



SOLUTIONS FOR SUPPORTING HEALTHY ADOLESCENTS AND RIGHTS PROTECTION(SHARP) PROJECT

SUCCESS BOOKLET

NOV 2025- APRIL 2025



LIST OF ABBREVIATIONS

ANC – Antenatal Care
APCINE – Agency for Peace, Communication and Information Network
ASAL – Arid and Semi-Arid Lands
ASRH – Adolescent Sexual and Reproductive Health
AtMP – Access to Medicines Platform
AUDA-NEPAD – African Union Development Agency–New Partnership for Africa’s Development
AYSRH – Adolescent and Youth Sexual and Reproductive Health
CBO – Community-Based Organization
CHMT – County Health Management Team
COCs – Combined Oral Contraceptives
CSO – Civil Society Organization
CSW70 – Commission on the Status of Women
EAC – East African Community
ECPS – Emergency Contraceptive Pills
FBO – Faith-Based Organization
FGDs – Focus Group Discussions
FGM – Female Genital Mutilation
GBV – Gender-Based Violence
IEC – Information, Education and Communication
IMNCH – International Maternal, Newborn and Child Health
KBC – Kenya Broadcasting Corporation
KEMSA – Kenya Medical Supplies Authority
KMTC – Kenya Medical Training College
MOH – Ministry of Health
MOU – Memorandum of Understanding
MSE – Multi-Stakeholder Engagement
NEAPACOH – Network of African Parliamentary Committees of Health
NGEC – National Gender and Equality Commission
NSA – Non-State Actor
PPDRO – Partners in Population and Development Regional Office
PWDs – Persons with Disabilities
REC – Regional Economic Community
RMNCAH – Reproductive, Maternal, Newborn, Child and Adolescent Health
SGBV – Sexual and Gender-Based Violence
SHA – Social Health Authority
SHARP – Solutions for Supporting Healthy Adolescents and Rights Protection
SOA – Sexual Offences Act
SRH – Sexual and Reproductive Health
SRHR – Sexual and Reproductive Health and Rights
TOR – Terms of Reference
TWG – Technical Working Group
UNHROHC – United Nations Human Rights Office of the High Commissioner
WHO – World Health Organization

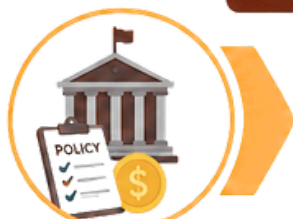
PROGRAM OVERVIEW

SHARP: Solutions for Supporting Healthy Adolescents and Rights Protection was a four-year programme, funded by the European Union between March 2022 to April 2026. It was implemented in 6 countries of the Great Lakes Region i.e. Kenya, Burundi, Zambia, Rwanda, DR Congo and Tanzania. The project brought together experts in SSR, commodities, youth, faith, with expertise in advocacy and the implementation of policies.

The Project Objectives were:

- **To increase demand for SRH services, through engaging religious, cultural and duty bearers and reflecting on socio-cultural norms.**
- **To improve both the supply side of SRH (availability, accessibility, acceptability and quality of information, services and commodities) for adolescents, in particular for girls.**

EXPECTED OUTCOMES WHICH WERE MET



1. Duty-bearer adopt, develop, improve and implement sub-national and national policies and budgets that advance ASRH particularly for girls.



2. All health service providers have quality assured SRHR services and commodities including FP available especially for adolescents.



3. Decision Makers utilize inclusive multi-stakeholder platforms to address ASRH at subnational level.



4. Opinion leaders have amplified their voice to position ASRH on the public agenda leveraging their different constituencies and communication channels including social media, mass media and faith media.

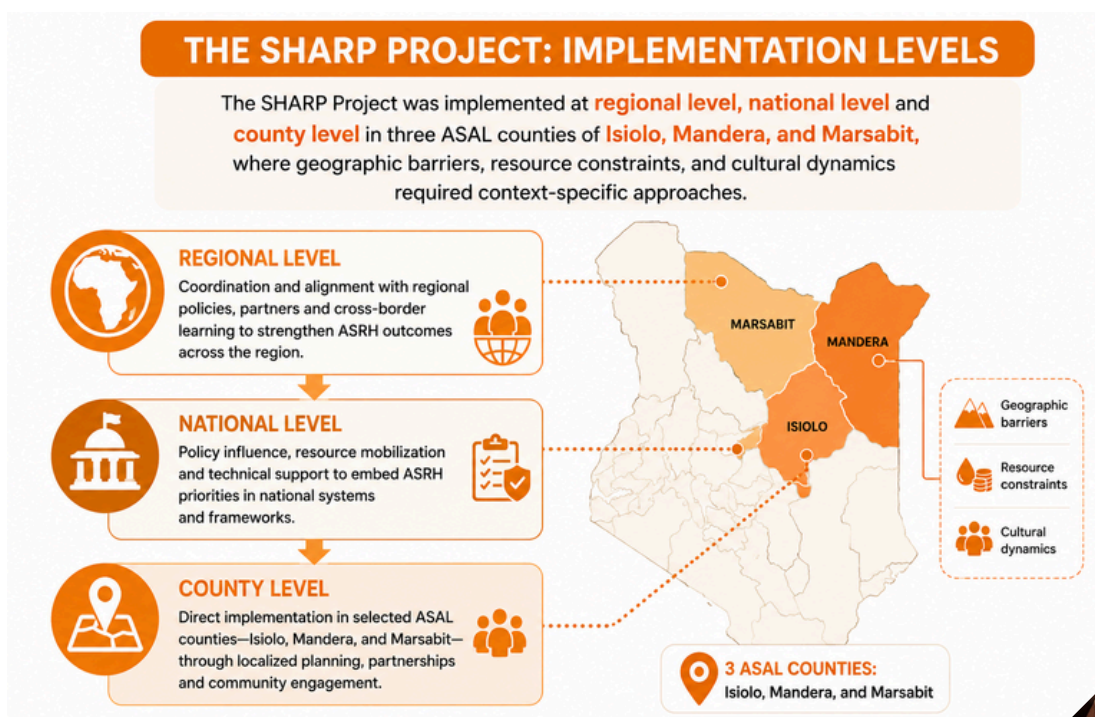


INTRODUCTION

The Solutions for Supporting Healthy Adolescents and Rights Protection (SHARP) Project was designed as an advocacy project aimed at improving service delivery through systems-strengthening that addressed the structural, social, and policy barriers that limit adolescents' access to sexual and reproductive health (SRH) services. Implemented by Access to Medicines Platform for a six-month period the project took a rights-based and gender-transformative approach, recognizing that improving adolescent health outcomes required coordinated action across policy, community, and health systems. In practice, the SHARP project worked at multiple levels. At the policy level, it supports county and national governments to align policies, budgets and frameworks that prioritized adolescent SRHR, ensuring that commitments translate into actual financing and implementation. At the health systems level, the project strengthens service delivery by advocating for improved youth-friendly service provision, improved SRH commodity security and supporting capacity building for healthcare providers including engaging faith-based actors who are often key influencers in underserved regions.

At the community level, the SHARP project was cognizant of the restrictive social norms, stigma, and misinformation that often-prevented adolescents, particularly girls from accessing SRH services. To address this, the project actively engaged opinion leaders, media, and youth champions who reshaped narratives around adolescent SRH, while championing for these rights. This included leveraging radio, social media, and community dialogues to amplify accurate information and enhance access to the SRHR rights that covered a range of negative indicators including early marriages, teenage pregnancies, Female Genital Mutilation and preventable maternal mortality.

A defining feature of the SHARP project was its emphasis on accountability and participation by strengthening multi-stakeholder engagement and platforms, the project created spaces where adolescents, civil society, inter-religious council, policy makers and health service providers collaborated and provided solutions to the issues affecting adolescents and young people. This ensured that adolescent voices were not only heard but influenced decision-making, while also holding duty bearers accountable for delivering on their commitments.



MILESTONES & ACHIEVEMENTS



Adoption of a standardized ASRH Support Supervision Tool by the Isiolo and Mandera County Departments of Health has institutionalized a structured framework for accountability and oversight. By utilizing this tool to accurately measure SRHR service provision and address gaps through time-bound corrective actions, both counties have established a sustainable mechanism to ensure that facility-level care remains comprehensive, adolescent-friendly, and aligned with high-quality standards.



Institutionalization of the Multi-Stakeholder Engagement (MSE) model, formalized through the revised Terms of Reference (TOR) for the Marsabit County RMNCAH Technical Working Group has established a sustainable framework for collective governance. This systemic shift ensures that issues affecting adolescents and young people are addressed through inclusive, multi-sectoral collaboration, making participatory decision-making the standard for all future county health convenings.



The institutionalization of SRHR sensitization at the Kenya Medical Technical College, Isiolo county, formalized by the Deputy Vice-Chancellor's directive to the Dean of Students, guarantees the sustainability of the SHARP project beyond its lifecycle. By integrating SRHR training into the mandatory orientation for all incoming students, the institution has established a permanent pipeline of clinicians equipped to provide quality, comprehensive, and youth-friendly services to adolescents and young people.



At the 17th Network of African Parliamentary Committees of Health (NEAPACOH) meeting in Lusaka, Zambia, **Kenya made formal commitments including strengthening regulatory capacity to reach WHO maturity level 3 for pharmaceutical production; finalizing the Kenya Health Product and Technologies Regulatory Authority Bill; and implementing the Primary Health Care Fund to ensure free services at levels 1-3** following a keynote address delivered by AtMP's CEO calling for Africa to fast-track local pharmaceutical manufacturing to achieve Universal Health Coverage.



At the East Africa Youth SRHR Policy Implementation, AtMP contributed to the development of a comprehensive three-phase implementation roadmap for the 2025-2030 EAC Youth SRHR Policy. **As a direct outcome, AtMP was selected to lead the Implementation Committee of the policy in Kenya - a formal recognition of SHARP's technical expertise and credibility.** This positions AtMP to continue influencing regional policy implementation beyond the SHARP project cycle, ensuring that adolescent SRHR remains a priority within East African Community frameworks



STRATEGIC APPROACH

Policy Advocacy and Engagement

This focused on sitting at the table where decisions are made. The team worked closely with Policy maker from both the health and gender departments, state departments and decision makers to advocate for policy and budget commitments for provision of SRH services and information to adolescents.

Multistakeholder Strengthening and Coordination

The SHARP project brought together different stakeholders including policy makers, religious leaders, community influencers, grassroots civil society organizations, youth groups, and even adolescents themselves. These platforms helped broke silos promoting a shared responsibility of addressing challenges affecting adolescents and leaving true to the mantra of ' nothing about us without us,'.

Visibility Campaigns and Media Engagement

A big part of the work was making adolescent SRH visible and understandable. Through radio, social media, and community storytelling, the project helped shift conversations reducing stigma and encouraging open dialogue. Media was also used to hold leaders accountable by keeping these issues in the public eye.

Grassroots Partner Capacity Building

Grassroot Civil Society Organizations were at the heart of our implementation strategy that ensured the sustainability of our interventions. The project invested in strengthening their capacity, skills and mandate through handholding, training, sub granting mechanisms that strengthened their role in ensuring the continuity of the interventions beyond the funding cycle.

Community-led Accountability

Communities, especially young people, were supported to speak up about the quality of services through community dialogue sessions and facility in-reaches. This included feedback forums, dialogues, and simple tracking of service delivery. It created a direct link between service users and providers, making it harder for gaps to go unnoticed and easier to demand improvements

Strengthening Health Systems for Quality Adolescent Health Provision

A key pillar of the SHARP project was strengthening health systems to ensure that adolescents receive quality, youth-friendly SRH services. This was achieved through a multi-pronged approach targeting health facilities, healthcare workers, and medical training institutions – creating a sustainable ecosystem for adolescent health service delivery.

POLICY ADVOCACY & ENGAGEMENT SUCCESSES

Under the SHARP Project, policy advocacy and engagement was approached as a continuous process of building trust, aligning priorities, and keeping adolescent SRH visible in spaces where decisions are made. The work cut across national, county, regional, and continental levels ensuring that conversations translated into action. At the national level, the project held targeted courtesy calls and technical engagements with key Ministry of Health leadership. Engagements with Dr. Serem, Head of the Division of RMNCAH, and Dr. Kisia, Head of the Division of Adolescent SRH, helped position adolescent health within broader RMNCAH priorities. These discussions focused on strengthening coordination, improving access to commodities, and ensuring adolescent-responsive services remain a priority within national programming.

