

Amelia Bonow:

Okay, we can go ahead and get started. Welcome to Abortion Academy, everybody. We're very excited about our session today.

My name is Amelia Bonow and I use she/her pronouns. I'm the executive director of Shout Your Abortion. SYA is a nationwide organization working to normalize abortion and elevate paths to access regardless of legality. We make resources, campaigns, and media intended to arm existing activists, create new ones, and foster collective participation in abortion access all over the country.

Abortion Academy is our monthly webinar series where we speak to some of our brilliant colleagues about their area of expertise. These sessions are for anyone who's looking to deepen their knowledge, to connect dots between issues happening at the regional, national, and international levels, or just to get some fresh ideas to take back into your community. And we fairly frequently speak to colleagues from all over the world, and today we're really, really excited to have some folks from Kenya.

A couple of housekeeping things really quick. Audience members will be off camera and muted for security reasons, but you will be able to ask questions in the chat throughout the sessions. Our speakers will be talking to us for about an hour and then we will have, or I'm sorry, not an hour, about 10 minutes, and then we will have a short conversation and I'll bring in some of the questions from the chat. And we also have live Spanish translation available. If you go to the bottom of your Zoom bar and you click on the globe, you can select the language that you'd like to listen in.

So back in June, I was so lucky to attend the Abortion and Reproductive Justice Conference in Nairobi, Kenya. And I was accompanied by Jex Blackmore, SYA's organizing director. And this conference was coordinated by a number of groups from the continent of Africa, including this sort of coalition of groups called the Mama Network. Women Help Women was very involved. I think it was a big coalition of groups that pulled this together. And it was incredible.

There were 900 people from all over the world who are working on abortion access in their communities, and it was really focused on self-managed abortion. So everybody that was there speaking was really talking about how they are working in their local context to increase public awareness of SMA, to make paths to SMA safer, and really how they are contending with their own super local issues of stigma and repression and navigating lack of infrastructure or just very rural contexts. And it was an incredible experience to be in this room, in all of these different rooms, listening to people talk about doing this thing that we are all committed to doing in all of these different ways. And I think that when the United States is not the focal point of the conversation, it's a much bigger, richer, more ... It really just kind of expands your own perspective to get outside of your own local context. Kenya was an incredible, beautiful place. Kenyans were so welcoming and kind and it was an incredible experience.

Our speakers today were, I know that Leila was presenting at the conference. I'm not sure if Mustafa was as well. So we're today going to be hearing from Leila Isaak, Mustafa Asman, and Cecilia Taku. They are from the Youth Voices and Action Initiative, which is a youth and women led grassroots organization that advances sexual and reproductive health and rights through community-led advocacy. And we're going to be hearing about YVAI's approach to youth leadership and its efforts to improve access to sexual and reproductive health information, post-abortion care and reproductive justice in Kenya where abortion remains heavily restricted and stigmatized. And ultimately, we're going to be hearing about what it takes to build safe youth-driven pathways to care in East Africa and how healthcare providers and communities can become allies in the fight against abortion stigma.

We are so grateful and honored to have Leila and Mustafa here to talk to us from all the way on the other side of the world. Thank you for joining us today, and I will just go ahead and hand it over to you.

Leila Isaak:

Hi everyone. I hope everyone is okay and all of you are doing fine to where you're joining us from.

My name is Leila. I work for Youth Voices and Action Initiative as the CEO. I'm so passionate about sexual reproductive health, and I also advocate when it comes to issues of gender and the issues of also climate change. So I'm so glad to join the Safe Abortion Academy. And I also want to thank everyone for joining just to actually take you through about the kind of work that we do.

Today we are actually discussing about how we as young people, especially coming up in Kenya and also working at the grassroots community in coastal region of how we have actually pushed a lot of our youth-driven pathways to post-abortion care and post-rep care in the coast, especially in a county called Kilifi.

So we'll be mainly discussing about showcasing about how the grassroots leadership when it comes to post-abortion care and reproductive health justice, especially us coming from a very conservative community in coastal Kenya. Next slide, please.

When you look at a brief overview of what our organization is all about, and organization was actually founded in 2020, and we are deeply recruited, especially at the coastal communities and where we empower communities to be able to lead, to transform actions to our healthy and just resilient societies. And especially most of our strength and our passion came in how we connect with the community and how we build our voices and how we also link when it comes to service delivery and how we work closely with our community and how we influence our government and policy process.

So mainly our organization also strengthen our community leadership and also how we connect with lived experiences at institutions specifically that shape our health and safety and opportunity at large. So specifically as us as an organization, especially in Kilifi, we have tried to

reach the marginalized communities mostly actually left out, especially the young people. We have reached actually when it comes to issues of sexual reproductive and maternal health, especially when it comes to issues of post-abortion care and post-rape care. And most of the time when it talks about post-rape care, we are looking the aspect of GBV and how we can provide the support especially for adolescent and young women.

We have almost reached more than 9,856 people. And in regarding to adolescent girls, we have actually provided with comprehensive sexuality education. And through that, we have really supported in the place that we are coming from. Most of the girls, they don't have that information mostly. And sometimes it's also based on our culture and how it is very uncomfortable to talk about even sexual productive health, especially when it comes to abortion, how the conservative communities, especially to where we are coming from, it's very hard to be able to talk about abortion specifically.

So our organization, we have really tried to reach on how we can make sure that the comprehensive sexuality education can be able to where we provide the information and how we have adapted towards our program. We have really tried in terms of creating safe spaces, and these are also safe spaces that are very non-judgmental where adolescent girls actually come together and they provide with information and also they lead where they can also link with health facilities. And most of these safe spaces are actually 22, and also we look forward to increase more safe spaces. These safe spaces really support these adolescents to be able to talk about their issues and where they can be able to even to express themselves. In terms of also how organization, we have really also tried our best when it comes to policy reforms and how we also have tried to influence some of the small steps that we have been able to do in regarding to the county and even to the national level.

Next slide please.

