Situational Analysis on Sexual Reproductive Health and Rights for Female/Male In and Out of school from ages 9-25 years in Matuga Sub-County (Kwale).

Photograph of in school girls during FGDs (Courtesy of MTG's Data, M&E Team)

MOVING THE GOALPOSTS (MTG)

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Table of Contents

Abbreviations iv

Acknowledgement v

Executive Summary vi

1.0 Background 1

1.1 Introduction 1

2.0 Purpose of the Survey 1

2.1 Objectives of the Survey 2

2.2 The Target Area 3

2.3 Target group 3

3.0 Methodology 4

3.1 Method and Design 4

3.2 Data Collection 4

3.3 Data Collection Instruments 4

3.4 Data Entry, Cleaning and Analysis 5

3.5 Ethical Consideration 5

3.5 Limitation of the study 6

4.0 Survey Findings 7

4.1 Socio-Demographic Character of the Population 7

4.1.1 Age Groups 7

4.1.2 Sex of the Respondents 8

4.1.3 Level of Education 8

4.1.4 Marital Status 8

4.1.5 Number of Children 8

4.2 Knowledge on HIV and AIDS, STIs 9

4.3 Knowledge on Family planning 10

4.4 Sources of Sexual Reproductive Health Rights Information 11

4.5 Health Facilities 12

4.5.1 Availability and Accessibility 12

4.5.2 Ownership and Operation of Health Facilities 13

4.5.3 Organizations Providing Sexual Reproductive Health Services 14

4.5.4 Services Available in Health Facilities 17
4.6 Knowledge on Contraceptives 18
4.7 Attitude, Norms and Perceptions 20
5.0 Conclusion and Recommendations 22
6.0 Reference 24
Annexes 1

Table 1: Data Collection Instruments. 4
Table 2: Socio-Demographic character of the target population 7
Table 3: Knowledge on HIV/AIDS and STIs 9
Table 4: Knowledge on Family Planning. 10
Table 5: Relationship between Availability and Accessibility of Health Facilities 12
Table 6: Indicating Ownership of Health Facilities in Matuga 13
Table 7: Organizations Providing SRHRs in Matuga 14
Table 8: Relationship between Contraceptives and place to be accessed 19
Table 9: Attitude, Norms, and Beliefs 20

Abbreviations

A.I.D.S – Acquired Immune Deficiency Syndrome

A.R.V – Anti-Retro Viral Drugs

CBO- Community Based Organization

CCC- Comprehensive Care Center

CHOs- Community Health Officers

CHVs- Community Health Volunteers

FGDs – Focus Group Discussions

H.I.V – Human Immuno-Deficiency Virus.

IUD- Intrauterine Device

KIIs – Key Informant Interview

KUPPET- Kenya Union of Post Primary Education Teachers

MTG – Moving The Goalposts

NGO- Non-Governmental Organization

PPFA- Planned Parenthood Federation of America

SPSS- Statistical Packages for Social Sciences

SRHRs – Sexual Reproductive Health Rights

STIs- Sexually Transmitted Infections

TV- Television

VCT – Voluntary Counseling and Testing

YPP- Youth Peer Providers

Acknowledgement

The Consultant wishes to take this opportunity to thank Moving The Goalposts (MTG) team in charge of this project for their support. I appreciate the support from Janet Motah and Gregory Kirimi for their insight and support towards delivering the assignment.

I wish to recognize the contributions of Jane Mangale and Grace Kache for their role in facilitating the focus group discussions (FGDs) for female participants. The data clerks who took their time and endured the rains and difficult terrains to administer questionnaires to respondents. (Names See Annex)

Special appreciation to all the participants who voluntarily accepted to participate in the focus group discussions and took their time to answer the questions. Their contributions were most valued as right holders and it's my hope that the findings of this survey will guide MTG in creating programs and projects that will improve the status of their SRHRs situation.

I further wish to acknowledge the management of MTG, who not only considered my candidature to undertake the exercise but also offered overwhelming support in making this exercise a success.

To all whom I have not mentioned by name please accept my humble apology and my heartfelt appreciation.

Thank you!

Jared N Ontita- Consultant

Executive Summary

While assessing the reproductive health rights of the adolescent and the youth one is drawn to the fact that, reproductive health care must be responsive to expressed needs of the consumers, individuals and/or communities, have both rights and responsibilities in promoting their own health and development.[1] As young people pass through puberty and adolescence, new health concerns arise which impact on their sexual and reproductive health.[2] It is estimated that 3 percent of the youth ages 15-24 are HIV positive. Young women in this age group are more vulnerable to HIV infection than men of the same age.[3] Despite these challenges, many young people in need of sexual reproductive health (SRH) services are embarrassed to seek services because of fear of being seen or their information being shared with family members.[4]

Informed by the above development MTG commissioned a survey aimed at assessing sexual reproductive health and rights situation in Matuga, Kwale County so as to provide an analysis on evidence-based, relevant, and practical recommendations for the implementation of the PPFA[5] project. The PPFA project overall goal is to strengthen the capacity of the organization to provide integrated SRH information and services to adolescents and youth and increase access to and use of SRH information and services through use of innovative approaches among adolescents and youth through engaging the communities to provide an enabling environment for Youth Peer Providers (YPP) and strengthen the girls' and young mothers SRHR knowledge and skills in Kwale County.

Kwale like many counties in Kenya is facing challenges, health services delivery is poor mainly due to inadequate health workers in the health facilities. Currently the 73 health facilities comprising of 3 district hospitals, 5 health centers and 65 dispensaries are manned by only 612 staff both medical and non-medical.[6] In 2015, Kwale County contributed to 2% of the total new HIV infections in Kenya among both the children

[1] Ministry of Health, Republic of Kenya. *National Reproductive Health Policy.* Government of Kenya. (2007) Pg. 14
[2] Ministry Of Health, Division of Reproductive Health. The national guidelines for youth friendly service in Kenya (2007) pg. 7
[3] The National Council for Population and Development. Sessional Paper No. 3 of 2012 on National Population Policy for Sustainable Development pg. 24
[4] Sexual and Reproductive Health and Rights Alliance. Policy Brief on youth friendly services. www.srhralliance.or.ke
[5] Planned Parenthood Federation of America.
[6] County Government of Kwale. First County Integrated Development Plan pg 39 2013.

adults.[7] Adolescents aged 10-19 years and young people aged 15-24 years contributed to 25% and 47% of all new HIV infections in the County respectively.[8] Compared to 2013 the County recorded a substantive increase of 112% in the number of new HIV infections among children aged below 15 years and an increase of 71% among adults aged 15 years and above.[9]

The survey found that the knowledge on HIV & AIDS and STIs among the adolescent and the youth is high across the different age groups and sex. Notably was the attitude towards the persons infected, the respondents understood that an infected person can lead a positive and healthy life by use of medication and maintaining a healthy sexual life. The respondents were well aware of STIs types and symptoms. There was knowledge that these infections can be treated by visiting the nearby health facilities in their areas.

The finding on knowledge on contraceptives suggest that majority of the adolescent and youth are aware of Condoms and injectable among the modern contraceptives methods. There was a divided opinion on the use of the contraceptives among the respondents and also the community members especially on usage by the adolescent and the youths. This was attributed to religious beliefs and practices.

Despite the above, the finding on the community attitude on the sharing of information on SRHRs to the adolescent was warm. They stated that it's imperative that the adolescent and youths require training so that they can be in a position to make informed choices. Stakeholders like teachers suggested the infusing of sexual reproductive health education within different subjects under the syllabus instead of introduction of sex education as a stand-alone.

The survey found out that the government is the major provider of SRHRs information and services in Matuga sub-county. Majority stated that they seek services in dispensaries which are more accessible within the communities and they're affordable. Notwithstanding the above, there was a clear gap on service providers especially the private and Non-governmental organizations' absence in the region. This gave room to the traditional practitioners to fill these gaps accompanied by challenges of the quality of

[7] Kenya HIV County Profile 2016 Published by National AIDS Control Council pg 94
[8] Ibid
[9] Ibid

services and information received from them. Also notable from the findings is the county government policy which states that all the dispensaries of level 2 and below to remain closed in public holidays and weekends.

