

Uamuzi

Final Report – July 2025

REMINDER: PRESENTATION OF THE PROJECT

CONTEXT	<p>The project is being implemented in Ukunda (population of approx. 77,682) in Kwale County, and Mtwapa (population of approx. 90,677) in Kilifi County, and will aim to reach 8640 people in total. Both areas have experienced significant population growth and increasing urbanisation over the last twenty years – which the local health infrastructure has struggled to keep up with.</p> <p>Geographically, the areas classify as semi-arid land, lacking tree cover and whilst soil is fertile, it is very compact. Riverbeds show visible erosion. Further, man-made environmental destruction results from large herds of cattle grazing, deforestation, charcoal burning and a lack of gender diversity in decision-making - despite women constituting 70% of the labour force. Global rising temperatures and drought compound these issues.</p> <p>These communities suffer from food insecurity, relying on emergency aid and hand-outs; rural-urban migration, especially among youth; and low investment in education. Women spend hours looking for water and firewood, a time in which they are increasingly vulnerable to gender-based violence – as they are having to travel long distances by themselves. In July 2023, the Kenya Demographic Survey released a country wide report stating that 43% of Kenyan women between the ages of 15 and 48 believe that a husband is justified to beat his wife: in rural areas 51% of women are beaten by their husbands. Although these statistics are not regional, they reflect the situation as seen by the S.A.F.E. team on the ground. In the months of January and February 2022, 200 cases of GBV were reported in the target villages, although it is believed that the number is significantly higher. Further, in 2022 KDHS recorded approximately 15% and 13% of adolescent girls in Kwale and Kilifi, respectively, falling to early and unplanned pregnancies. Another survey, conducted by PMA and the County Government of Kilifi, revealed that teenage pregnancy had increased by 30% between November 2021 and November 2022, and that one in five 15-19 year olds was either pregnant or already mothers. These statistics show the need for urgent and immediate interventions.</p>
NEEDS ASSESSMENT	<ol style="list-style-type: none"> 1. The cultural and social set up does not allow for conversations around sex to take place in families and in the community. Solution: The project seeks to break the silence, stigma, and barriers around SRHR and teenage pregnancy through the film, <i>Uamuzi</i> (meaning “choices” in Swahili). The screenings are done on a community wide level, and in targeted groups - separating girls, from boys and from parents – allowing them to share their experiences in a judgement-free environment, as well as in front of their families and the community. 2. There is a lack of comprehensive sexual and reproductive health education, which has led to a spread of myths and misinformation. This has also damaged the relationship between the community and local health centres, which are seen to be judgemental and non-confidential. Solution: The film <i>Uamuzi</i>, and follow up activities provide SRHR education, answering questions and correcting these myths. A nurse from a local health facility accompanies S.A.F.E. for the screenings, providing on-site testing. In this way, the project bridges the gap between the two, allowing people to re-build their trust and access testing in the long-term. 3. High levels of poverty, exacerbated by increasingly harsh climate conditions, lead to the vulnerability of Adolescent Girls and Young Women

	<p>(AGYW). Solution: In addition to educating AGYW about their rights, they are empowered to strive for economic independence through the training, as they are challenged to think about their future goals, ambitions, and career objectives, and are then provided with relevant life skills and connected to role models and professionals from different career paths.</p> <p>4. The patriarchal structure of the local communities, meaning that women and girls lack the space to voice their concerns, queries and needs, creates an environment that puts them at risk of GBV and negatively impacts their wellbeing. Solution: The project engages the entire community, as well as specifically targeting parents and boys/ young men, challenging them to understand the disproportionate ways in which AGYW are affected by socio-cultural/ environmental/ economic issues.</p> <p>5. Kenya experienced a country wide shortage of basic contraception, such as condoms, in late 2022 and early 2023. The consequences were felt across SRHR and GBV areas. Solution: This shortage caused a spike in both unplanned pregnancies and cases of HIV and other STIs. The project seeks to respond directly to the consequences of this.</p>
<p>SOLUTIONS</p>	<p>Using S.A.F.E.'s tried and tested methodology of engaging audiences in dialogue and solution finding through film and performance art, the project will break down the stigmas associated with sexual health in Kilifi and Kwale county, empowering AGYW and challenging the rest of the community to be their allies and protect them. Film is an unrivalled and cost-effective method for evoking emotion and inspiring action, with a far reach, and thus at the heart of the project's solution.</p> <p>Actions to achieve solutions will include:</p> <ul style="list-style-type: none"> - Selecting and training ambassadors from partner CBOs in using film for discussion generation and peer facilitation to lead the projects' implementation, as well as life skills, sexual health and human rights. - Film screenings of Uamuzi: these will be divided between community screenings and targeted screenings with AGYW, parents and men/ boys - with tailored post-screening discussion points. A nurse will accompany the team for these screenings, providing on site testing and consultation services. - Mentorship sessions for AGYW - selected from the audiences, these will be challenged to think about their career ambitions and then matched with volunteer professionals from their field of choice; to know their rights and to look after their bodies. - Peer support services with the most vulnerable girls identified in the communities - Monthly monitoring and focus group discussions will measure the impact of the project through the chosen indicators, revealing the successes and shortcomings of the project and allowing the team to adapt, overcome and obtain the outcomes.
<p>GENERAL OBJECTIVE</p>	<p>Improve access for adolescent girls and young women to comprehensive sexual health services and reduce vulnerability to GBV.</p>
<p>SPECIFIC OBJECTIVES</p>	<ul style="list-style-type: none"> ● Use film and theatre to break down stigma around sexual and reproductive health in the target communities, creating an enabling environment where SRHR and GBV are spoken about. ● Educate the target community about different aspects of sexual and reproductive health and rights, focusing on contraception, GBV and STIs. ● Challenge and correct misconceptions and prejudices which limit opportunities for young women, especially young mothers. ● Refer vulnerable youth to friendly sexual health and GBV service providers, local CBOs and follow up on their progress to ensure successful linkages. ● Transform men into allies of vulnerable girls and task them to embrace women's rights and wellbeing.

