4:  | Increased number of adolescents and young people leveraging their talents and abilities to advocate for and address the existing challenges. |

## 11. Implementation:

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|---|---------|---|
| What specific steps/activities would be taken to implement the Project? | Step 1: | Mapping of all key and relevant stakeholders and holding an entry meeting to popularize the project and its interventions, identification and selection of champions to be engaged.   |
|   | Step 2: | Training and capacity strengthen teachers and SRH advocates/ champions and other stakeholders on advocacy to enable then articulate and champion SRH issues at different levels for improved access and uptake of SRHR services through increased budgetary allocation. |



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|  | Step 3: | Champions and advocates to begin engagements through different forums to create awareness and advocate for RH at the community level. Purchase and distribute menstrual hygiene products to adolescent girls. Plan and execute by-monthly online campaigns through local media stations, Facebook, concurrent twitter chats and/spaces on access to SRH information, and services. Policy makers will also be engaged at this level and meetings to review policy documents with line ministries and stakeholders to influence advocacy. |
|  | Step 4: | Monthly reporting of champions and other advocates in provided feedback and progress and follow-up on implementation.  |
|  | Step 5: | Quarterly feedback meetings with stakeholders to review progress communicate challenges and share best practices to inform decision making and improvement on implementation.  |

## 12. Innovation:

How is your Project truly innovative and unique in your context?

Use of community led monitoring approach where community members including adolescents and young people are able to take part and use data in decision making to influence and improve on service delivery.

Bringing in the component of social accountability through holding duty bearers accountable including policy makers and service providers in RH through community scorecards and utilization of existing platforms such as the iMonitor to provide feedback and resolve RH issues at the community level.

**13. Monitoring - What are the indicators you intend to use to measure the success in implementation of planned activities?** (*Match your indicators with the activities presented in section 14*)

- ✓ Number of stakeholders mapped and engaged during entry meeting.
- ✓ Number of adolescent girls and young women reached with menstrual hygiene products.
- ✓ Number of champions and advocates identified and selected for engagements.
- ✓ Number of champions and advocates trained and capacity build.
- ✓ Number of forums utilized by champions to create awareness and advocate for RH.
- ✓ Number of sessions conducted in engagement of communities and other stakeholders in

Advocating for RH.

- ✓ Number of champions reporting on a monthly basis.
- ✓ Number of quarterly meetings held with stakeholders to communicate feedback on interventions.

**14. Evaluation** – What are the indicators you intend to use to measure the outcomes of your intervention? (*Match your indicators with the results presented in section 13*)

- ✓ Proportion of adolescents and young people accessing RH services
- ✓ Number of adolescent girls and young women reached with menstrual hygiene products.
- ✓ Number of teenage pregnancies reported in a monthly basis
- ✓ Number of new HIV infections reported among Adolescents and young people
- ✓ Number of gender-based violence cases reported
- ✓ Percentage increase on budget allocation for SRH services.

**15. Sustainability** – What strategies will you put in place to ensure that the benefits of this Project continue to be felt beyond the period?

Integration with existing government structures and other projects within the areas of implementation Capacity building of other like-minded community-based organizations to form a network that will continue influencing advocacy and push for their inclusion in various committees at the county government level.

**16. Risks** - What are the main risks associated with the proposed Project and how will you mitigate them? List at least 2.

## RISK MITIGATION

Cultural practices among communities on early marriages and Gender-Based Violence.

Denial among adolescent and young people in openly coming out to utilize youth friendly services including testing for HIV.

Availability of youth friendly corners/ centres, which are not well equipped to provide the required support to adolescent and young people.

Integration of existing structures such as the local administration to support awareness creation through barazas and an all-inclusive approach of all community members to be part of the forums Identify AYP champions who will support in awareness creation and having platforms to share experience and best practices to influence behavior change and attitude.

Lobbying and advocating for resources to support the centers and integration in the healthcare system to support service delivery through the ministry of youth gender and social services.

**17. Reliability and Scaling-up** – What is the possibility of implementing your Project elsewhere and what is the potential for this Project to be expanded on a larger scale?

Use of already existing government structures that are being implemented across communities will help in scaling it up. Utilization of government policies and documents in influencing policy-making process.

## PART E: PROJECT IMPLEMENTATION WORK PLAN

| Outcome Objectives  | Planned Outputs   | Activities  | Indicators   | Means of verification  | Timeframe |
|---|---|---|--|--|-----------|
| Improved health-seeking behavior among adolescents and young people in Siaya county by 2024.      | Comprehensive Sexuality Education sessions conducted both in and out of school  | 1. Training of adolescents and young people on CSE, MHMC, and HCBF.   | Number of Champions trained.<br>Number of mentorship sessions conducted.<br>Number of radio shows conducted. | Signed reports and minutes from the sessions conducted.<br>Reports from CSE training.<br>Participant lists<br>Photos of the training.<br>Training materials used | Quarterly |
|   | Young people accessing Youth Friendly Services at the youth friendly centers.   | 2. Awareness creation on availability of Youth Friendly Services.     | Number of young people accessing Youth Friendly Services.  | Registration forms at the respective facilities.<br>Reports on service utilization (uptake of commodities and services) from the MOH.                            | Monthly   |
|   | Adolescents and Young people accessing SRHR information from digital platforms. | 3. Awareness creation on the available platforms and hotline numbers. | Number of young people utilizing online SRH platforms.<br>Number of successful referrals.                    | Reports from the digital SRHR platforms and or websites.<br>Reports on successful referrals.   | Monthly   |
|   | Adolescent girls and young women accessing menstrual hygiene products.          | 4. Distribute menstrual hygiene products to adolescent girls.         | Number of adolescent girls and young women accessing menstrual hygiene products.                             | Participant lists.<br>Photos of pads distribution,   | Monthly   |
| Reduced cases of teenage pregnancies, new HIV, and gender-based violence in Siaya county by 2024. | Media engagement conducted  | 5. Conduct talk shows at local media stations.                        | Number of sessions conducted<br>Number of champions engaged in local media stations.                         | Recordings from the talk show discussions.<br>YouTube Links to the TV shows.   | Quarterly |

|   |  |   |   |   |           |
|---|--|---|---|---|-----------|
|   |  |   |   | Posters for the talk shows  |           |
|   | Community engagement forums conducted.   | 6. Behavior change communication awareness  | Number of forums conducted. Number of community members reached.                  | Photos from the meetings. Registration forms.   | Quarterly |
|   | Social media engagements conducted       | 7. Conduct twitter spaces, Facebook live discussions.   | Number of twitter spaces conducted. Number of Facebook discussions conducted      | Posters for the talk spaces and Facebook live sessions. Recordings from the social media discussions.   | Monthly   |
| Increased budgetary allocation on Adolescents and youth sexual reproductive health programming in Siaya county by 2024. | Stakeholder engagement forums conducted. | 8. Popularization of the Gender-Based Violence policy,  | Number of sensitization forums on the GBV policy. Number of stakeholders engaged. |   | Quarterly |
|   |  | 9. Capacity building of policy-makers on the need for health financing under reproductive health. | Number of trainings held. Number of policy makers engaged.                        | List of participants<br>Reimbursement lists.<br>Training materials used<br>Pictures from the trainings. | Quarterly |