Findings indicated that adolescent and the youths get information on SRHRs from guardians/parents and teachers, Health facilities as compared to forums, social media and mass media. This can be attributed to the fact that the adolescent and youth interact more with the above mentioned groups. It also indicated the low penetration of smartphones in the region especially due to age and their financial muscle to own a media to access social media and mass media information. This gives a clear indication of the best way to reach to these target groups in Matuga has to consider where they get most of their information about SRHRs from.

Recommendations

The above findings gives way to recommendation with innovative approaches towards the adolescents and youth while engaging the communities in the provision on SRHRs information and services. There is need to consider religious aspects i.e. Islam and Christians and traditions of the people as an entry point in any recommendation if you want it to succeed.[10] Informed by this sentiment the following are the recommendations.

Knowledge on HIV & AIDS and STIs

Recommendation:

- Develop a comprehensive In and Out of school based sexual education on HIV and AIDS and STIs.

Approaches

I. Use the already relationship built with key teachers who the school going adolescent and youth have identified to deliver the learning in a manner that can be monitored by MTG overtime.

II. Initiate an adolescent and youth friendly corner in the health facilities within the county to share the knowledge in coordination with county government and other partners in the community.

[10] Ramadhan Ali. Deputy Head Teacher Matuga Primary School on 1st May 2018 1100hrs

Knowledge on Family Planning Contraceptives Methods

Recommendation:

- Use the already available platforms in health facilities to educate the community, young mothers and the adolescent.
- Engage traditional birth attendants to encourage young mothers to give birth in health facilities

Approaches

I. Initiate community clinics in collaboration with religious leaders, elders whom MTG has already made contacts as an entry point.
II. Infuse training during the soccer league to target the adolescent and youth.
III. Out of school clinics targeting the young mothers as a special unit.
IV. Train traditional birth attendants on the need to give birth in health facilities so that they can encourage and accompany young mothers during delivery.

SRHRs Partners and Services Providers

Recommendation:

- Carry out a comprehensive capacity assessment (SWOT) to find out avenues to engage partners and SRHRs service providers.
- Initiative advocacy against the policy of closing of Level 2 dispensaries on holidays and weekends

Approaches

I. Involve other partners in MTG activities to reach more adolescent and youth.
II. Consider resource mobilizing together on SRHRs targeting the adolescent and youth.
III. Capacity building to some members of CBOs working in the area on best practices in delivering SRHRs services
IV. Directly engage the Health Department of Kwale County to work on strategy to maintain the dispensaries are open at least half a day on weekend and holidays.

1.0 Background

Moving The Goalposts (MTG) is a community-based organization that has been in existence since 2002. Since inception, MTG has been recognized for its exemplary work in sports for development using football to reach out to over six thousand girls in rural and urban areas of Kilifi and Kwale Counties. The girls and young women aged between 9-25 years old participate in MTG's football tournaments and ongoing leagues that are youth-led and include girls' advocates who promote healthy sexual choices, financial independence and female leadership in the community. Through playing football, MTG girls have discovered their confidence and value themselves as strong capable young women.

1.1 Introduction

Through funding from Planned Parenthood Federation of America (PPFA) MTG has been implementing a project that aims at increasing access to sexual reproductive health information and services using innovative and integrated approaches amongst adolescences and youth in Kilifi and Kwale Counties, Kenya. With the new strategic plan 2016- 2020 MTG is focused in increasing access to and utilization of Sexual and Reproductive Health among adolescents and youth in Kwale County. These aims at contributing towards the reduction of maternal morbidity and mortality resulting from unplanned pregnancies and unsafe abortion. During the last 6 years, MTG has reached over 60,000 adolescents and youth with SRHR information and services as evidenced by various surveys conducted over time.

2.0 Purpose of the Survey

The broad purpose of the survey is to assess Sexual Reproductive Health and Rights situation in Kwale County so as to provide analysis on evidence-based, relevant, and practical recommendations for the implementation of the PPFA project. This assignment will inform the development of lasting solutions to specific needs of the target group, female youth In and out of school between the ages of 9 and 25years.

The findings of the survey will inform overall implementation of the project;

1. To strengthen the capacity of the organization to provide integrated SRH information and services to adolescents and youth at MTG and the entire community.
2. Increase access to and use of SRH information and services through use of innovative approaches among adolescents and youth in Kilifi and Kwale Counties.
3. Engage the communities to provide an enabling environment for Youth Peer Providers (YPP) and strengthen the girls' and young mothers SRHR knowledge and skills 'in Kilifi and Kwale Counties.

2.1 Objectives of the Survey

Through the above objectives of this survey the following will be used as inquiry areas to be able to internalize the situation in Kwale County.

- Establish the norms, values, attitudes, beliefs and community practices in relation to adolescent sexual and reproductive health in Kwale County.
- Access to knowledge about modern contraceptives and services related to sexual reproductive health and rights among the youth and adolescent in Kwale County.
- Mapping of health facilities and partners providing youth friendly services and their roles in ensuring adolescent and youth receive sexual reproductive health and rights information and services within Kwale County.
- Challenges faced by organizations providing sexual reproductive health services to youth and adolescent in Kwale County.
- Recommend the most effective ways of promoting adolescent sexual and reproductive health in view of the survey findings

2.2 The Target Area

The target area for this situational analysis survey was Matuga Sub-county in Kwale County. The survey covered the following administrative units in Matuga; Tsimba Golini, Waa, Tiwi, Kubo South and Mkongani wards. This units are illustrated in the Figure 1 below.