At the same level, engagements with institutions such as the State Department for Gender and Affirmative Action created opportunities to align SHARP activities with national gender priorities, including strengthening gender mainstreaming and linking policy frameworks to implementation at county level.

At the county level, the project worked closely with political and technical leadership to ensure ownership of adolescent SRH interventions. Engagements with elected Members of Parliament who included Hon. Sulekha Harun from Mandera, Prof. Jaldesa Guyo from Marsabit and Hon. Naomi Waqo from Marsabit, alongside county health management teams in Isiolo, Mandera, and Marsabit, focused on integrating adolescent SRH into county plans and budgets. These conversations were grounded in real service delivery challenges commodity gaps, access barriers, and the need for youth-friendly services helping to push for practical, locally relevant solutions

At the regional level, SHARP strengthened its advocacy footprint by participating in key platforms that connect national efforts to broader policy processes. These included:

- Participation in the EAC Regional Meeting on Youth SRHR Policy, which brought together stakeholders across East Africa to contribute to the development and alignment of regional policy frameworks on adolescent SRH.
 1. Participants agreed to establish national committees in each EAC member state to oversee the policy's implementation, with youth representatives tasked to "popularize" the policy within their respective countries.
 2. As a direct outcome of SHARP's technical contributions and credibility, AtMP was selected to lead the Implementation Committee of the policy in Kenya – a formal recognition that positions the organization to continue influencing regional policy implementation beyond the SHARP project cycle.
- Participation in the Africa Disrupt CSW70 convening organized by FEMNET in Accra, Ghana where SHARP contributed perspectives on adolescent SRHR and justice for survivors. Key discussions interrogated barriers to justice for women and girls, including discriminatory laws, under-resourced justice systems, and emerging digital gender-based violence. The convening also provided critical analysis of the proposed African Union Charter on Family Values and Sovereignty and its potential implications on SRHR and gender equality. Key outcome was the adoption of a continental Call to Action on Access to Justice for Women and Girls in Africa to inform CSW70 advocacy.



SHARP coordinator sharing study report with Dr. Serem-Head of RMNCAH -MOH



SHARP team at a courtesy call meeting with Dr. Kisia ASRH Manager -MOH



SHARP Team together with Hon. Sulekha at a courtesy call meeting

- SHARP was invited to participate in the 1st Continental Conference for Non-State Actors on Demographic Dividend and Reproductive Health, convened by AUDA-NEPAD in Lusaka, Zambia. The invitation came on the recommendation of the NEAPACOH secretariat (PPD-ARO), recognizing SHARP's technical contribution at the NEAPACOH meeting. The forum brought together over 250 delegates including CSOs, FBOs, parliamentary committees, UNAIDS, and UNFPA. Key Outcomes:
 1. **The Lusaka Declaration:** Adoption of a continental resolution committing stakeholders to measurable outcomes for Africa's youth, with explicit acknowledgment that unmet reproductive health needs are the primary driver of school dropouts for girls, stifling economic growth.
 2. **Draft Action Plan (90 Days):** A commitment to launch community-based initiatives and national technical expert teams within three months of the conference.
 3. **NSA Integration Framework:** Mandating Regional Economic Communities (RECs), including the EAC and SADC, to institutionalize Non-State Actor participation in policy and domestic health financing – a structural shift that will outlast any single project.
 4. **Knowledge Repository:** Agreement to connect existing platforms into a single continental repository for integrated knowledge sharing, ensuring that evidence from projects like SHARP is preserved and accessible.
- At the 17th NEAPACOH meeting in Lusaka, Zambia attended by 160 delegates from 14 African countries, SHARP's coordinator, Dorothy Okemo delivered a keynote address drawing directly from the project's endline research on commodity stockouts. She delivered a stark reality check – "UHC is an empty promise when pharmacy shelves are empty" – and called for local pharmaceutical production to be reframed as a matter of health sovereignty, with the African Medicines Agency playing a key role in regulatory harmonization. The address resulted in approximately **80% of SHARP's recommendations being adopted into the Lusaka Call to Action**, formal commitments from Kenya on regulatory strengthening and health financing, and Kenya being confirmed as the host of NEAPACOH 2027. Kenya committed to:
 1. **Strengthening regulatory capacity to reach WHO maturity level 3 for pharmaceutical production;** finalizing the Kenya Health Product and Technologies Regulatory Authority Bill.
 2. **Implementing the Primary Health Care Fund to ensure free services at levels 1-3.**
 3. **Increasing national budget allocation for primary health care; and deepening collaboration with African partners on local manufacturing.**



Engagement with Members of Parliament

At the regional level, engagements on broader Great Lakes platforms brought together policymakers, Members of Parliament, technical experts, and partners to reflect on persistent gaps affecting adolescents across the region. Discussions were grounded in shared realities high teenage pregnancy rates, maternal mortality, gender-based violence, and weak implementation of existing policies despite strong commitments under frameworks such as the Maputo Protocol and the Abuja Declaration.

A central theme across these engagements was the need to move from policy commitments to practical implementation backed by financing and accountability. There was strong emphasis on improving government spending transparency, ensuring that allocations for SRHR are clearly tracked and effectively utilized, and strengthening domestic financing to reduce over-reliance on external funding. Participants also highlighted the importance of community engagement, recognizing that policy change alone is not sufficient without local ownership and cultural alignment.

The Members of Parliament (MPs) forum added a critical legislative dimension to these discussions. Here, lawmakers reflected on their dual role not only in passing laws but in ensuring those laws are enforced and responsive to the realities on the ground. Key commitments emerging from the Great Lakes MPs forum included:

- Strengthening legal and policy frameworks to better protect adolescents and reduce preventable deaths
- Ensuring scientific evidence informs legislation, while carefully navigating cultural and religious sensitivities
- Increasing investment in primary health care and preventive services as a long-term strategy to reduce maternal and adolescent health burdens
- Enhancing collaboration between parliamentary committees and technical experts, ensuring that policy decisions are supported by data and practical insights

Country-level commitments by the MP's further illustrated how these regional discussions are translating into action:

- Tanzania-(Dr. Zenaya Abdalla Hamid) committed to commencing domestic production of ARVs by June 2026, alongside increased investment in preventive health and primary healthcare systems—an important step toward pharmaceutical self-reliance and sustainability.
- Zambia (Hon Katakwe Alex) emphasized strengthening parliamentary systems by ensuring technical support staff are actively involved in policy processes and regional knowledge-sharing platforms, improving the quality of legislative decision-making.
- Democratic Republic of Congo (Vuanga Mukonga Christelle) highlighted the need for regional collaboration in vaccine development, strengthening the role of African-led institutions such as the African Medicines Agency, and improving the use of local research in policy formulation.
- Kenya (Hon Linet Chebii) focused on domesticating global and regional commitments into national laws, strengthening enforcement mechanisms, and exploring private sector engagement in health financing to address funding gaps and expand access to services.
- Across delegations, there was also a strong push for community-level interventions, including engaging traditional and community leaders to introduce and enforce practical measures such as village bylaws and marriage registration systems to prevent early child marriage and protect adolescents.



MULTI-STAKEHOLDER STRENGTHENING & CO-ORDINATION SUCCESSIONS

A cornerstone of SHARP's success was its deliberate investment in multi-stakeholder platforms that brought together government, civil society, faith leaders, youth, and development partners. These platforms broke silos, fostered shared accountability and ensured that adolescent SRH remained a visible priority in county and national health agendas.

At the national level, coordination was reinforced through SHARP's participation in the Adolescent Health Technical Working Group (TWG) convened by the Ministry of Health, where government and partners reviewed progress on key indicators, shared updates on emerging adolescent health issues, and aligned on national priorities and strategies, strengthening the link between county implementation and national planning while promoting evidence-based decision-making.

Additionally, SHARP contributed to national coordination mechanisms aimed at advancing Kenya's Universal Periodic Review (UPR) recommendations on SRHR and women's rights. This national-level engagement demonstrated SHARP's ability to connect county-level advocacy with national human rights mechanisms, ensuring that adolescent SRHR remained visible within Kenya's broader UPR implementation framework.

a) Isiolo County: From Commitments to Action

SHARP convened a high-level multi-sectoral engagement, bringing together the County Ministries of Health and Gender, CSOs, religious leaders, the County Gender Department, the Ministry of Education, the State Department for Gender, and the office of the County Commissioner. The meeting reviewed the RMNCAH situation in Isiolo, which revealed persistent challenges including maternal mortality due to delays in seeking and receiving care, low uptake of ANC4+ and skilled birth attendance in remote areas, high rates of teenage pregnancy and child marriage, high unmet need for family planning among adolescents, shortage of skilled health workers, weak referral systems, stock-outs of essential commodities, and limited adolescent-friendly services.

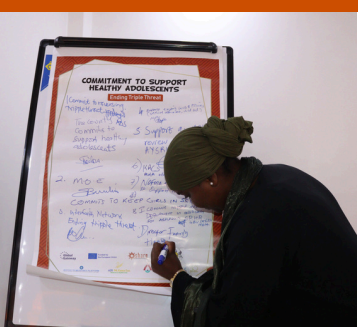
The meeting resulted in eight formal commitments signed by duty-bearers and CSOs, including: keeping girls in school post-pregnancy; ambulance availability for emergency maternal response; county-specific allocation for RMNCAH; establishment of youth-friendly corners in all Level 3 and 4 facilities; enforcement of existing laws on sexual offences, anti-FGM, and child marriage; integration of comprehensive SRHR service provision; reversal of high school dropout rates through mass enrollment campaigns; and county-led quarterly reviews on AYSRH and RMNCAH

As a follow up, SHARP supported the convening of Isiolo RMNCAH Technical Working Group (TWG) meeting to review progress, interrogate emerging data, and strengthen accountability in RMNCAH service delivery. SHARP presented comparative findings from the 2022 baseline and 2025 endline research on SRH commodity access, revealing a concerning decline in family planning commodity availability (only one commodity met WHO benchmark by 2025) and critical shortages of life-saving maternal health commodities (Oxytocin, Magnesium sulphate, postpartum haemorrhage commodities) in public facilities. The meeting also reviewed the eight RMNCAH commitments previously agreed upon and endorsed by the TWG at the initial multisectoral engagement.

Follow-up Progress (by April 2026): Of the **8** commitments signed, **4** were fully met within four months, including the employment of **230 nurses** to fill Human Resources for Health (HRH) gaps, purchase of **3 ambulances** for Merti, Garbatulla, and Oldonyiro, **quarterly review of RMNCAH indicators** using a newly adopted scorecard, and training of **45 healthcare workers** on adolescent-friendly services with commitments to create youth-friendly corners.



Group photo: Multi-sectoral meeting participants



Isiolo Director of Health- Dr. Myian signing the commitments to support healthy adolescents



Group photo: RMNCAH TWG meeting participants

b) Marsabit County: Strengthening coordination

SHARP supported a series of coordinated engagements in Marsabit County to strengthen the RMNCAH Technical Working Group (TWG) and broader multi-stakeholder coordination. The initial engagement entailed a review of the RMNCAH Terms of Reference (ToR) with the Marsabit County Department of Health, National Gender Equality Commission (NGEC), and CSO representatives, where the draft ToR was comprehensively revised to include missing components such as MERL, inclusivity provisions for PWDs and youth-led groups, and defined leadership roles. This was followed by an RMNCAH/SRH TWG meeting that brought together county health leadership, NGEC and CSOs, where SHARP presented baseline and endline SRH commodities survey findings and budget analysis, revealing glaring gaps in life-saving commodities and declining indicators for skilled births, ANC, and teenage pregnancy. The county also presented the status of RMNCAH performance, providing a platform to develop rapid action plans to address the gaps.

