ENHANCING ACCESS TO COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES

(Rutgers - SheDecides Project).

YEAR TWO ANNUAL NARRATIVE REPORT

REPORTING PERIOD: 1ST FEBRUARY 2019 TO 31ST JANUARY 2020

LIST OF ABBREVIATIONS AND ACRONYMS

ASRHR	Adolescents Sexual and Reproductive Health Rights
CAC	Comprehensive Abortion Care
CHVs	Community Health Volunteers
CSE	Comprehensive Sexual Education
CSOs	Civil Society Organizations
FIDA	Federation of Women Lawyers
FIGO	International Federation of Gynecology and Obstetrics
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
LARC	Long Acting Reversible Contraceptive
M&E	Monitoring and Evaluation
MA	Medical Abortion
MVA	Manual Vacuum Aspiration
NEC	National Executive Committee
PAC	Post Abortion Care
RH	Reproductive Health
RHN	Reproductive Health Network
RHNK	Reproductive Health Network Kenya
RHRN	Right Here Right Now
SA	Surgical Abortion
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
VCAT	Values, Clarification and Attitude Transformation
WHO	world Health Organization
YFS	Youth friendly services

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INTRODUCTION

RHNK was established in 2010 and its main strategic objective is to reduce maternal mortalities related to unsafe abortion. In 2018, RHNK was appointed as the beneficiary of SheDecides in Kenya through Rutgers. ***SheDecides*** is a global movement for fundamental rights of girls and women to decide freely and for themselves about their sexual lives, including whether, when, with whom and how many children they have.

Unsafe abortion is one of the leading causes of maternal mortalities in Kenya. Women living in rural areas and those who do not have access to quality health services are disproportionately affected. Many countries restrict legal access to abortion to specific circumstances, such as pregnancies resulting from rape or incest, or to protect the life of the woman. Such policies do not decrease the incidence of abortion, but do increase the risk of death and disability from abortion. The restrictive policies has resulted to fewer trained medical professionals, fewer facilities offering safe abortion services, less knowledge about where to go for these services, higher cost of services, and more social stigma around the services. **Many women are left with little choice but to obtain abortions in unregulated settings. As a result,** 98% of abortions in developing countries are unsafe - carried out by someone lacking the necessary skills, in an environment failing to meet basic standards, or both. The consequences of unsafe abortion are devastating to women, their families, and their communities: the estimated 22 million unsafe procedures each year lead to the death of 47,000 women and the disability of another five million.

In the second year of SheDecides project, RHNK focused on some of the challenges experienced during year one of implementation. The objectives included:

1. Strengthen the capacity of the organization to provide Comprehensive safe abortion care and community and Youth based medical (CBAM) abortion information and services by expanding the model to more geographical areas with more diverse service providers.

2. To increase access to quality SRH services with a focus on young people, low income and marginalized women and girls by expanding the CBAM model to more geographical areas and building the capacity of midlevel providers and Youth Peer Providers (YPP) and strengthen referral linkages for service provision.

3. To increase community engagement strategies that explores values and social norms to de-stigmatize abortion and SRH services for young people among providers and communities.

Activities planned include:

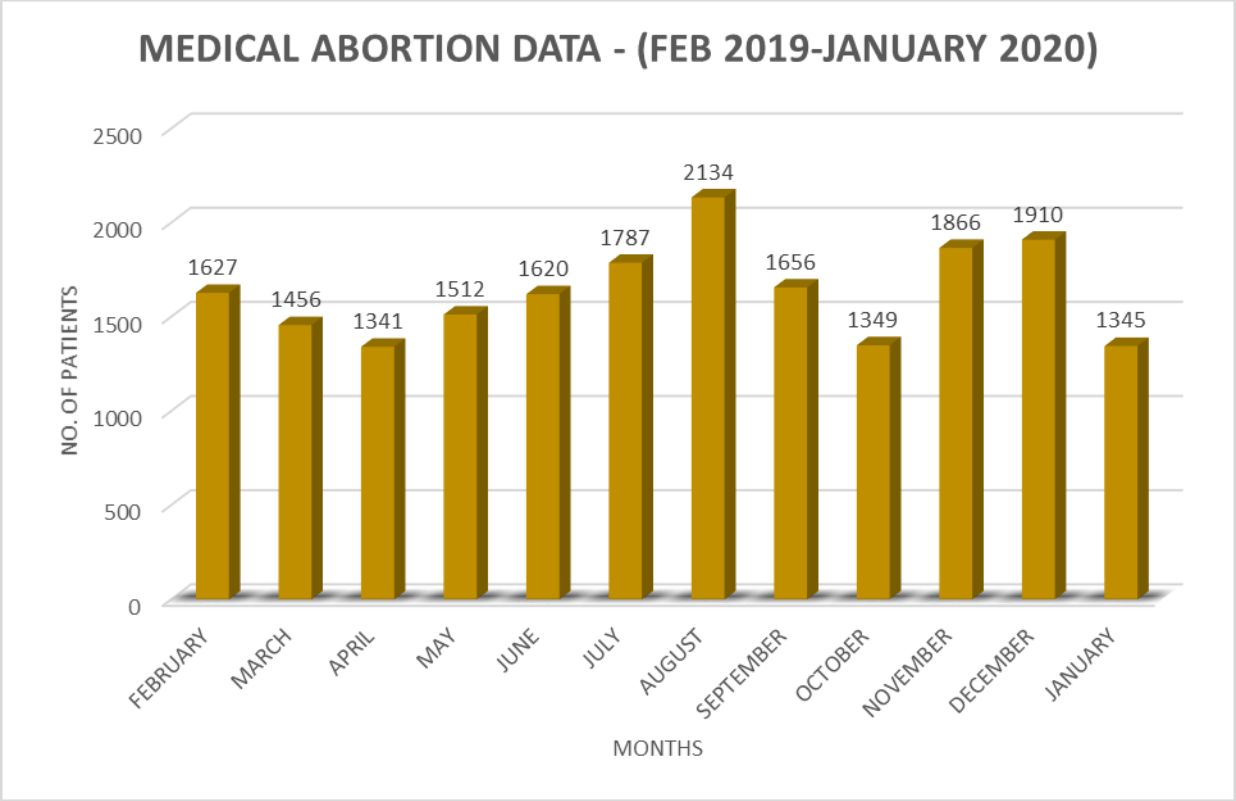
- Strengthen RHNK data collection systems which include training of providers on data entry.
- Coordinate the SheDecides Kenya local movement launch.
- Review and update RHNKs provider's safe abortion clinical and legal guidelines.
- Recruit and conduct more VCAT/CAC trainings to new providers.
- Support the RHNK AYSRHR annual scientific conference
- Train RHNK's provider advocates on provision of second trimester abortion services.
- Organize for more feedback meetings to facilitate exchange sessions among the service providers and the programs team.
- Strengthen the RHNK Legal Support Network.
- Strengthen provider peer to peer support supervision to enhance compliance to the RHNK clinical and legal guidelines.
- Provide legal education, protection and representation to the network providers.
- Collaborate with like-minded organization to monitor opposition.
- Conduct provider share workshops to provide safe space for providers to explore their fears and create an enabling environment for abortion service provision.
- Participate in RHRN Kenya advocacy platform activities.
- Strengthen RHNK's community engagement strategies for demand creation and stigma reduction.