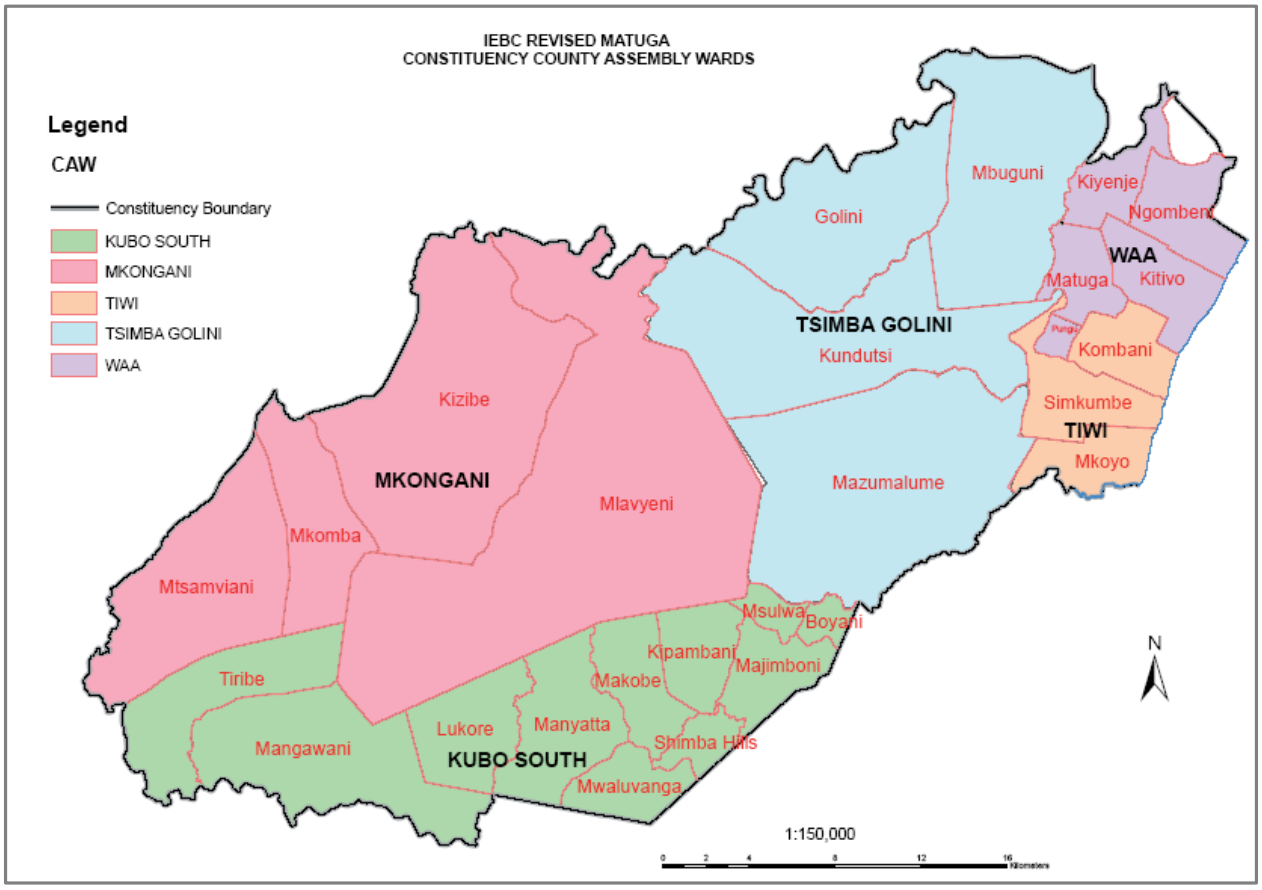

Figure 1: Matuga Sub County Map, Courtesy of IEBC.

2.3 Target group

The survey targeted both male and female adolescent and youth, in and out of school, young women between the ages of 9 and 25 years. The survey further targeted teachers, parents and guardians, community leaders, opinion leaders like chiefs and sub chiefs, religious leaders, health officers, youth leaders and non-governmental organizations providing SRHR services in the target area. The above group is considered critical in the efficient campaign towards sustaining SRHRs and services in the communities.

3.0 Methodology

3.1 Method and Design

Participatory methodologies were used to conduct the survey in order to fully address the areas of inquiry which were established by the objectives of the survey. The mixed method involved collection of both quantitative and qualitative data from various stakeholders. In order to facilitate their participation different data collection instruments were applied to different respondents in consideration of the quality of data to be collected. Hence, broad tools and methodologies used entailed basic features of quantitative and qualitative design, with tools ranging from document reviews, questionnaire surveys, key informant interviews and focus group discussions. The information from each of these data sources was triangulated using different analytical tools to provide for study validity and generalizations.

3.2 Data Collection

10 data clerks were locally recruited for the survey. The data clerks assumed the role of interviewers. All the interviewers were female high school graduates who had a good grasp of Swahili. This was by design since the target group of the survey were mostly female and the target area's medium of communication is Swahili. The tasks of the interviewers were to administer the household questionnaires. The focus group discussions for the female in and out of school were facilitated by two female research assistants with close guidance and supervision by the team lead.

The training of the data clerks took two days (see *Figure 2*). During the training, the survey team evaluated the questions on the tools and provided feedback that improved the questions in view of the target area. The team also translated the household questionnaire into Swahili to facilitate easy administering to the target group since the target region's most commonly used and well understood language is Swahili.

3.3 Data Collection Instruments

Data Collection Instruments	Target Groups
Household questionnaires	In and out of School adolescent and youth
Key Informant Interviews	Health officers, opinion leaders, religious leaders, gatekeepers, Partners, government officer
Focus Group Discussions	In and out of school adolescents and youth, young mothers, Community/Parents and guardians
Observation	General Facilities and infrastructures Behaviors

Table 1: Data Collection Instruments.

Figure 2: Photograph of Data Clerk Training. (Credit MTG Data, M&E Team)

3.4 Data Entry, Cleaning and Analysis

Data from the household questionnaire was first entered into an excel sheet. The data was cross checked in reference to the raw data to ensure that errors were avoided. The data was cleaned and transferred to SPSS for analysis. Focus Group Discussions and Key Informant interviews were recorded via digital voice recorders and used to refine and support the findings of the survey.

3.5 Ethical Consideration

Informed consent was granted by the interviewee in the form of a signed consent form. Each of the questionnaires issued had a consent form cover page that detailed the purpose of the Survey, and interviewees were informed that they were free to opt in to fill the questionnaire.

For children consent was sought from parents/ Guardians and those in school the teachers where available to monitor the survey. To ensure confidentiality of the data collected, no respondents' name or other personal identifiers were included in reports from this study. For those quoted permission was sought and recorded in the audio recorder.

3.5 Limitation of the study

The survey was supposed to be conducted in all the 5 wards of Matuga Sub County. However it was conducted in three of the five. The team selected the wards which would be easily accessed within a short period of time. The survey had a target sample size of 383 persons though it was only able to reach 298 persons due to logistical challenges, the frequent raining which made it difficult for clerks to move from one village to the other in order conduct the interviews. The other challenge was timing of survey fell on the Ramadan[11] calendar owing to the fact that Kwale County is predominantly a Muslim region. In one particular area (Yonda) the data clerks were not welcomed despite early notification to the respective community leaders.

There was a challenge in reaching one of the target group. The adolescent of age 15-19 years who were mostly in secondary schools which are boarding and others in schools outside the county.

[11] Arabic Ramaḍān, in Islam, the ninth month of the Muslim calendar and the holy month of fasting. It begins and ends with the appearance of the new moon

4.0 Survey Findings

4.1 Socio-Demographic Character of the Population

	All Ages	9-14 years	15-19 years	19-25 years
Sample Size	**N= 298**			
Sex				
Male	102(*34.2%*)	26	35	41
Female	175(*58.7%*)	73	51	51
Missing	21(*7.1%*)			
Marital Status				
Married	64(*21.5%*)	0	6	58
Single	213(*71.5%*)	105	77	31
Widowed	6(*2.0%*)	0	2	4
Separated	2(*0.7%*)	0	1	1
Missing	13(*4.3%*)			
Level of Education				
Primary	217(*72.8%*)	101	68	48
Secondary	44(*14.8%*)	0	13	31
Tertiary/Higher	4(*1.3%*)	0	1	3
University	1(*0.4%*)	0	0	1
Madrassa	3(*1%*)	0	2	1
None	15(*5%*)	2	3	10
Missing	14(*4.7%*)			
Number of Children				
None	218(*73.2%*)	104	78	36
One	27(*9%*)	0	6	21
Two	10(*3.4%*)	0	1	9
Three	13(*4.4%*)	0	0	13
More than three	15(*5%*)	0	0	15
Missing	15(*5%*)			

Table 2: Socio-Demographic character of the target population

4.1.1 Age Groups

The survey had a focus of ages between 9 – 25 years. The median age of the target population is 17 years. The Table 2 above presents the distribution of respondents by demographic characteristics categorized by age.

4.1.2 Sex of the Respondents

Majority of the target population as per the survey were female. The number of female respondent was n=175 representing 57.8% of the total target population of N=298 (100%) while that of their male counterpart was n=102 (34.2%). This pattern is maintained steadily across the different age groups. The female respondents are more than their male counterpart in all the age groups. This is by design since the survey focused heavily on the female in and out of school and young mothers from the age of 9-25 years. Nonetheless, for purposes of comparison and bench marking the survey also targeted the male in the same target areas.

4.1.3 Level of Education

Findings from the survey indicate that a majority of the target population represented by 72.8% are in primary school. This number decreases steadily as the level of education rises an indicator of transitioning from one level of education to the other as the findings revealed. 14.8% are in secondary school, 1.3% in tertiary/higher education, 1% noted their level of education to be Madrassa, 0.4% university with 5% recording that they have no education. These figures are an indication of the literacy level within the county which are still low.[12] The Table 2 above illustrates further statistics on the distribution per level of education among the target respondents.

4.1.4 Marital Status

Majority of the respondent were single apart from the last age group of (19-25) where majority of the respondent stated that they're married. 71.5% of the target respondents were single when the survey took place 21.5% were married, 2.0% were windowed, 0.7% separated while 4.3% never indicated their status.