SHARP further convened a County Multistakeholder Meeting bringing together the county health department, gender department, faith leaders, and CSOs to address Marsabit's unique challenges including vast geographical coverage, limited health infrastructure, cultural practices, and low uptake of maternal and adolescent health services. Critically, SHARP introduced NGEC to the Marsabit County Department of Health, linking them to the county leadership and technical teams – a strategic linking role that opened a new channel for collaboration on the Triple Threat, GBVRC establishment, and policy strengthening. This marked the first formal engagement between NGEC and Marsabit County Government, creating a sustainable partnership that will continue to support accountability, gender mainstreaming, and protection of vulnerable groups beyond the SHARP project. Key outcomes included:

1. The engagements produced a revised and inclusive RMNCAH TWG ToR that now includes MERL provisions, PWD and youth representation, quarterly meetings, and clear deliverables – a document that will guide county coordination for years to come.
2. Through the RMNCAH TWG, a rapid implementation plan was developed per sub-county to mitigate commodity stock-outs, teenage pregnancy, and declining maternal health indicators. Priority action points agreed included the County Pharmacist following up on commodity stock-outs, activation of Sub-county Security Commodity Management Teams, updating of service charters for 8 youth-friendly facilities (Karare, Loglogo, Warda, among others), and integrated outreach services.
3. At the multi-sectoral engagement, a draft action plan was developed, and NGEC was invited to incorporate the County GBV team into their activities, including technical assistance for GBV policy development and strengthening of GBVRC at the referral hospital.



COMMUNITY ACCOUNTABILITY SUCCESSSES

Across Isiolo and Marsabit counties, the SHARP project created safe, structured spaces where communities actively shaped the services they rely on. A total of 6 community dialogue forums and adolescent and youth engagements were held, reaching over 500 community members including adolescents, youth, faith leaders, cultural leaders, government representatives, and civil society organizations. In Isiolo County, adolesc-focused dialogues brought together 155 young people to candidly discuss barriers to SRH services – ranging from stigma and judgmental attitudes in health facilities to the absence of youth-friendly spaces and limited access to age-appropriate information. In Marsabit County, intergenerational dialogues reached 142 women and 104 men including persons with disabilities. Additional engagements during the International Day of Zero Tolerance for FGM (Isiolo) and International Women's Day (Marsabit) provided platforms to confront harmful practices and strengthen community ownership of prevention efforts. Feedback from these forums directly informed programmatic shifts, including stronger peer-to-peer engagement, improved confidentiality in service delivery, and integration of mental health support into adolescent SRH programming.

Successes and Impact:

- Communities became more confident in voicing concerns, more aware of their rights, and more engaged in holding health systems accountable.
- Faith leaders who participated in interfaith dialogues publicly committed to using their pulpits to protect girls from FGM and early marriage, with one stating, "FGM has no religious basis."
- Youth champions emerged as powerful advocates – a young girl from Marsabit refused traditional beads marking her readiness for early marriage, chose to remain in school, and now leads community campaigns against FGM and child marriage.
- In Marsabit, intergenerational dialogues resulted in strengthened networks with County Departments of Health and Gender, including an open-door policy for continued engagement.
- Community feedback loops were established, ensuring that voices from the grassroots consistently informed policy discussions at county and national levels, making it harder for service delivery gaps to go unnoticed and easier to demand corrective action.



STRENGTHENING CAPACITY OF GRASSROOT ORGANIZATIONS SUCCESSSES

Strengthening grassroots partners was a central part of our SHARP implementation strategy with a clear focus on ensuring local organizations had the capacity not just to participate, but to lead and sustain adolescent SRH interventions within their communities. Access to Medicines Platform formalized this approach through the signing of Memoranda of Understanding (MOUs) with 10 partner organizations across Isiolo, Mandera, and Marsabit: Indigenous Communities Resilience Organization(ICERO), Sustainable Education for Nomadic Communities(SENCO), Initiative For Progressive Change(IFPC) , Dream Shapers, My Body My Body, Northern Frontier Medical Association(NOFMA), Agro-Pastoral Community Initiative on Environmental Conservation(APCINE), Elwak South Youth Forum, Hope Humanity Trust Organization and Pastoralists Youth Focus Initiative thus creating a structured foundation for collaboration, accountability, and localized implementation. These partnerships were further reinforced through sub-grants, enabling partners to roll out a range of joint community-level activities aligned with SHARP objectives, from awareness creation and advocacy to service linkage and community mobilization. Beyond financial support, significant effort was placed on building the institutional strength of these organizations, recognizing that effective grassroots action depends on strong internal systems and technical capacity. Capacity-building engagements were therefore designed to be practical, responsive, and directly linked to the realities partners face on the ground. Key areas of focus included:

- Financial management and accountability – strengthening partners’ ability to manage resources transparently and efficiently, including hands-on training in tools such as QuickBooks to support proper financial tracking and reporting.
- Organizational management and program implementation – covering project planning, documentation, reporting, and knowledge management to improve how partners design, track, and communicate their work.
- Safeguarding and rights-based programming – sensitization on safeguarding policies, GBV prevention and response, child protection frameworks, the Sexual Offences Act, and broader human rights principles to ensure interventions are safe, ethical, and rights-centered.
- Strategic communication and advocacy – building skills in media engagement, including radio talk shows and podcast moderation, to help partners effectively shape narratives, engage communities, and amplify adolescent SRH issues.
- Policy and budget advocacy, and social accountability – equipping partners with the tools to engage duty bearers, track SRH budgets, and advocate for improved service delivery and resource allocation.

Outcome Area	Key success indicator
Financial Management	Youth-led CSO acknowledged past gaps and committed to improvement; multiple CSOs applying QuickBooks and accountability principles
Advocacy Skills	Shift from ad hoc engagement to structured, evidence-based advocacy using scorecards and expenditure tracking
Knowledge Cascading	89% shared training with colleagues, multiplying reach beyond direct participants
Application Frequency	89% apply learning daily or weekly – training integrated into regular practice

CSOs sub-grantees achievements at a glance

CSO	Location	Key Activities	Reach	What Changed
My Body My Body	Laisamis, Marsabit	Facility-community interface; digital advocacy; sanitary pad distribution; school engagement	65 adolescents (42F, 23M) directly engaged; 200 adolescents & 150 gatekeepers in SRHR dialogues	Facility staff committed to youth-friendly corners; organization secured additional funding to scale to Narok, Nakuru, Nairobi; Africa CSO Awards nomination
Pastoralist Youth Focus Initiative	Marsabit	Intergenerational dialogues; SGBV prevention; SRHR rights awareness; rehabilitation center advocacy	150 women, 130 youth, 150 adolescents, 100 men, 15 PWDs	Strengthened networks with County Health & Gender Departments; open-door policy established; ongoing advocacy for rehabilitation center in Marsabit
Initiative for Progressive Change (IFPC)	Moyale, Marsabit	Peer-to-peer SRHR outreach; policy advocacy for county SRHR policy	67 young people (42 Female, 23 Male)	Male participant mindset shift: <i>"I thought SRHR was a woman's issue only; now I know as a man I have a responsibility"</i>
Indigenous Communities Resilience Org(ICERO)	Marsabit	School-based mentorship; SRHR, life skills & FGM prevention; community engagement on maternal health	350 pupils (3 schools) reached	Learners demonstrated increased confidence, decision-making skills, and commitment to staying in school; learner with disability actively participated in role-play
Dream Shapers	Isiolo	Creative advocacy (music, spoken word, radio talk shows); community campaigns	62 community members directly engaged; 4 pregnant adolescents supported with information, referrals, and follow-up	Normalized SRHR conversations in conservative communities using cost-effective, culturally appropriate channels
Hope Humanity Trust Org & Community First Org	Takaba, Mandera West,	Youth sensitization workshops; youth GBV	60 youth participants (male & female); 10 youth GBV champions identified and oriented; IEC materials distributed	Improved youth knowledge of GBV forms, consent, respectful relationships; Strengthened collaboration between youth and community leaders

CSOs sub-grantees achievements at a glance

CSO	Location	Key Activities	Reach	What Changed
SENCO / DFSP / APCINE / MACSA (Consortium)	Mandera East, Mandera County	Youth dialogues; radio talk shows; youth champion training; social media awareness; SRH service mapping; referral card design & distribution	20 adolescents in youth dialogues; 20 youth champions trained; 41,000 listeners via radio talk shows; 7 health facilities mapped for SRH/GBV services; referral cards distributed	Improved knowledge of SRH, GBV, and youth-friendly services; strengthened referral pathways between communities and health facilities; increased youth confidence to seek services
NOFMA	Isiolo County	Adolescent follow-up dialogue on ASRH; digital violence session; SRHR reinforcement; adolescent recommendation gathering	30 Adolescents (15 boys and 15 girls separated for FGDs) ; county officials from Gender and Health Departments participated as facilitators	Adolescents provided actionable recommendations: training for peer-to-peer education, stronger policies with implementation, mental health support integration, continuous sensitization, and opportunities for youth champions to travel and exchange knowledge with peers in other counties



STRENGTHENING MONITORING AND ACCOUNTABILITY FOR PROVISION OF QUALITY ASRH SERVICE PROVISION

a. Support Supervision in Isiolo and Mandera

Recognizing that health facilities lacked a structured mechanism to assess adolescent-friendly service delivery, AtMP developed a comprehensive support supervision tool covering commodity availability, privacy and confidentiality, youth-friendly service provision, referral mechanisms, and stock tracking systems. The tool was formally adopted by the County Health Management Teams (CHMTs) in Isiolo and Mandera – a critical first step toward institutionalizing accountability.

Using this tool, AtMP and CHMTs conducted joint support supervision visits to 12 health facilities (5 in Isiolo, 7 in Mandera) between February and March 2026. The visits revealed persistent gaps: stockouts of essential commodities (Depo, Emergency Contraceptive Pills) at Kinna Health Center, a high KEMSA refill rate driving recurrent stockouts at Garbatulla Hospital, and limited commodity variety with poor record-keeping at Duse Dispensary. In Mandera, 20 healthcare workers were sensitized on youth-friendly services, but youth-friendly corners remained largely absent.

OUTCOMES

- Facility-specific action plans with clear timelines were co-developed to address identified gaps.
- The support supervision tool has been institutionalized within county routine supervision processes, ensuring continued accountability beyond SHARP.
- Healthcare workers in Mandera were sensitized on youth-friendly service provision, laying the groundwork for facility-level improvements.

b. Training Healthcare Workers to enhance provision of adolescent friendly SRHR services

Based directly on gaps identified during support supervision, AtMP supported the Isiolo County Health Management Team(CHMT) to train 36 healthcare workers from 28 health facilities in 3 sub-counties i.e Isiolo, Merti and Garbatulla on Adolescent and Youth Sexual and Reproductive Health (AYSRH) service provision. The training covered national AYSRH policies and guidelines, adolescent-friendly service delivery frameworks, confidentiality and rights-based care, and facility standards for youth-friendly services – including requirements for private spaces, extended hours, and non-judgmental attitudes.

A critical component of this training was the dissemination of the SRHC (Sexual and Reproductive Health Commodities) study findings directly to frontline healthcare workers. This was important to help the healthcare workers understand the direct link between commodity gaps and adverse health outcomes – including rising adolescent pregnancies, increased HIV infections and preventable maternal deaths – making the case for why their role in accurate forecasting, proper stock tracking, and timely reporting of stockouts is critical. Additionally, the dissemination equipped healthcare workers with evidence they could use to advocate within their own facilities, such as presenting findings to facility managers or county pharmacologists to demand improved supply chain management.

OUTCOMES

- Healthcare workers demonstrated improved understanding of adolescent-friendly service delivery and confidentiality requirements.
- Facility-level commitments were developed, with several facilities beginning to create or upgrade youth-friendly corners.
- Participating health facilities committed to displaying adolescent-friendly service charters and training remaining staff on facility standards



On-going support supervision exercise at Daaba Dispensary-Isiolo County



The RH-Coordinator-madam Akope and ASRH coordinator Mr.Guyo at Duse dispensary for support supervision exercise



Group photo of CHMT and Elwak Health Center healthcare providers after a support supervision exercise

c. Partnership with the Kenya Medical Training College (Isiolo): Sensitization of medical students on SRHR and provision of ASRH services

AtMP engaged the Kenya Medical Technical College (KMTC), Isiolo Campus, training 60 medical students from nursing, clinical medicine, medical records, and public health promotion on ASRH – covering adolescent and youth-friendly services, the essential package of SRHR, mental health, and the role of future healthcare providers in protecting adolescent health.