So specifically, I just want talk about how our vision look like. And our vision of organization is mainly a healthy, empowered communities and shaping a just resilient future and where our mission of the organization specifically, we empower communities to lead a transformative actions and also fostering a healthier, just, and resilient societies through leadership. How we also bring the aspect of inclusive opportunities, especially for sustainable development.

Most of this work, because the work that we are doing is the work that mainly bring a lot of core values and because we understand the dynamic that where we are working and we understand how our communities are very conservative. So we really value, we have some of the values that we are taking actually where we are working as an organization. And most of the values that you are guided, especially in our program is making sure whatever we are trying to do is we are empowering our communities and making sure whatever we are trying to do is very inclusive. And making sure that even in terms of integrity and also bringing the aspect of innovation because most of the time we really need to also embrace the issue of digital and also the issue of artificial intelligence, how we can also provide information that is not only providing

an identity so that it doesn't lead a lot of issues to do with security concern.

So how do we also share stories that are related with the community so that the community can understand how they can be able not to judge people and how they can also help adolescent girls to be able to seek for post-abortion care and how also can healthcare providers not be non-judgmental and how they can also support adolescent girls to be able to provide safe abortion care.

Most of the work that we are doing is we really value the aspect of collaboration because we don't want to be in a situation that we are working a lot. And most of the time the work that we have been doing, we usually collaborate with so many partners and so many even collaboration within the community and even collaboration within the county leaders, even the government leaders, and how we also collaborate with the religious leaders.

Most of the time we also emphasize mostly on sustainability, specifically also making sure that the interventions that we're trying to do when it comes to issues of post-abortion care is an intervention that is very sustainable, especially when it comes to how we also bring the aspect of how we do our safe spaces within the health facility. Also, the government can come in and where they can also sustain it whenever there's no funding and whenever there's that ability of sustainability that the government have taken that intervention. Most of the time our identity is actually anchored to who we are and why we exist and how we work, especially in shaping our decisions and partnership and our culture, making sure that the aspect of accountability into the community and the future that we serve.

Yeah, next slide.

I just want to just take you through in terms of the lived realities of adolescent girl who actually live in Kilifi, especially at the grassroots. Most of the time these adolescent girls actually have a lot of stigma and fear. When you look at stigma and fear and when it comes to them, even they cannot be able to access information when related to post-abortion care or post-rape care, even abortion, some of the time they also do unsafe abortions within the community.

So that fear that they feel like they cannot go to the health facility and they cannot tell anyone, even they cannot tell their parent that they've undergone and they have done unsafe abortion and they cannot be able to keep this pregnancy. Sometimes it's also the issues of peer pressure that they're having among themselves. So sometimes it's also that they live in fear that the community might judge them, that they may call them they are baby killers.

And also the community, them not understanding them that they have reasons to why they have terminated the pregnancy. And even some of them also, they have a lot of fear in terms of even accessing services. Because when you look at in Kenya generally, the issue of abortion is it's very restricted and you cannot be able to talk about the aspect of abortion very loudly. And I think in terms of how the government has really supported it in terms of post-abortion care, that if an adolescent actually messes up and there's something in terms of emergency, they have the right to be able to get that post-abortion care as their right. Because when you look at in Kenya

generally, we have article 26 that really talks about abortion is allowed when the mother and the baby is in danger and the person who is supposed to do that should be a trained healthcare provider.

When you look at, there are so many instances when you look at even how the article 43 that talks about everyone has a right to highest attainable health and one of her right to the whole article 43 guarantees in terms of every person has a right to highest attainable standard of health, which includes reproductive health.

So you find that even if they still live in the stigma and the fear, you find that there's a lot of that disclosure and more of a punishment for them to be able to go to a facility and say that, "I have an emergency and actually I did a safe abortion," and I need to be able to be provided post-abortion care. And sometimes they lived realities for adolescents who actually live at the grassroots mainly have a lot of confusing pathways, especially when it comes to the issues of legal uncertainty.

I already talked about how abortion is actually restricted and you know that there's a lot of misinformation that adolescents also have, especially within the community and even the community themselves. Even around where we actually live. When you look at there is also a lot of weak referrals that it is mainly hard for them to be able to reach, especially the weak referrals that it is actually making them very hard to know where the respectful care exists. Especially them knowing about the right that they can also access post-abortion care.

But you find that most of these adolescent girls, they do not know that there is post-abortion care that is offered within the facility. And regarding to in terms of how the lived realities, there's a lot of power imbalances, especially when it comes to their age and even their gender. When it comes to issues of persons with disability that not only people also understand them, and these are the people that even healthcare provider cannot be able to understand them, even the community, you see it's actually it's very hard for them to be able to say that, "I have had unsafe abortion." Even some of them, they might be able to, some they're being induced abortion.

The issues of poverty also comes in and how the provider provide, the issues of provider attitude, them providing the services, and also being judgmental. Some even they deny care because they feel like, "That's not within our culture, that's not within our religion, that I'm not supposed to serve this girl to be able to do post-abortion care because our religion or our culture says abortion is a crime." Such kind of discussions that really trigger, and especially this makes adolescents to be very vulnerable in those situations. Most of the time that in Kenya generally that adolescent girls need to be able to understand that post-abortion care and post-rape care is an essential healthcare.

And also young people need to be able to be given accurate information, the aspect of confidentiality, the privacy and confidentiality that when they go to take services that they know that those services that they're taking and the healthcare provider will not go out and say that, "Actually you did a safe abortion and you came to the health facility and I gave you

post-abortion care." And the aspect of them also not being able when they go to the community, it also brings a lot of issues. So the aspect of confidentiality and respectful care is also a right. And most of the time we really push our levels to make sure that healthcare providers also, they understand that and also from the community and they feel if healthcare providers feel like they cannot be able to do that, they can also refer to a healthcare provider who is actually able to be able to do that.

Next.

When it comes to how our organization connects with community trust in regarding to post-abortion care and post-rape care, and one of the things that we actually do within our community, we have youth leadership and where we train adolescent and young people where they facilitate dialogues when it comes to issues of sexual reproductive health, especially when it comes to post-abortion care and post-rape care. And these young people are actually trained. We have an existing curriculum that we provide them with information that has a whole spectrum of SRHR generally, but also has a component on post-abortion care and post-rape care and where they can be able to share accurate information to adolescent girls and young women.