4.1.5 Number of Children

Majority of the Target population represented by 73.2% reported that they have no children, they belong to the 9-14 &15-19 age groups apart from a few cases. 9% indicated they have one child, 3.4% indicated two children, 4.4% indicated three children while 5% indicated they have more than three children. The findings show an increase in age brackets is directly proportional to the number of children among the targeted respondents.

General observation of the socio-demographic data indicates that the survey was able to capture more of the adolescent female as compared to the young mothers by indication of the number of children & marital status. Also the survey lacked the teenage in

[12] Mackenzie John Tuki. KUPPET Executive Secretary Kwale County; Key Informant Interview on 31st May 2018

secondary school indicated by the level of education since most are in primary level. This can be attributed to the timing of the survey in relation to the school calendar.

4.2 Knowledge on HIV and AIDS, STIs

	Missing	YES		No		Don't Know	
		Male	Female	Male	Female	Male	Female
Can a health looking person be HIV positive?	3.7%(11)	27.5%(82)	43%(128)	7.7%(23)	15.4%(46)	0.3%(1)	2.3%(7)
Can you prevent the spread and infection of HIV/AIDs/STDIs by using Condoms safely?	3.7%(11)	23.2%(69)	35.2%(105)	8.4%(25)	16.1%(48)	4%(12)	9.4%(28)
Can you contract HIV/AIDS/STI by sharing food?	3.7%(11)	5%(15)	9.7%(29)	28.5%(85)	48.7%(145)	2%(6)	2.3%(7)
Can the spread of HIV/AIDS/STIs be prevented by being faithful to uninfected person?	4.7%(14)	21.8%(65)	36.2%(108)	9.7%(29)	19.1%(57)	3.4%(10)	5%(15)
Can you contract HIV/AIDS/STIs by sharing cloths with infected person?	4%(12)	6.7%(20)	14.1%(42)	25.2%(75)	41.6%(124)	3.4%(10)	5%(15)

Table 3: Knowledge on HIV/AIDS and STIs

The findings of the survey on the knowledge on HIV and AIDs and Sexually transmitted infections was high across the different sex as illustrated in Table 3 above. This was supported during the FGDs for both in and out of school adolescent and youths where the respondent where asked to name some of the STIs they are aware of; Gonorrhea Syphilis and Chancroid appeared to be the commonly known.

The respondents further stated that the STIs are treated at the dispensaries if one notices the symptoms and seeks medical attention. They also stated that incase one is tested and found to be HIV positive, he/she can lead a normal life by using ARVs and keeping a healthy diet to avoid diseases which fight the immunity and also prevent the spread of the virus to others.

The above is a clear indicator that the respondent are knowledgeable on HIV and AIDs and STIs.

4.3 Knowledge on Family planning

	Missing	YES		No		Don't Know	
		Male	Female	Male	Female	Male	Female
Does the use of a condom prevents early/unwanted pregnancies?	3.7%(11)	28.9%(86)	40.3%(120)	5%(15)	9.7%(29)	1.7%(5)	10.7%(32)
Can a sexual active person use pills to prevent pregnancy?	4%(12)	22.8%(68)	32.2%(96)	6%(18)	18.1%(54)	6.4%(19)	10.4%(31)
Does the use of emergency pill immediately after sexual intercourse assist in preventing pregnancy?	4%(12)	17.4%(52)	26.5%(79)	10.4%(31)	20.8%(62)	7.7%(23)	13.1%(39)

Table 4: Knowledge on Family Planning.

Table 3: Knowledge of Family Planning

The findings of the survey is that majority of the respondents were aware of family planning and use of contraceptives. However, the figures among the female respondents indicated a low level of knowledge on family planning. Table 4 above supports the assertions especially on the (don't know) choice of answer which is increasing in percentile from one question to the other on family planning. If you combine the respondent who answered with (No), the indication is that majority of the respondents are not aware on family planning in the target area.

The kids need to be sensitized, especially the sexually active ones. These kids have a need and society is not willing to talk about it openly. This leaves them vulnerable to counterfeit family planning pills which are sold in chemist[13].

The above statements together with the findings from the above Table 4 is a clear indication that there is a different in understanding between safe and pleasurable sexual life. The adolescent and youths need only not be taught about safe sex and for gore the need for it being pleasurable as the right based need. This can only be done when they're sensitized of different family planning methods and they make an informed choice.

[13] Sabina Saiti, Key Informant Interview.

4.4 Sources of Sexual Reproductive Health Rights Information

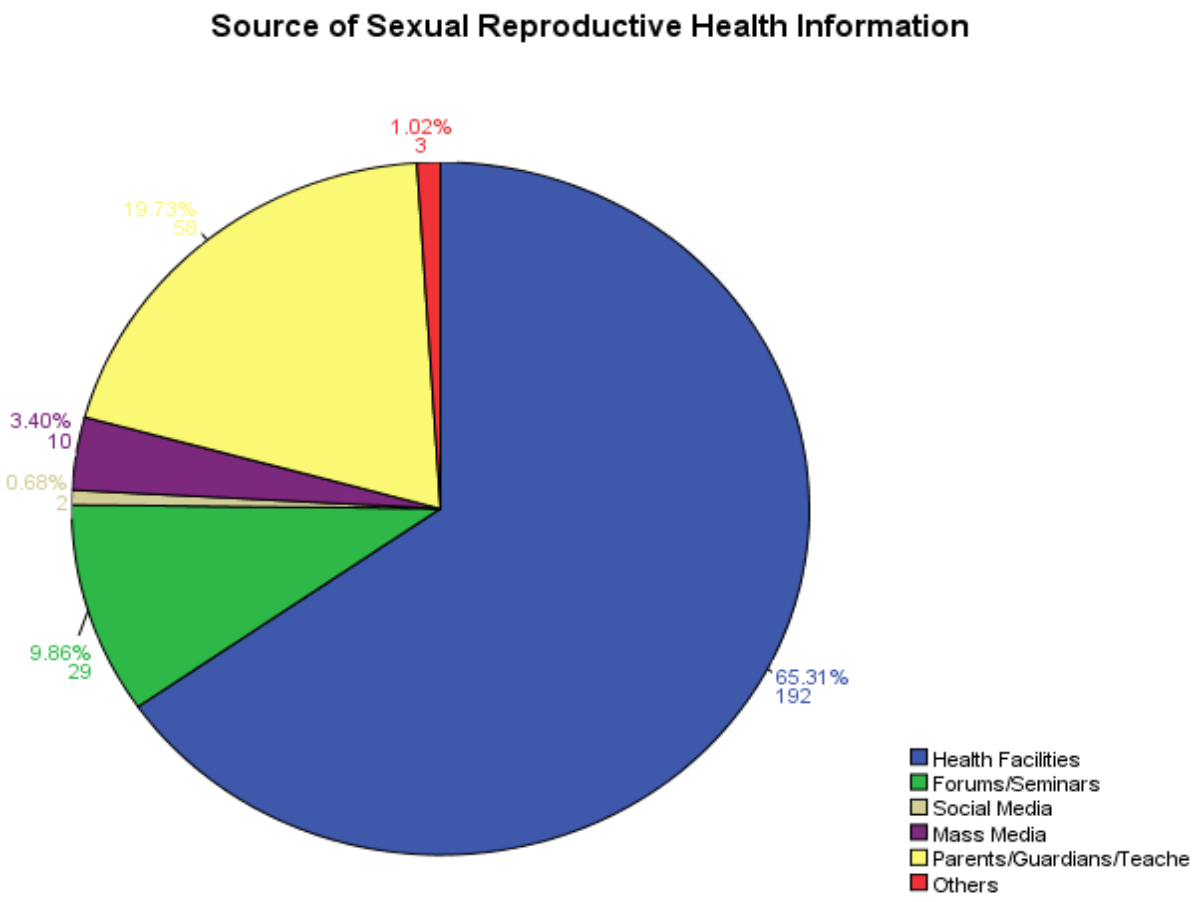

Figure 3: Sources of SRHRS among the adolescent and Youth

We sought to know where the adolescent and youth get information on SRHRs from, 65.31% of the respondents stated that they get information from health facilities, 19.73% from parents/guardians and teachers, 9.86 forums and seminars, 3.4% mass media (TV radio and print), 0.68% from social media while 1.02% of those who stated they got information from other sources mentioned friends.