PROJECT ACTIVITIES AND PROGRESS

Strengthen RHNK data collection systems.

Throughout the year, RHNK was able to collect data and train 587 network members across the 43 counties on data entry. The data collected is the number of girls and women that accessed safe abortion services from our providers as shown below.

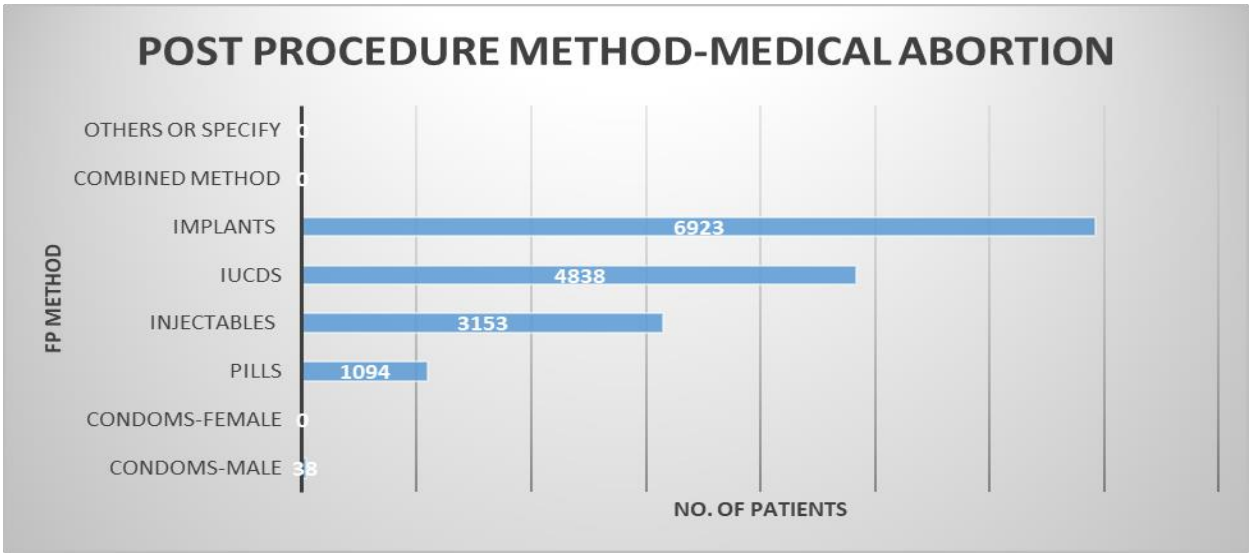
(a) **Medical abortion**



The table above shows medical abortion data for the year 2019/20. A total of **19,603** patients received medical abortion services.

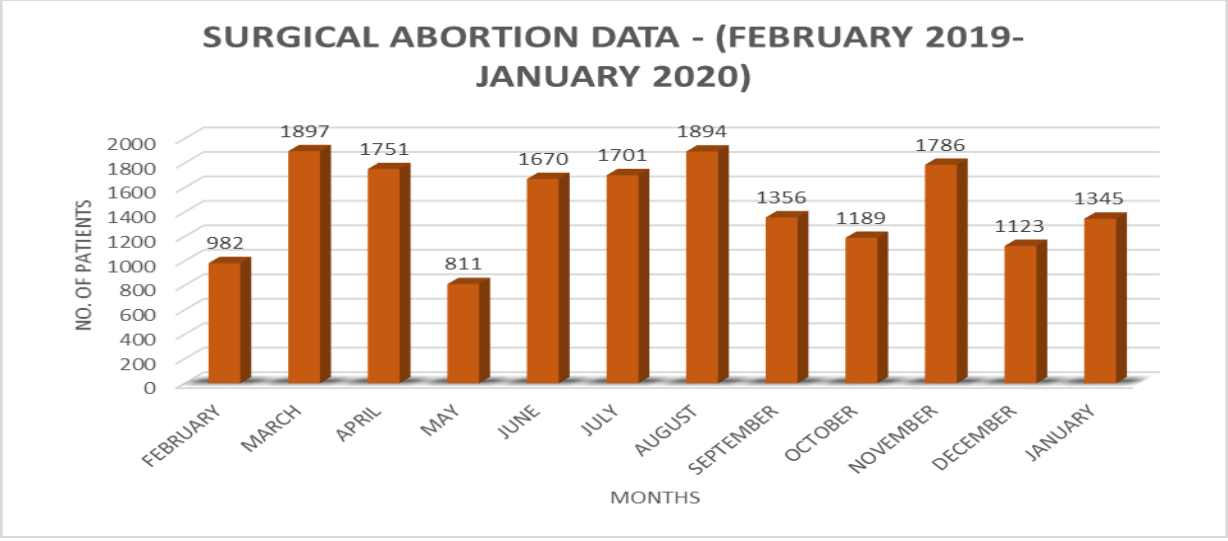
Medical abortion post procedure family planning uptake.

RHNK network members have been trained to ensure women and girls have access to family planning methods after termination of pregnancy. There is an improved uptake of the long term methods as shown below.



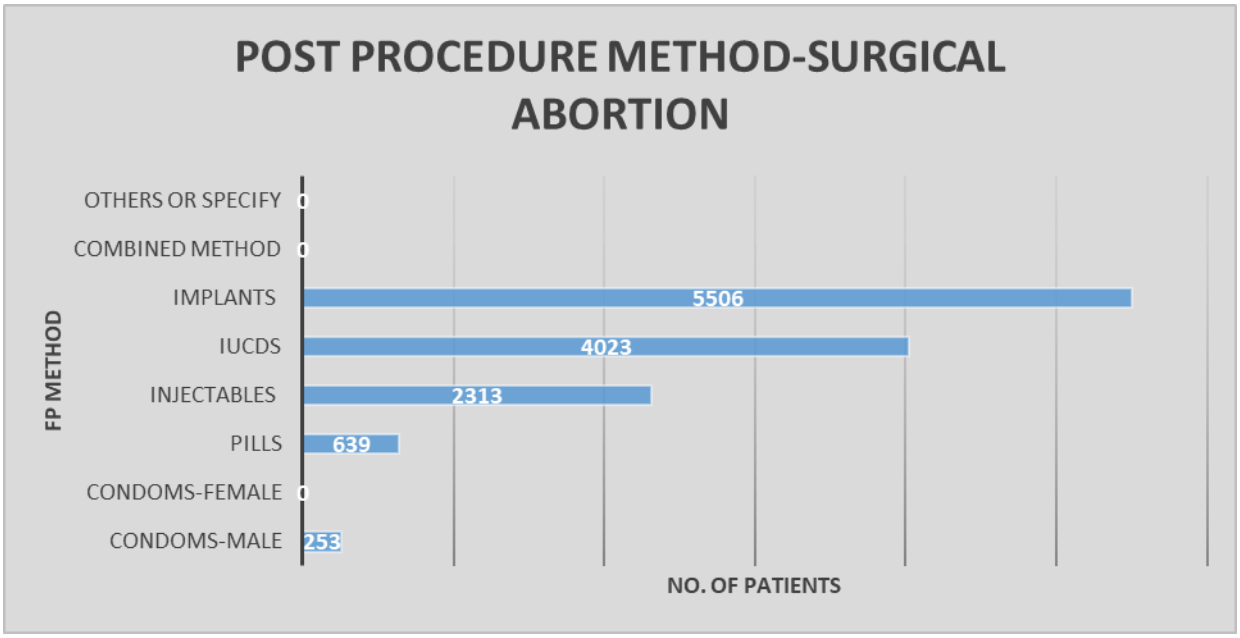
A total of **82%** of the patients who procured medical abortion got a family planning method whereas **18%** did not get.