The training resonated deeply with the college leadership. In his closing remarks, the Deputy Principal, Mr. Kinyua, lauded the initiative as critical to enhancing students' knowledge as they prepare to enter the workforce and become change agents. "This information is useless if you do not share with others," he reminded the students, urging them to take care of themselves for a better future

Outcomes:

- The Deputy Principal issued a formal directive to the Dean of Students to cluster the trained students into groups to champion peer-to-peer knowledge sharing and report back on their outreach – effectively institutionalizing SRHR sensitization as an ongoing, student-led activity within the college.
- Participating students committed to being role models in society, sharing ASRH knowledge with peers, and advocating for adolescent-friendly services in their future workplaces.
- This intervention guarantees a pipeline of clinicians – nurses, clinical officers, and health records officers – who are equipped to provide quality, comprehensive, and youth-friendly services to adolescents, ensuring that SHARP's impact continues long after the project ends



Ongoing support supervision exercise at Elwak Nursing home, Mandera County



SHIRP team together with the Isiolo RH and ASRH Coordinators conducting support supervision exercise at Daaba dispensary



Group photo: Health care workers training-Isiolo county



Health teams developing rapid action plans to improve ASRH service provision in their health facilities



Group photo: SHIRP team together with the Isiolo KMTC principal, lecturers, RH Coordinator and students



The RH coordinator, Akope and ASRH coordinator- Guyo conducting support supervision in Garbatula-

SHARP PROJECT'S VISIBILITY AND CAMPAIGN STRATEGY SUCCESSES

One of the areas that consistently stood out under SHARP implementation was how visibility and campaigns were used not just to share information, but to drive conversation, shift attitudes, and keep adolescent SRH in the public space. The approach was highly intentional, linking what was happening on the ground with what people were seeing and hearing online, on radio, and through broader media engagement. Early in implementation, a robust social media strategy was developed which informed creation of dedicated SHARP social media platforms which were steadily built an active digital presence, creating a space for sustained engagement around adolescent SRH issues. Across all social media channels, the project recorded a cumulative **80,877 impressions** and a total of **8,885 engagements** covering likes, shares, comments demonstrating that audiences were not merely consuming content, but actively interacting with it, sharing messages, and engaging in conversations that extended the reach and influence of the campaign.

1. CAMPAIGNS

Campaigns provided clear entry points to engage communities and amplify key messages at scale. Three main campaign moments supported under the SHARP Project in Isiolo and Marsabit counties were 16 Days of Activism, International Women's Day, and International Day of Zero Tolerance for FGM providing an opportunity for media pronouncements and interviews by key policy makers and influential champions on the issues affecting adolescents and championing for their rights.

a. 16 Days of Activism campaign

Under the SHARP Project, the 16 Days of Activism campaign combined high-visibility community mobilization with digital and media advocacy. The county launch in Isiolo brought together over 200 participants, including the Isiolo County Government (Ministries of Health and Gender), State Department for Gender, Ministry of Education, CSOs, religious leaders, youth groups, and local leadership, with the Deputy County Commissioner and State Department for Gender representative reinforcing the campaign's credibility. Key advocacy messages addressed GBV both offline and in digital spaces – including cyberbullying, online harassment, survivor-centered support, referral systems, policy reform, and community accountability. The campaign strongly reinforced that GBV is a societal concern requiring the active engagement of men, boys, traditional leaders, faith actors, government institutions, and communities.

Outcomes and Reach:

- Media coverage secured across Citizen Digital, Standard Media, People Daily, Kamuchu TV, Waso TV, Samburu Newsflash, and KBC Channel 1 – representing a potential audience reach of over 10 million people nationally.
- Digital advocacy across X, Instagram, Facebook, TikTok, and YouTube generated 8,056 impressions and over 1,200 engagements, with audience growth across all platforms.
- Campaign hashtags (#16DaysOfActivism, #EndDigitalViolence, #StopOnlineGBV, #SafeDigitalSpaces) amplified public awareness and positioned adolescent and women's protection issues firmly within public discourse.
- Multi-sector ownership demonstrated through active participation of county government, state departments, CSOs, faith leaders, and youth groups – creating a coordinated platform for continued GBV advocacy beyond the campaign period.



SHARP team together with CSO partners at launch of 16 days of activism event in Isiolo



SHARP Coordinator-Ms.Dorothy in a media interview on the sidelines of 16 days of Activism event-Isiolo

b. International Women's Day

The International Women's Day commemoration in Marsabit County brought together a broad multi-stakeholder audience including the Marsabit County Government (County Commissioner's office, Chief Officer for Gender, Director of Public Health, Reproductive Health Coordinator), NGECC, grassroots SHARP partners (My Body My Body, Pastoralist Youth Focus Initiative), CSOs, community and religious leaders, youth representatives, women's groups, and media. The event included a courtesy call at the County Commissioner's office, a public procession, and symbolic tree planting, creating physical visibility around the rights, leadership, and wellbeing of women and girls. Central messages called for stronger representation of women in leadership, increased protection against GBV and child marriage, support for girls' education, expanded economic empowerment for women, and intentional elevation of indigenous women and grassroots actors.

Outcomes and Reach:

- Digital media campaign themed around "Rights, Justice, and Action" generated 2,265 impressions and 234 engagements, extending advocacy beyond the physical event.
- Strengthened partnerships between county government, NGECC, CSOs, grassroots partners, and community leaders – creating a coordinated platform for continued advocacy on women's rights.
- Elevated voices of indigenous women and grassroots actors, acknowledging their lived experiences and leadership as critical to lasting change.
- Renewed commitments from county leadership to advance women's representation, protection against harmful practices, and economic empowerment.

c. International Day of Zero Tolerance for FGM

The commemoration brought together girls and young women, parents, community elders, cultural and religious leaders (Inter-Religious Council), youth groups, CSOs, health professionals, media, law enforcement, and county and national government actors – including representatives of the Isiolo County Commissioner and senior officers from the Ministries of Gender, Education, and the State Department for Children. The event featured keynote remarks, panel discussions, and a powerful survivor testimony. Key advocacy messages included the urgent need to end FGM as a violation of health, dignity, and rights; stronger reporting and protection systems; and the role of communities in challenging harmful norms. Notably, faith leaders publicly emphasized that FGM has no basis in religious scripture – helping dismantle a deeply rooted narrative from trusted community voices.

Outcomes and Reach:

- Faith leader- Sheikh Ahmed Seitt) publicly declared that FGM has no religious basis and committed to using their pulpits to protect girls – a significant shift from silence to active advocacy.
- Radio talk shows on Angaaf FM and Radio Nagaa reached approximately **900,000 listeners**, amplifying the message that FGM is a public health and protection emergency, not a cultural or religious obligation.
- Media coverage secured across KBC, Kamuchu TV, and community media outlets, extending the conversation beyond the physical event.
- Strengthened multi-sector collaboration between government (county and national), law enforcement, faith leaders, CSOs, and community elders to strengthen reporting systems and survivor protection mechanisms.
- Empowerment of an FGM survivor whose lived testimony added a human face to the advocacy, demonstrating that survivor voices are powerful tools for social change



Panel discussion on addressing FGM



2. MEDIA ENGAGEMENT

Media engagement under the SHARP Project evolved into a deliberate advocacy taking conversations from community spaces to county airwaves, and from national policy forums into mainstream public discourse. By strategically engaging radio, television, print, and digital news platforms, the project ensured that conversations on adolescent health issues and accountability reached audiences well beyond direct participants.

a. Community Radio Advocacy: Taking the Conversation to Households

SHARP leveraged community radio stations across Isiolo and Marsabit counties to reach households and pastoralist communities where digital access is limited. In Isiolo County, Radio Angaaf (reach ~**100,000 listeners**) hosted discussions on gender justice, accountability, and adolescent protection featuring Dorothy Juma (AtMP CEO), the Reproductive Health Coordinator, and a youth champion – confronting the links between teenage pregnancy and sexual violence, emphasizing accountability under the Sexual Offences Act. In Marsabit County, Jangwani FM (reach ~**80,000 listeners**, strong penetration among pastoralist communities) hosted a dialogue on the "triple threat" – teenage pregnancy, HIV infections, GBV, child marriage, FGM, school dropout, commodity stockouts, and the urgent need for county SRH policy and ring-fenced RMNCAH financing. Through collaboration with APCINE Kenya, Daawa Radio (reach ~**100,000+ listeners**) expanded community dialogue on GBV prevention, teenage pregnancy, and adolescent SRHR rights.

Outcomes and Reach:

- Combined radio reach across the three stations: approximately 280,000+ listeners across Isiolo, Marsabit, and neighbouring ASAL communities.
- Positioned GBV as a justice and accountability concern, not merely a social issue – with direct reference to the Sexual Offences Act.
- Elevated youth voices through inclusion of youth champions as co-panelists, demonstrating peer-to-peer influence.
- Amplified advocacy for county-level policy change, including calls for ring-fenced RMNCAH financing and county SRH policy – directly linking community dialogue to policy advocacy.
- Reached hard-to-reach populations including pastoralist communities where radio remains the most trusted and accessible source of information.

b. Great Lakes MPs Forum: Legislative Advocacy in the Public Eye

Media visibility during the Great Lakes Members of Parliament Forum on Adolescent SRHR ensured that policy conversations reached broader national and regional audiences. Coverage was carried by KTN News and Citizen Digital, and social amplification by participating legislators. Discussions covered child protection, chemical castration debates, adolescent SRHR financing, harmful practices, teenage pregnancy, and strengthening legal protections for children and adolescents.

Citizen Digital's readership is over 10 million feature focused on discussions among regional leaders regarding child protection responses and the broader urgency of addressing violence against children and adolescents, helping frame the forum within public policy debate. KTN's coverage with a viewership of estimated 3 million extended the discussion through video interviews and policy-focused news content, reaching audiences within Kenya's mainstream national media ecosystem. Combined, Citizen Digital and KTN reach millions of Kenyans monthly through broadcast and digital platforms, significantly amplifying the visibility of the forum and ensuring that parliamentary advocacy extends beyond the conference room.



Hon Sulekha in a media interview on improving ASRH



SHARP coordinator-Dorothy, Youth Champion Amina and RH Coordinator -Akope in an ongoing radio conversation on 16 days of activism

c. Ministry of Health IMNCH Media Briefing: Health Systems Advocacy through National Media

The International Maternal, Newborn and Child Health (IMNCH) media breakfast, convened by the Ministry of Health in collaboration with Access to Medicines Platform, positioned media as key health accountability partners. The briefing brought together 18 representatives from different media house: including Kenya Broadcasting Network (KBC), KTN News, Health Business Magazine, The standard, Royal media, Mediamax and Africa Science, creating a strategic engagement ahead of the global IMNCH conference.

The engagement featured prominent voices including Dr. Edward Serem (Head of RMNCAH, Ministry of Health), Dr. Kisia (Head of ASRH division-MoH), Dr Njeri Nyamu from align MNH and other health leaders, who unpacked pressing issues including maternal mortality, newborn deaths, weak referral systems, financing constraints, health workforce shortages, quality of care, and accountability in maternal and newborn health programming. Coverage emerged through Kenya News Agency, Kenya Broadcasting Corporation (KBC), Ministry of Health digital channels. KBC's national broadcast footprint reaches over 1000000 of households, while Kenya News Agency with a reach of provides strong syndication potential across public media channels, ensuring that health policy messaging reaches broad national audiences.

Outcomes

- Dissemination of key data, evidence, and national priorities on maternal and newborn health.
- Presentation of critical health system challenges, including referral gaps, quality of care, and financing constraints.
- Facilitation of an interactive Q&A session, enabling direct engagement between media and health experts.
- Improved media understanding and alignment of messaging on maternal and newborn health issues.
- Strengthened capacity for accurate, informed, and sustained media reporting.
- Increased awareness of persistent maternal and newborn health challenges and the need for coordinated action.
- Contribution to shaping broader IMNCH-related media narratives and public discourse.
- Reinforced momentum and stakeholder commitment ahead of the IMNCH 2026 conference.