Findings about seminars and forums indicated that the region has had limited campaigns targeting the adolescent and the youth. Those we interviewed in FGDs stated that MTG is the only consistent organization organizing such others come once in a while.

The above information is an indication that media platforms are not common in the region and the low level of information sought via social media is an indication of the low penetration of smartphones in the region among adolescent and youths. On the other hand majority got information from health facilities and their parents/guardians and teachers who spend more time with the adolescent and youth either in school or at home.

4.5 Health Facilities

Relationship between Availability and Accessibility of Health Facilities

			Accessibility			
			Very Accessible	Moderate	Not accessible	Total
Available Facilities	Hospital	Count	74	3	2	79
		% within how accessible are these facilities?	28.8%	16.7%	13.3%	27.2%
	Dispensary	Count	181	13	11	205
		% within how accessible are these facilities?	70.4%	72.2%	73.3%	70.7%
	Health center	Count	2	2	2	6
		% within how accessible are these facilities?	0.8%	11.1%	13.3%	2.1%
Total		Count	257	18	15	290
		% within how accessible are these facilities?	100.0%	100.0%	100.0%	100.0%

Table 5: Relationship between Availability and Accessibility of Health Facilities

4.5.1 Availability and Accessibility

The findings on availability and accessibility of the health facilities in the areas show that a higher number of the respondents stated that Dispensaries are more and very accessible by 70.4% as compared to Hospitals at 28.8% and Health centers at 0.8%

This is an indication that most of the SRHRs in the target area are sought in dispensaries. During a KII with the sub county health officer we noted that despite the availability of these dispensaries all of level 2 are closed during public holidays and weekends.[14] The same was repeated by another key informant.

"It's a county government policy to close all the level 2 dispensaries on public holiday and the weekends."[15]

[14] Ndupha, Hannah K. Health Officer Matuga Sub County KII on 31st May 2018
[15] Said, Ali. Assistant chief Kundustsi, Tsimba location on 1st June 2018 1400hrs

"These dispensaries close on weekends and the distance to kwale referral hospital is far. Like this week there is a public holiday which means that they will remain closed for three days. Yes they're here but if they're not operation they are of no good."[16]

The above assentation then question the administration of services irrespective of the availability and accessibility of the health facilities in the target area of the survey.

Figure 4: Photo of Matuga level 2 Dispensary.

4.5.2 Ownership and Operation of Health Facilities

Facilities owned and operated

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Government	278	93.3	95.5	95.5
	Private Entities	10	3.4	3.4	99.0
	Others(specify)	3	1.0	1.0	100.0
	Total	291	97.7	100.0	
Missing	System	7	2.3		
Total		298	100.0		

Table 6: Indicating Ownership of Health Facilities in Matuga

[16] Participant in the Male parents/Guardians at Vyongwani area on 2nd June 2018

We sought to find out about the ownership and operation of the health facilities in these areas. Findings indicate an overwhelming 95.5% of the health facilities are owned and operated by government. 3.4% are private owned while 1% stated others specified their response as ***"Kungwi"***[17]**.**

4.5.3 Organizations Providing Sexual Reproductive Health Services

Organization	Focus area	Region
Zainab Foundation	Sports and GBVs	Tsimba Golini
Vyongwani Community based organization(Vywocuta)	Family planning, entrepreneurship	Vyongwani
Juhudi Kwale Self Help Group	HIV/AIDS testing counseling, Fight against Stigma	Kwale Township
Kwale Art Troops	Awareness on HIV/AIDS/STIs	Matuga area
Kwale Welfare and Education Association	Education and Menstrual Hygiene	Whole of Kwale
For Kenya	HIV/AIDs, Family Planning and contraceptives	Whole of Kwale
Plan International	SRHRs	Whole of Kwale

Table 7: Organizations Providing SRHRs in Matuga

The Mapping of organizations providing SRHRs in the region appeared to be a challenge especially for the young ones who could not be in a position to give clear details. However, during the FGDs and KIIs with gatekeepers, a few names came up. The residents stated that there are few organizations in comparison to the geographical size of Matuga.

An opportunity to interview some of the members of such organizations within the region stated that they face numerous challenges in running their organizations and SRHRs in the target area.

Some of the challenges faced by the organizations;

1. Funding (shift)
2. Capacity of the staffs on SRHRs
3. Staff Retention
4. Board interference in term of focus areas.

[17] Traditional teacher of sexuality and other related subjects of pleasurable sexual intercourse.

Due to the above challenges, the information reaching the adolescent and youth is sometimes not accurate. For those in the urban areas, they have smart phones and get information from social media while those in the rural usually depend on friends for such information on SRHRs.

The findings in Table 6 indicate a gap especially by the private and Non-profit making organizations providers of this services and commodities in the target area. This then leaves a gap to the traditional birth attendants and doctors to fill the vacuum by taking up the role of educating the adolescent and youth.

"The young mothers still don't give birth in the hospitals since they claim attendants' abuse and mishandle them, they prefer traditional birth attendants who give them attention. We have planned trainings focusing on traditional birth attendants due to that reason. All the CHVs are assisting in sensitization and education of these birth attendants."[18]

When we go to get tested in the health facilities the attendants ask why we need testing and we're young, those attendants are not secretive, the whole community will know if you're pregnant or infected, so girls use local medicine (Miti Shamba) to abort and avoid being the shame of the community[19].

The above is an indication that the health facilities are not as friendly to the young mothers especially due to societal norms about early pregnancies. The attendants also play a role especially due to the way they're dealing with their patients. This impends on the rights of the young mothers to accessing services in an environment which upholds highest standards where an emergencies can be addressed adequately.

Example of a center which got more mentions as unfriendly is the Comprehensive Care Centre (CCC) at Kwale. From the KIIs conducted respondents' mentions that the team is very unprofessional in the way they handle their patients and private information.

[18] Mwanakombo Mkono. Community Health worker and Woman leader/Coordinator Matuga Sub county CDF.
[19] Binti Jumwa. FGDs Participant for female In school at Vinuni Primary school.

At the entrance of the CCC there is a VCT, the workers there react shocked when they get a young person coming to get tested as if the young are not sexually active and the message spreads among the young who avoid visiting the Centre.[20]

The CCC is not adolescent and youth friendly, first they ask a lot of questions while persons want to know their status. Question like where you come from and you partners which push away the young people. In some cases they tell of your status around which is very unprofessional.[21]

The above raises questions of quality of services despite the services being available especially for the adolescent and youth who are sidelines on SRHRs.

[20] Zainab Chitsangi. Founder Zainab Foundation, Key informant interview.
[21] Sabina Saiti. KII service provider in Kwale.