Most of the time they usually meet at the health facility. Most of the time when now they're the young person who is actually providing the information to the adolescent when it comes to issues of there are some of other issues that are raised, most of the time we find that healthcare provider comes in within the session and they can be able to help and also provide them with good information where they can be able to understand. Regarding to the process, and also regarding to when it comes to the issues of abortion, and when it comes to issues of post-abortion care, how they need to be able to access post-abortion care in terms of also their rights, them understanding that they also have a right to also ask for painkillers most of the time. And even also-painkillers also most of the time. And even also in terms of in case of when they see any case or when it comes to rape, this is how they're going to be able to give the referral pathways. And most of the time they're also taught about the referral pathways. And also most of the time, because these young people also identify barriers within the communities and especially at the community level, that is the reasons why we feel like most of the issues that are actually faced by adolescent and young people, young people need also to take up that challenge. And most of the time we train them to be able to provide that youth leadership in making sure that they're also driving, pushing the community in terms of they are also addressing the misinformation at the same time, even accessing services.

And how we also connect the other part is the safe spaces. And from the safe spaces, we create a safe space. It's not a physical space, but it is more of a safe space where it happens within the health facilities within the government where the community and also the adolescent girls, where they come and they also do their sessions together with the young people. And they even ask questions to the healthcare providers. And also by the time also they're there, they also seek for services. And also they build that confidence in case there are so many challenges and they feel like they cannot be able to address them. It's also the safe space where they also have a one-to-one conversation with healthcare providers and where the provider are also able

to listen to about their issues or whatever their challenges that they experiences and where they also feel like they're not judged.

Because through the support of partners and through other partners that we have worked with, and especially through the initiative that we have been doing, it's called "Nisaidie Usinidhuru"... And they have trained healthcare providers to be able to provide services, and also them to provide post-abortion care services without them being judgmental, without them not being judgmental. So in terms of the safe spaces is where they also, young people and adolescents, they use that platform where they also seek questions and also they seek information at the same time and also they seek services without judgment from healthcare providers. And how we also connect is the care pathways where we link young people to youth-friendly services.

And in Kenya generally, and also the place that we are coming from, public facilities have actually integrated youth-friendly services and the healthcare providers that we are also working with. What we do when the young people are doing their sessions, they refer them to the healthcare providers. So most of the time we have really tried our level best to strengthen the referral relationships between the healthcare providers and the young people and even the adolescent girls. And most of the time we also follow up on cases. And another part that how we connect with the community in terms of how we also build their trust in terms of policy voice, we also use that opportunity where it's an opportunity where we share the community issues to be able to recommend for policy intervention or policy actions and where we bring adolescent girls and young people who are with lived experiences.

And one of it is the research that we have done in partnership with APHRC and AmplifyChange and Rutgers and other partners have really contributed towards that research. And through that research has really shaped in where we are coming from, where they've shared the lived experiences of adolescent girls and even the providers when it comes to access of post-abortion care and post-rape care and how it has really shaped the conversation, and how the government in terms of where we are working have really come out very clearly in how they can be able to reduce unsafe abortions happening in our community and how they can also be able to improve post-abortion care services. So most of the time we have really tried in terms of right now there was development of... We had an Act that was actually passed. It's called the Kilifi County...

Amelia Bonow:

Leila, I think that your video and audio has frozen.

Leila Isaak:

Yes.

Amelia Bonow:

Okay. Now we can hear you, I think. Do you want to try to continue? Where you left off, you were saying there was an Act that Kilifi County...

Leila Isaak:

Yes, yes, yes. I'm sorry. Apologies. I think it's because of the network and [inaudible 00:28:33]-

Amelia Bonow:

No problem. No problem.

Leila Isaak:

Yeah. So in Kilifi, we have really tried our level best in terms of the Act that was there that has been very, very meaningful in terms of how SRHR has been addressed in terms of even... It's a fully actually Act that has really put on a lot of inputs from the community. And right now we are also currently also helping the government to be able to implement that Act where they were supposed to be able to develop the regulation, and currently is actually a process. It's also where we come in as stakeholders where we put a lot of inputs when it comes to sexual reproductive health and how we want to make sure that the issues of misinformation, the issues of making sure that they get quality services, the issue of making sure that in the health facility we cannot be able... The issues of also budget allocation and making sure that the facilities also have commodities.

And when it comes of how a organization also connects with community, trust is the aspect of where young people identify the barriers and they also facilitate the discussions, and also they carry community priorities, especially in decision making spaces. Most of the time the young people that you are working within the facility, we give them opportunities also to present the issues together with policymakers. And when it comes to issues of also the referral relationship that we do make, we're making sure that we are also following it up and how policy advocacy addresses the rules and practices when it comes to addressing reproductive barriers. And I believe that young people have the ability to share pathways and providers, most of the time healthcare providers comes in to strengthen it, and even community leaders really help us to be able to protect it. Next.

Next slide, please. Oh, thank you. So I just wanted to give you an overview of how the youth evidence in terms of the youth advocate. No, you can go to slide six. Sorry. You've gone too far.

Amelia Bonow:

Sorry, is that one right? I think this is six. Yeah.

Leila Isaak:

Yes. Yes, yes, yes. That one. So I was just giving an example of how we have used one of our case studies that it has really supported us in partnership with APHRC. They have really supported the issues of how it's an evidence research that has brought up the issues of unsafe abortions in our community. When it comes to issues of post-abortion care and post-rape care, as you can see, the approach that we use, we have the youth-to-youth learning where we trained youth champions to facilitate safe and age appropriate sessions, especially to adolescent girls at the health facility, and even at the community level and even providing them with information to these adolescent girls and the ability of how we have partnered because the

research is actually in partnership with the government, and we have seen some progressive where we work closely with them where they've tried their best in terms of providing the facility partnership, not looking at private health facility, but also looking at government facility and how they can be able to improve that.