Blog article feature by Kenya News Agency on Kenya hosting IMNCH conference



Dr. Serem giving official open remarks before the media press briefing



Group photo of the MoH representatives and media representatives

d. Journalist Capacity Strengthening: Investing in Responsible Health Reporting

Recognizing the media as key accountability and advocacy actors, SHARP deliberately invested in strengthening journalistic capacity to improve the quality, accuracy, and ethical framing of health and rights reporting. A dedicated Media Sensitization Workshop on Health Reporting brought together 20 journalists and media practitioners from outlets including Standard Group, The Eastleigh Voice, Africa Solutions Media Hub, and independent health reporters, creating a practical space to strengthen reporting on adolescent health, GBV, and broader public health issues.

The engagement went beyond conventional media orientation, equipping participants with practical skills in ethical reporting, evidence-based storytelling, data interpretation, interviewing, fact-checking, solutions journalism, and survivor-sensitive coverage, particularly on sensitive issues affecting minors and marginalized groups. Discussions unpacked complex topics including the triple threat of HIV, teenage pregnancy, and GBV, FGM, obstetric violence, menstrual dignity, substance abuse, disability inclusion, and health systems accountability. A strong emphasis was placed on shifting from event-based reporting to more human-centered, contextual, and solutions-driven journalism capable of influencing public understanding and policy discourse. The workshop also strengthened collaboration between civil society and the media, laying the foundation for continued engagement through journalist networks and future storytelling partnerships recognizing that responsible journalism is a powerful tool for shaping public attitudes, reducing stigma, and advancing accountability.



SHARP Coordinator giving opening remarks at the media training on ethical health reporting



Media representatives from Isiolo, Marsabit, Vihiga and Kamega together with SHARP team and facilitators



Panel discussion on media reporting best practices moderated by Ken Bosire. Panelists from left: Robert, Kaivuli, Ali Manzu, Zaninab, Walter

e. SHARP Annual Reflection and Close-Out: Sustaining the National Conversation

The SHARP annual reflection and close-out served as more than a project milestone it became a strategic platform for reinforcing sustainability, national ownership, and continued advocacy for adolescent health. With KTN News coverage and media interviews, the engagement extended the conversation beyond project stakeholders into broader public discourse, positioning adolescent health as an ongoing national priority.

The reflection brought together key voices from government, project leadership, and grassroots partners to assess progress, lessons, and the way forward. In a featured interview, Dr. Edward Serem, Head of the Division of RMNCAH at the Ministry of Health, reaffirmed the country's commitment, noting that "as a country, we are focused on reducing teenage pregnancy, HIV, and overall improving the health of our youth." Joining the discussion, Dorothy The SHARP Project Coordinator, reflected on the project's contribution in strengthening advocacy, partnerships, and adolescent-responsive programming, while emphasizing the importance of sustaining momentum beyond project implementation. The conversation was further enriched by Brenda Alwany from MyBodyMyBody, who brought in the grassroots and youth perspective, underscoring the importance of ensuring that young people remain central in shaping conversations and solutions that directly affect their health, rights, and futures.

Collectively, the discussion emphasized the need for stronger collaboration, deeper county ownership, sustained investment, and scaling proven interventions to protect gains made under SHARP. More than a close-out event, the engagement served as a public accountability moment reinforcing that the agenda for adolescent health, rights, and wellbeing must continue well beyond the life of the project.



3. DRIVING EVIDENCE-BASED ADVOCACY

Visibility efforts under the SHARP Project were consistently anchored in evidence, ensuring that messaging was not only compelling but also credible and grounded in real data and lived experiences. Access to Medicines Platform prioritized the development and use of Information, Education and Communication (IEC) materials as a key advocacy tool – translating research, budget analysis, and field insights into formats that policymakers, media, and communities could easily engage with. These materials were widely used in stakeholder forums, policy dialogues, media engagements, and community discussions across county, national, and regional levels, helping shift conversations from general concerns to evidence-backed advocacy and accountability.

Over the project period, a total of over 1,250 copies of various IEC materials were printed, with dissemination reaching duty-bearers, CSOs, health facility staff, and policymakers across Isiolo, Marsabit, Mandera, and at regional forums including NEAPACOH (Lusaka) and the Great Lakes MPs Forum (Nairobi). These included:

Endline SRHC study Reports (Isiolo, Marsabit, Mandera – 100 copies each, 300 total): These provided a comparative analysis of 2022 baseline versus 2025 endline findings on the availability, affordability, and stockouts of essential SRH commodities, covering maternal health, family planning, test kits, STI treatment, menstrual products, and HIV testing. In Isiolo, 99 out of 100 copies were disseminated, reaching county health officials, CHMTs, and CSOs. In Marsabit, 73 copies were disseminated, presented at the RMNCAH TWG meeting. In Mandera, 75 copies were disseminated, with the balance remaining for continued distribution.

Fact sheets (150 copies): These simplified complex budget analysis data into clear, digestible insights, highlighting funding gaps and priority areas for RMNCAH across the three counties. A total of 149 copies were disseminated to CSOs, media practitioners, and community advocates, enabling them to engage county governments with concrete evidence on where investment was needed most.

Healthcare Workers Report (150 copies): This captured the perspectives of healthcare workers on challenges in delivering adolescent-friendly services, including gaps in training, infrastructure, and youth-friendly service delivery. 109 copies were disseminated to health facility staff, CHMTs, and county health leadership. The findings directly informed the training of 36 healthcare workers on AYSRH service provision.

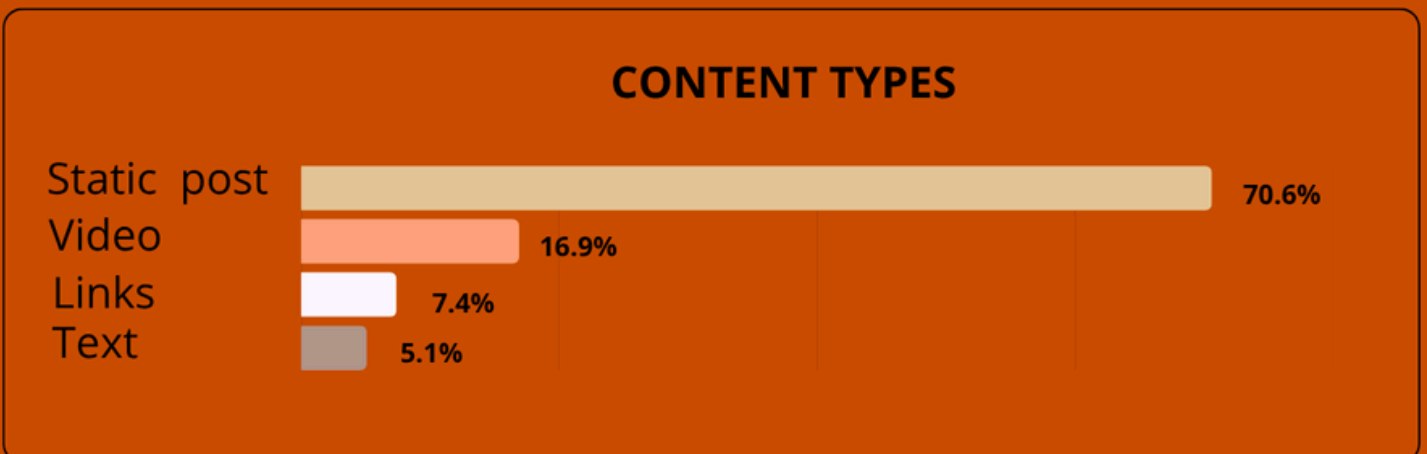
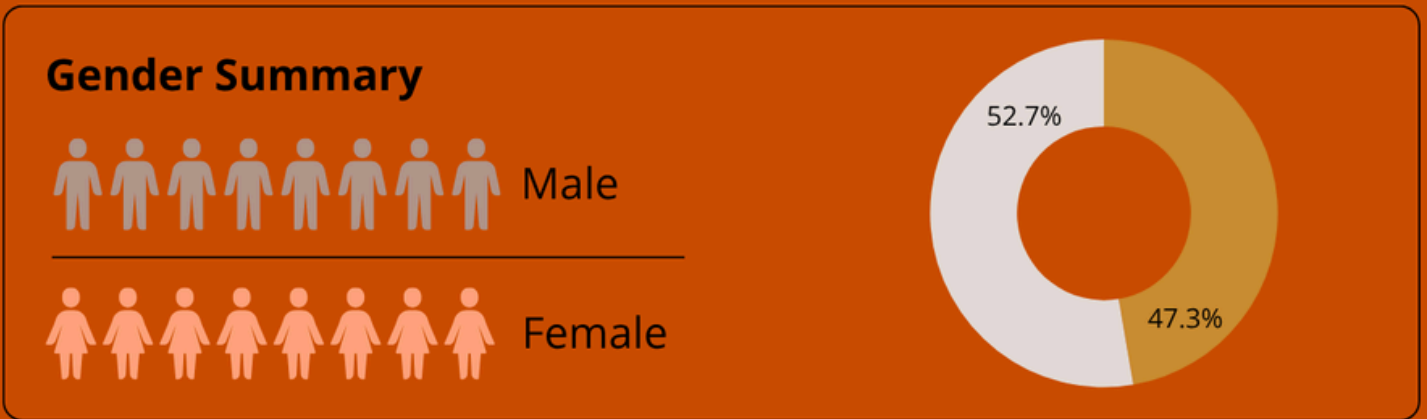
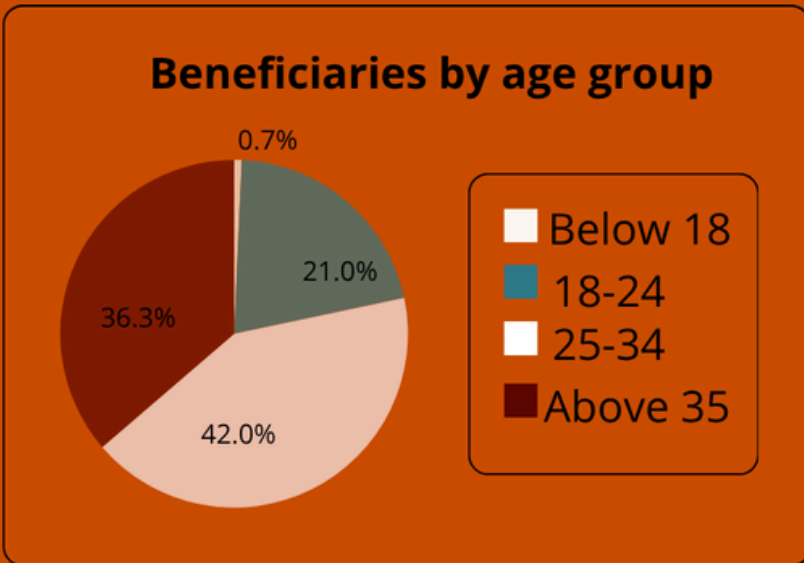
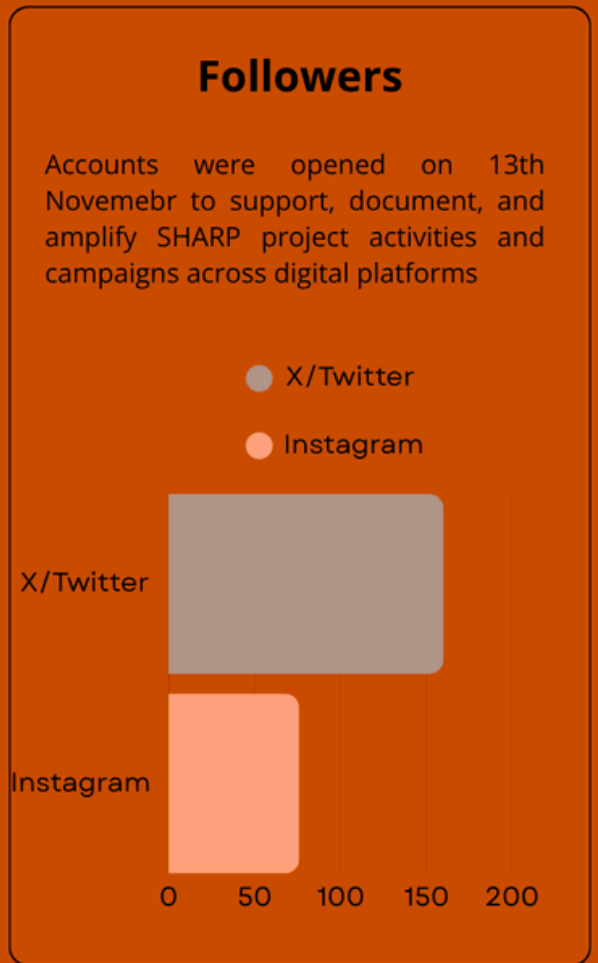
Budget Trend Analysis Report (200 copies): This offered a deep analysis of how SRH/RMNCAH funding has changed over time across FY 2022/23 to 2024/25 across the three counties. 142 copies were disseminated to county health department and regional Members of Parliament as well as CSOs partners. The report strengthened calls for sustained and predictable financing while supporting accountability in tracking commitments.