(b) **Surgical Abortion**



The table above shows medical abortion data for the year 2019/2020. A total of **17,505** patients received surgical abortion services.

Post procedure family planning uptake

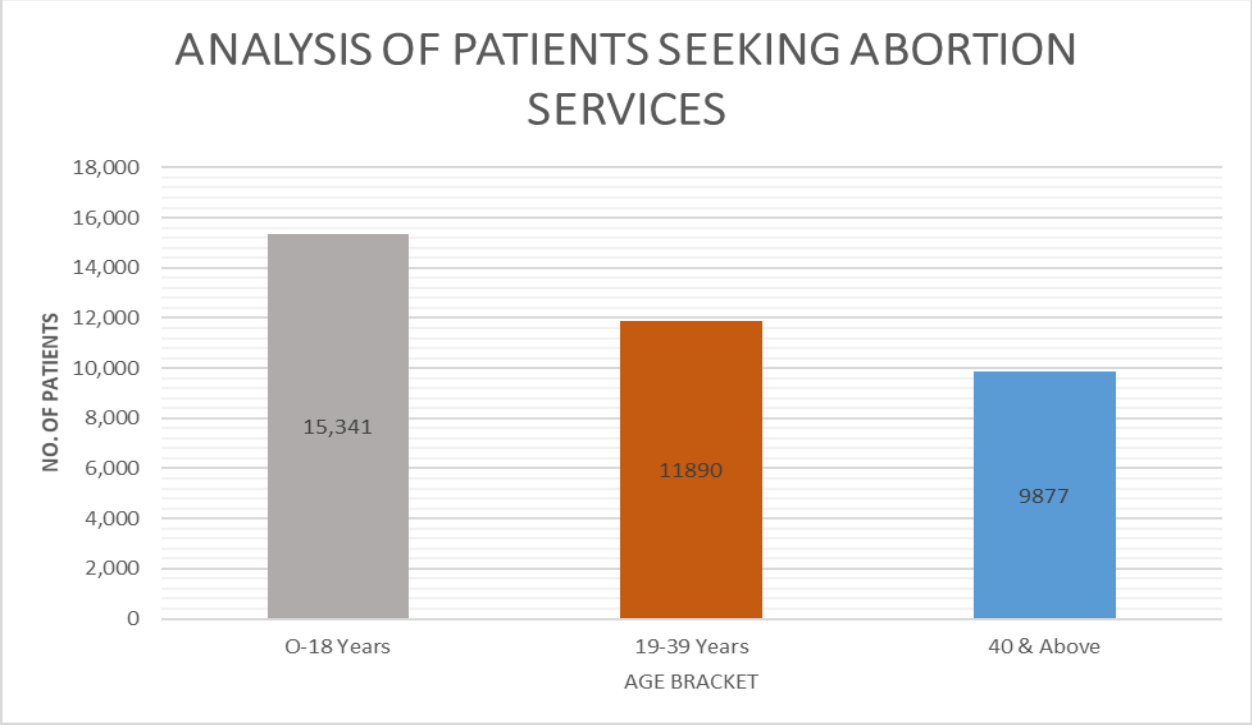


A total of **73**% of the patients who procured surgical abortion got a family planning method whereas **27**% did not get.

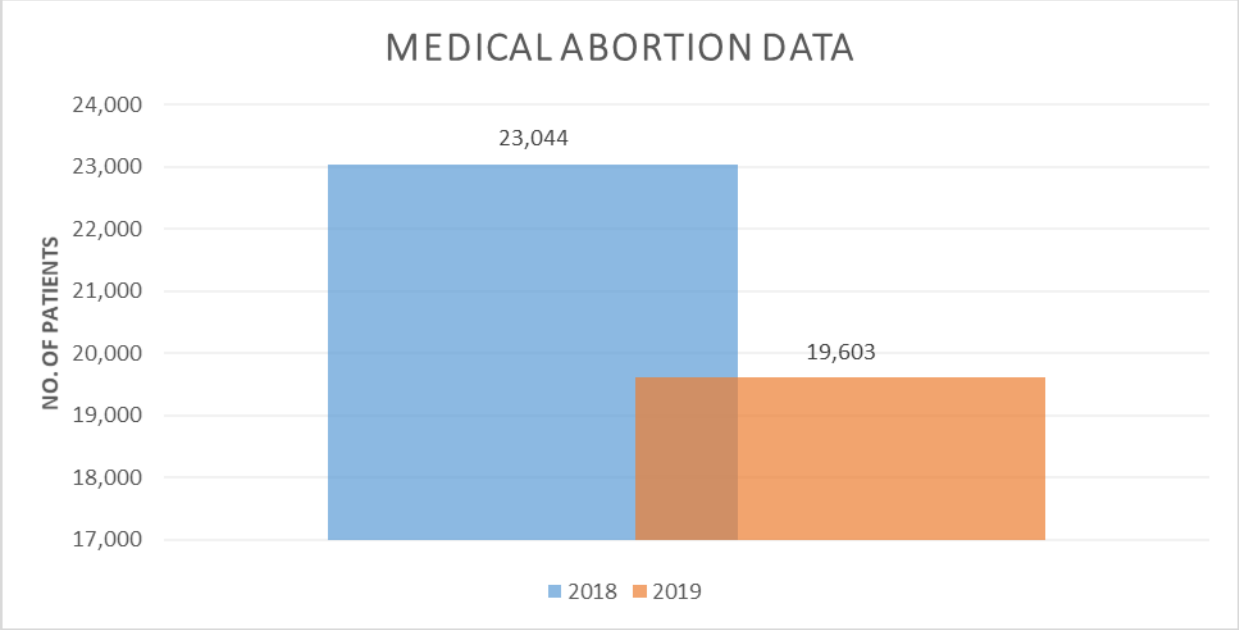
In total, **37,108** patients managed to get both medical and surgical abortion services from the healthcare providers.