It's where youth advocates, they work closely with the healthcare providers, especially at the health facility where they strengthen provision of respectful care and even referrals and making sure that any adolescent that comes within the facility, and sometimes the young person might call the healthcare provider or we have an adolescent actually coming, there's this case that has happened, and where the provider also come in to be able to support them and also providing that youth-friendly services, at the same time also providing that care that is not judgmental.

And also the aspect of confident action. And most of the time even the healthcare providers have been given VCAT training where they're understanding about their values and even in terms of their attitudes, how they can be transformed, even providing them with practical knowledge to be able to help the youth advocates where they can speak clearly, even challenge stigma and even how they can also challenge the community, providing them scenario basis stories. Sometimes they also use a different kind of approach where they also use their lived experiences and also share them to be able to challenge it within the community, and even guide them with their peers and even with the adolescents.

So this initiative, one of the initiative we have tried to do is how we have connected the youth advocates, the adolescent girls, and even the healthcare providers around to be able to provide safe pathways and care partnership. And most of the time they work, this initiative we have really worked with APHRC, Rutgers, Reproductive Health Network, AmplifyChange and also County government and also with Angaza, where it's a collective organization that we came together to be able, because the issue of abortion in the community, it's not abortion, it's not an issue that we can be able to work alone. We have to be able to work together so that we can be able to fight opposition. And opposition usually look at the strategies where they can see and see if they find that in the community that there's not anyone who can be able to stand up for them. That is where they also use that opportunity to share misinformation and also making sure that they cannot be able to access any care when it comes to post-abortion care services.

Next. Next slide, sorry. Thank you. And when it comes to the issue of community, how we as an organization bring the aspect of community evidence and how we can move it to a better place, especially when it comes to better care, what we do, we listen and when it comes to listening, we listen to the young people, we listen to the adolescent in why they have done a safe abortions, and we listen to make sure that whatever they're trying, whatever the challenges that they're experiencing, and even most of the time we also listen, we also do religious dialogues for them to understand the issues of when it comes to post-abortion care, the issues specifically on even SRHR general and also making sure that they really need to be able to support women, even the aspect of body autonomy and how cultures have really fight towards it.

And most of the time we also sit down with them and tell them as much as we appreciate their culture, these are the cultures that are very retrogressive that undermines adolescent girls and

we start facing a lot of emergency or any complications within the community. So most of the time we use that safe spaces to be able to listen their adolescent issues and even their barriers. And what we also do, we do document most of the time, so we also advocate and translate their lived experiences into clear policy priorities. And sometimes when you go to the health facility, and if adolescents and they feel like, they don't feel safe to be able to work in that, to go to that facility, it's where we also come closely with the healthcare providers and telling them how important for them that there's need to prioritizing youth-friendly services.

And most of the time when we do document, we document anonymously and we share the stories to policymakers and to those people who can be able to shift change and to be able to understand and also taking it up as a community issue and as a community challenge where we see also to see how do we go forward towards these lived experiences, and how as we community can we be able to reduce unsafe abortions where adolescent girls also they don't feel safe to where they can be able not to share. We also share these experiences also with parents, telling them that when we are doing dialogues, telling them also the aspect of them understanding their rights and also them understanding also it's very important for them to be a safe space for their girls and also for their children and how is it important for them to be able to advocate for them to be able to support them and even to support and also respect their decisions and how they can also support them to be able to make informed decisions.

And what we also do, we influence and sometimes we also influence community voices and we inform policies or strategies sometimes. And as much as beneath, we still have a lot of oppositions but we try our level best to influence, and some of the opposition are also misinformed. So we also work closely with religious leaders who are very progressive when it comes to reproductive health. We also influence their voices, and those religious leaders also when they get avenues and opportunities, they usually also use it as an opportunity where they share their issues and they share their lived experiences of how they can be able to, as a community, how they can be able to access services. And we also use accountability, and most of the time we put our government to account. So most of the time, whatever the priorities or whatever the issues, the priorities that the government have taken, we usually follow it up.

And I think sometimes we also look at in terms of commodity stockout, we usually question the government that facility are providing post-abortion care and post-rape care in this facility. But in this facility, when you look at that the healthcare provider is not trained, that is where they also look for opportunity where the healthcare providers can be provided with training. And by the same time also we use that opportunity to be also to make accountability in terms of even commodities. We make sure that if they're providing post-abortion care with that government health facility, we tell them in terms of do they have also MVA kits, do they have commodities? Those are the things that we also question them. And also sometimes they also try to be able to improve here and there, but sometimes they have really tried in terms of providing the referral pathways in terms of providing case of emergencies where they have an ambulance where they help communities in case of any emergencies related also to any emergencies in the health facility. But for us, we're also most concerned of any emergencies related to post-abortion care. So that's how we looked in terms of accountability. And as much as they still, we have a long way to go, and I think I can just see an example of where we shared the youth priorities, and

especially when it comes to post-abortion care and post-rape care. And I think when the government, they had enacted the Act, they had passed the Act, they were supposed to develop their regulations and our organization also with other organizations took part in the development of that regulation. So we used that opportunity to be able to share a memorandum and also present the issues of the young people and the adolescent when it comes to issues of consent and how adolescents also, how services are also affected when it comes to issues of consent where they cannot be able to, how they, when they want services, they have to ask for consent from their parents, and bringing those lived experiences and how it really affects them when it comes to their sexual reproductive health concern.

And we also brought up the issues of confidentiality and referral duties. And I think when it comes to referral duties, we had to share when we are in that space, we had to share that healthcare providers that we also appreciate that's how their values and their religion and whatever, but they need to have more of a law or a policy or a statement that says that when they cannot be able to, if they don't feel like to be providing that services, they need to refer that post-abortion care services or post-rape care services to a trained healthcare provider and they really need to see how it doesn't contribute to any complication or it doesn't contribute to any maternal deaths or any related to any complications that adolescents may have within that when they want to get services in that facility.

So mainly those questions we were asking, and also we contributed towards the regulation of the process, and it has really helped. And I can just share one, the picture that you're seeing on, the first picture is where we sat down with religious leaders. These are men religious leaders and together with women. And this picture, we were having dialogue conversations, especially we did the dialogue conversation in mosque. And when we are doing the conversation, bringing the aspect in as much as we are having the lived experiences... Sorry.