Policy Briefs (Isiolo, Marsabit, Mandera – 150 copies each, 450 total): These provided county-specific, actionable recommendations on commodity security, supply chain strengthening, and adolescent-friendly service delivery. In Isiolo, 124 out of 150 copies were disseminated to county policymakers, MCAs, and CHMTs. In Marsabit, 109 copies were disseminated and used to advocate for RMNCAH TWG TOR review. In Mandera, 106 copies were disseminated during support supervision visits, with 44 copies remaining for targeted distribution.

Adolescent-Friendly Health Services Study (Healthcare Worker Perspectives): This provided insight into the challenges faced by service providers, including gaps in training, infrastructure, and delivery of youth-friendly services. It added an important system-level perspective to advocacy, ensuring recommendations were practical and responsive to realities within health facilities. Out of the 150 copies produced, 139 copies were disseminated across Isiolo, Mandera and Marsabit counties.



SOCIAL MEDIA CONTENT PERFORMANCE



PARTNERSHIPS AND COLLABORATION SUCCESSIONS

Throughout the SHARP project, AtMP strategically engaged with regional and national partners to amplify advocacy, strengthen technical capacity, and create pathways for sustainability. Below are key partnerships established or strengthened.

a. Collaboration with the National Gender and Equality Commission to enhance SRHR for Adolescents

AtMP established a strategic partnership with the National Gender and Equality Commission (NGEC) Isiolo Regional Office through a courtesy call on 5th February 2026. This collaboration yielded tangible results that strengthened gender mainstreaming and inclusion within SHARP interventions.

Key results of the collaboration:

- **Strengthened RMNCAH TWG in Marsabit County** – AtMP collaborated with NGEC to review and redraft the Terms of Reference (TOR) for the Marsabit County RMNCAH Technical Working Group. The revised TOR now includes clear provisions for CSO representation, [DJ]1 defined roles and responsibilities, accountability mechanisms, and linkages to sub-county TWGs. This has institutionalized a multi-stakeholder coordination framework that will outlast the SHARP project.
- **Technical assistance on gender mainstreaming** – NGEC seconded an officer to provide virtual capacity-building training to CSOs on gender mainstreaming, equality and inclusion, SGBV referral pathways, and legal and policy frameworks. This equipped grassroots partners with practical skills to integrate gender-responsive approaches into their advocacy and community engagement work.
- **Joint advocacy and sensitization** – AtMP and NGEC agreed on joint advocacy initiatives targeting adolescents, duty-bearers, and vulnerable populations, including collaboration on community sensitization for the International Day of Zero Tolerance for FGM and International Women's Day.
- **Policy and technical support** – NGEC committed to providing technical assistance on human rights, gender-responsive budgeting, and coordination of Gender Sector Working Group engagements in Isiolo and Marsabit counties. The partnership with NGEC strengthened the institutional capacity of county coordination structures (RMNCAH TWG) and grassroots CSOs, ensuring that gender equality and inclusion are systematically integrated into ASRH advocacy and service delivery.
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b. Collaboration with Jhpiego

AtMP engaged with JHPIEGO under the SMART Advocacy for Strategic Action (SASA) Project, a Gates Foundation-funded initiative focused on advancing Family Planning and Maternal, Newborn, and Child Health (MNCH) policies and financing across Kenya, Uganda, Tanzania, Ethiopia, Nigeria, Côte d'Ivoire, and Senegal. The partnership recognized AtMP's strengths in evidence generation, documentation, and champion engagement.

Outcome: AtMP and JHPIEGO agreed to share advocacy platforms, jointly follow up on NEAPACOH Zambia commitments, and collaborate on champion engagement (legislators, media, faith leaders, youth). JHPIEGO committed to introduce AtMP to the ECSA Regional Think Tank for Maternal Health Reduction. The partnership positioned AtMP as a key technical partner under the SASA Project framework, leveraging SHARP's community-level experience to inform national and regional advocacy strategies.

c. HIVOS Southern Africa – Zambia

AtMP held a courtesy call with HIVOS Southern Africa to explore synergies in youth-led advocacy, accountability frameworks, and climate justice. HIVOS works across human rights, good governance, climate change, digital rights, and the rights of marginalized groups including women and people living with HIV

Outcome: The meeting resulted in mutual understanding of organizational mandates and strategic priorities. HIVOS committed to introduce AtMP to local partners for further engagement. Potential collaboration areas identified include joint advocacy on access to quality SRHR services, engagement of Members of Parliament, and resource mobilization at community, county, national, and regional levels. HIVOS expressed strong interest in AtMP's work on the age of consent and grassroots advocacy models.

d. AIDS Healthcare Foundation (AHF):

AtMP met with AHF to explore integration of HIV prevention and adolescent SRHR interventions. AHF is a global nonprofit providing HIV medical care and advocacy in 50 countries, with a focus on HIV, TB and STIs. The meeting came at a strategic time as AHF was mapping country-level partners on HIV.

Outcome: Joint action areas identified include: HIV prevention and testing campaigns targeting adolescents; integration of HIV services with ASRH interventions; research and policy advocacy at county and national levels; capacity strengthening for youth advocates; and campaigns on protecting health financing from debt payment. AHF committed to introduce AtMP to its country leadership. AHF expressed openness to innovative, joint programming and shifting approaches as the HIV sector evolves.



SHARP Coordinator, Dorothy making a presentation on AtMP's work to JHPIEGO and PPD-ARO team



Courtesy call meeting between SHARP and HIVOS-SA team



Ongoing meeting with SHARP and AHF team on the sidelines of NEAPACOH meeting



Ms. Dorothy handing over AtMP's annual report and knowledge products to AHF team

e. Collaboration with ZENITH Global Health:

AtMP was invited as a strategic partner by ZENITH Global Health, in partnership with the Rwanda Healthcare Federation, during the 6th edition of the Africa Health Summit held in Kigali, Rwanda on 7–8 May 2026. The summit brought together over 18 countries, including the Rwanda NGO Forum, AHF, KUTRH, Strathmore University, Baobab Institute, FBOs, the Deputy Kenyan Ambassador to Rwanda, and the Director of Health Rwanda. AtMP was nominated and received an award in the Health and Social Care category for its exemplary work ensuring access to health services and commodities for rural communities in Kenya – a testament to SHARP's contributions to advancing adolescent SRHR and health systems strengthening. AtMP's CEO also served as a key panel speaker on scaling community and primary healthcare solutions, sharing SHARP interventions including capacity building of lower-level health facilities on adolescent-friendly SRHR service provision, sensitization of community health promoters for effective referrals to increase uptake of ANC, PNC, family planning, and skilled deliveries, and strengthening primary healthcare as the pathway to Universal Health Coverage.

Outcome: Award Recognition: Access to Medicines Platform received an award recognition for its outstanding work in health and social impact – a testament to SHARP's contributions to advancing adolescent SRHR and health systems strengthening in Kenya and the region. Additionally, AtMP's CEO and SHARP project coordinator, was engaged as a key speaker in a panel session on strengthening health systems and workforce at the Africa Health Summit hosted by ZENITH Global in Rwanda. This high-level platform provided an opportunity to share SHARP's lessons on local pharmaceutical manufacturing, commodity security, and the importance of investing in adolescent health as a cornerstone of universal health coverage.



d. Partners for Population and Development Africa Regional Office (PPD-ARO)

AtMP participated in a collaborative meeting with JHPIEGO and PPD-ARO to align roles under the SASA Project framework. PPD-ARO is a regional intergovernmental organization focused on population and development issues.

Outcome: Agreement on joint action in policy advocacy, capacity strengthening, and youth engagement. Critically, PPD-ARO recommended AtMP to participate in the 1st AUDA-NEPAD Continental Consultation with Non-State Actors on SRHR – which AtMP successfully attended, contributing to the Lusaka Declaration, NSA Integration Framework, and a 90-Day Action Plan for community-based initiatives. PPD-ARO also committed to continued collaboration under the SASA Project.



e. Reproductive Health Network of Kenya (RHNK) – Pan-African AYSRHR Scientific Conference

AtMP submitted an abstract drawn from SHARP's endline research (Price, Availability and Affordability study conducted in Isiolo, Marsabit, and Mandera counties) and advocacy experiences to the Reproductive Health Network of Kenya (RHNK) for the 9th RHNK Pan-African Adolescent and Youth SRHR Scientific Conference, to be held from 2–5 June 2026 in Kenya. The conference theme is **"Strengthening SRHR to Achieve Youth Agency, Full Potential and Meaningful Participation in Africa's Dynamic Sociopolitical and Economic Landscape."**

Outcome: Two of AtMP's abstracts under sub-theme 1-Innovations to Address and Eliminate the Triple Threat (Sexual and Gender-Based Violence, HIV Infection and Adolescent Pregnancies) were officially accepted.

The acceptance positions AtMP to share SHARP's successes with a wider audience of SRHR practitioners, policymakers, and researchers from across Africa. The two presentations will showcase models for addressing the Triple Threat, drawing on evidence-based policy recommendations from SHARP's SRHC study on improving adolescent access to SRH commodities in ASAL and AtMP's counties of focus.

f. East African Community (EAC) – Rights Frameworks:

AtMP co-supported the Regional Inception Meeting convened by East Africa Youth Network(EAYN) in collaboration with EANNASO, bringing together youth representatives, CSOs, EALA and Kenyan MPs, government officials, and development partners. The forum reviewed and validated the draft EAC SRH Youth Policy, noting significant improvements from the 2014–2018 version, with clear provisions for comprehensive sexuality education (CSE), stigma reduction, and policy harmonization. AtMP's CEO reaffirmed commitment through three lenses: commodity security, youth-led accountability, and policy harmonization. The forum aimed to: review the draft EAC SRH Youth Policy and its proposed strategic actions; validate the policy content through stakeholder input and technical feedback; ensure the policy is youth-centered, rights-based, gender-responsive, and inclusive; identify gaps, priorities, and recommendations for strengthening implementation; and build ownership and commitment among member states and stakeholders for adoption and rollout.

Outcome: AtMP contributed to the development of a three-phase implementation roadmap for the 2025-2030 EAC Youth SRHR Policy, emphasizing the "3As and Q" framework (Availability, Accessibility, Affordability, and Quality). As a direct outcome, AtMP was selected to lead the Implementation Committee of the policy in Kenya, a formal recognition of SHARP's technical expertise and credibility in shaping regional rights frameworks for adolescents.