	<ul style="list-style-type: none">● Empower YW to economic independence by challenging them to think about their future goals, ambitions and career objectives, and then providing them with relevant life skills and connecting them to role models and professionals from different career paths.
EXPECTED OUTCOMES	<ul style="list-style-type: none">● Targeted community members will have improved attitudes around girls and young single women accessing sexual health services and information and accurate information about SRHR will have taken over myth and misconception as the base of community information.● A support and referral system will be established through ambassadors from local CBOs, continuing to provide support for vulnerable girls at the end of the project.● An increasing number of girls and women will be accessing health services (family planning, sexual health, and GBV).● Men, across generations, will understand their individual and collective roles in creating contexts of GBV, and will instead advocate for women's rights and health.● AGYW will have learned life skills from role models and professionals in their fields of interest, enhancing their prospects for financial independence and reducing their vulnerability to GBV.

NARRATIVE REPORT

1. Implementation of planned activities

Instruction: Be as precise as possible when listing all activities (at least the activities listed in your funding agreement must appear in this table). If your project concerns mainly the construction of a building, you should detail every step of the construction. You can add or delete as many lines as you want.

The below table summarises all activities implemented from reporting period 1 - 4 that ran from November 2023 to June 2025.

Originally planned activities	Achieved Not achieved Suspended	Indicators and comments
<p>1.1. Selection of Ambassadors from KWFI and Madvocate</p> <p>Sub activities: Consortium meeting Recruitment of ambassadors</p>	Fully achieved	<p>S.A.F.E. gathered the partners for a three-day session to understand the project, agree on ways of working and reporting and decide on the parameters for the identification of the ambassadors. 15 staff team members were engaged (7 S.A.F.E., 4 Madvocate and 4 KWFI)</p> <p>Indicator: 40 potential youth ambassadors (24 Female and 16 Male) were identified for training by both partner organisations.</p>
<p>2.1. Peer education training</p>	Fully achieved	<p>The ambassadors selected by Madvocate and KWFI participated in a 4 day training where they received training on life skills, sexual health, and human rights and also learnt how to use the Umuzi film for discussion generation and organisation and mobilisation for screening activities.</p> <p>Indicator: 38 potential ambassadors engaged: Ukunda - 20 and Mtwapa - 18</p>
<p>2.2. Monthly Follow ups</p>	Fully achieved	<p>This activity involves ambassadors comparing the information collected with the data from the health centres and local administration. This allows for measuring project indicators, thus revealing the project's successes and shortcomings.</p> <p>Indicator: 5 meetings with the Kwale Women Focus Initiative team, 4 meetings with The Madvocate team, and 3 joint meetings with the Kwale Women Focus Initiative and Madvocate teams.</p>
<p>3.1. Community Screenings</p>	Fully achieved	<p>S.A.F.E. implemented this activity for 8 days across 8 different locations in both Mtwapa and Ukunda. These were open screenings that were done in a central place. Nurses from the local health facilities accompanied the team and they provided sexual health screening and contraceptive services.</p> <p>Indicators:</p> <p>1. 3,897 community members reached: Mtwapa - 2,300 and Ukunda - 1597</p> <p>2. Community members accessed health services as follows: HTS services - 112 , STI testing - 13, family planning-81 , 14 general consultation and additionally 1513 condoms were distributed</p>
<p>3.2.Targeted AGYW screenings</p>	Fully achieved	<p>These screenings are targeted at girls outside of the school system, young mothers, young widows, and young women and girls living with disabilities. They combine a screening discussion and educational activities focused on sexual/menstrual health, life skills,</p>

		<p>and human rights. Post-screening training then takes place in the presence of ambassadors and will give girls and women an opportunity to share their experiences</p> <p>Indicator: 388 AGYW reached, 165 - Ukunda and 223 - Mtwapa</p>
3.3. Targeted screenings with Parents	Fully achieved	<p>These screenings are targeted at parents, who are engaged in post-screening discussions introduced through the Uamuzi film. Further, this activity provides parents with a platform to develop their knowledge and acquire tools to support their daughters in making healthy SRHR decisions. It also challenges their misconceptions, thus reducing the stigma associated with SRHR topics.</p> <p>Indicator: 148 Parents reached 83 - Ukunda and 65- Mtwapa and this includes 16 PWD's.</p>
3.4. Targeted screenings for adolescent Boys and Young Men	Fully achieved	<p>These screenings boys and men are challenged to become allies of vulnerable girls through discussions around consent, healthy choices - such as contraception and regular testing - and their role in protecting their sexual partners from pregnancies. They are also challenged to focus on the facts rather than the myths about the effects of family planning.</p> <p>Indicator: 182 Boys and Men reached 84 - Ukunda and 98 - Mtwapa and this includes 13 PWD's. This number includes 13 PWDs.</p>
4.1. Peer support sessions	Fully achieved	<p>The ambassadors have been given a target number of 50 one-on-one interventions to complete monthly. The interventions focus on the most vulnerable girls in the community and their families, ensuring they have consistent support.</p> <p>Indicators:</p> <p>136 peer-to-peer sessions were conducted in both Mtwapa and Ukunda reaching 6,673 peers: Ukunda - 2,870 (2,140 AGYW, 530 ABYM and 200 parents) and Mtwapa - 3,803 (3,334 AGYW, 444 ABYM and 25 parent</p>
5.1. Girls Mentorship sessions	Fully achieved	<p>This activity engaged AGYW identified through the screenings. They were invited to this activity, where they were taken through life skills training and challenged to map out their future goals and ambitions. S.A.F.E. accomplished this by linking the project beneficiaries with role models identified from its pool of partners working in different sectors.</p> <p>Indicator: 164 AGYW reached through the targeted mentorship and 576 beneficiaries reached through the community mentorship.</p>

