embibo gender initiative

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Study on Access, Availability and Utilization of SRHR Services, Information and Advocacy Platforms for AGYW in Kamwenge District

CEHURD social justice in health

WWM WOMEN WITH A MISSION

NILE GIRLS FORUM HOPE RENEWED

DECEMBER 2022

EMBIBO GENDER INITIATIVE - BIGULI, KYEGEGWA

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Background of Organization:

Embibo Gender initiative (EGI) is a principally feminist capacity building, advocacy and research establishment working with rural communities

Our vision is to see a society where rural women, girls and youth enjoy equal rights and opportunities in relation to gender and sexual health inequalities. We work towards increasing women, youth and rural communities' access to economic justice, sexual reproductive health and rights, domestic violence alleviation and quality inclusive education.The organisation is located in Kamwenge, Uganda

EGI is especially focused on promoting aspects of SRHR within communities using a community participatory approaches and models. It is upon this background that it has piloted the Increasing rural young women's access to sexual reproductive health and rights skills, knowledge and advocacy project. This project enhances young women's ability to collectively speak up for their rights as they examine and question social norms, policies, and system.

Abstract.

This qualitative study is of AGYW and duty bearers in Kamwenge District. The study found that most AGYW had faced challenges in access to SRHR and access to justice around SGBV. Most AGYW accessed information from health workers with the majority of information accessed in non- health platforms being that of menstrual hygiene management

AGYW stated stigma and trauma within government health facilities, high costs to access and utilization and lack of leadership and participation as key obstacles to their health. Other issues included patriarchal social norms, poor KP programming and limited state funding by the government of health centers in rural area.

Stigma and cost related issues pushed AGYW to seek out traditional alternative care and this played a major role in the trust and utilization of government facilities. While the government has almost closed accessibility to every 5 kms to a health center for every Ugandan, further capacity building, leadership and de- stigmatization of SRHR services is crucial if targets to gender parity in health especially around the NDP 111 are to be met

Acknowledgement and Special Thanks

Special thanks to the girls and Women of Kamwenge without whom this would not have been possible.

Without radical gestures, we remain limited to the written possibilities of masculine imaginations. Our stories have been told through the mouth of the lion instead of healing, comfort and agency, we have been made passive by several intersectional harms as women as so called third world countries who are black, live in rural areas, have low income status, low educational status, living with disabilities, different sexualities among others.

Telling and listening to our stories in oral or written form in safe spaces allows us to heal, forgive and reconcile among sisters. Stories build our conscious, allow to produce knowledge women at the margins and gives us voice. Stories help us build relationships, common purpose and empathy.

We document our own experiences to inform practices for our resistance. Through documentation, we strive not to exploit the labor and stories of the women with whom we work.

In addition, we use these spaces to review our feelings and her stories to figure out our next strategies.

ABBREVIATIONS:

AGYW - Adolescent Girls and Young Women.

CEHURD - Centre for Health, Human Rights and Development.

CSE - Comprehensive Sexuality Education

CSO - Civil Society Organisation

EGI – Embibo Gender Initiative.

KP - Key Population.

SRHR - Sexual Reproductive Health and Rights.

PREP - Pre Exposure Prophylaxis

PEP - Post Exposure Prophylaxis

1.0 Purpose and scope of analysis:

The purpose of this evaluation is to assess the situation of AGYW in rural areas in Kamwenge in relation to access, utilization and advocacy in SRHR. The evaluation covers the post COVID 19 period of 2021 to 2022 and reviews gaps, available support mechanisms and perceptions around SRHR public services and policy access, utilization and availability.

The organization is currently carrying out the PISSCA project is a feminist grant that is carried out by EGI under the SRHR coalition under a project titled, "Increasing rural young women's access to sexual reproductive health and rights skills, knowledge and advocacy." The main objective of the project is to build a critical mass of rural feminist leaders that engage and change SRHR and SGBV legal and policy frameworks for women and young people in Kamwenge District.