Group photo: Youth champions, CSO partners and Members of Parliament from Tanzania and Kenya



SHARP Kenya Coordinator, Dorothy making a presentation of the SRHC study findings and recommendations



Group photo of AtMP, BRAC, Plan International, AAYN and EALA representatives together with the Tanzanian MPs

OUTCOME HARVESTING

CAPTURING TRANSFORMATIVE CHANGE

Access to Medicines Platform (AtMP) convened an Outcome Harvesting Workshop at Boma International Hospitality College, bringing together SHARP implementing staff and CSO champions to systematically identify, document, and validate the project's most significant outcomes. The exercise focused on tangible changes in behaviours, systems, relationships, and stakeholder engagement directly linked to SHARP interventions. The workshop revealed several transformative outcomes:

- Increased openness among adolescents in discussing sexual and reproductive health (SRH) and gender-based violence (GBV), alongside greater confidence in seeking services, as reported by Kherra Ahmed Abdi from Mandera.
- Strengthened youth-led programming in SRHR, menstrual health, gender equality, and GBV prevention through mentorship, community dialogues, and campaigns. Brenda Alwanyi of My Body My Body highlighted improved awareness, reduced stigma, and increased youth participation across project areas.
- Improved collaboration between adolescents and health facilities through youth-facility dialogues that fostered trust, accountability, and more responsive youth-friendly services.
- Stronger multi-stakeholder engagement that enhanced community and leadership support for adolescent SRHR, particularly through the work of Pastoralist Youth Focus Initiative (PYFI).
- Significant policy and advocacy gains, including strengthened regional and national ASRHR engagement, increased policy commitments, and expanded youth participation in policy spaces, enabling young people to engage more confidently and influence decision-making processes.
- Expanded media and digital visibility, with over 64,700 impressions on X, close to 9,800 impressions on Instagram, and a combined potential reach of more than 30 million people through radio and mainstream media platforms including Kenya Broadcasting Corporation, KTN, Citizen Digital, Standard Media Group, People Daily, and Kenya News Agency.



The outcome harvesting process validated SHARP's ability to balance broad reach with meaningful engagement. Through diverse, participation-focused interventions, the project reached 501 participants while maintaining balanced gender representation and strong engagement among young people aged 21–35 years.

FINAL ANNUAL REFLECTION MEETING

CONSOLIDATING FOUR YEARS OF IMPACT

Health Action International convened the SHARP Project Final Reflection Meeting at Holiday Inn Nairobi Two Rivers Mall. The meeting brought together implementing partners, youth-led organizations, youth champions, government representatives from health and policy sectors, and legislators, including representatives of persons living with disabilities. The reflection meeting served as a platform for collective learning, accountability, and future planning.

Youth Champions at the Forefront

Ms. Brenda Alwany of My Body My Body, representing Youth Champions in Kenya, reflected on the evolution of youth participation within SHARP, from passive inclusion to meaningful leadership. Young people actively shaped interventions across Mandera, Marsabit, and Isiolo counties, collaborated with county officials, and influenced community-centred solutions in health and gender programming.

“When young people lead, sustainable change follows.”

Government Commitment to Adolescent Health

Dr. Edward Serem, Head of the Division of RMNCAH at Kenya’s Ministry of Health, reaffirmed the government’s commitment to improving adolescent health outcomes, emphasizing the national focus on reducing teenage pregnancy, preventing HIV infections, and strengthening overall youth wellbeing.

Hon. Martin Pepela, a member of the Parliamentary Health Committee, underscored the importance of prioritizing health investments alongside infrastructure development. He emphasized the need to strengthen leaders’ understanding of health policies and legislation, increase budgetary allocations for health, and enhance accountability in fulfilling constitutional commitments related to healthcare access.

One of the most significant commitments emerging from the reflection meeting was the agreement to sustain the Support Supervision Tool for measuring ASRH service provision. Ms. Dorothy Okemo emphasized that facility teams had already developed three-month rapid implementation plans to address identified gaps and strengthen youth-friendly services across facilities.

“Impact is not only defined by the length of project implementation, but by how intentional and strategic the interventions are in achieving the outcomes we set out to deliver.”

Partners further committed to:

- Sustaining advocacy platforms, including Technical Working Groups (TWGs) and multi-stakeholder coordination spaces.
- Leveraging partnerships and emerging opportunities for continued programming.
- Disseminating SHARP survey findings to inform future interventions and policy advocacy.
- Maintaining the SHARP consortium as a collaborative alliance beyond the project lifecycle.



Group photo: SHARP implementing partners together with EU representative and the Head of RMNCAH Division-MoH, Dr. Serem



SHARP coordinator, Dorothy in an ongoing panel discussion on SHARP outcomes



Country partners engaging in group activities



Hon Pepela giving his remarks on health priorities at the SHARP reflection meeting



Group photo: SHARP Project CSOs sub-grantees from Isiolo and Marsabit; Youth and adolescent champions and SHARP allies-Faith leader



Team Burundi creating their outcomes using illustrations

CSO DISSEMINATION AND LEARNING FORUM

BUILDING A LASTING NETWORK

On 17th April 2026, AtMP convened the CSO Dissemination and Learning Forum at Barsalinga Hotel, bringing together CSO sub-grantees from Isiolo and Marsabit counties, adolescent and youth champions, and representatives of religious institutions. The forum provided a platform for sharing impact stories, facilitating peer learning, and strengthening sustainability mechanisms.

Key outputs from the forum included:

- Development of a Best Practices Compendium documenting innovative approaches and lessons from CSO lightning presentations. These included digital advocacy campaigns reaching over 50,000 individuals through My Body My Body, intergenerational dialogues engaging 545 community members including 15 persons with disabilities through Pastoralist Youth Focus Initiative, and creative advocacy initiatives using music, spoken word, and radio by Dream Shapers.
- Presentation of Certificates of Impact to CSOs and youth champions in recognition of their contributions to advancing adolescent health and rights.
- A formal commitment from a religious leader to support adolescent SRH initiatives, marking an important shift in community leadership engagement and acceptance.
- Identification of critical advocacy priorities, including the need for a rehabilitation centre in Marsabit County to address substance abuse among adolescents, as well as the advancement of a county-level SRHR policy to ring-fence resources for adolescent health programming.

The most significant outcome of the dissemination forum was the unanimous recommendation to establish the SHARP Network, a collaborative platform designed to sustain coordination, advocacy, and joint resource mobilization among CSOs beyond the life of the project. The SHARP Network represents more than a continuation mechanism; it is a living legacy of partnership, shared learning, and collective action. Through this network, participating organizations and youth champions committed to continue strengthening CSO coordination, advocating for adolescent SRHR, and holding duty-bearers accountable to the needs and rights of young people. In this way, SHARP's legacy will not be measured solely through reports or project milestones, but through an enduring coalition of committed individuals and organizations working together to advance adolescent health, dignity, and opportunity for years to come.



Group photo: SHARP Project CSOs sub-grantees from Isiolo and Marsabit; Youth and adolescent champions and SHARP allies-Faith leader



Modesta Talaso-Youth Champion Marsabit



Awarding ceremony of CSO sub-grantees on the great work done in their counties



Mohammed-Adolescent Champion, Isiolo County



SHARP adolescent champions receiving certificates of recognition for championing SRHR in their communities



SHARP Coordinator disseminating SRHC study findings to the CSOs

QUOTES AND TESTIMONIALS FROM PARTNERS AND COLLABORATORS

“

As Religious leaders, we must rise and lead - going beyond our beliefs to advance adolescent health and well-being while upholding religious cultural and national values that safeguard the rights and dignity of children, girls, young people & women- **Pastor Musili**

”

“

Through this project, we have had a opportunity to participate in TWGs, ensuring that youth voice are not only included but actively heard because nothing for the youth should be done without the youth- **Brenda Alwanyi, My body my body**

”

“

Healthcare is not just a service - it must be affordable, accessible and of quality for too long, we have not truly delivered on this constitutional promise. What is written in law must be felt in peoples lives- **Hon Martin Pepela**

”

“

Local pharmaceutical production is our sovereign pharmacy as Africa. It is our key to achieving universal health coverage. It is our key to survival. Let us build an Africa where no mother pays with her life because medicine was stuck on a ship halfway across the world.- **Dorothy Okemo, C.E.O- Access to Medicines Platform**

”

“

As a youth champion, I have participated in SRHR-focused activities, advocacy and policy influence forums. Through that, I am educating young girls in my village about their health rights.- **Modesta Talaso, SHARP Youth Champion, Marsabit County**

“

Because of the empowerment I have received from SHARP, now I am confident enough to educate my fellow peers on SRH in school. I am not afraid to speak about my rights.- **Halima Boru, Youth Champion, Isiolo**

”

“

If the pharmacy shelves are empty, we cannot talk about health for all while our systems remain fragile and dependent on external supply chains that leave our people vulnerable- **Dorothy Juma, SHARP coordinator**

”

“

FGM is not a “cultural issue” or “religious issue” alone but a public health and protection emergency. Anything violent is awful.- **Sheikh Ahmed, Interfaith Committe**

”

“

In health journalism, every statistic, every word and every headline carry a consequence because behind every story is a life.- **Ken Bosire**

”

“

I refused to take the beads. I chose to stay in school. Now I am educating young girls in my village about their health rights and fighting against FGM and child marriage- **Celestine, Youth champion, Marsabit**

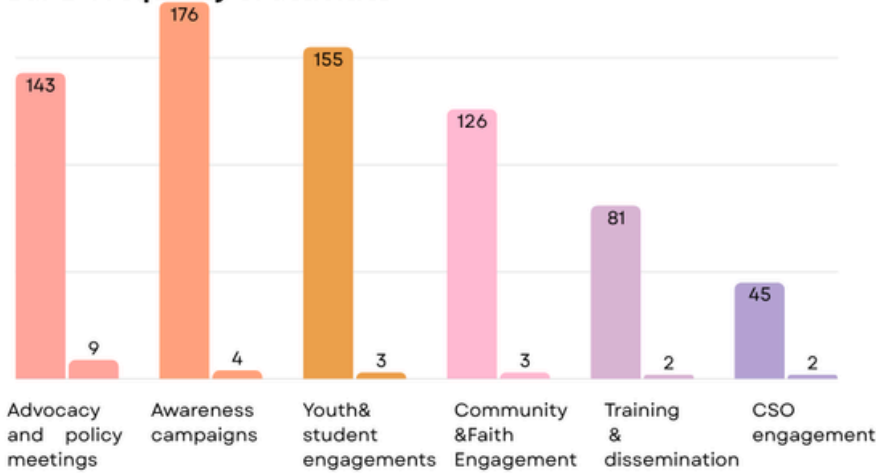
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2025/2026 STAKEHOLDER ENGAGEMENT

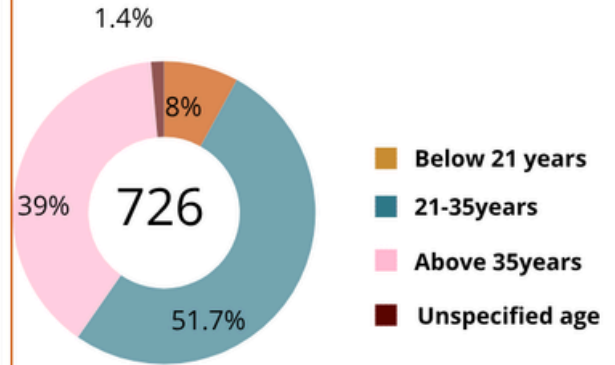
726 Stakeholders directly engaged over the past 6 months

Total stakeholders engaged

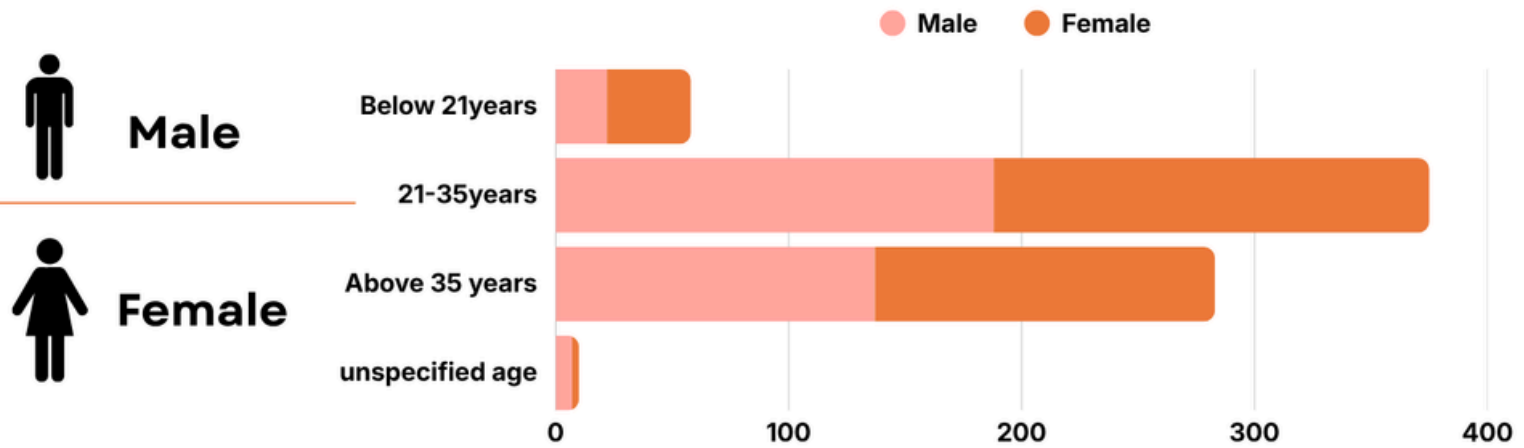
Bar 1- Total beneficiaries reached
Bar 2- Frequency of activities