2. Activity planning for upcoming activities

Instruction: List the upcoming activities, write the following months and tick the right column. You can add or delete columns if necessary, depending on the duration of your project. Kindly take into account potential delays of the next transfer.

The project has come to an end therefore this section is not applicable.

3. Indicators

Instruction: In this part, you can give all information related to the beneficiaries and the community. For example, you can talk about the selection of beneficiaries, the interest of the community towards the project, its implication, etc.

Indicator	Target	Progress	Explanations
1. Number of potential ambassadors trained in peer education	40	40 youth ambassadors have been selected for peer education training.	Partner organisations used different approaches to achieve this goal. Advocate used a virtual application process and picked the final candidates after doing one on one interviews whilst KWFI's approach involved conducting one on one engagement with potential candidates.
2. Number of screening attendants	5,680	4,615 attendants reached	3,897 participants were engaged during the community screenings i.e. Ukunda - 1597 and Mtwapa - 2300 388 AGYW were engaged during the targeted screenings i.e. Ukunda - 165 and Mtwapa - 223 148 parents were engaged during targeted screenings i.e. Ukunda - 83 and Mtwapa - 65 182 Men and Boys were engaged during the targeted screenings i.e. Ukunda - 83 and Mtwapa - 65 Some of Ukunda areas insecurity is still there hence low turn-up especially during community screening.
3. Number of screening attendants from marginalized groups	1500	1,276	<u>Ukunda</u> Community screenings - 339 AGYW AGYW screenings - 110 AGYW Parents screenings - 5 PWD's Men and Boys screenings - 6 PWD's <u>Mtwapa</u> Community screenings - 643 AGYW and 5 PWD AGYW screenings - 151 AGYW Parents screenings - 11PWD Men and boys screening - 10 PWD 1 LGBTQ person participated in the Mikanjuni village AGYW screening
4. Number of screening attendants reached by the ambassadors monthly	2,400	2,297	Dec 23 - May 24: Ukunda - 245 and Mtwapa - 548

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			<p>June 24 - November 24: Ukunda - 85 and Mtwapa -154 Dec 24 -June 25: Ukunda - 734 Mtwapa - 530</p>
5. Number of meetings held between the ambassadors and the implementing team	18	24	<p>S.A.F.E. held 5 meetings with the Ukunda ambassadors and 4 meetings with the Mtwapa ambassadors, 3 joint meetings were held for the ambassadors at S.A.F.E.'s offices and 12 monthly meetings with the ambassadors at their project sites.</p>
6. Number of people accessing services at the community screenings	500	1,719	<p>112 people accessed HTS services, 13 people tested for STIs, and 81 accessed family planning services. Additionally, 1,513 condoms were distributed.</p> <p>Two main challenges were encountered by the team - there is a nationwide shortage of test kits and there are issues around parental consent that don't permit healthcare workers to do testing for AGYW under 18 years. They are only allowed to do screening for the AGYW under 18 years.</p> <p>The challenge around consent was resolved by incorporating the parents into the AGYW peer to peer sessions so as to improve their SRHR literacy. The impact of this will be seen over time.</p>

<p>7. Percentage shift in correct and factual knowledge about SRHR</p>			<p><u>Parents screenings M&E findings</u></p> <p>There was an increase in the number of respondents who believe that condoms should always be used during sexual intercourse:</p> <p>Mtwapa 29% to 35%</p> <p>Ukunda 25% to 40%</p> <p>There was an increase in the number of respondents who believe that condoms are the best way of preventing pregnancy:</p> <p>Mtwapa - 18% to 41%.</p> <p>There was an increase in the number of respondents who believe that the use of contraception is the best way of preventing pregnancy:</p> <p>Ukunda 63% to 73%</p> <p>Mtwapa 57% to 60%</p> <p><u>Boys & Men screenings M&E findings</u></p> <p>There was an increase in the number of respondents who believe that the use of contraception is the best way of preventing pregnancy:</p> <p>Mtwapa 57% to 60%</p> <p>Ukunda 41% to 62%</p> <p>There was an increase in the number of respondents who believe that condoms are the best way of preventing pregnancy:</p> <p>Mtwapa 5% to 45%</p> <p>There was an increase in the number of respondents who believe that condoms should always be used during sexual intercourse for both Ukunda and Mtwapa:</p> <p>Mtwapa 15% to 23%</p>
<p>8. Percentage shift in attitudes towards AGYWs' access to SRHR services</p>			<p><u>Parents screenings M&E findings</u></p> <p>The percentage of respondents in agreement with the suggestion that 9 - 10 years is a good age for AGYWs to access SRHR services increased.</p> <p>Ukunda 13% to 50%</p>