The analysis is a part of this project funded by the French Embassy under the leadership of SRHR coalition by CEHURD. The results of the analysis will guide the Increasing Rural Women Access to SRHR skills, Knowledge and Advocacy project update as well as guide EGI's strategic advocacy and resource mobilization plan, partnership map and reviews on the five-year strategic plan.

1.1 Methodology

The study is a baseline research and feminist participatory action study that seeks to determine the current state of SRHR policy and social services in Rural Kamwenge district. The specific objectives of the study include identifying:

- Key SRHR pressing issues faced by AGYW in Kamwenge.
- Challenges to access, utilization and availability to SRHR services, information and policies.
- Leadership and Participation of AGYW in SRHR service and policy access and use.
- Role of men in SRHR service access for AGYW.

In depth interviews were conducted with 10 participants while focus group discussions (FGD) were carried out with 51 participants. These were carried out using a semi structured FGD and KII guide. 16 source documents including National documents, UN source documents and district statistical documents were analyzed.

This included questions that explored; Visible and Invisible SRHR pressing issues, barriers and challenges to access, utilization and availability of SRHR issues, leadership and participation of AGYW in SRHR service and policy access and use and role of men in SRHR service access and delivery for AGYW.

It was guided by a qualitative phenomenological study approach. Qualitative approaches are used to encourage and harness voices of young feminists as well as reduce power dynamics between the researcher and the researched (Creswell, 2013). The use of phenomenology is because of the ability it has to bring forward individual experiences and taken for granted assumptions like those adolescent girls and young women in rural areas.

Data collected was reviewed through thematic analysis, and deductive findings were made. The research was descriptive based on primary and secondary data.

The research tools incorporated a consent clause. All participants provided verbal or written consent, including the permission to record data, and use the information obtained with no implications whatsoever for their current or future relationship with the implementing organization. Prior, to this, participants were provided with organizational details, feminist values guiding the research and details of the research including how data was to be used. In the course of the compilation of the report, no forms of identification were used as deemed harmful to individuals.

2.0 Current situation

2.1 Uganda's Positive Trends

Uganda has made significant progress in improving SRHR outcomes, including reducing maternal mortality rates and increasing access to family planning services. However, significant challenges remain, particularly in the areas of sexual and reproductive health education, access to services, and addressing social and cultural barriers (Ministry of Health Uganda, 2016).

Access to and utilization of health services has significantly increased with the population living within a 5km radius of a health facility increasing from 83 percent in 2012/13 to 86 percent in 2016/17. The health infrastructure network has improved in the country and currently consists of 2 national referral hospitals, 19 regional referral hospitals, 147 district hospitals, 193 HC4s (medical officers present); 1250 HC3s (clinical officers present), and 3610 HC2s (enrolled comprehensive nurses present).

Before COVID-19, HIV deaths had also reduced by 58 percent (56,000 deaths to 23,000 deaths) between 2010 and 2018, and new infections reduced from 92,000 to 52,00.

Uganda has also been able to put in place necessary legal structures such comprehensive sexuality education (CSE) policies, National Health Policy, Community Health Guidelines and several initiatives to promote self-care

SRHR is critical to the health and well-being of communities and young - women in Uganda. While progress has been made, significant challenges remain, including limited access to education and services and social and cultural barriers. Addressing these challenges requires a comprehensive approach that includes education, increased access to services, and addressing social and cultural barriers. By doing so, Uganda can ensure that all individuals have access to the SRHRservices they need to live healthy and fulfilling lives.

2.2 Miles to go

Uganda has one of the world's youngest population with over 34.8 adolescents of the population being adolescents and 77 percent below 25 years of age . Of these, 80 percent stay in rural areas. Young people face a number of challenges including un-employment, in -adequate political participation and dire lack of SRHR information and services especially with current health pandemics like Ebola and COVID-19.

Access to sexual and reproductive health services continues not only be a public health concern in Uganda but East Africa characterized by the low use of modern contraceptives, un met family planning needs, high maternal mortality and increased HIV/ AIDs new infections in adolescent girls and young women

In Uganda, Kenya and Tanzania, high percentages of unmarried, sexually active adolescent girls are not using contraception (59.3 to 68.8%).