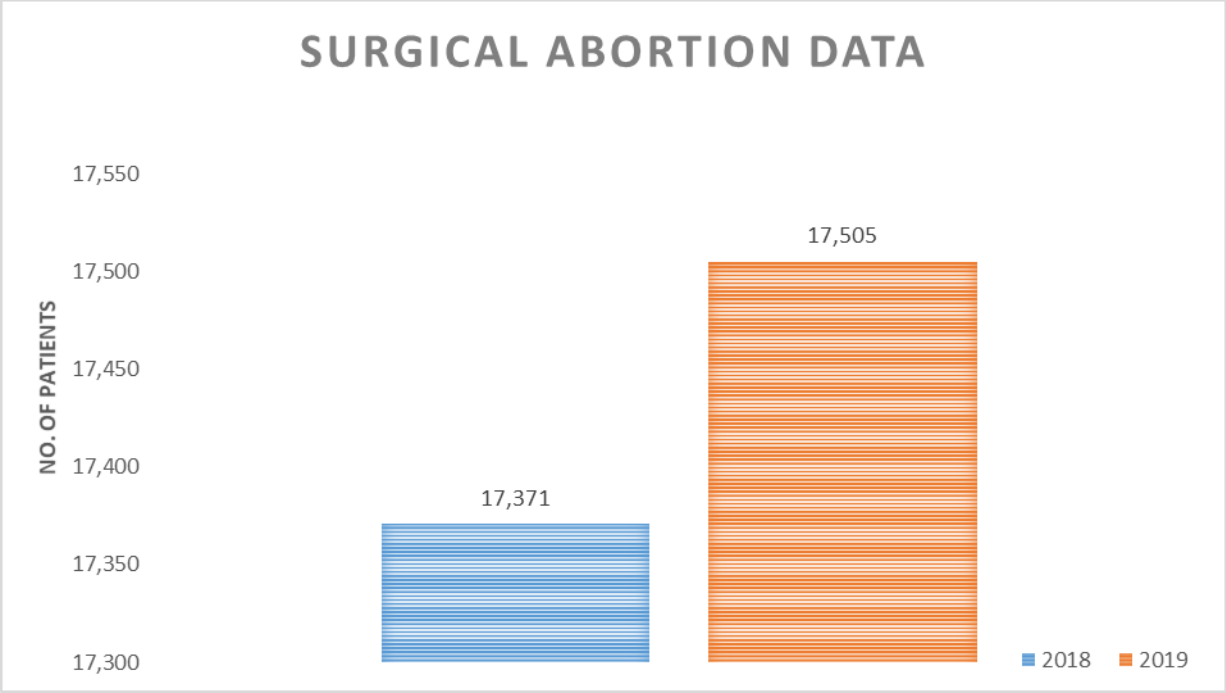
From the analysis above, majority of the patients preferred medical abortion to surgical abortion which is easy to use and at their own convenience.

AGE ANALYSIS



TWO YEAR SAFE ABORTION CUMULATIVE DATA





Coordinate the SheDecides Kenya local movement launch

RHNK played a major role of being the host to the Shedecides Kenya planning committee with seven other like-minded CSOs involved. We held 7 planning meetings in preparation of the launch of the local shedecides movement.

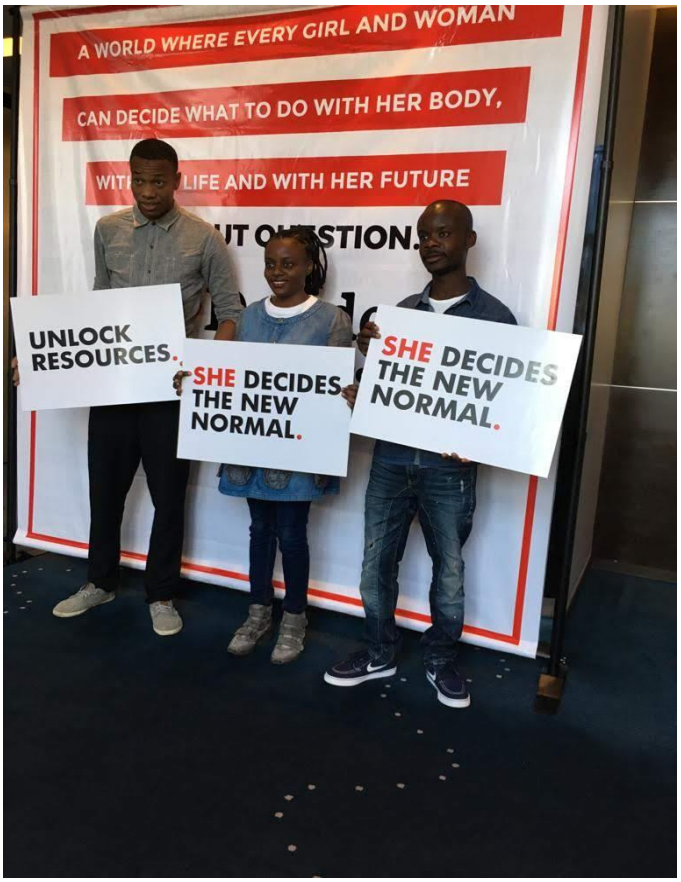
Prior to the launch, we hosted a twitter chat with the other partners as panelists, with the aim to create awareness on what SheDecides is about and have more people commit and sign to the manifesto. We were able to reach out to over 4000 people online and ranked top as the trending hashtag.

The launch was attended by both senior government officials and the development partners such as the women representative who is currently the She Decides Champion, The Netherlands Embassy, Danish Embassy, French Embassy, UNFPA, Finland Embassy, Civil

Society Organizations and individual activists and champions in SRHR. A total number of 180 people signed into the manifesto.

As a country, the SheDecides working group developed a strategic framework that would support in the localizing of the movement and this included;

- Strengthening the She decides partnership and collaboration
- Evaluate the SRHR legislative and Policy environment
- Strengthen collaborative service delivery in support of SheDecides
- Strengthening Advocacy efforts in SheDecides movement
- Conduct follow up meetings with the various Development partners to gather support
- SRHR Opposition Monitoring
- Monitoring and evaluation of the SheDecides Kenya strategic plan implementation



She Decides launch day, on the 2nd of March 2019

Safe abortion clinical and legal guidelines

The review of the guidelines was necessitated with the changes in the legal environment and also the availability of the standards and guidelines that supported reduction of maternal mortalities and morbidities due to unsafe abortion through RHNKs providers. The organization strives to align its internal policies with the existing national policies that support access to safe abortion services.

Safe abortion community mobilization and SRH outreaches

SheDecides Project has supported Reproductive Health Network Kenya's model facility, Rehnet Medical Center in conducting the 4 medical camps in the peri urban of Nairobi. The medical camps are aimed at providing quality SRH information and services. The young people from the network were involved to disseminate information on safe abortion and also for referral and linkages with trained network providers.

The strategies used in the mobilization included;

- Drafting and hand delivering letters to all the local institutions in the area and its environs
- Talking to individuals one by one and explaining to them about the medical camp in a language they understood which included vernacular
- Distributing safe abortion and contraceptives fliers to shops, boda boda riders, supermarkets and individuals.
- Sticking our posters on Poles where the community can easily see and read them.

A total number of **4,016** clients were attended to at the facility for the whole year. There was need to conduct community dialogue forums so as to sensitize the community more on the available sexual and reproductive health services at the model facility.