4.5.4 Services Available in Health Facilities

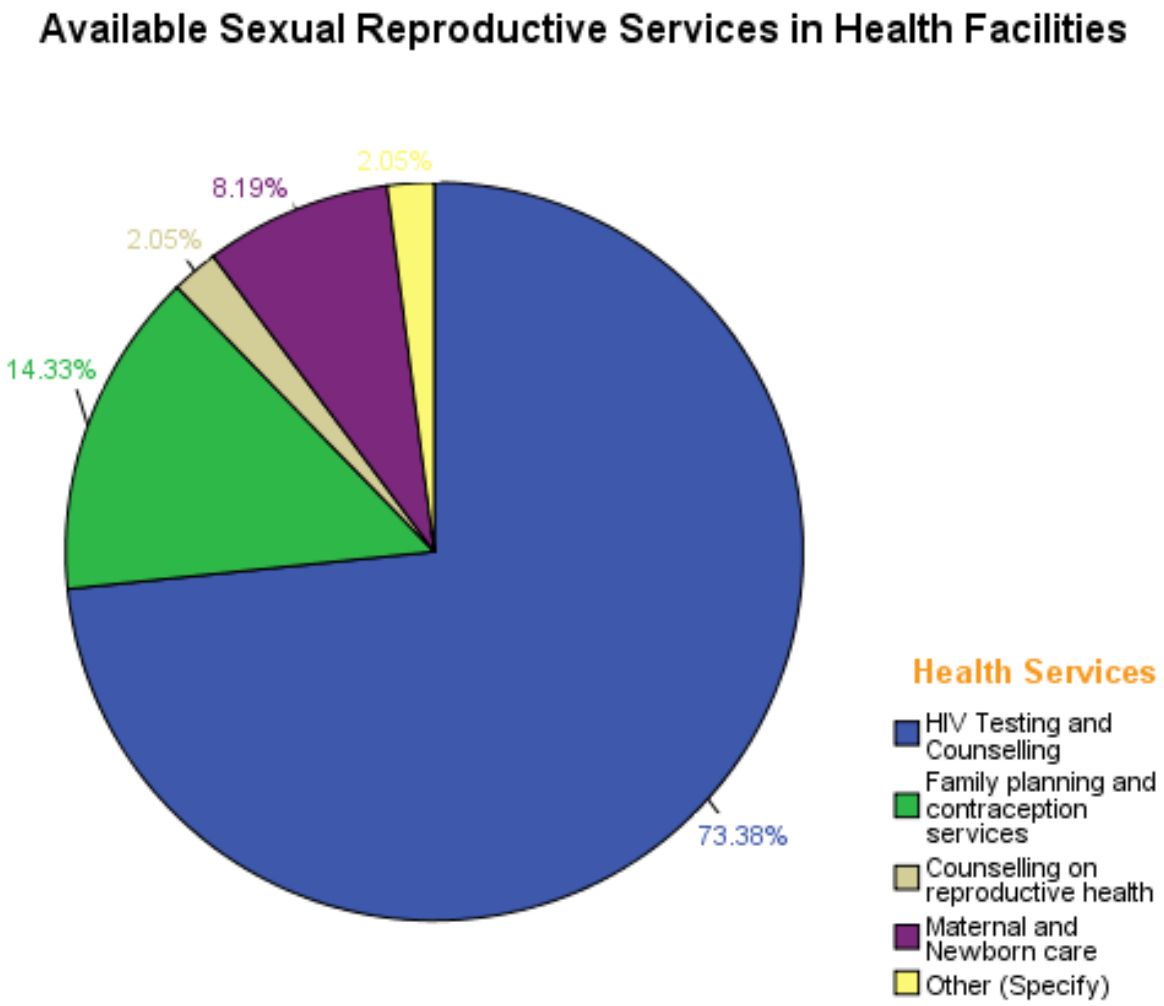

Figure 5: SRHRs Services Available in Health facilities in Matuga

According to the adolescent and youths the following health services are available in the health facilities. Majority of the respondent which accounts for about 73.38% stated that HIV testing and counseling's is available, Family planning and contraceptives follows with 14.33%, while maternal and newborn care at 8.19%. On the far end counseling on reproductive health and other services accounted for 2.05% each.

The above can be supported as an attribute of the out of school FGDs where the respondents said that they had gone and sought HIV and AIDs testing and counseling.

After which they were also able to collect condoms from the dispenser outside the hospital. The condoms are provided for free at the dispensary.

"The challenges we face is that no shops are selling condoms and when the condoms dispenser empties it takes time to refill.[22]"

4.6 Knowledge on Contraceptives

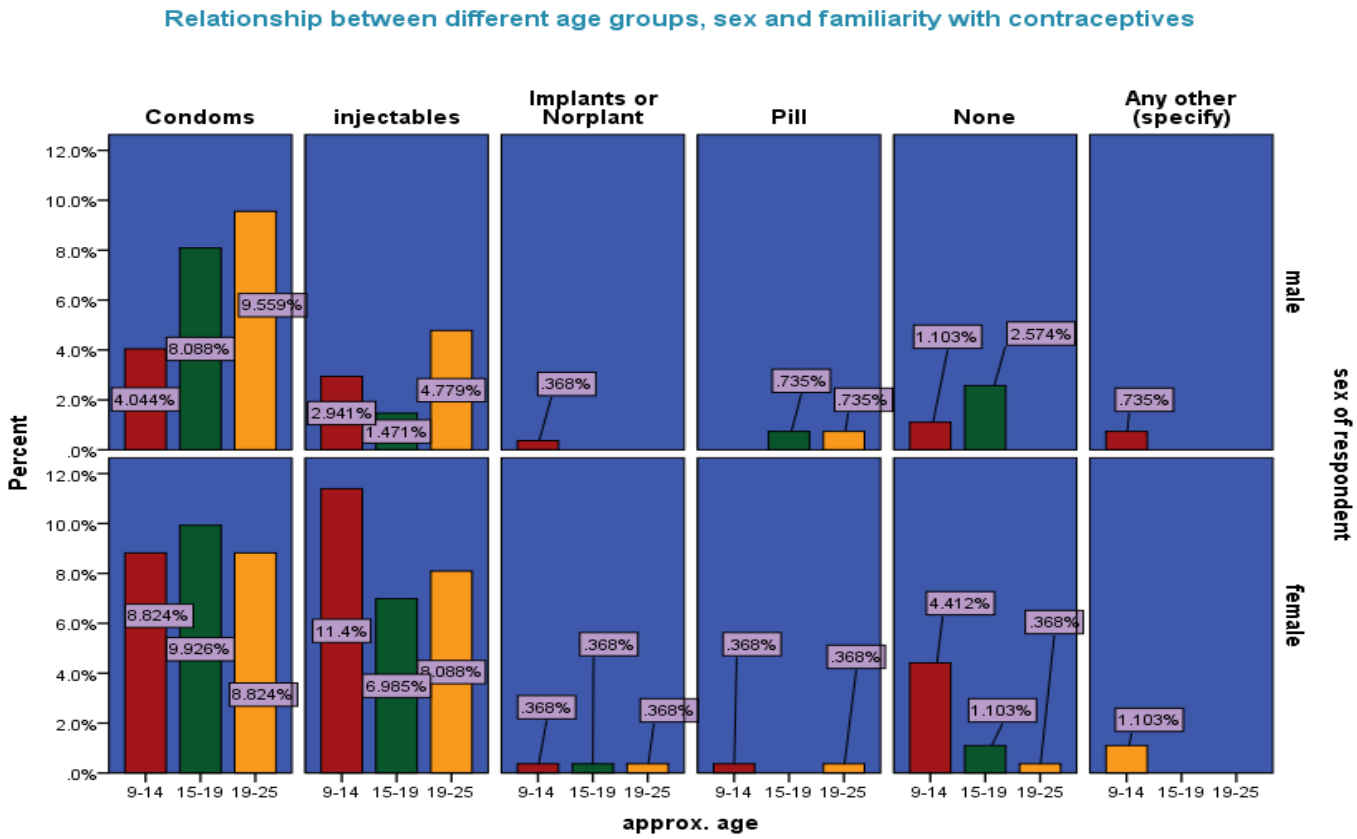

Figure 6: Relationship between Sex of respondents and Contraceptives against age groups

We sought to know what contraceptive method the target group were aware of across the different age groups against their sex. Cumulatively per a contraceptive method 49.1% of the respondent stated that they're aware of condoms. 34.5% injectable, 1.4% implants/Norplant, 2% pills, 11.3% recorded none while 1.8% recorded others. Specific responses on the "others" option were withdrawal, abstinence and vasectomy across the different age groups.

[22] Respondent during out of school male FGDs in Vywongwani Area

It is also important to note that the awareness of condoms among the males displays an increasing percentage from the younger to the older age group as compared to their female counterparts whose knowledge of the above is almost evenly distributed across the age groups. On the injectable the reverse is true as indicated in Figure 6 above. Generally we can conclude that the adolescent and youth are mostly aware of condom and injectable as compared to the other contraceptives methods, this may be attributed to lack of information and their availability in this case.