This coupled with the lack of comprehensive sexuality education leads to un wanted pregnancies, increased sexual offences, un safe abortions and increased risk of morbidity.

In 2019, the world was hit with the news of COVID-19, a pandemic that has continued to disrupt financing, health and social progress made towards achieving global, regional and national agendas (Africa Agenda 2060, SDGs and NDP 111) in reducing gender in equalities. The pandemic affected rural areas as there were also negative impacts in household incomes, growing cases of domestic violence and declining SRHR.

The state of SRHR has further been exuberated by the current public health issues in Uganda and Kamwenge such as EBOLA. The Uganda Based HIV Impact Assessment report (2022) for example shows that not only has HIV prevalence and new infections increased, but that they are also high among adolescent girls and young women aged 15 to 25 years. Globally and nationally, over half of these are among key populations.
Within rural health systems, critical gap in human resources for health infrastructure in countries have reduced the functionality of Health center 111 and health financing and resourced remain low mainly financed by health development partners and delivering a substandard SRHR package- . Access to SRHR services is limited in many areas of Uganda, particularly in rural and remote communities. Health facilities may be understaffed, lack necessary equipment and supplies, or be located too far from where people live. Additionally, stigma and discrimination may prevent some individuals from seeking care.

Despite alarming statistics, we organize in a state of increasing regressive gender laws and women's rights to bodily autonomy enshrined in against access to contraceptives, comprehensive sexuality education and safe maternity in Uganda, Kenya and Tanzania for key populations and AGYW. For example, current discriminative laws against sex work and other Key populations create a hostile environment for access to health services especially in regards to HIV/AIDs and STI testing and treatment.

Uganda also remains adamant about the implementation of comprehensive sexuality education policy limiting adolescent girls and young women's knowledge and information on sexuality choices. Where as the framework has been made, there has been very little implementation and roll out to districts.

https://www.unfpa.org/sites/default/files/Evaluation_of_the_UNFPA_support_to_the_HIV_response_2016-2019.pdf
http://www.npa.go.ug/wp-content/uploads/2020/08/NDPIII-Finale_Compressed.pdf

Furthermore, local governance spaces are gender imbalanced and often dominated by older urban male youth and more established male led CSOs. This age, gender and proximity difference further jeopardizes AGYW accessibility and appropriateness of SRHR issues increased by pre-existing cultural and religious discrimination and limits resources towards feminist CSOs.

In order to improve the country's response and achievement of the UN AIDS 95-95-95 targets by 2025 as well as other gender SRHR parity advancements in the Uganda third national development plan, Africa Agenda 2060, MAPUTO protocol among others, AGYW (15 to 25 years) most affected by HIV, consequences of teenage pregnancies and sexual offences have to become active technical partners.

Photo during condom programming session

All these issues not only put adolescent's lives and health at stake but also reduce young people's agency, leadership and participation of young people in making of policies and accessing critical SRHR services that affect them. This is more so for rural AGYW, disabled women and KPs who are further marginalized due to accessibility and cost issues.

Rural AGYW lack an enhanced capacity building and policy participation on SRHR issues that affect them. This can be done through ensuring that young people's voices are heard in projects that affect them.

This research is a situational analysis on the state of SRHR for young women and adolescents in Kamwenge District. The research covers critical factors of Health worker availability and training, funding, Health center infrastructure, funding, policy and legal frameworks and accessibility issues.

3. https://www.who.int/health-topics/sexual-and-reproductive-health#tab=tab_1

ttps://www.independent.co.ug/education-ministry-given-two-years-to-develop-comprehensive-sexuality-education-policy/

3.0 Findings:

3.1 Key SRHR issues for AGYW

Many conservative values around sex and sexuality are key in shaping the appropriateness of young women, girls and other vulnerable populations from accessing SRHR information, services and engaging in policy making at national and sub national levels.