Youths counselling patients at the RHNK model facility

AYSRHR Annual Scientific Conference

RHNK held its 3rd annual scientific conference in June 2019 from the 25th to 28th at The Temple Point Hotel, Watamu. The conference was aimed at bringing together key stake holders, and key actors including policy makers and donors and young people to discuss the current situation on SRHR, issues being faced by the youths and find a way forward by holding the involved parties accountable. With the support from Rutgers through the SheDecides project, we managed to plan and hold a successful conference. ***(See attached detailed caravan and conference report)***

More info: www.rhnkconference.org

Pre-conference planning committee meeting at the RHNK offices

A team of 13 youths from different organizations were also involved in planning for a caravan to Watamu with support from SheDecides, IPAS and UNFPA. They collected views from Nairobi, Emali, Mtito Andei, Voi, Mombasa and finally Kilifi on the 3 asks;

- *I Support Youth SRHR because……*
- *Some of the challenges facing the youths on SRHR in my area are….*
- *What do you think the government should do?*

An outcome communique document of the views was thereafter compiled and signed by Kilifi County Government Officials as their way of commitment to improving the SRHR situation in the county.

National Executive Committee meeting

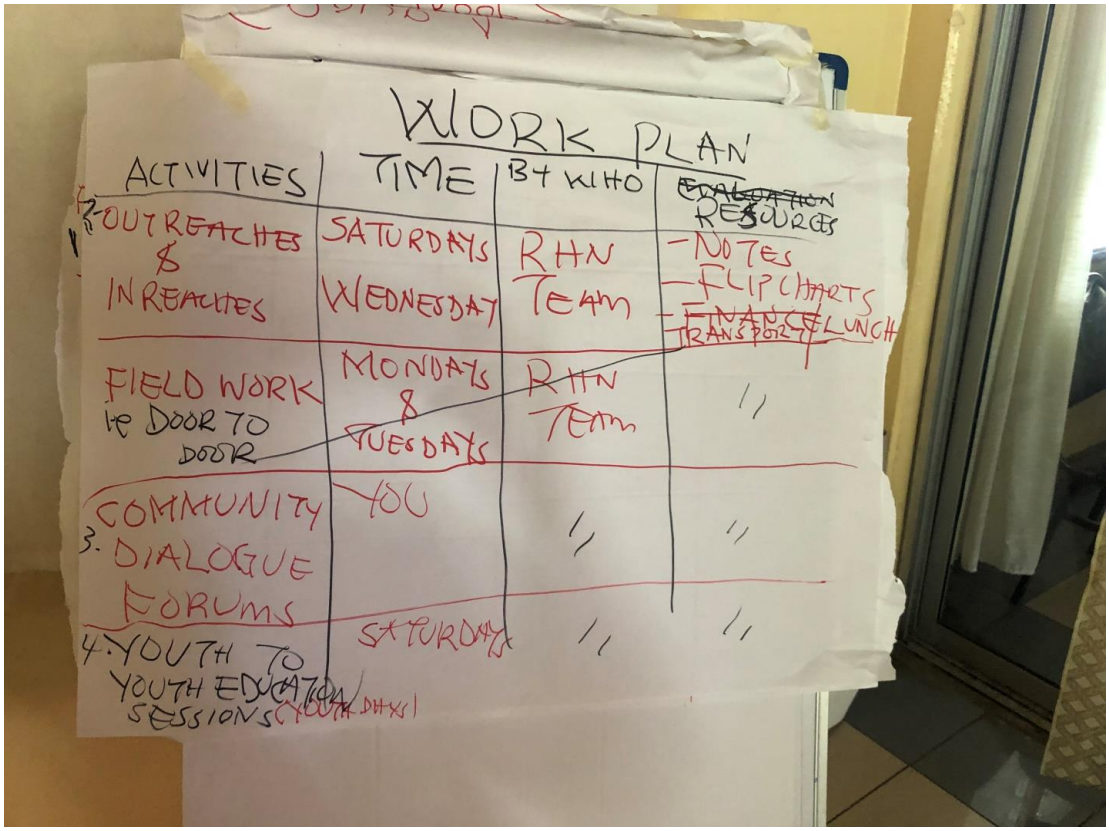
The project supports institutional capacity building through meetings held by the board, management and the executives. The objective of the meetings is to provide information on implementation of projects and status on resource mobilization. The team also supports with offering oversight and ensuring that implementation is in line with donor expectations and within budget lines. We successfully conducted four NEC meetings within the financial year

An ongoing RHNK Board/NEC meeting.

Youths Training

As we focus on demedicalizing abortion and empowering women and girls to manage their own abortion and ensuring that the community has the right information on safe abortion and contraception, we were able to expand geographically and train more youths for grass roots advocacy and work closely with RHNK providers to conduct SRHR integrated outreaches and for referral and linkages. We trained 18 young people from Migori County on abortion values clarification and attitude transformation and youth based access to misoprostol, which is highly linked with teen pregnancy and unsafe abortion cases. From the training it was noted that young people did not have information on where to access safe abortion and contraceptive services and they attributed this to stigma and access. Youths and adolescent also continue to be harassed while trying to access safe abortion services and at times jailed. Providers also insist on consent from them which is almost not possible as they are not willing to disclose their pregnancy. Our youth focal person in the office has hence initiated an online platform for all the network young providers where they engage and discuss some of the issues they face with their peers especially while trying to access safe abortion information and services.

Youth training session ongoing- signing of the shedecides manifesto.



Youths developing work plan

Abortion Values Clarification and Attitude Transformation / comprehensive abortion care training for providers

Kitale VCAT/CAC Training participants (Providers) at Iroko Garden Hotel.

RHNK continues to train health care providers on abortion values clarification and attitude transformation, abortion law and comprehensive abortion care as a way of increasing access to safe abortion services and contraception. We trained **22** providers from the larger western region and most of them were aware of different abortion methods except for dosages when it came to medical abortion.

Some of the objectives of the training included;

- To understand the concept and components of Comprehensive Abortion Care.
- To understand the abortion law and indications of safe abortion in Kenya
- To be updated on contraceptive options and Medical eligibility criteria
- To be updated on the methods for safe abortion and selection of clients for eligibility for safe abortion through client assessment, counseling, pain management, infection prevention, record keeping and management of complications
- To understand Record keeping, reporting and monitoring and evaluation of CAC services
- To understand CAC sustainability ,Set up and operation of a CAC service
- To be introduced to Values Clarification and attitude transformation
- To describe the importance of creating linkages with communities and ways to do it.
- To participate in 5-days of Theory (VCAT and CAC) and clinical experience
- To draw the action plans following the completion of the training
- To understand methods evacuating the uterus during safe abortion and management of incomplete abortion.
- To describe the steps of establishing an abortion-care services monitoring system and reporting
- Uterine Evacuation with Ipas MVA plus: Identify the parts of Ipas MVA plus aspirator, Ipas easy grip cannula and prepare instruments for use
- To be introduced to networking and referral system

Some of the issues that came during the training were:

- Some of the providers were not willing to document due to stigma
- Unavailability of abortion commodities especially for providers that came from the most local communities.