Relationship between Contraceptive Method and Place of Access

			Place Accessed		
			Public Health facilities	Shops/Chemist	Total
Contraceptives method	Condoms	Count	64	0	64
		% within where these services can be accessed	24.3%	0.0%	24.1%
	Injectable	Count	154	3	157
		% within where these services can be accessed	58.6%	100.0%	59.0%
	Implants or Norplant	Count	18	0	18
		% within where these services can be accessed	6.8%	0.0%	6.8%
	Pill	Count	26	0	26
		% within where these services can be accessed	9.9%	0.0%	9.8%
	Intrauterine device (IUD)	Count	1	0	1
		% within where these services can be accessed	0.4%	0.0%	0.4%
Total		Count	263	3	266
		% within where can these services be accessed	100.0%	100.0%	100.0%

Table 8: Relationship between Contraceptives and place to be accessed

The study found out that majority of the SRHRs and services are found in public health facilities. As per the findings, 58.6% of respondents accessed Injectable in Health Facilities followed by Condoms 24.3%, Pills 9.9%, and Implants/Norplant 6.8% while Intrauterine devices (IUD) was at 0.4%. On the modern contraceptives only n=3 respondents stated that they sought for the injectable contraceptive in a chemist. The figures also indicated

that common modern contraceptive like condoms and pills are not sold at the shops in the villages of the target areas.

4.7 Attitude, Norms and Perceptions

Attitude and Perception on Sexual Reproductive Health Rights and Services

	Missing	Male		Female	
		Yes	No	Yes	No
In your community are adolescent and youth allowed to seek sexual reproductive health rights information and services?	5%(15)	31.2%(93)	4.0%(12)	45.3%(135)	14.4%(43)
Do you think its okay for someone to use some force or pressure to engage in sexual intercourse?	5%(15)	7.4%(22)	27.9%(83)	7%(21)	52.7%(157)
Does your religious background allow sharing and accessing information on sexual reproductive health rights?	5.4%(16)	27.2%(81)	7.7%(23)	47.7%(142)	12%(36)
Do you think adolescent and youth need any information about sexuality before marriage?	5%(15)	23.2%(69)	12%(36)	36.2%(108)	23.5%(70)
Is it acceptable in your community for young people to engage in sex when they are not married?	5%(15)	6%(18)	29.2%(87)	8.4%(25)	51.3%(153)
Is it acceptable in your community for adolescent and youth to use contraceptives?	5%(15)	18.1%(54)	17.1%(51)	21.5%(64)	38.3%(114)

Table 9: Attitude, Norms, and Beliefs

While assessing the attitude and perception of the respondents regarding sexual reproductive health rights and services. On whether the community allows the adolescent and youth to seek SRHRs and services 45.3% of female respondent and 31.2% of male agreed that the community encourages them to seek SRHRs and services while 14% of female and 4% of male disagreed. Generally the communities in Matuga have embraced that the adolescent and youth also need the SRHRs and services

We sought to assess on the use of force or pressure to engage in sexual intercourse, 52.7% of the female respondent disagreed together with 27.9% of their male counterparts. On the contrary 7% of female and 7.4% of male agreed that the use of force in acceptable. This is an indicator that majority (80.6%) of the respondent believe in consensual sex while they're a few who are of the opinion that use of force in acceptable.

As per religious practices and beliefs allowing sharing and access to information on SRHRs, 47.7% of female and 27.2% of male agree that their religious beliefs and practices allow sharing and accessing information Making it a majority of 74.9% of the respondent while 19.7% of female and male respondent believe that their religious practices and believes prohibits the sharing and accessing of SRHRs information.

The survey sought to know whether the adolescent and youth need information on sexuality before marriage, 36.2% of female and 23.2% of male think the adolescent and youth need knowledge on sexuality before marriage while 23.5% and 12% respectively are of the contrary.

"In Madrassa, we have "fikh" and "khalaqi" modules which talk about cleanness, health and sexuality according to the Quran. These teachings prepares the young boys and girls on the expected body changes and how to adopt.[23]"

Despite majority of the respondent welcoming the idea that the adolescent and youth need to be informed about sexuality the glaring numbers of those that disagree is to be noted. This can be interpreted that it's a norm to talk about sexuality in the target area of study still despite some improvements on awareness of the community, the adolescent and the youth specifically.

The study found out that it's a taboo for the adolescent and youth to engage in sex before marriage. 51.3% of female and 29.2% male respondents says that it's not acceptable while 8.4% of female and 6% of the male believe that it's acceptable in their community for adolescent and youth to engage in sex before marriage. While the society deem it unacceptable to engage in sex before marriage the study found out that 21.5% of female and 18.1% of male say it's acceptable for adolescent and youth to use contraceptives while 38.3% of female and 17.1% of male say that it is not acceptable.

Data in Table 9 above indicates an agreement that sex before marriage is not acceptable. Nonetheless, the choice on the use of contraceptives among the adolescent and youth is almost evenly distributed. Finally we can generalize from the findings that there is a divided opinion between the male and female respondents on whether it is acceptable in the community for the adolescents and youths to use modern contraceptives.

[23] Sheik. Pore Suleiman Karama. KII Tsimba Golini ward on 31st May 2018 1430Hrs.

5.0 Conclusion and Recommendations

The above findings gives way to recommendation with innovative approaches towards the adolescents and youth while engaging the communities in the provision on SRHRs information and services. There is need to consider religious aspects i.e. Islam and Christians and traditions of the people as an entry point in any recommendation if you want it to succeed.[24] Informed by this sentiment the following are the recommendations.

Knowledge on HIV & AIDS and STIs

Recommendation:

- Develop a comprehensive In and Out of school based sexual education on HIV and AIDS and STIs.

Approaches

I. Use the already relationship built with key teachers who the school going adolescent and youth have identified to deliver the learning in a manner that can be monitored by MTG overtime.

II. Initiate an adolescent and youth friendly corner in the health facilities within the county to share the knowledge in coordination with county government and other partners in the community.

Knowledge on Family Planning Contraceptives Methods

Recommendation:

- Use the already available platforms in health facilities to educate the community, young mothers and the adolescent.
- Engage traditional birth attendants to encourage young mothers to give birth in health facilities

Approaches

I. Initiate community clinics in collaboration with religious leaders, elders whom MTG has already made contacts as an entry point.

II. Infuse training during the soccer league to target the adolescent and youth.

III. Out of school clinics targeting the young mothers as a special unit.

IV. Train traditional birth attendants on the need to give birth in health facilities so that they can encourage and accompany young mothers during delivery.

[24] Ramadhan Ali. Deputy Head Teacher Matuga Primary School on 1st May 2018 1100hrs

SRHRs Partners and Services Providers

Recommendation:

- Carry out a comprehensive capacity assessment (SWOT) to find out avenues of engaging.
- Initiative advocacy against the policy of closing of Level 2 dispensaries on holidays and weekends

Approaches

I. Involve other partners in MTG activities to reach more adolescent and youth.
II. Consider resource mobilizing together on SRHRs targeting the adolescent and youth.
III. Capacity building to some members of CBOs working in the area on best practices in delivering SRHRs services
IV. Directly engage the Health Department of Kwale County to work on strategy to maintain the dispensaries are open at least half day on weekend and holidays.

Attitude/Norms and Practice

Recommendation:

- Increase the number of gatekeepers in the communities to assist in behaviour change in conservative communities. (Coalition of Change)
- Formation of a SRHRs technical working group involving all the CSOs and County government to push for SRHRs issues in the county.

Approaches

I. Recruitment of CHVs and CHWs, Traditional birth attendant and Kungwi as part of gatekeepers.
II. Train the above team to afford sending contradictory message to community members of Family planning, HIV/AIDS and STIs.