Many respondents pointed at high levels of child marriage, defilement, rape, incest and gender-based violence within their communities. Many times, they viewed themselves as un able to access justice even when they knew who to approach.

"A man was caught defiling his daughters and some people tried to take him to police. He was not even remorseful, he just told us that he it was his right to eat on what was his."
FGD participant

Many Young Women reported receiving mainly information on contraceptive at health centers and from peers. Adolescents who were still in school reported receiving information mainly on menstruation management and hygiene

However, traditional beliefs and practices discourage the uutilization of modern contraceptives or seeking care from health facilities and intentionally create an environment of misinformation.

"We were told that traditionally if one lies facing down after sex, then they will not get pregnant because the sperm will flow out."
FGD participant.

Illustration EGI -01

3.2 Challenges and Barriers in access to SRHR for adolescent Girls and Young Women:

3.2.1 High Cost of Access to SRHR services and information:

Nearly all participants stated that there were high costs in accessing SRHR services. For AGYW sometimes even the distances from health facilities meant that they did not come for frequent ART treatments, contraceptives or antenatal care. In response to why there was low access to services at health centers by women, one community development officer (CDO) described the situation as such,

"Contraceptive access and family planning methods should be addressed at the furthest parishes like Marere, Kabuye, Bigere since they don't access due to distance. Women have mostly been affected due to many children they have to take financial care of. When we ask them, they attribute it to distance."
Community Development Officer.

AGYW also accuse health centers for charging fees for what should be free. However, health practitioners also mention a lack of certain drugs, syringes and gloves from the health center that means that they
have to send out patients to purchase them if they need treatment

"Government services are often portrayed as free services but in reality, one has to have money to get services quickly, many women are dying helplessly because they can't afford the little money asked for in health facilities and this is one of the major challenges"
FGD participant

In 2001, Uganda institutionalized a national health worker program at the Health Center 1 level decentralizing health to a Health Center 1 level and increasing health access at household levels and in rural areas. In 2022, Uganda launched the National Community Health Strategy to guide implementation and effectiveness of community health strategies .

However, key proponents of this strategy (Village Health Teams (VHTs) and para – social workers) in this study also indicated limited work around decentralizing SRHR issues due to cost related issues transport funds, airtime for coordination and other tools like gumboots, umbrellas especially during rainy seasons that were not provided.

3.2.2 Stigma and Trauma in Health systems.

On average, 1000 teenage pregnancies are reported per day in Uganda . Teenage pregnancies account for almost a 1/5 of Uganda's births and contribute to 28 percent of maternal deaths.46 percent of these pregnancies are un wanted .

Increased stigma and trauma within health care facilities continue to contribute to plummeted teenage pregnancies complications giving way for leading causes of mortality such as Puerperal sepsis, obstetric hemorrhage, hypertensive disorders and abortion complications

Many AGYW in this study reported access to information and services for STI and HTC (HIV testing and counselling), contraceptive supply, ARVs, cervical cancer, ante and post- natal care as well as post abortion and referral care from health center 111 facilities.

However, there is a noted wide-spread decline in the trust that young people have in government run health centers. AGYW echoed stories of a poor health system under which they pointed at stigma, abuse and trauma as the number one issue affecting their access to maternal and contraceptive comprehensive issues.

They often felt that they were treated poorly because they were young or not seen as the main beneficiaries of products, services and policies of sexual health. Young women interviewed reported lifelong health effects like disability, fistula and sometimes morbidity.

"When the mid wife came, she spread my legs so wide and I was experiencing so much pain. I said to myself that I will never come back to this health center. That's why many young women opt for traditional birth attendants. In instances where the placenta gets stuck inside, she would have given me ash or roots of pawpaw and it gets out. Up to now, if you don't give them money, you are not taken care of. "
FGD participant,
Young woman.

3.2.3 Limited funding and resource availability towards SRHR services and information:

Many AGYW did not have any idea on who and how much funding was put towards SRHR initiatives.

Council levels such as people living with disability received very little money which they majorly channeled towards economic initiatives.