Yeah, that's the first picture. Okay, thank you. So when we are having with the religious leaders, when we are having that engagement, we are just telling them that this is currently, these are the issues and how we also tell them the reasons to why. We also give them scenario stories and telling them why did she die and why do we need support also from religious leaders too. And most of the time we also say we need to have support from progressive religious leaders, and these are the ones of the religious leaders that we have been very progressive in terms of our work.

And the second photo is just the [inaudible 00:45:14]. It's all about the adolescent, the peer, the adolescent safe space that they usually meet within the health facility where young people also have that conversations and where they discuss about sexual reproductive health generally and also post-abortion care and post-rape care generally.

Next slide, please. So in terms of how we have tried to reduce the stigma, especially when it comes to post-abortion care in the aspect of where we are coming from, and it's where we have been able to work closely with the health...

Leila Isaak:

And it's where we have been able to work closely with the healthcare providers and working them closely with them, especially the government healthcare providers where we come in and tell them in terms of the aspects of privacy, protecting the confidentiality and how they can be able to offer respective care, especially unresponsive care, and even emergency responsive care to this adolescent, even not judging them. And also how we can be able to recognize personal bias through value clarification. It's where we also have conversations with them and even have training and where they are being trained on value clarification and attitude transformation. And also when we are working with them, we are also very keenly in terms of how do they also promptly refer when they provide ... How do they also promptly refer to another healthcare provider? And the other parts that we also look at in terms of in our daily practice, in terms of how we reduce anti-abortion, even in terms of them accessing post-abortion care and post-rape care, it's where we work closely with the communities.

We replace the aspect of misinformation, trying our best to be providing the information, knowing about the right, the reproductive rights, and then being as champion on post-abortion care and post-rape care and them understanding the rights and even the access to quality services and them also understanding about as much as they have their culture and also understanding that it's very important for us to be able to support reproductive healthcare and how we can be able to make sure that them as a community that they can be able to stand firm and just in case opposition coming, they can be able to support. And most of the time we have really worked with progressive community leaders. And most of the time when you're having those conversation, we're looking in terms of how they also support care seeking without blame. And we also try our level based in how we also bring that discussions on protecting young people from disclosure, relationship and retaliation sometimes in terms of even how the community leaders also come in and how they can also be able to protect young people rights, how they can also not be able to not disclose any information relating to the young people SRHR concern.

And sometimes also the community, we try a level based in how we use faith and cultural influence in how to reduce the stigma. Sometimes the time I see it earlier on how we work closely with the religious leaders, the Muslim religious leaders and the Christian religious leaders and even the cultural leaders. And we come together in terms of how do we also reduce our stigma. And most of the time when we are working with them, one of the things, the first time we realized there was a lot of misinformation and when we train them and they understand that these are the issues and they have the correct information and they sat down and they see that these are the things that we really need to be going to the community and telling them about it and how we can be able to protect our adolescent girl and how we can be able to sit down with our adolescents and them also supporting them to be able to make decisions about their body. In case of a young mother or a teenage mother who is pregnant, they can be able to go to a health facility, get family planning and just in case they have a safe abortion or they feel like they don't want to keep the baby. And I think those are the times I find that it's very hard such kind of conversations that religious leaders have not been able to put it up to even some of the community leaders are actually influenced by some of the oppositions. So this time when it

comes to how we have been able to done in terms of the stigma, we have really tried in terms of how we work together in terms of collaborations with the partners and just appreciate in terms of them being also bringing in the aspect of research and also bringing the aspect of making sure that these resource and youth leadership of our time, and I think this is very critically as much as in Kenya generally that we really need to come together and to provide a lot of resources to be able to provide a lot of resources.

And when you talk about resources, it's them also bringing the aspect of youth leadership of our time and them also them being able to drive meaningful change. And also as part of also as much as they face opposition in the community, they can also be able to stand up for themselves and they can also be able to be able to do community discussions. And sometimes support is very key and sometimes support with the community referral health systems is very key. And I think it's very important even in Kenya or in any other countries, how we work closely with community and bringing the aspect of facility referral systems is how as much as when we put a lot of efforts with the community and the referral pathways is very key for adolescent girls to be able to get services within the health facility. And when it comes to funding in terms of sometimes as much as we are still at the grassroots and that has been one of the gap when it comes to, we still have a long way to go, especially in Kenya in terms of the policies, we still have leaders that are not accountable.

We still have policies that still need a lot of improvement. Also, we still have to have that voice when it comes to abortion and when it comes to post-abortion care, post-rape care. As much as even when it comes to post-abortion care and post-rape care, they are also some of the other areas that they don't provide such kind of services. And you find that also that's within the context within the constitution. So it's still conservative when it comes to the issues of abortion. So how do we also try our level best to navigate within the policy spaces and how we support grassroots communities to be able to advocate for policy process as much as it also takes so long and it's also the time that we really need to be able to find organization and community-based organization and grassroots organization, even organization that are all over the world that they support and also fight oppositions.

And as much as right now we see oppositions are actually very, they pull a lot of funding and they're actually fully funded. And these are opposition that they use that fund to be able to push for and meaningful conversations, push for mainly policy spaces and where they fight their agenda of sexual reproductive health. And we also measure the aspect of dignity and trust, making sure that whatever we are trying to do is very meaningful and is very intentional in making sure whatever we are trying to do within our spaces is things that we are trying our best to make sure that adolescents, they come to the health facility and also living within the community that they can be able to come at the facility anytime, they can access services and they can get services that are not judgmental. They can be able to get youth friendly services and they can also be able to make informed decisions about their body and how also the community can be able to support them and even having to have that a safe space and where they can be able to confidently talk about their sexual reproductive health concern.