- Police harassment especially when they realize a certain provider provides safe abortion services

The providers were reassured and asked to work closely with the network especially the secretariat on protection. They were trained on security management and the need to have the patient cards under lock and key. On commodities they were asked to work closely with the secretariat for support and linkages to partners too.

Provider advocates second trimester training and manual development.

In the 2013 incidence and complication of unsafe abortion report by APHRC and ministry of health, 465,000 unsafe abortions were recorded in MOH facilities in 2012. 75% of these presented with moderate to severe complications resulting to 1,237 maternal deaths. In a related study, in 2004 by IPAS on the National Assessment of the Magnitude and Consequences of unsafe abortion, 34% of cases of unsafe abortion presented in the second trimester, and 6 out of 7 of the women who died were in second trimester.

Second trimester abortion includes both medical and surgical services. It contributes mostly to morbidity, mortality and causes most complications and deaths in 2nd trimester. Evacuation is needed however if the woman wanted to keep the pregnancy. It is not just for termination of unwanted pregnancy but to save the woman from infection.

Studies quoted worldwide states that the risk of second trimester abortion is 52 times higher if procured outside a medical facility. Legalized abortion decreases the number of unsafe abortion procedures.

In the recent past, the management of second trimester uterine evacuation has not been prioritized and very few healthcare providers are trained to provide the service. If at all there are services, the providers prefer medical induction to surgical procedures because of lack of training and experience. It is in view of this that RHNK developed a second trimester training curriculum for health care providers within the network and also organized a 5-day Second Trimester Training to improve their skills and capability in diagnosis, management and handling Second trimester pregnancy loss, induced abortion and other medical indications.

Security and legal issues to be considered during second trimester service provision

Providers need to familiarize themselves with circumstances under which abortion is legal or lawful and they should adhere to the clinical, security and legal guidelines issued by Reproductive Health Network Kenya.

Avenues that pose security and legal issues

There are situations that lead to security and legal issues within our facilities which are; Inappropriate disposal of POCS, dealing with minors and their consent, Spouse disagreements, misunderstanding of the law by the law enforcers themselves (police),Security back up within the facility, By- law obligations, extortionists and mystery clients, disagreement with staff leading to false accusations, public perception and stigmatization and finally death of a client which might lead to arrest.

Laws and policies that govern the provision of abortion by trained health care providers in Kenya.

(a) The constitution of Kenya 2010 article 43(1) (a) every person has a right to the highest attainable standard of health which includes the right to healthcare services, including reproductive healthcare.

(b) The constitution of Kenya 2010 article 43 (2) a person should not be denied emergency medical treatment.

(c) The constitution of Kenya 2010 article 26 (4) abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

(d) Penal code section 158, 159, 160 and 240

(e) Standard guidelines MOH for reducing maternal morbidity and mortality from unsafe abortion in Kenya.

(f) MOH guidelines on management of sexual violence and rape (2014)

(g) National guidelines for quality of obstetric and perinatal care in Kenya

(h) Professional codes of conduct and discipline applying to doctors, clinical officers and nurses

Recommendation to avoid legal and security issues.

- ✓ Follow the RHNK legal and policy guidelines
- ✓ Provider should know their rights and seek legal advice
- ✓ Licenses, professional indemnity cover and registrations should be up to date
- ✓ Vetting of staff employment and following labor laws
- ✓ Proper documentation, record keeping and security of documents
- ✓ Engage NEMA accredited waste disposal
- ✓ Explore whether the partner is aware and see if there is a possibility of them being involved
- ✓ Be careful when dealing with minors and women with low mental capacity
- ✓ Engage the community in services provided by the facility

A total number of **18** providers were trained to provide second trimester services.

Provider Support Meetings

We conducted 22 provider support meetings together with support from DKT International. The objectives were;

1. To strengthen the clusters and have active providers.
2. To ensure that members submit their monthly data on or before every 2nd day of month.
3. To strengthen the providers' advocacy skills both online and offline.
4. To ensure that members are able to hold provider peer to peer supportive meetings and mentorship at their facilities to improve quality of care.
5. To update network providers on the current trend of safe abortion and post abortion family planning.

Some of the findings from these engagements that cut across most of the provider clusters included;

1. The participants appreciated the provider support meetings and the data collection books given to each of them.
2. Most of the providers still have difficulty on how to submit data since they do not have internet enabled phones.
3. More update trainings (continuous medical updates) should be done to members since most of them are not in government practice.
4. The referral system should be strengthened in some of the regions

RHNK providers after the Provider support session at Kitale.

Recommendations

1. Data should be reported every 2nd day of the month by all the providers.
2. The data tools should be put to use and the hard copies submitted to the chairperson during their monthly cluster meetings. The chairperson will in return submit them to the RHNK secretariat for verification and filing.
3. RHNK data tools should be filled on a daily basis after every procedure to avoid heavy workload at the end of the month.
4. The providers will start filling in CAC data on their primary data register. This will enable the M&E officer verify the integrity of the data.
5. The providers should capture PAC patients in the RHNK data tools.

Providers support meeting in Nairobi

Provider led community dialogue forums

We conducted provider led community dialogue forums with policy makers, young mothers and women in different communities to sensitize the community on safe and legal abortion. The sessions were led by the network providers in order to effectively give the right information. One of the issues that came out include abortion stigma which is highly considered as a moral issue. The policy makers limit access to abortion and discriminate against providers offering the same. The women mentioned of faith leaders making sermons about the immorality of abortion as people who have had abortion sat in their congregation.

The providers were very concerned that the same community had high numbers of teenage pregnancies with young girls dropping out of school and being forced to get married. The girls and women mentioned they were scared of accessing safe abortion services and even contraception for fear of being stigmatized and the age gap between them and service providers, and also the attitude of health care providers towards youths. Culture did not allow girls and women to choose when they want to get pregnant and when to have babies.

The providers reassured the girls and women and were given list of RHNK facilities where they could refer young girls seeking for safe abortion services and contraception. Our programs officer explained on the constitution and its provision for access to services and information.

RHNK provider explaining to the women on the need to decide without fear

Opposition monitoring and CSOs Collaboration

Some of the billboards put up in the city criminalizing abortion.

One of the biggest setbacks being the progressive presence of the opposition in the SRHR space, we have engaged ourselves, in collaboration with other likeminded CSOs, in the drafting and adoption of a joint opposition monitoring and communication advocacy strategies. In this, we have successfully made progress in drawing comparison between the historical context of countering opposition with the present strategies and mapping out potential cyber security threats to our work.

Due to the evident progressive milestones by the opposition in pushing their agenda especially that they have the support of the church and CitizenGo, RHNK was part of a TWG formed as an immediate response to the act of *Kenya Christian Professionals Forum* of organizing a so called '*drawing the line for life*' March the on the 23rd of March 2019. This was of course against the backdrop of broader amplified opposition activities over the past few months, including the new opposition bill boards popping up all over high traffic zones in Nairobi town over the past two months or so blatantly stating that.