We receive only 2 million Uganda shillings a year for all the disabled persons in the sub county. We have been using it to buy pigs and goats so that members are able to sell and get money."
Disability counsellor

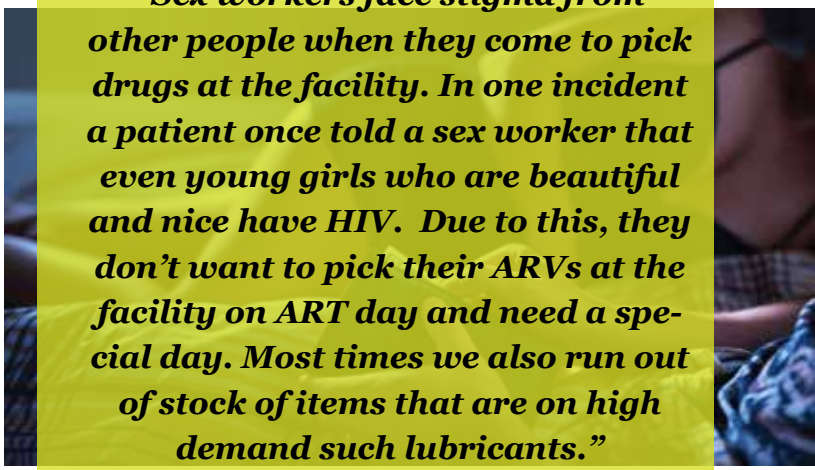
Health center IIIs had reasonable funding from the Ministry of health to procure drugs such as ARVs and malaria tablets. However, a lot of this support was done hand in hand with other development partners such as Baylor Uganda that targets HIV/AIDs prevention, transmission and care and UNICEF that targets health outreaches.

In Biguli, Embibo Gender initiative also supports communities in capacity building efforts around contraceptives, un safe abortion, HIV and SGBV. Other health care organizations like Medical Teams International and ALIGHT mainly focused on refugees' communities within the Rwamwanja camp.

However, funding was limited and stakeholders felt that there was a need to support and facilitate more health care workers especially for outreaches, drugs and other equipment.

"There is a need for drugs like now cefixime, Cipro, metro, benzathine, syringes are currently out of stock. We have to tell patients to buy them in order to get treated."'
Health care worker.

In Kamwenge, AGYW and sex works complained about various issues such as the hefty transport costs to the few health centers, stigma and stock outs. This is illustrated by the Key Population focal person at one of the health center 111s:



"Sex workers face stigma from other people when they come to pick drugs at the facility. In one incident a patient once told a sex worker that even young girls who are beautiful and nice have HIV. Due to this, they don't want to pick their ARVs at the facility on ART day and need a special day. Most times we also run out of stock of items that are on high demand such lubricants."
Nurse at Health facility as

As the generic healthcare system is not adequate for the hard-to-reach and vulnerable populations, here is a need for defined strategies specifically reaching those with disabilities, out of school, orphans, sex workers, adolescent parents, those with mental disorders, refugees and those in geographically hard-to-reach areas.

3.2.5 Poor Understanding of Legal and Policy frameworks:

Legal and Policy frameworks for Adolescent Girls and Young women are often inconsistent and rarely implemented. Misinterpretation of many laws especially those around contraceptive access, post abortion and medical abortion are significant around health workers, law enforcement, justice organs and among women and girls themselves.

AGYW and duty bearers had very limited knowledge around the laws and policies and their use in access to services and justice. It was no surprise that the community showed general helplessness in addressing the rampant cases of Sexual and Gender Based Violence that happened even when they were criminal.

Misinterpretation of policies by those in the SGBV/SRHR programming working in development agencies constituted by refugee and host-based organization further clashed with human rights-based approaches by World Health Organization and United Nations bodies. CSO key focal persons around SGBV and SRHR saw their work as mainly programming and several times made mistakes, providing services that could get them in trouble with the law.

In an interaction with a key focal person, a doctor working for a medical outreach organization on the legal implications of access to safe abortion and post abortion care.