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			<p>Mtwapa 5% to 29%.</p> <p>The percentage of respondents in agreement with the suggestion that 13 -15 years is a good age for AGYWs to access SRHR services increased.</p> <p>Mtwapa 0% to 33%.</p>
9. Percentage increase in AGYWs accessing services after the screening			<p>The team started measuring this in reporting period 3 as the focus in the previous reporting periods was on setting up a bridge between the Umuzi program and M.O.H.</p> <p>Mtwapa - 43%</p> <p>The health centres increased measuring this data in this reporting. In Mtwapa, there was an increase in the number of AGYW accessing services because the health service provider conducted on-site services during the peer to peer sessions thereby reaching more AGYW mobilized by the peers.</p> <p>However, in Ukunda there was a 1% decline in this because there was a shortage of family planning commodities and HIV test kits which were only designated for mothers in ante natal care.</p>
10. AGYW accessing services during the community screenings	320	149	<p><u>Mtwapa community screening</u></p> <p>7 - STI testing, 18 - HTS, 23 - FP, 38 - male condom distribution and 5 GBV trauma</p> <p><u>Ukunda community screening</u></p> <p>36 - HTS, 22 - FP and 14 - male condom distribution</p> <p>This activity has been hindered by a nationwide shortage of testing kits at government and private health facilities and changes in policy on mass testing.</p> <p>The new policy changes state that testing cannot be done without screening individuals to determine their age, exposure to sexual activity and when they were last tested for HIV and STIs.</p>

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11. AGYW accessing services during targeted screenings	160	82	<p>Ukunda screening-39 HTS,16 FP and 4 accessed condoms while 2 went for counselling only.</p> <p>Mtwapa screening -12HTS and 7 FP</p> <p>Some of the AGYW were still indecisive, opting to visit the facility on later days for more counselling before making an informed choice.</p>
12. Percentage increase in young men and adolescent boys who report openly encouraging AGYW to access services and condemn GBV			<p><u>Boys & Men screenings M&E findings</u></p> <p>There was an increase in the number of respondents who agree that it is never justifiable to hit a woman</p> <p><i>Reporting period 3:</i></p> <p>Ukunda - 48.6% - 70.3%</p> <p>Mtwapa - 61.1% - 77.8%</p> <p><i>Reporting period 4:</i></p> <p>Ukunda - 54% to 59%</p> <p>Mtwapa - 40% to 70%</p>
13. Young men and adolescents reached through public screening	800	846	Mtwapa - 454 and Ukunda - 392
14. Young men and adolescents reached through targeted screening	160	182	Ukunda - 84 and Mtwapa - 98
15. Number of girls linked to a mentor in their chosen field	50	67	<p>64 AGYW who were engaged in mentorship sessions have benefited from economic empowerment opportunities as follows:16 AGYW went for a learning visit at Marianist Institute, 18 adolescent girls and young women (AGYW) have started small businesses. Among these, 8 went through entrepreneurship skills training sponsored by KCB Foundation and 6 have started poultry farming. 3 AGYW enrolled at Diani Vocational Training Institute and have graduated with a certificate course in garment construction, 1 girl has completed a computer literacy course, 1 girl has been employed in a Salon and 20 girls returned to High School.</p>
16. Number of girls reached through mentorship sessions	50	563	<p>This activity was made possible by S.A.F.E's network of partners spread across health, finance and logistics sectors. They shared knowledge with</p>

			<p>the beneficiaries on their experiences, how they can access various opportunities in education, financing and employment and how they can build successful professions.</p> <p style="text-align: center;">Ukunda 80 - Plenary mentorship 144 - Community mentorship</p> <p style="text-align: center;">Mtwapa 84 - Plenary mentorship 255 - Community mentorship</p>
17. Number of successful referrals of AGYW to SRHR and GBV services	900	1,204	<p>This has been made possible for the collaboration between M.O.H., S.A.F.E and its consortium partners that has allowed them to access the referral book and track this data on a monthly basis</p> <p style="text-align: right;">Ukunda - 553 Mtwapa - 651</p>

4. Implication of the community, the beneficiaries and the local authorities

Instruction: In this part you can give all information related to the beneficiaries, the local authorities and the community. For example, you can talk about the selection of beneficiaries, the interest of the community towards the project, its implication, etc.

This section focuses on activities that were implemented in reporting period 4 that ran from December 2024 - June 2025.

Activities Summary

Screening activities

A total of 1,962 people were reached through screening activities: 1,622- Community screenings, 169- AGYW screenings, -64 during the parents screenings, and 107 - at the men and boys screenings. Of these, 785 were individuals from marginalized groups, specifically 413 AGYW, 366 young mothers, and 6 persons with disabilities (PWDs), These screenings created vital spaces for dialogue, learning, and reflection on sexual and reproductive health and rights (SRHR) and gender-based violence (GBV), helping diverse community members better understand and respond to the issues affecting them.

Community screenings

The community screenings created space for open dialogue on sexual and reproductive health and rights (SRHR), helping participants understand key issues and access essential services. A total of 2,224 people took part — 701 in Ukunda and 1523 in Mtwapa. Below is feedback shared by the participants in the post screening discussions on key topical issues:

Sexual and Reproductive Health

- Participants raised concerns about the lack of emphasis on SRHR education in schools. This was mentioned as one of the reasons for increasing cases of teenage pregnancies especially during the school holidays. These cases are also directly attributable to peer pressure and restricted access to contraceptives.
- Lack of psychosocial support for SGBV victims was mentioned as a major challenge and this leads to mental health challenges. This is further aggravated by stigma associated when they visit health facilities for support.