Further into our plans we resolved to present a petition to the governor of Nairobi, Hon. Mike Mbuvi 'Sonko', KMPDU, KNCHR, Attorney General Etc., for the removal of billboards in the City stigmatizing abortion. We held two meetings prior to the event to strategize on how to do this. During the first meeting we decided to come up with signing forms which needed one to fill their Name, Constituency, Identification Number and a signature. With the forms, we went out to get signatures from other partners and people from the community in support of the petition for the removal of all advertisements undermining the Constitution of Kenya. The methodology used was one on one conversation with individuals whereby we explained what the billboards are about, their location and how the messaging on them undermines the constitution in terms of intentionally placing a caveat on the freedom of women accessing reproductive health services. The Reproductive Health Network Kenya managed to collect four hundred and ninety-six (496) signatures from the community especially the informal settlements such as *Mukuru* in *Embakasi* Constituency.

On the 24th of March 2019, we set out into the streets of the city with the agenda of delivering our petition to the Governor. We had different CSOs represented as well as women from the community and youths in the March. We presented our petition which was received by the Acting County Secretary on behalf of the Governor and promised to act within the 14 days' notice. We also managed to deliver a copy of the Petition to Kenya National Commission on Human Rights. There was a wide media coverage of the march from various media houses.

Nelly Munyasia, from RHNK during the March.

On the 5th of May 2019, the Kenya Christian Professionals Forum (KCPF), held an open forum with a manelist consisting of Charles Kanjama, Dr. Wahome Ngari, Vincent Kimosop. The topics in discussion were;

- The advancement of the LGBTQ agenda
- Sexual Revolution
- Comprehensive sex education
- Legalization of abortion on demand

Still on their agenda, the opposition held a march on the 18th of May 2019, titled 'March for the Unborn' led by SOZO Church of God. They targeted one of our champion's and advocate's health facilities, Dr. John Nyamu, protesting with placards calling him a child killer.

They have as well approached The NGO Board in Kenya challenging the registration of the SRHR Alliance as an NGO in Kenya because it is allegedly introducing 'Sexuality Education' in schools through the 'World starts with me' Curriculum

As a result with other likeminded organizations we:

1. We formed an opposition monitoring strategic team, with individuals from different CSOs
2. The billboards were brought down
3. We have mapped out progressive individuals from different institutions to help us in our advocacy work
4. We have developed opposition monitoring strategies which include communication strategies and advocacy strategy.

RHRN Platform involvement

RHNK was opted into RIGHT HERE RIGHT NOW, a platform of 15 organizations that strives to achieve the respect, protection and fulfilment of young people's SRHR with focus on freedom from stigma, discrimination and violence. In January, RHNK attended an orientation meeting, whereby a teaming agreement was signed after understanding the platforms mission, vision, goals and strategic framework and became members of TWG 2 which works around Advocacy for safe and legal Abortion Services.

We have been included in the UPR and CEDAW training to help us ultimately prompt, support and expand the promotion and protection of human rights on the ground. We were thereafter engaged in The Universal Periodic Review of Kenya, 35th Session. The report covers the period from 2015-2019 and discusses progress as well as gaps in access to comprehensive sexual and reproductive health and rights in Kenya. The submission focused on four key issues;

- Barriers to accessing comprehensive youth friendly sexual and reproductive health services
- Restrictive Policy and Legal Environment on Comprehensive Abortion Care
- Inadequate access and provision of comprehensive sexuality education by young people
- Discrimination and violence based on Sexual Orientation, Gender Identity and Expression and Sex Characteristics (SOGIESC)

As a strategy to improve our communication and advocacy, RHNK staff was trained on building communication strategies which included;

- Mapping current situation
- Coming up with communication objectives
- Getting to know target audiences
- Knowing desired action for change
- Correct messaging and formats
- Knowing the right media channels to use
- Understanding and knowing how to measure efforts
- Coming up with a work Plan

As part of TWG 2 members of RHRN, we were involved in coming up with a policy brief on 'Public Health Concerns and Social Costs of Lack of Policy, Standards and Guidelines on Access to Safe and Legal Abortion and Post-Abortion Care. This was also accompanied by a booklet 'Beyond Statistics, Our Lives Matter' which has stories that focus on the High Unintended pregnancies and lack of access to safe and legal abortion, leading to high maternal mortality and morbidity due to unsafe abortion complications.

Being part of Right Here Right Now's (RHRN) TWG 2, we came together and invited different partner organizations in a 2-days workshop, to form a post-litigation ruling strategy, a few days before the ruling.

The following were the main expected outputs from the litigation strategy;

- Development of comprehensive action plans depending on all three possible outcomes of the ruling, positive, negative or neutral and create a post ruling strategy document
- Parties to the case are assigned specific roles to following the development of the strategy document to minimize role overlaps.
- Development of an advocacy, media and communications strategy and guidelines that are aligned with the outcome of the ruling and a possible appeal strategy

As a follow up, we convened a meeting with the same people after the ruling, to breakdown the judgement whereby The Center for Reproductive Rights took lead. This has ensured that all the members are speaking the same language and fully understand what the bench of 5 judges concluded.

Monitoring and Evaluation

Monitoring and evaluation visits were conducted across all the 13 regions. The overall objective for the monitoring visit exercise was to find out whether primary data is recorded and it relates to the secondary that is sent to the organization by the providers.

The specific objectives included:

1. To find out whether the secondary data is captured correctly from the primary data register.

2. To find out the on the integrity of the data reported to the organization.
3. To find out the challenges in using the secondary data tools.
4. To find out why the secondary data s not reported on time.

The findings that cut across in the visits included;

1. A few of the providers do not fill in the data tools despite the register being in their possession.
2. Majority of the providers do not record data on the primary data in their facilities for fear of implication.
3. A number of providers refer second trimester cases due to lack of knowledge on how to perform them.
4. All the providers compile their reports at the end of the month which becomes a lot of work hence submitting their data late.
5. Lack of commodities e.g. FP commodities especially the long term methods

RHNK M&E officer Graham with Alex Anyona(Provider) from Ninami Medical Clinic.

Collaborations and advocacy strategies in push for safe and legal policies in Kenya

As an organization, we have been in the forefront collaborating with other CSOs with the aim of protection and realization of the right to access safe and dignified abortion in Kenya. Some of the activities we have been involved in include;

- *A night vigil for one of the renowned activists who died from unsafe abortion complications.*

- As an organization we have been one of the supporting Civil Society Organization in the MSK's case hearing, pushing for a complete lift of the ban.
- On 6th of February, we joined the rest of the world in commemorating the World day against FGM whereby we held an outreach to create awareness on the dangers of FGM, which is still being practiced and also held a twitter chat on the same.
- RHNK was part of a march with the hashtag '*totalshutdownke*' that aimed at fighting for equal rights for the woman that was held on the 8th of March, The international women's day. We have had several collaborations with KEWOPA member and Women's representative in Nairobi County. As the champion she is, she too was present in the march with the network's youths as pictured below.