If a young girl walked into the facility and wanted an abortion, I would counsel her and give her one. I am not aware of any legal implications because I would not be the one bringing her, she would be bringing herself."

Medical Outreach worker.

This contravenes that current law on abortion in Uganda as per the penal act that states that a surgical operation (Section 224) as a liability that is only excluded if the health worker advises for the abortion and not when a woman asks for it .

Where the law was used to push access to justice, there was a general feeling that the law was of no use. Even parents were often a stumbling block to justice in cases of defilement and child marriages. Parents often accepted bride price and other monetary gifts.

"Corruption in regards to early marriages need to be addressed, there is a tendency of bribes from the boy's parents so that the case can be closed, government needs to come in and support families that are faced with this challenge."
FGD participant, teacher.

3.3 Youth Leadership and Participation in Sexual Reproductive Health and Rights:

Institutions need to ensure young people have access to accurate information and the skills in SRH services in order to make decisions and lead change. Government and community-based organisation programs in health must work to prioritise the needs of young people by meaningfully engaging them in design, implementation and monitoring by providing representation in decision making spaces.

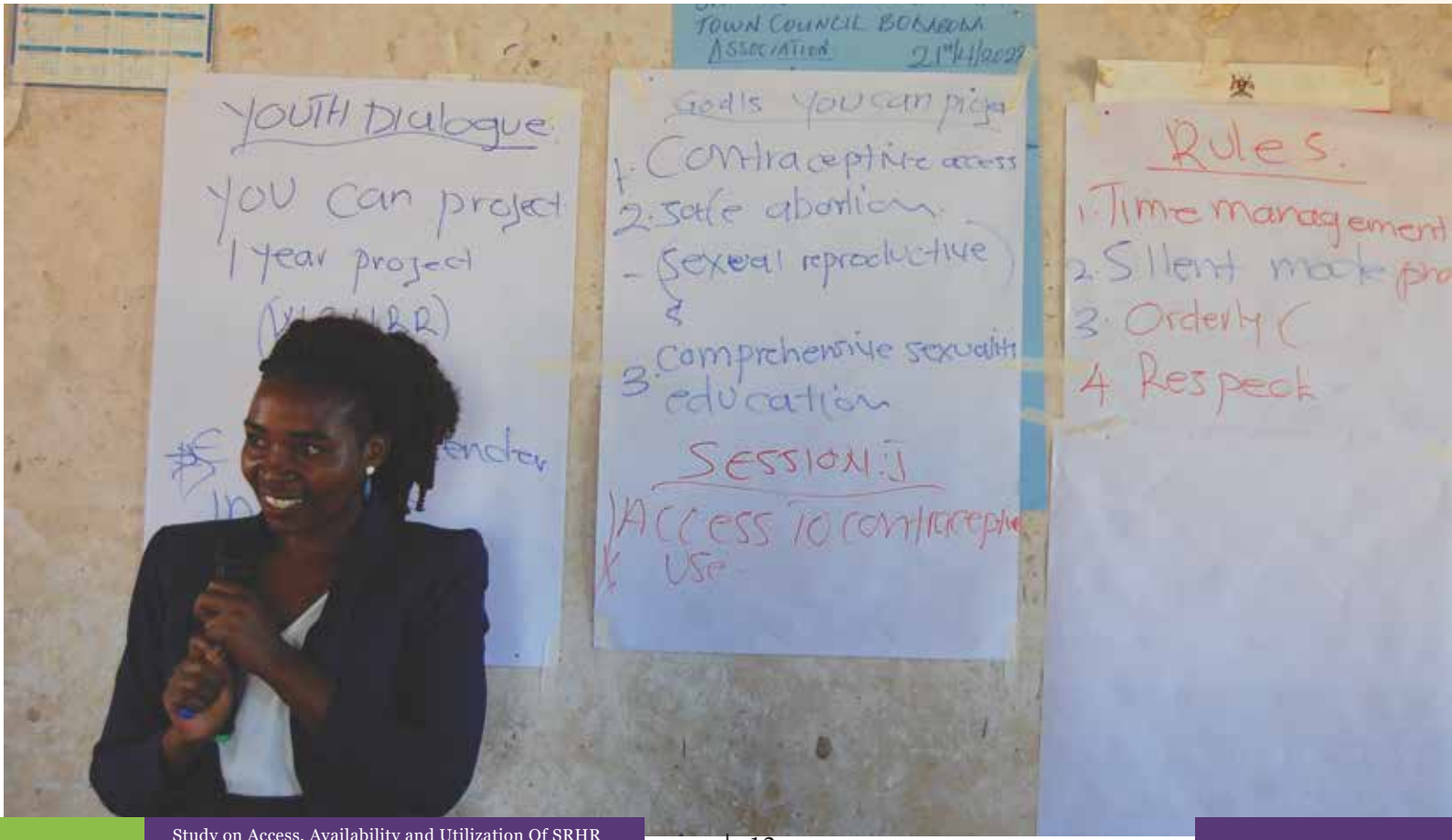
https://www.make-way.org/wp-content/uploads/2023/02/FEMINIST-APPROACHES-TO-ABORTION-RIGHTS-IN-UGANDA-1-2-1.pdf