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- Family planning was also discussed and it emerged that there is a lack of information on contraception methods. The youth that access contraceptives at health facilities are subjected to stigma and there are cultural and religious barriers that prohibit their usage. Additionally, some of the participants shared that the youth are engaging in unprotected sex and this is contributing to increased cases of early pregnancy. Another key contributor against the use of contraception particularly for girls under 12 years of age is fear of fertility loss.

The proposed solutions to these issues were:

- Increased community based programs that create awareness on SRHR emphasizing prevention and treatment options, creation of youth friendly health facilities and open intergenerational dialogues on SRHR issues.
- For contraception comprehensive sexual education campaigns need to be carried out in the community to disseminate accurate information and this requires collaborative engagement by health care workers, community leaders and parents.

Gender based Violence (GBV)

Discussions revealed that gender-based violence (GBV) is common in households affected by alcohol and substance abuse. Many women and girls have been conditioned to tolerate such violence, resulting in numerous unreported cases and silent suffering. There is also a notable lack of support services for GBV survivors, including safe shelters, legal assistance, and counselling. Furthermore, screenings in Mwamanga village (Ukunda) highlighted a rise in physical violence linked to juvenile gangs, while health facilities in Mbuani and Gombato reported increasing cases of teenage pregnancies and child marriages.

The proposed solutions to this was to create awareness on gender equality from an early age and correct channels for reporting SGBV cases so as to increase gender justice. Additionally support systems for GBV victims should be strengthened.

182 community members accessed SRHR services during this activity, out of which 47 took condoms. There was a shortage of HIV test kits and the ones available were designated for mothers seeking antenatal care. The below table summarizes the outputs from both project sites:

Service	10-14yrs	15-19yrs	20-24yrs	25yrs>	Total
HIV screening and testing	0	12	15	10	37
Contraceptives	3	26	23	9	61
STI screening and testing	0	12	15	10	37
Condoms	0	16	17	14	47

Testimonials

"The screening session was an eye-opener for me. Before attending, I felt alone and ashamed about getting pregnant at 14 years. But hearing from other young mothers and facilitators helped me realize that I am not alone and that I can rise above the challenges. The discussions taught me about reproductive health, the importance of education, and how to plan for a brighter future despite setbacks. These sessions gave me practical tools, emotional support, and hope. I now have the confidence to pursue my goals while being a better parent. This experience has truly been a turning

point in my life."

Faith - Participant at Mwavitswa screening

"The film is good and offers very informative content for young people. Personally, I have gathered a wealth of information that will help me in educating my children and grandchildren. I began my own education in class one and continued to class seven without fully understanding what a girl's SRHR issues. However, today's children seem to learn about these things at an earlier age. It's important for parents to take responsibility and to start having conversations with their children."

Isaac Nyaga - Parent and participant at Mkwakwani screening

Conclusion

The positive feedback from participants indicates a growing understanding and interest in sexual reproductive health, although challenges persist. The open nature of this activity brought out the need to create a platform on intergenerational dialogue among different social groups in the community on SRHR issues which are culturally perceived as a taboo subject. This will not only empower women and youth to take charge of their sexual rights and advocate for their rights but will also encourage community leaders, parents and men to advocate for their sexual rights. Following the community screenings, different groups were engaged in specialist screenings to deepen the conversation, and realise the community solutions.

Targeted screening: Adolescent Girls and young women

This activity was organized in response to the feedback from the community screenings, and rising cases of gender-based violence (GBV), teenage pregnancies, and early marriages. Data from health facilities in Mtwapa showed 29 reported GBV cases between December 2024 and February 2025. Additionally, community screenings in Mwamanga village (Ukunda) revealed an increase in physical violence linked to juvenile gangs. Facilities in Mbuani and Gombato also reported a rise in teenage pregnancies and child marriages. A total of 169 AGYW were engaged.

Key issues discussed during post-screening dialogues:

- Participants learned about the importance of condom use in preventing HIV and sexually transmitted infections.
- They understood how contraceptives help avoid unplanned pregnancies that disrupt education and place financial pressure on girls and their families.
- Participants were given a safe space to communicate their experiences. They communicated that the most common forms of GBV reported included: Rape by stepfathers, often with mothers remaining silent, forced and early marriages without consent, mothers pushing daughters into transactional sex at local brew dens, older women engaging in sexual relationships with boys, sodomy and mistreatment of pregnant AGYW by health workers.

To address these concerns, S.A.F.E. invited the reproductive health and gender violence officers from Kilifi and Diani Sub-County to facilitate the sessions. They provided clear guidance on how to recognize GBV, the importance of reporting, and how victims can access services. Importantly, the below GBV reporting process were highlighted:

1. Victims must visit a facility ideally within 72 hours of an incident of GBV.
2. Victims should avoid bathing or urinating and bring the clothes they wore during the incident.
3. At the facility, victims will be provided with emergency contraceptives (ECP), HIV testing, and PEP to prevent HIV transmission.
4. Victims will undergo STI screening, wound treatment, and psychological support.
5. A medical report is sent to the police, where they receive an OB number and begin the legal process.
6. Participants mentioned that GBV victims need to be encouraged to scratch or bite attackers to leave behind physical evidence for DNA testing.

A proposed community-level solution to tackle rising gang violence was to organize intergenerational dialogues. These would allow community members to explore the root causes of gang behavior, discuss the role of parenting, and identify ways to reduce youth involvement in violence.