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Annexes

Key Informant Interview Respondents

NO:	Names	Designation	Location
1	Ramadhan Ali	Deputy Head Teacher	Matuga Primary School
2	Sabina Saiti	CEO (Kwea)	Kwale
3	Said Ali Tsozi	Assistant Chief	Kundutsi
4	Karama S. Pore	Sheik	Tshiba
5	Zainab Chitsangi	Youth Leader	Golini
6	Hannah k. Ndupha	MoH/CPHO	Kwale
7	Mwanakombo Mkono	Woman Leader/CHV	Kombani
8	Mackenzie John Tuki	Executive Secretary (KUPPET)	Kwale

Focus Group Discussions Female In school			
NO:	Names	Age	Location
1	Bidala Abdhala	17 years	Matuga Primary School
2	Bibi Abdhala	17 years	
3	Mradi Juma	16 years	
4	Mejumaa juma	16 years	
5	Umazi Abdhala	17 years	
6	Mwanamisi Barari	16 years	
7	Meswalene Ali	16 years	
8	Mwanaisha Hassan	16 years	
1	Fatuma Abdallah Beya		Vinuni Primary school
2	Fatuma rama Mwawema		”
3	Hawaa Omari Mwakwambirizwa		”
4	Binti Bakari Tenguri		”
5	Halima Abdallah Mwaramudzi		”
6	Hanifa Mohammed Mwalomba		”
7	Mwanajuma Rashid Mzee		”
8	Mwanamvua salimu Mwaramutu		”
9	Fatuma Hamisi Chimeke		”
10	Bint Juma Chizi		”
Focus Group Discussions Male in School			
1	Mwinyi Juma Kongo		Vinuni Primary School
2	Hamisi Suleiman Pesa		
3	Athumani Bakari Mwnzanzale		
4	Abdallah Rashid Mrizi		
5	Mbaraka Tumaini Kea		”
6	Swalehe Mwalomba Rashid		”

1	Kamole Bakari Mahu		Matuga Primary School
2	Said Juma Mwachella		”
3	Shaban Hamadi Kalazi		”
4	Babuhija Mwinyihaji		”
5	Bakari Abdalla Mwadiga		”
6	Munga Chigamba Gwama		”
7	Said Athuman Yeya		”
8	Juma Rashid Takasi		”
Male out of school Vyongwani Area			
1	Said Maboga		Vyongwani
2	Hamisi Yawa		”
3	Hassan Mwakuwasha		”
4	Rama Moyo Zani		”
5	Hamisi Hamadi Mbwera		”
6	Athmani Mwachufhi		”
Focus Group Parents/Guardians/Community			
1	Myumaa Bakari		Mwangaza
2	Chizi Mangale		”
3	Mwanamkasi Ali		”
4	Mishi Ali		”
5	Mwanarajab Said		”
6	Mbegu Malembi		”
7	Mwanaidi Suleimani		”
8	Mjimbo Hassan Randani		Vyongwani
9	Ali Hassan Randani		”
10	Juma Hamisi Mwakanzo		”

PPFA TOOL 004

Household Questionnaire:

On assessing Sexual Reproductive Health and Rights situation in Kwale County with emphasis to female youth In and out of school between the ages of 9 and 25 years.

Date:			
	Codes		
Sub-County		**Start Time**	
Ward		**Finish Time**	
Household Number			

SECTION A: RESPONDENT BIO-DATA {*Let us talk briefly about yourself*}

i: Name of Respondent (Optional)	
ii: Sex of Respondent	1=M 2=F 3=Other_____
iii: Approximate Age in Years	**1**=9-14 **2**=15-19 **3**= 19-25
iv: Marital Status of Respondent	**1**=Married **2**=Single **3**=Widowed **4**= Separated **5**=Other (Specify)
v: How many children do you have?	**1**=None **2**=one **3**=Two **4**=Three **5**=more than three
v: Level of Education	**1**=None **2**=Primary **3**=Secondary **4**=Tertiary/ Higher **5**=University **6**=Madrassa **7**=Other

SECTION B: Knowledge on Sexual Reproductive Health Rights

B1. What is your understanding on sexual reproductive health rights?

……
……
……
……

B2. What are the norms, believes and community practices in relation to sexual reproductive health rights?

……
……
……
……

B3. How do you think about the statements listed below in relation to HIV/AIDS and STIs?

		YES	No	Don't Know
1	Can a health looking person be HIV positive?			
2	Can you prevent the spread and infection of HIV/AIDs/STDIs by using Condoms safely?			
3	Can you contract HIV/AIDS/STI by sharing food?			
4	Can the spread of HIV/AIDS/STIs be prevented by being faithful to uninfected person?			
5	Can you contract HIV/AIDS/STIs by sharing cloths with infected person?			

B3. Family Planning

{Kuhusu Upangaji wa Uzazi, tafadhali chagua sentensi sahihi?}

		YES	No	Don't Know
1	Does the use of condom prevent unwanted pregnancies?			
2	Can a sexually active person use pills to prevent pregnancy?			
3	Is the use of pill after rape useful?			

B4. Where did you learn about the sexual reproductive health information listed above?

{Ulipata wapi mafundisho hayo?}

1. Health Facilities ☐
2. Forums/Seminars ☐
3. Social media ☐
4. Mass media (TV, Radio, Newspaper) ☐
5. Parents/Guardians/ Teacher(counselors) ☐

Section C: Sexual Reproductive Health Facilities

C1. Does your area have a health facility?

1. Yes ☐ 2. No ☐

C2. If Yes, which facilities are available

Hospital	
Dispensary	
Health Center	
One stop youth center	
Any other (Specify)	

C3. If yes, who operates these centers, are they; {*Tick on appropriate box*}

S.NO	Owned & operated by;	
1	The Government	
2	Private Entities	
3	Non-profit making organization	
4.	Any other (Specify)	

C4. How accessible are these facilities?

1. Very Accessible ☐ 2. Moderate ☐ 3. Not accessible ☐

C5. Which services are being offered by the facilities mentioned above?

{*Tick as many as possible*}

S.NO	SERVICES	
1	HIV Testing and Counselling	
2	Family planning and contraception services	
3	Counselling on reproductive health	
4	Maternal and Newborn care	
5	Others (Specify)	

C6. Are these facilities youth friendly?

1. Yes ☐ 2.No ☐ 3. I don't Know ☐

C7. Do you think these facilities observe privacy while providing their services?

1. Yes ☐ 2. No ☐ 3. I don't know ☐

Section D: Knowledge on Contraceptives

D1. What is your understanding on contraceptives?

……

……

……..

D2. Which modern methods of contraceptives are you familiar with? {*Tick as Many as possible}*

No	Contraceptives	Tick
1.	Condoms	
2.	Injectable	
3.	Implants or Norplant	
4.	Pill	
5.	Intrauterine device (IUD)	
6.	Male & female sterilization	
7	None	
8	Any other (specify)	

D3. Which among the methods are used most within your community? {*Tick only One*}

No	Contraceptives	Tick
1.	Condoms	
2.	Injectable	
3.	Implants or Norplant	
4.	Pill	
5.	Intrauterine device (IUD)	
6.	Male & female sterilization	
7.	Other (Specify)	

D4. Where can these services be accessed within this area?

1. Public Health facilities ☐
2. Shops/Chemist ☐
3. Non-governmental organizations ☐
4. Other (Specify)……..

Section E: Attitudes and perception on Sexual reproductive health rights

E1. In your community, are adolescent and youth allowed to seek sexual reproductive health rights information and services?

1. Yes ☐ 2. No ☐

E2. Do you think it is okay for someone to use some force or pressure if his/her partner refuses to engage in sexual intercourse?

1. Yes ☐ 2. No ☐

E3. Does your religious background allow sharing and accessing information on sexual reproductive health rights?

1. Yes ☐ 2. No ☐

E4. Do you think adolescent and youth need any information about sexuality before marriage?

1. Yes ☐ 2. No ☐

E5. Is it acceptable in your community for young people to engage in sexual intercourse when they are not married?

1. Yes ☐ 2. No ☐

E6. Is it acceptable in your community for adolescent and youth to use contraceptives?

1. Yes ☐ 2. No ☐

THANK YOU

Data Clerks

1. Mariam Samini
2. Rose Mariga
3. Fathma Omar
5. Amina Fondo
6. Fatuma Baya
7. Mapenzi Changawa
8. Glory Gali
9. Victoria Rehema
10. Neema Karisa
11. Mariam Suleiman