Uganda is a signatory to global and regional commitments to achieving gender parity in political spaces However, observed participation levels remain low for women at sub national district levels for example only 2.6 women are district chairpersons and 13.7 district speakers . These numbers are even worse at sub county levels.

In Biguli sub county, 4 female council members were interviewed with 3 of these members occupying gender quota positions. None of these members were 25 years or below. Yet, if young people need to make their voices heard; they can do this by utilizing existing platforms within their community as well as by participating in youth-led organizations.

Peer to Peer structures were the major platforms that AGYW and young men were involved in leading changes around Sexual and Reproductive health for their communities even pushing for youth friendly corners. Young people that were involved in peer to peer structures showed more in-depth knowledge in issues surrounding HIV prevention, transmission and care. They had knowledge on the use of contraceptives, PREP and PEP uptake and their availability at different health centres.

Young people and district technical staff felt that they were meaningfully included in designing peer programme and services and that their insights were useful in creating change especially with fellow AGYW and young people. They were key actors in increasing access and utilization of SRHR services and needed increased facilitation in this model.



Peer leaders displayed increased confidence and were also more likely to access spaces/ platforms where further information, training and services on SRHR than other young people.

"I know about proper condom use, PREP and PEP as well as the use of oracle for testing HIV. PREP and PEP for those that have HIV/AIDs and new infection I also know about safe abortion. I got this information from Baylor Uganda, Biguli Health Center III and Embibo Gender Initiative."
Peer leader, Biguli Health Center.

AGYW 's role as peers also meant that they had more interaction with the health system and built trust to come in for services such as maternal care, HIV testing and ART.

A few duty bearers also mentioned strengthening and encouraging AGYW to take up roles of female positions at District Executive Council and Council level as well as increasing AGYW participation in drama clubs, radio talk shows and community meetings.

No AGYW mentioned any participation in political leadership as a way to increase access to SRHR and this again points to the limited seats that females for example in Biguli sub county take up with only 4 women counselors and all of them occupying special seats.

https://africa.unwomen.org/sites/default/files/2022-06/Women%20Participation%20in%20Politics%20at%20the%20LG%20in%20Uganda_Occasional%20Paper%2053.pdf

3.4 Role of Men in Increasing SRHR services, information and advocacy

During the duration of our study with men and those around them, it was clear that they did not perceive themselves as clients of SRHR.

Men often saw their role as support of their partners to access maternity, contraception/ family planning services.

"Men should facilitate their women in accessing services for example provision of transport."

FGD Participant, Male peer.

Men were also seen as perpetrators of violence towards women and their families.

There was no male friendly male service delivery packages or information and this made SRHR seem like a women's issue.

4.0 Recommendations:

The findings from this study present key information to improve on access, utilization and availability of SRHR services for AGYW in rural Kamwenge.