Next slide. I think I'm almost done. And this is actually my last slide is because where we are working is in terms of what are the things that really requires when it comes to post-abortion care, when it comes to post-trauma care, when it comes to access of safe abortion, we need to have trust before crisis. And I think most of the time the trust comes within the community. We need to have trust in terms of in case of any emergencies that come. How do we also refer this adolescent girl to be able to get services at the health facility and even get post-abortion care services? How do we not also not judge the adolescent looking at asking ourself why did she have an abortion? Why is she? She should be dead, she shouldn't get the service. How we can be able to bring and stop that narrative and how do we also bring that community to be able to think about how do we serve this girl?

So those conversation is making sure that we have that trust before crisis. And when looking at accountability after policy is seeing ourself like what next? Because how do we be able, as much as our community are the shapers within the policies change, how do we also be an ally and how do we also collaborate within our community to share policy change? How do we also push the aspect and making sure that even if those people who are actually sitting at the table, they don't understand the lived experiences that these adolescent girls and young women face, how do we also showcase their experience and also taking them through maybe VCAT? Some of them they're also not very progressive. Some they also have fixed mindset and some they may also have their own personal differences. And it's also the high time maybe among maybe 20 or 20, we may get two or three or people that they can't be able to understand our issues.

Maybe they were actually misinformed and they had a lot of misinformation within their culture or within their religion or within the context of where they're coming from is how do we also push the aspect of them also as policymakers that take accountability. And the aspect of respect during care is in terms of how the healthcare providers that we are working closely with is in terms of also them respecting care, also them not be able to provide judgmental services and even them giving them painkillers. Sometimes we find that adolescent girls, because this healthcare provider feel like it's a curse or it's a crime within their community or it's a crime within their religion that it's not allowed, it's a scene. So they put that process to look painful and sometimes they ask questions and say, "You liked it. That's why you are here and you are the reasons to why you came here and I will show you this process how painful so that next time when you're doing it, you shouldn't be willing to be able to do it again."

So how do we also telling our adolescents and young people and even young mothers and young women that they have their rights to seek even painkillers, to be given painkillers and them also knowing that they also have a right to ask the healthcare provider that what is the process and how does it take and getting to have the all information relating to post-abortion care for them to understand how they can be able to get that services and even asking questions before during maybe the surgery or before even during the process, especially when it comes to using the MVA kits.

So sometimes we live in a community that it's very hard and we try our level base as much as it is.

We really tried our level base and also with the small steps that we are taking and we really hope that even in Kenya generally and all over the world, we hope that we are going to have a space where adolescent and young women can be able to make informed decisions about their body and they can be able to access reproductive health services without even questioning and where they can be able to stand up and say that these are the things that they have decided for themselves and where community and parents and leaders, they can come in not questioning them like why and what did it happen and why are you doing it?

So our shared commitment even at those who are joining us, listening us and to see how do we center young people as leaders and how we can be able to strengthen confidential pathways on post-abortion care and post-rape care in different countries that you're coming from or even in Kenya generally, how do we also equip healthcare providers and communities to be able to challenge stigma every day and practice that?

How do we also bring the collaboration and how do you also bring the trust-based approach and providing financial support and even financial resources opposition, looking at the opposition actually fully funded and how do we also support even the local organization with the small money that they're using to fight opposition? How do we also support them and even support them to be able to provide them so that they can be able to push the information and even they can be able to share policies and even in terms of them as much as they're facing opposition and then the community, but them being able to be as change makers. So specifically that's actually what we have been doing it and I just want to take the mic to Irene and thank you so much.

Amelia Bonow:

Thank you Leila. That was a lot of really good information and we're so happy that you were able to join us. I know that Celia and Mustafa are here also, and so I would love to invite them to join us for our discussion. Mustafa is the head of programs and operations at Youth Voices and Action Initiative, and Celia is an information specialist and senior assistant librarian at Mount Kenya University. So I wonder, obviously Kenya has many, it's a big country with many different sort of regions between the big city of Nairobi to coastal regions and villages and rural areas. So I assume there is not really a typical experience for a young person growing up, but I guess I'm wondering if you can describe what you feel is the average sort of understanding for a young person of what their abortion options are in the country broadly.

Because I know that the legality is somewhat convoluted that providers will provide in certain situations, but that it's sort of unclear and a hassle and there obviously is criminalization at times. And then also there is self-managed abortion and access to pills that happens as well. So I guess I'm wondering if you can tell us what you think young Kenyan women know about abortion.

Mustafa Asman:

Thank you. Thank you very much and thank you Leila. Am I audible?

Amelia Bonow:

Yes, yes.

Mustafa Asman:

Yes. Thank you Leila for the elaborate presentation. Again, thank you Ameila for the questionnaire. In Kenya, abortion is highly secretive, is an issue that no one would wish to discuss due to various reasons. And you've mentioned one of them, the legality aspect of it, but the lived realities on what is happening within our context and this cut across for those who are living in urban areas of Nairobi, those who are living in the interior parts of Kenya, the rural parts of it. So there are various methods. The SMA, some are through prescription by friendly medics or people with some medical backgrounds. They see usage of pills, mesopresol, the Combi Park and all those things. But majority of them are using traditional methods, methods that can easily harm them. You've heard of people using a boiled Coca-Cola when it is boiled, then you drink it. We've heard of people using herbs that are slimy in nature, then they are inserted in their vaginas and open up the cervix and some are inserting sticks within the vaginas to induce pain and also to induce abortion.

There are various methods, but majority of them are very risky methods. They're very risky method. And again, discussing the issues of safe abortion methods within the context has become an issue. And that's why Ella mentioned currently we are undergoing some legal reforms within the country, basically trying to create a scenario where we'll be able to safeguard the service providers to be able to... In one or the other, create a scenario where if we are acting within the law, within the prescribed parameters of SMA, basically the law should be able to guard the service provider because service providers are willing to support the adolescent girls.

The problem is safeguarding for the service providers and the girls also needs information. We've had situation where we give information to girls and somebody's like, "If I knew I could have done this, if I knew I could have told my friend such methods are available or you can visit a certain place where it is secretive for you. You can be able to do your procedure and nobody will be able to know about what has happened to you. It'll be between you and the service provider. It'll be between you and yourself as a service provider." I think that is what we are countering in Kenya and we have a long way to go basically, but it is work in progress.