Below is a summary of service uptake during this activity:

Service	10 - 14 yrs	15 - 19 yrs	20 - 24 yrs	25yrs>	TOTAL
HTS (HIV testing)	0	32	18	1	51
Contraception		8	7	1	16
Condom distribution		1	2	1	4
					71

Additionally, the AGYW expressed a desire for greater support from both parents and male peers. They shared that open conversations with parents about sexual and reproductive health would help them make informed choices. They also highlighted the need for men and boys to respect their right to use contraception, and to offer emotional and financial support when seeking services at health facilities. These concerns were meaningfully addressed through the parents and men and boys screenings held during the reporting period, which created space for dialogue and understanding.

Parents Targeted screening

This activity focused on feedback shared by AGYW from the screenings done in the previous reporting period. They emphasized on the need for more support and open conversations with their parents about sexual and reproductive health and rights (SRHR) and gender-based violence (GBV). Many girls shared that they struggled to access services or report abuse due to fear, stigma, and lack of parental involvement. 64 participants were engaged, 40 - Ukunda and 24 - Mtwapa.

Key Findings

- Parents felt unprepared to talk to their children about SRHR due to cultural expectations that mothers speak to daughters and fathers to sons and lack of SRHR knowledge,
- Economic challenges (unemployment, underemployment) made it hard to provide for girls' health needs.
- Girls are often undervalued in families due to cultural norms that favor boys as future "protectors" or family representatives.

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- Many parents do not report cases of GBV against their children due to fear of stigma from the community, lack of awareness about how and where to report and concerns that reporting family members could cause conflict.
- GBV remains common and is often normalized due to cultural beliefs that justify violence by men and lack of trust in the justice system due to slow processes, high costs, and corruption.
- Fear of shame, especially in cases of incest, rape, or abuse against boys.

Solutions proposed by the parents:

- Build closer, more open relationships with children and include them in decision-making at home.
- Treat sons and daughters equally and support them in accessing their rights regardless of cultural biases.
- Actively seek out accurate information on SRHR to better educate and support children.
- Support daughters who become pregnant — instead of isolating them, guide them back to school or into employment.
- Learn about GBV reporting pathways and how to ensure justice for survivors.
- Promote male involvement in protection and supporting of girls, especially around GBV and SRHR.

Partners involved: Ministry of Health, Network for Adolescents and Youth of Africa (NAYA), Kwale County Department of Youth Affairs, Stawisha Pwani, and local youth champions.

Testimonials

“The film is very informative for young people. I’ve learned a lot that I can now use to guide my children and grandchildren. Parents need to take responsibility for having these conversations.”

Isaac Nyaga, Mkwakwani Screening Participant

“Uamuzi addresses crucial issues we face in the community — like teenage pregnancy, abortion, and HIV. It’s a powerful tool to help parents and communities make informed choices. Please organize more parent screenings.”

Riziki Abdhalla, Kilifi South Sub-County Children Officer

Conclusion

These screenings created a safe space for parents to explore and overcome the cultural, economic, and knowledge-based barriers that prevent open communication about sexual health. The intergenerational dialogue, in particular, helped bridge gaps between parents, youth, and men, laying the foundation for stronger community support for AGYW and better sexual and reproductive health outcomes.



Parents engaging in a group discussion during a screening at Kididima Village - Mtwapa

Targeted screening Men and Boys

This activity aimed to challenge men and boys to become allies of vulnerable girls by addressing key issues raised by AGYW, including the use of contraception and the need for emotional and financial support when accessing health services. In Ukunda, 40 participants were engaged, and in Mtwapa, 67 men and boys participated, including 11 persons with disabilities (PWDs).

Post-screening discussions revealed that:

- Many young men avoid using condoms due to beliefs that they reduce sexual pleasure, are not always available at health facilities, are expensive to purchase, and are discouraged by certain religious teachings.
- Many men also avoid visiting health facilities for SRHR services because of stigma, lack of awareness, fear of HIV results, or the belief that clinics are only for the sick or for women. Misconceptions around family planning were common, with some believing it promotes infidelity or causes infertility.
- Traditional beliefs also lead some men to value their mother's opinions over their partners.
- GBV is also linked to poverty, harmful cultural norms, and power struggles in relationships. Some boys reported being pressured into relationships with older women for financial reasons.

In addition to the above issues, participants discussed the growing trend of recording and sharing sex videos for money, social status, or validation. Facilitators emphasized this as a form of psychological GBV and outlined legal reporting procedures, the importance of consent, and the role of parents in guiding youth. Men also shared reasons for not accompanying partners to health facilities, including embarrassment over medical costs, mistrust in relationships, and judgmental behavior by some healthcare workers.

PWDs shared specific challenges in accessing health services: lack of interpreters for the deaf, physical inaccessibility of facilities, discrimination by staff and other patients, and weak leadership among PWD representatives, which has led to misallocation of resources like wheelchairs.

Proposed solutions included:

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- Creating more open discussion spaces on gender equality and menstrual health to promote male ally ship.
- Training health workers to offer respectful, youth-friendly services.
- Promoting abstinence and early SRHR education in schools.
- Encouraging parents to enroll boys in school to prevent exploitation or transactional relationships.
- Holding intergenerational dialogues to strengthen family support systems.
- Engaging positive male role models to speak out against GBV.
- Promoting the inclusion and empowerment of PWDs and expanding access to youth-friendly services.