- RHNK collaborated with Church World Service to sensitize RHNK providers on provision of SRHR information and services.

RHNK participated in the planning of the 9th African Conference on Sexual Health and Rights which happened in Kenya addressing the SRHR issues of girls and women from the informal settlement.

RHNK also participated in the Nairobi Summit on ICPD25: The high-level summit, co-convened by UNFPA and the Government of Kenya and the Government of Denmark, will further galvanize partnerships, mobilize political and financial support and help foster ideas and commitments on how to fully realize the goals of the ICPD. RHNK was part of the local reference group which was working closely with the International Steering Committee and the National Steering Committee to help build up towards the summit.

Media Engagement

RHNK had the opportunity of working closely with the media especially after the ruling to try and disseminate the reinstated guidelines.

Facility assessment

RHNK conducted facility assessment to new providers to assess clinical and legal compliance while providing SHR services. The overall objectives for the facility clinical audit /assessment was to increase knowledge on the existing provisions of abortion law, build providers confidence, reduce fear and stigma related to the provision of CAC and FP services with an aim of minimizing legal risks and improving quality of care while providing comprehensive abortion care and family planning.

The Specific objectives of the assessment included:

1. Assessing the quality of care for Comprehensive Abortion Care and Family Planning services
2. Determine the legal compliance of the providers
3. Establish a way forwards in regard to provision of CAC and FP services and strengthened linkages and referrals.

Key findings from the assessment;

1. Most facilities visited had facility names registered but however few didn't not have labeled sign board to indicate directions and location.
2. All the facilities were managed by well trained personnel (Nurse, Clinical Officer or a Medical doctor).
3. Most facilities physical appearance was good but could be improved further.
4. Most facilities lacked KRA PIN numbers and are using the proprietors PIN number to remit taxes. This is the same for NSSF numbers and hence not complying with the NSSF requirements.

5. Most visited facilities lacked indemnity cover for their providers.
6. All the facilities proprietors and providers working in their facilities had current private practice licenses.
7. Most providers/ proprietors are complying with infection prevention and waste disposal measures. All facilities had an MOU/ agreement with the County referral hospital.
8. Most facilities visited offered CAC / LARC, FP and other SRHR services.
9. Many facilities lacked RHNK data capture tools.
10. There was generally good knowledge and understanding of Medical Abortion dosages.
11. Procedure rooms for the visited facilities were not very well set up, the level of cleanness can improve either through improvised water system.
12. There was a general understanding of the law on abortion and most were able to quote the relevant section.
13. Most facilities managed by mid-level providers did not have employment contracts for their employees both long term and short term (Locum).

Observations / good practices

1. Two proprietors had taken indemnity covers for their facilities. These are medical centers owned by medical doctors.
2. The two facilities could also be used as referral for the region as they are very equipped and managed by Medical Doctors.
3. All the providers in the region are complying with the registration and other statutory requirements. They have individual private practicing license and have registered for the single business license at the County.

Challenges and emerging issues

1. Most providers did not have RHNK reporting tools or the consent forms.
2. Two providers visited did not offer CAC service at all, however they provided referrals to other providers. One provider reported not to be interested in the services while the other reported lack of proper waste disposal for POC (ie), placenta pit, due to their location in the town.

3. The support supervision visit also revealed an emerging sexual practice among youths who lacked information on sexual and reproductive health (SRH) and reasons given for wanting to access CAC services by the youth. In one facility, it was reported that some of the reasons for requesting for termination of pregnancy was incest- Siblings relationships leading to unwanted pregnancies

Achievements

1. A total number of **37,108** clients successfully accessed safe abortion services in this financial year from the network providers **(17,505 – Surgical abortion) and (19,603- Medical abortion).**
2. We were able to host the third annual ASRHR scientific conference that drew different organizations, stakeholders, policy makers and individuals.
3. We launched the Local SheDecides movement in Kenya and engaged young people from the grassroots to sign the manifesto and other civil society organizations across the country,
4. We successfully trained **18** youths who joined the network to amplify safe abortion work in the communities.
5. Kenya got a landmark victory through the June 2, 2019 five bench judge ruling that saw the reinstatement of the standards and guidelines that contribute to the reduction of the maternal mortality and morbidity caused by unsafe abortion.
6. Trained new **22** health care providers on provision of safe abortion services increasing the number to **587.**
7. Successfully trained 18 provider advocates on second trimester safe abortion provision and this provides referral opportunities for girls and women who seek to have termination of pregnancies during second trimester.
8. Together with the Ministry of Health and other key SRH actors, we were able to fully develop the PAC handbook and training curriculum awaiting signature form the Director General of Health.
9. We developed the second trimester guideline which will be very useful in building the network providers' capacity to provide second trimester services.

10. RHNK with other civil society organizations in the country developed Strategies to counter opposition. These were;
    - Developed a responsive and progressive advocacy and communications strategy on opposition monitoring with key messages for dissemination to counter and neutralize opposition groups' interference and misinformation on the right to access safe, legal and dignified abortion.
    - Developed Opposition monitoring strategy to safeguard SRHR providers and advocates and ensure rapid response to potential security threats against them.
    - Developed an SRHR strategic team as an immediate response to the ban on Marie stopes Kenya from offering safe and legal abortion services that helped in close follow up with the Ministry of Health and other key actors in ensuring that the ban was lifted.
    - Alongside other civil society organizations, women and girls, human rights defenders, human rights organizations and friends of the sexual and reproductive health sector under the umbrella Team Life, presented a petition to pull down the misleading bill boards to the Nairobi governor calling on his support on securing the right of women and girls to access sexual and reproductive health services and information, including on safe and legal abortion, in line with the Constitution of Kenya, 2010.

Challenges

1. Delay of the Director General implementing the court ruling on standards and guidelines and this makes it difficult for providers to offer safe and legal abortion services comfortably.
2. Most of the network providers are not able to offer second trimester abortion services while there is need for it from girls and women.
3. The opposition has been very progressive and has threatened our work since they have the support of the church and some of the policy makers

Way forward

1. Co-ordinate and strengthen the Kenyan SheDecides local movement
2. Map, recruit and train more providers in the network on both comprehensive abortion care and second trimester safe abortion.
3. Plan and conduct RHNK annual AYSRHR scientific conference.
4. Conduct monthly monitoring and evaluation including data audits to assess quality of care, clinical and legal compliance in provision of comprehensive abortion services.
5. Conduct monthly Provider Cluster updates on quality of care, safe abortion clinical guidelines, security and safety and abortion law.
6. Plan and organize two day annual staff strategic review meeting of the projects.
7. Hold quarterly RHNK Provider mentors meetings to ensure quality of care remains high on the RHNK agenda to ensure strategic direction for RHNK is provided.
8. Strengthen RHNK Model clinic to increase access to SRH information and services and offer mentorship to new members.
9. Conduct quarterly project review meetings to assess project progress.
10. Break down the ruling and Disseminate the S&Gs to network providers
11. Conduct grassroots advocacy by the young people and providers to support access to safe abortion information and services.


RHN
Reproductive Health Network Kenya
Reproductive Health and Rights for All