Amelia Bonow:

Thank you for that, Mustafa. So I'm wondering if you can ... Obviously the youth focus of the program is sort of the core philosophy of the approach in some way, and I'm wondering if you can talk about how does the conversation change when it is peer led as opposed to coming from an adult, a provider, et cetera? What is the reason behind your philosophy of youth being at the center of this culture change?

Mustafa Asman:

Thank you. Thank you very. And once again, youth behaviors are highly dynamic and this cuts across the entire globe where we feel safe amongst our peers. We feel at ease amongst our peers, but the discussion does not automatically come up. It's a discussion that has to start from somewhere. Remember, within the same cohort, we are having youth that are progressive

and youth that are purely religious and not progressive in any way. So even for us, the discussion, we don't actually introduce the discussion like pop at the onset of the discussion. It has to emanate from somewhere. And amongst our key entry points that we've used and it has worked, it's introducing coming up from an angle of what do we do in a scenario where a girl has been raped? So bringing the aspect of post-rape care, again, one of our office within the Coastal Region exists closer to the university and you know what happens within the universities.

We've been collecting fetus, we've been collecting kids who have been thrown away.

Mustafa Asman:

We've been collecting fetus, we've been collecting kids who have been thrown away. So we are asking you, again, what do we do in a scenario where a girl has induced an abortion, she's at risk of losing her life? What do we do with such a girl? Do we allow again such a girl to die? So you see, we've brought a discussion for a human-centered aspect. And we are igniting emotions that what if this person had the right information and he or she could have just made the right decision and use the safer methods, could we have ended here, do you know of a safer method?

We've collaborated with the other organization, for instance, Hesperian Health Guides, with an application within their mobile on safe abortion within the method. We are telling them that, "Look, you have information within your palm. It's just a matter of now you..." Most of them didn't know, but it's just a matter of you perusing and saying, "This method will be better for me. I think I can use this one. I think I can use this one." It is self-explanatory. And we are bringing in now peer educators, youth advocates that we have trained. They've gained trust and credibility within their populace. So they act as link people within the beneficiaries and service access. And secrecy and confidentiality is core within our work.

The work that we are currently doing is highly risky for us, especially for us in the coastal region. At times we disappear for some time, then reappear again, we disappear and reappear, avoiding a scenario where in our country is known for people disappearing, because of when you are profiled by the government in one way or the other you might find yourself not finding yourself in the right side of the law. And they have various ways. For us, the discussion [inaudible 01:11:24] manifests in various way. And young people are comfortable discussing with their fellow youths, but we've seen scenarios in one way or the other where people can discuss with slightly older and more experienced and more progressive service providers. Thank you. Amelia, over to you.

Amelia Bonow:

Thank you. It's interesting, you have this very broad scope where you're helping to shape policy, you are doing community organizing essentially, and you're also working with faith leaders, progressive faith leaders, and also working to shape the attitudes of providers. So my question is about in thinking about the limitations of policy to really change the realities of a person's experience with abortion. Policy has limitations, also, cultural change has limitations as well in terms of if a person doesn't have access or they're persecuted by the government for accessing, then that is going to be a huge problem as well. So I'm wondering if you can talk about which thing is harder to change, and which thing between culture and policy, and obviously each one

can be a barrier, but is one or the other a bigger barrier in your mind to young Kenyans who are needing abortion, post-abortion care, care following rape, any of these things?

Mustafa Asman:

From experience and what we've experienced from our work for the past few years that we've been into SRH field, the policy environment has limitation, but at the same time with the devolved systems we've seen a lot of progress. We've seen scenarios where an example is in Kilifi where we collaborated with another organization, we took the government to court. They had to redo their RMNCAH Act to include access of consent, access of post-trip care, post-abortion care services, and also detailing some of the aspects of the condition where consent is paramount, at what point do we deny services. Even if a service provider decided that I'll not give this service because of my beliefs, how do I link this person instead of leaving this person hanging, how do I give this person another provider who is able to offer these services. On that side, we've seen progress in terms of in the policy environment, but basically working with the devolved systems.

Kenya works in a devolved system kind of government. We've got seven units labeled as counties and one government as national government. At national, they give policies and direction. At county level, they execute the policies. But they have a leeway of customizing the policies, customizing the strategies that fit their context at county level. So we have a levy of influencing some certain things within county level in regards to policies. But here comes the bigger elephant on culture.

Culture is very critical because it shapes the identity of a certain community. The communities that we are working with being highly Muslim, the majority being Muslims, having this discussion is very difficult. But at the same time with the lived realities, adolescent girls and young girls are accessing abortion services. Either safe or unsafe, they're accessing abortion services. And we've seen scenarios where religious leaders are trying as much as possible to condemn even people who are speaking about SRH services. And remember these girls, these women are surrounded by an ecosystem. We have families, we have faith leaders, we have cultural elders, we have all manners of elders that are surrounding this particular person without having sense of what does this girl want, what does access to service mean to this young girl. For us now, for culture, we are identifying allies. We can't really change a lot, but we are progressively identifying allies.

Within the faith sector, we've managed to identify allies that understand and are willing to open their ears and listen to what we're saying. Within the cultural elders, we have had breakthroughs where we are having religious leaders, cultural leaders that are willing to hear our arguments. We can't say that we've managed to reach a point where they can even advocate for safe abortion services or post-rape care, post-abortion services, but we are in a position where we can sit down and dialogue, even initiate those discussions. We are in that position right now. And we are hoping that progressively this work is sustained. We don't know where we'll reach, but there is hope. There's hope somewhere. We are seeing a lot of light because we are seeing religious leaders who are youthful taking up mantles. The older folks are dying every now and

then. They're dying every now and then. So the young people are actually coming and they're progressive. Leila, are you laughing?

Amelia Bonow:

I'm sorry?

Mustafa Asman:

I was asking if Leila has something she wants to add.