Testimonials

"I have learned how to protect myself from sexually transmitted diseases, which I didn't know before. I'll use this information to educate my fellow youth and sisters."

Juma Juma, Participant, Magutu Village Screening

"The information from the 'Uamuzi' film was very compelling. Participants need to take it seriously. As partners, this was an opportunity to emphasize referral pathways and raise awareness about teenage pregnancies."

Paul Mwachio, Nurse-in-Charge, Mvinden Maternity Facility

Stakeholders involved: Ministry of Health, NAYA, Kwale County Youth Department, Stawisha Pwani, Kwetu Training, SHOFCO, VSO Jitolee, and local youth champions.

Peer Support Sessions

Peer support sessions are run by the ambassadors who are trained through the project, these sessions happen continuously throughout the month. S.A.F.E. and its partners observed that peer support sessions are a vital platform for AGYW and community members to share, learn, and empower each other. These sessions have fostered open conversations on SRHR and GBV, encouraging participants to make informed choices about their health and futures.

Following suggestions raised during the parents and men and boys screenings, S.A.F.E. intentionally included parents, boys and men in these sessions. This approach has strengthened intergenerational dialogue and shifted understanding around key issues. Boys and men now have a clearer grasp of family planning, how to support their partners when accessing health services, and the impact of gender-based violence. At the same time, parents have deepened their understanding of SRHR and GBV and are now better positioned to support their daughters, including guiding them in seeking justice in cases of sexual and gender-based violence.

In this final year, S.A.F.E. introduced additional focus areas—economic empowerment and mental health. Economic empowerment sessions included financial literacy and business development training. The AGYW were provided with mentorship support from Imarika Sacco, Post Bank, and KCB Foundation staff. The mental health sessions covered overcoming fear, building self-confidence, and developing self-esteem. These sessions helped GBV survivors accept their experiences and begin their journey toward economic independence. This was supported by Growth bridge counselling and coaching.

Between June 2024 and June 2025, the ambassadors reached an impressive 3,332 individuals. Additionally, young men have also been incorporated and there is a reach of 202 (6% of the total beneficiaries reached) which is commendable. Below are the numbers of AGYW, ABYM and parents directly reached during peer-to-peer sessions.

Social Group	Out of School Youth	Single mothers	Young widows	PWD'S	Girls in school	Boys in school	Boys out of school	Parents	Total
Project Area									
Ukunda	571	426	49	38	415	141	125	117	1,882
Mtwapa	581	533	17	13	696	259	177	0	2,276
Total	1,152	959	66	51	1,111	400	302	117	4,158

Additionally, out of 4158 participants, 611 individuals have successfully accessed vital sexual and reproductive health services.

Testimonials

“Being part of the peer education program has been a life-changing experience for me. I have learnt a lot about my own health and also to support others in my community. We discussed real issues that affect girls on a daily basis such as teenage pregnancy and gender based violence, and it made me realize how important it is to speak up. Now, I’m passionate about advocating for our rights and ensuring that every girl has access to the information she needs.”

Ruth - Participant at Mtomondoni Village peer support network



Peer to peer session at Mtomondoni scheme - Mtwapa

5. Encountered difficulties / negative outcomes

Instruction: In this part, you can talk about the difficulties you have encountered and how you manage to overcome them. If you have noticed unforeseen negative outcomes linked to the implementation of the project, explain them in this part

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S.A.F.E. and its implementing partners encountered several significant challenges in their efforts to deliver vital health and support services. One of the most pressing issues was the shortage of essential commodities in health facilities such as HIV Testing Service (HTS) kits, condoms, and family planning supplies which severely limited the provision of comprehensive care.

Another critical gap was the lack of accessible information and support systems for survivors of gender-based violence (GBV). Gatekeepers—individuals responsible for offering initial support—were often ill-equipped to assist, and the feedback mechanisms within relevant government departments were inadequate. This left many survivors feeling voiceless and without recourse.

Inclusion was also hindered by the absence of sign language interpreters in both health facilities and community engagements. For individuals who are deaf or hard of hearing, this created a significant barrier to accessing information and participating in health discussions.

Cultural dynamics further complicated efforts. In many community spaces, men were often dominant in conversations, which limited opportunities for women to express their views and experiences—particularly in health-related decision-making.

In Ukunda, where the project was implemented, security concerns added yet another layer of complexity, especially when conducting community activities.

Despite these challenges, S.A.F.E.'s commitment to inclusive, community-led solutions remained strong. The team worked closely with the Ministry of Health, the Sub - County nurse, and the Sub - County STIs and AIDS coordinator to source essential supplies from nearby facilities and counties. In partnership with the GBV Coordinator, the Department of Health, the Children's Department, and the Gender Desk at the Police Department, S.A.F.E. convened a key stakeholder meeting. This led to improved awareness and a renewed commitment to sharing timely feedback on GBV cases, including information on both survivors and perpetrators from court processes.

To promote inclusivity, S.A.F.E. also introduced sign language interpreters during screening sessions. These sessions—held with men, boys, parents, and adolescent girls and young women (AGYW)—focused on the role of families and communities in preventing violence. Participants discussed the protective role of mothers, the importance of supportive fathers, and the effects of violence on boys involved in gangs. A collective commitment was made to safeguard one another and ensure that boys, men, and parents actively raise their voices to protect girls and prevent violence.

5. Positive outcomes

Instruction: In this part you can talk about the first positive outcomes of the project.