The following recommendations are made in that regard for EGI and other stakeholders:

Increase service access to invisible issues. Access to easily in accessible issues such as proper contraceptive use, Comprehensive Sexuality Education and safe maternity issues including post abortion care is crucial.

Increase community health strategies and decentralize health to VHTs, Drop in Centers among others to reduce costs of transport, reduce judgment and essentially increase utilization of for example modern contraceptives.

Push for economic incentives and financial Independence to solve SRHR cost related access of transport, expensive medicines among others. Financial independence through driving businesses also reduces on SGBV, child marriages and teenage pregnancies.

Health care strengthening in harm and stigma reduction. There is a need to train and build more youth friendly health care workers as most AGYW report experiencing stigma and yet health centers remain key for access to quality SRHR services and information.

Push for policy and legal knowledge / information and advocacy for AGYW. There is a need to for example push for the National Sexuality Education Framework and policy and encourage its roll out in all districts.

Provide mentorship platforms for AGYW to lead SRHR change in their communities. There is a need to create and strengthen community spaces that provide information, services and offer advocacy. Although, the peer to peer model is existent, It's largely service provision. Advocacy and political spaces are crucial and need to be opened up for AGYW. Dis aggregate SRHR health services for KPs and AGYW with disabilities in relation to their needs. This means efforts such as infrastructure financing, having active focal persons or provision of safe spaces at health centers.

Increase government funding towards SRHR commodities like PREP, PEP and lubricants and other medicines for rural communities.

Increase meaningful partnerships with District/ sub county health and social community departments as well as development partners around health to increase organizational role in increasing youth friendly social health services and funding.

Ensure male engagement not just as perpetrators of violence but as clients, fathers and partners through male engagement sessions and increased data collection of men through committed registers at health centers.

5.0 Discussion:

Adolescent girls and young women continue to face obstacles in achieving their full sexual and data describes gaps as well as steps that relate to Adolescent Girls and Young Women living in rural areas of Kamwenge District. The data showed cost related issues, socio cultural norms, lack of leadership and participation in

SRHR and stigma and trauma within the health system as the key challenges to SRHR access.

Young women often mentioned lacking transport, money for drugs as well as being abused by health care workers. Key SRHR issues that AGYW lacked services and information on included contraceptive use and access, HIV and counselling services as well as post abortion and maternity care.

Communities faced a lot of sexual offences with defilement, rape and child marriages on the rise. Many times, fathers and close guardians defiled girls under their care. Although communities showed willingness to report these cases, access to justice was difficult due to corruption, long stretches

Despite these challenges, there were opportunities in access to health center 111s and peer to peer structures within the communities. With increased political participation and capacity building of Adolescent Girls and Young Women (AGYW), duty bearers and young people felt that gaps could be covered addressing service access, stigma and mis conception and laying ground for transparency and accountability.

This study is the first qualitative study to review the state of SRHR for AGYW in rural Kamwenge especially surveying AGYW, young men and duty bearers working in health and political leadership. It interviewed young people between the ages of 14 to 25 years old on their experiences accessing services, information and legal

Group photo with the peers after a training

environment around SRHR. We also interviewed duty bearers at district, sub county and health centers on current interventions and challenges related to increase utilization and access to SRHR services for AGYW.

This research was supported under the PISSCA fund and fulfilled some of the key EGI strategic plan for SRHR such as partnership building and ally ship and feminist movement and leadership building. It provided awareness to AGYW on several issues and shared information from Embibo's data base on available services and opportunities. Duty bearers such as community leaders and Young Men that were interviewed gave a clearer understanding on the effect of masculinities in regards to access to key SRHR services like contraception.

6.0 Conclusion

Sexual Reproductive Health and rights are essential to everyone but even more important to AGYW living in rural areas. In ability to access SRHR also limits other outcomes in education and financial capacities.

On top of that, poor service carries long term implications like disability, HIV and even mobility on women. This back tracks the gains made in gender equality nationally, regionally and internationally.

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