Leila Isaak:

Thank you. And I think as much as, Amelia, in terms of what we have seen, and as much as we look at policy and culture, they both correlate. And it's very hard saying that which one has been doing better or which one is still struggling. And I think in Kenya we are actually at the same level, and that's why it's very critical for us to be able how do we also prioritize policy at the same time, because those are the people that we are still also we are neighbors. Apart from them going to the office, by the end of the day they will go back to the community, they're part of community. So how do we also look in terms of also them also being policymakers, they also have their culture, they have their religion that they go back to in, but bringing them into two perspective in how we can also try our best to reduce the retro-aggressive cultures and how we can be able to see how we can bring that conversations.

And by the way, in terms of where we are coming from, it's a very conservative community. And in terms of talking about abortion, it's very hard. And for us talking about post-abortion care really took us so long. I went most of the time it was... Sometimes it was very uncomfortable, especially when you'll be with people and you are wondering are they going to punish you or are they going to beat you, because those are the things that is not based on their culture. And this is something that is very hard to talk about, because where actually I lived in, actually I was raised, it was very hard for you to talk about sexual reproductive health, even sex itself it was very hard to talk about with your parents. So bringing the aspect of abortion is another pandora box.

So you can think about in terms of how we have been able to be here in this space to be able to talk about post-abortion care, it has really taken so long it's because we have seen a lot of issues that women and girls are going through. And it actually made us to be able to stand up and say that as much as we still face a lot of oppositions and as much as we know that the oppositions use different tactics that we try our level best to see how do we also try, even if the small part of it, mentoring small girls, when you use that information when it comes to menstrual hygiene, sexual reproductive health, all components, mental health, how do you also use that platform to be able also to talk about unsafe abortion, how do you also use that platform to talk about even family planning, the same time moving and talking about the aspect of them accessing post-abortion care and post-rape care.

So most of the time we really use that opportunity very clearly and we bring that lived experiences so that we can bring a lot of emotions for them to understand and say that we as a

community that we try level best to see how we can support an adolescent from this as much as we have a long way to go. Back to you, Amelia. Thank you.

Amelia Bonow:

I want to make sure that Celia has an opportunity to jump in if she has anything to add, but you guys have covered so much and it's amazing, again, just the scope of work of the organization. How many staff do you have working on this?

Leila Isaak:

We have eight staff and we have a pool of youth advocates who are actually 25. And these are 25 young people who are actually trained on sexual productive health, and these young people are actually within the health facility where they create sessions and discussions with adolescent girls at the health facility.

Amelia Bonow:

That's awesome. That's beautiful. It's still so much work for only a staff of eight people. It's really incredible. My last question is just what do you wish that people outside of Kenya or outside of the continent understood about grassroots organizing or about the work that you're doing? And is there anything that we can do to support your work from afar?

Leila Isaak:

I'll go first then. Thank you so much, Amelia, first of all, for giving us this opportunity to showcase especially the work that we are doing, and especially us meeting in RCJ. And I know that it's really key to be able to see how we can work together and bringing the aspect of organizing and making sure that we are fighting opposition within the community as much as the small steps that we are still having. And for me, I would really want to just share the same information that we still need to continue to do our advocacy, that we should never give up to whatever the challenges are, that can be the government challenge, the political landscape within the community, even all environmental aspect even in how we can be able to stand up ourselves and to be able to fight for adolescent girls.

And how you can also... In terms of how the work that we have showcased mostly with the small things that we are still having, the small spaces that we still create, the small effort that we are still doing is also how do you also support each other and linking each other with support and resources, especially networking with partners, donors. How do we also support and making sure as much as other organizations are doing other work, but how do you also bring that aspect in partnership, because opposition are also mostly funded, and how do donors also need to be able to fund sexual reproductive health, especially on post-abortion care and even post-rape care within the community, and even from the grassroots, because they face a lot of challenges and how can they also become inclusive and support each other in making sure that whatever we are trying to do is very sustainable.

For me, I just want to just give shout out to everyone out there that we hear you and we are here to support you, and continue with the great work that you're doing for fighting the reproductive justice and fighting for reproductive health. Want to take it to Mustafa.

Mustafa Asman:

Thank you. Thank you, team. Thank you Abortion Academy for giving us this opportunity to present our work and share with a larger audience on what we can do and what trust means. Very critical is we listen fast and we support rather than leading, and we trust the knowledge and experience that already exists within communities. Grassroots organization understand and they build local trust, they build credibility within their localities. And if their hands are hold, they're capable of delivering wonders because they understand their problems and they can develop locally made solutions. And there's power in unity, there's power in people coming together, there's power in believing in young and grassroots organization. For us, we are passionate and we still believe in grassroot organizing, and we'll continue doing our work. Our call to our friends, our partners within the space, when you see Youth Voices, shout out Youth Voices, talk good of Youth Voices. People are hearing your voices outside. Link us to opportunities, link us to your friends, support the work that we are doing. It is highly risky. We are equally very young, and maybe in the future you will also wish to see another club of generations that will take the mantle from us and also build the capacity to be able to continue the work that we are doing. Thank you once again.

Amelia Bonow:

Thank you so much. That was a really beautiful closing, Mustafa. It's been very inspiring to hear you talk about your work, and I have so much gratitude to each of you for spending time with us today, and it just makes my heart feel good. It's really beautiful to hear your statements, Mustafa, that we're going to keep doing this, we're going to keep elevating people who are working in their communities who know what they need, and just the lack of top-down approach and the way that you are building power, it feels like real power, people power, and it's beautiful to hear you speak about your work. So I just thank you for being with us today. Is there a social media or mailing list or anything that people can follow if they want to stay in touch and hear more about your work?

Mustafa Asman:

Definitely. In all our social platforms, we go by the name Youth Voices and Action Initiative. I think it is in the chat, the website is in the chat. And all the social platform we are at Youth Voices and Action Initiative.

Amelia Bonow:

Great. Well, thank you for spending time with us today. I hope that I can come back to Kenya again before my life is over at some point, because it was a beautiful, beautiful place. And Kenyans were so, so incredibly kind to us, and just really appreciate your time today.

Leila Isaak:

Thank you. You're welcome.

Amelia Bonow:

Okay. Take care, everybody. We'll see you next month for Abortion Academy. Bye.

Leila Isaak:

Bye.

Mustafa Asman:

Bye.