Below are the highlights of this reporting period:

1. 6,460 people reached with information on sexual and reproductive health and rights (SRHR). Activities included:
 - Film screenings – 2,302 participant
 - Peer support sessions – 4,158 participants, including 3,440 marginalized individuals (persons with disabilities, widows, girls out of school and single mothers)
2. As a result of these interventions,611 adolescent girls and young women (AGYW) were referred to health facilities and accessed services:

Healthcare service	Family Planning	HIV Testing	STI Screening	Sex and Gender Based Violence	Antenatal care	TOTAL
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		Services				
Ukunda	153	86	27	7	16	289
Mtwapa	188	74	49	11	0	322
TOTAL	341	160	76	18	16	611

- Contraceptives – 341
- HIV testing and services (HTS) – 160
- STI screening and testing – 76
- Antenatal care – 16
- GBV support services – 18

In addition, 88 boys and young men accessed condoms from health facilities after participating in peer sessions.

3. 43 AGYW who were engaged in mentorship sessions have benefited from economic empowerment opportunities as follows: 18 adolescent girls and young women (AGYW) have started small businesses. Among these, 8 went through entrepreneurship skills training sponsored by KCB Foundation and 6 have started poultry farming. 3 AGYW enrolled at Diani Vocational Training Institute and have graduated with a certificate course in garment construction, 1 girl has completed a computer literacy course, 1 girl has been employed in a Salon and 20 girls returned to High School.
4. S.A.F.E. helped build the skills and abilities of the CBOs it worked with. Advocate CBO was able to show the *Uamuzi* film in areas outside the PISCCA project area in Mtwapa. They reached and influenced 425 more people in Kilifi County by sharing messages from the film and raising awareness about sexual and reproductive health.

Communities were challenged to look at their attitudes towards GBV, questioning cultural norms.

In Ukunda, the percentage of respondents in the parents screening agreeing that it is never justifiable to hit a woman rose from 46% to 74%, and In Mtwapa, this rose from 59% to 76%. For the Boys & Men Screening, this rose from 40% to 70% in Mtwapa and from 54% to 59% in Ukunda. Additionally, in Ukunda there were increases in the number of respondents who stated that they would report GBV cases to the authorities. In the parents' screenings - this rose from 65% to 85% and in the Men and Boys screenings, this rose from 59% - 77%. In the Parents screenings in Mtwapa, this rose from 53% - 71%.

These M&E findings are supported by data from the referral tool, which shows that 29 women reported cases of GBV to the authorities. This is a rise from 11 cases reported by women in the previous period which suggests that people in the community are becoming more aware of GBV and are starting to speak out.

6. Other information

Instruction: In this part you can give any other information you wish to share

S.A.F.E. also continued to build stronger relationships with its partners, which is important for the long-term success of the project. These partnerships will help keep the mental health and economic empowerment activities going even after the project ends.

Conclusion

S.A.F.E. 's Uamuzi project over the last two years has significantly closed the gap between health and gender based violence services in both Mtwapa and Ukunda. This has been achieved through the use

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of powerful storytelling to break down taboos around sex and gain community buy in for girls rights. Impact highlights here are:

- A 5–10% increase in those who acknowledged the importance of condom use during sex
- Up to a 23% rise in those who identified condoms as the most effective method of pregnancy prevention
- A 19% increase in respondents who cited contraception as the best way to avoid pregnancy
- A 20% increase in parents supporting SRHR access for girls aged 9–10
- A 16% increase in support for SRHR access for girls aged 13–15

This then led the way for successful referrals for 1,204 girls and young women to the services they need. Partnerships with Local CBOs and health centres have allowed ongoing support for these vulnerable girls and young women - support that will last long beyond the project's lifespan. Additional economic empowerment activities have then given girls the opportunity to thrive. As a result, 18 AGYW have launched small businesses and 23 have enrolled in adult education. These experiences not only support their path toward financial independence but also reduce their risk of GBV. Furthermore, 202 boys and 161 parents participated in peer support sessions—an essential step in building allies among men and families for vulnerable girls and women.

The intergenerational dialogue platforms introduced during the peer-to-peer sessions have been successful. They helped parents and men of all ages understand the SRHR challenges facing adolescent girls and young women (AGYW). These conversations also encouraged them to work together to find solutions that will enable them to support women's health and rights more effectively.

Case Study

My name is Tina Samuel. I am 15 years old and live in Mikanjuni village in Mtwapa. I was raised by a single mother in a low-income household. Since 2021, my uncle—my father's brother—had been abusing me. My class teacher at Mtomodoni Primary School noticed that I was withdrawn and that my body was changing.

When she spoke to me, I opened up. She accompanied me to Mtwapa Health Center in February 2024, where I was tested and found to be pregnant. With the support of my teacher and a nurse, we filed a report at Mtwapa Police Station. My uncle was arrested and later jailed, which gave me some sense of justice. However, I faced deep emotional trauma and stigma at school. I dropped out in March 2024, five months into my pregnancy.

In the same month, I attended a *Uamuzi* community screening in Mikanjuni village. Soon after, I began attending monthly peer support sessions. These helped me heal emotionally, build my self-esteem, and receive guidance from the S.A.F.E. and Advocate teams. I gave birth to a baby girl in May 2024. At first, I struggled to bond with her, but over time I have learned to manage these emotions.

In January 2025, I returned to school. I continue to attend peer sessions and visit Mtwapa Health Center. I am deeply grateful to my teacher, the Mtwapa medical team, and the staff at S.A.F.E. and Advocate for supporting me through the most difficult time of my life.



Tina Samuel (In green dress) during a peer to peer session at Mikanjuni village