Beneficiaries by age group



Beneficiaries by gender and age group



Gender Distribution



Female

372
51%

Female beneficiaries account for 51% of the total age specified beneficiaries

Male
372
49%

Male beneficiaries account for 49% of the total age specified beneficiaries

1.0 PROPOSED INTERVENTIONS FOR SCALE-UP AND REPLICATION

Over four years, the SHARP project has generated a body of evidence, a network of committed champions, and a set of proven models that collectively constitute a strong foundation for sustained investment and scale. The project has demonstrated that it is possible — within a defined timeframe and resource envelope — to shift Adolescent Sexual and Reproductive Health and Rights (ASRHR) outcomes through coordinated, multi-level advocacy grounded in community realities. This section identifies the highest-impact interventions ready for scale-up and replication, and sets out the strategic case for further funding to build on these gains.

1.1 Institutionalised Multi-Stakeholder Engagement Platforms

The revision and formalisation of the Marsabit County RMNCAH Technical Working Group Terms of Reference, and the adoption of a standardised ASRH Support Supervision Tool in Isiolo and Mandera, represent a model of county-owned accountability infrastructure that is directly replicable. In each case, the mechanism survived the project's end because it was embedded in county governance systems rather than held by the implementing organisation

Proposed for scale-up: Establish and formalise RMNCAH Technical Working Groups with explicit CSO representation and adolescent voice provisions in at least six additional counties across Kenya's ASAL and high-burden regions. Replicate the Support Supervision Tool model — including joint county-CSO supervision visits and facility-level action plans — as a standardised national framework, with advocacy for its adoption by the Ministry of Health Division of Adolescent SRH. The investment required per county to establish and anchor these structures is modest relative to the long-term governance dividend: counties that own their accountability tools sustain them.

1.2 Youth-Friendly Service Delivery and Health Systems Strengthening

The training of 36 healthcare workers across 28 facilities on Adolescent and Youth SRH service provision, combined with the KMTC Isiolo Campus institutionalisation of SRHR sensitisation, demonstrates a dual pipeline model: upskilling existing providers while embedding ASRH competencies in the pre-service training of the next generation of clinicians. Four of Isiolo County's eight commitments including employment of 230 nurses, procurement of ambulances, and creation of youth-friendly corners were fulfilled within the project period, validating the approach.

Proposed for scale-up: Expand the healthcare worker training model to at least ten additional counties, using the Support Supervision Tool to diagnose gaps and tailor training priorities before delivery. Formally partner with KMTC campuses across other Kenyan counties with high burden of triple threat and maternal mortality to embed SRHR sensitisation into mandatory student orientation, using the Isiolo Deputy Principal directive as a precedent. Advocate at Ministry of Health level for inclusion of adolescent-friendly service standards in the national healthcare worker continuous professional development framework.

1.3 Structured Youth Leadership and Peer-Education Models

SHARP's most durable community-level impact came not from external facilitation, but from the young people it equipped to act. Youth champions in Marsabit and Isiolo counties led community dialogues, conducted peer outreach, participated in county policy forums, and in notable cases made personal decisions such as refusing early marriage that themselves became powerful advocacy tools.

The Outcome Harvesting Workshop confirmed that increased adolescent confidence in seeking services, and strengthened youth-led programming in menstrual health, GBV prevention, and gender equality, were among the most transformative outcomes of the project.

Proposed for scale-up: Design a structured Youth Champion Programme that provides adolescents with formal mentorship, advocacy skills training, county-level engagement pathways, and cross-county peer learning exchanges. Link youth champions to county TWGs and budget tracking processes so that their participation translates into measurable policy influence. Scale the model through the MeTA Kenya CSO Alliance, using it as the institutional home for coordination, documentation, and quality assurance of youth-led interventions across counties.

1.4 Grassroots CSO Capacity and the SHARP Network

Ten grassroots partner organisations in Isiolo, Mandera, and Marsabit received capacity building, sub-grants, and institutional strengthening under SHARP. Several have already leveraged this to attract independent funding — notably My Body My Body, which secured additional financing to expand to Narok, Nakuru, and Nairobi, and received a nomination for the Africa CSO Awards. The CSO Dissemination and Learning Forum resulted in a unanimous recommendation to establish the SHARP Network as a lasting coordination mechanism among these organisations and their communities.

Proposed for scale-up: Formally constitute and resource the SHARP CSO Network, with a governance structure, shared learning infrastructure, and a small secretariat function. Expand the sub-grant model to bring in CSOs from new counties, applying the financial management, safeguarding, and advocacy capacity-building curriculum already developed and tested. Use the Best Practices Compendium produced at the CSO Dissemination Forum as the core knowledge base for onboarding new network members, ensuring that lessons from Isiolo, Marsabit, and Mandera inform implementation elsewhere rather than being relearned at cost.

1.5 Community Dialogue and Faith Leader Engagement for Social Norm Change

Community dialogue forums across Isiolo and Marsabit counties reached over 500 participants and produced measurable shifts in attitudes and behaviour. Faith leaders who participated in interfaith dialogues publicly committed to using their influence to protect girls from FGM and early marriage, with one explicitly stating that “FGM has no religious basis.” A religious leader at the CSO Dissemination Forum made a formal commitment to support adolescent SRH initiatives going forward. These are not incidental outcomes — they reflect a replicable methodology for engaging community gatekeepers whose buy-in is essential for any sustainable change in social norms.

Proposed for scale-up: Design a structured interfaith and intergenerational dialogue programme, based on the SHARP model, and roll it out through the Inter-Religious Council and county-level faith structures in at least five additional counties with high rates of FGM, child marriage, and teenage pregnancy. Document the dialogue methodology in a facilitator’s guide to enable consistent quality and adaptation to local cultural contexts. Invest in systematic tracking of attitude and behaviour change following dialogue forums to build an evidence base that supports advocacy for resource allocation to community-level social norm work.

1.6 Regional and Parliamentary Advocacy for Domestic Financing

SHARP’s participation in NEAPACOH, the EAC Regional Meeting on Youth SRHR Policy, the AUDA-NEPAD Continental Consultation, and the Great Lakes MPs Forum positioned AtMP as a credible, technically grounded voice in regional and continental policy spaces

The unanimous letter of support from 10 parliamentarians across five countries calling for a SHARP extension and new phase, and Kenya's formal commitments at the Lusaka Call to Action, demonstrate that the advocacy infrastructure built under SHARP now has genuine regional political traction. AtMP's selection to lead the EAC Youth SRHR Policy Implementation Committee in Kenya cements this standing

Proposed for scale-up: Sustain and deepen engagement with the NEAPACOH network, the EAC Implementation Committee, and the AUDA-NEPAD NSA Integration Framework as structured platforms for continental influence. Use Budget Trend Analysis Reports and Policy Briefs — already validated as effective tools with county and national audiences — to anchor a dedicated domestic financing advocacy track targeting ring-fenced RMNCAH budget allocations in at least three additional countries in the Great Lakes Region. Co-develop a regional parliamentary scorecard on ASRHR commitments, enabling parliamentarians to track and publicly report on progress against the pledges made at Great Lakes forums

2.0 INVESTMENT CASE FOR A NEW PHASE OF SHARP

The case for continued investment in SHARP is not simply that the project worked — though it did — but that it created conditions under which sustained progress is now possible. The structures, networks, evidence base, and political relationships built over the past four years represent a platform that can be leveraged for far greater impact in a subsequent phase than was achievable in the initial one. The question for investors is not whether ASRHR matters, but whether this model, at this moment, represents the highest-return pathway for advancing it.

2.1 A Proven, Low-Risk Model at a Critical Inflection Point

New programming in ASRHR faces significant start-up costs: building trust with communities and government, establishing coordination structures, identifying and developing local partners, generating a baseline evidence base, and navigating the cultural and political sensitivities particular to each context. SHARP has already absorbed those costs. A new phase would begin with established relationships at county, national, and regional levels; a network of capable grassroots organisations; a suite of tested tools and materials; and a clear evidence base on what works and why. The marginal cost of impact in a second phase is therefore substantially lower than in a first, and the probability of success substantially higher.

The current moment is particularly critical. The commitments made at NEAPACOH, the Great Lakes MPs Forum, and the EAC Regional Meeting are fresh and politically salient. The parliamentarians who signed the letter of support for a SHARP extension are still in office. The county governments that made formal commitments are in the middle of implementation cycles. Continued investment now capitalises on political momentum that will dissipate without it. Delay is not cost-neutral: it risks allowing structures to atrophy, champions to disengage, and gains to reverse.

2.2 Multiplier Effects: Every Shilling Works Harder

SHARP consistently generated returns that far exceeded the direct reach of its activities. Radio engagement alone reached an estimated 500,000 listeners across community stations in Isiolo, Marsabit, and Mandera, while mainstream media coverage through Citizen Digital, KTN, and KBC achieved a cumulative potential audience in excess of 10 million. The project's advocacy contributions influenced commitments that were adopted by 14 African countries through the Lusaka Call to Action — a regional policy outcome achieved at a fraction of the cost of direct service delivery at comparable scale. The selection of AtMP to lead the EAC Youth SRHR Policy Implementation Committee in Kenya provides a platform for regional influence that would cost multiples of the project budget to replicate through direct engagement.

These multiplier effects reflect the structural logic of advocacy-led programming: by influencing the systems and decision-makers that govern service delivery, financing, and social norms, the project shapes outcomes for far more adolescents than it could reach directly. A new phase that applies this logic more deliberately — with a dedicated domestic financing advocacy track and a stronger evidence-to-policy pipeline — has the potential to unlock county and national budget allocations that dwarf the value of the external investment itself.

2.3 Addressing the Financing Gap Directly

SHARP's Budget Trend Analysis Reports documented persistent and significant financing gaps in RMNCAH across Isiolo, Marsabit, and Mandera. Stockouts of essential contraceptives — COCs, Depo-Provera, emergency contraceptive pills — were identified in multiple facilities during support supervision visits, directly limiting adolescents' ability to access the services they need. These are not supply chain failures alone; they are financing and prioritisation failures that advocacy can address.

A new phase of SHARP is well-positioned to pursue ring-fenced county budget allocations for adolescent SRHR as a primary advocacy objective. The groundwork is laid: county health management teams are engaged, budget analysis tools are operational, and CSO partners have been trained in social accountability and budget tracking. What is needed is sustained pressure and technical support over a multi-year period to translate advocacy into durable fiscal commitments a task that is feasible within the SHARP model but that cannot be accomplished in a single project cycle.

2.4 Equity and Inclusion: Reaching Those Left Furthest Behind

SHARP operated in Kenya's most underserved counties — Isiolo, Mandera, and Marsabit — where geographic remoteness, pastoralist mobility, cultural conservatism, and chronic underinvestment in health infrastructure compound one another. The project's ability to generate meaningful outcomes in these contexts demonstrates that the model is suited to precisely the environments where the equity gap in adolescent SRHR is widest. Adolescents in ASAL counties remain far more likely to experience FGM, early marriage, teenage pregnancy, and preventable maternal mortality than their urban counterparts, and far less likely to access youth-friendly services, accurate information, or meaningful recourse when their rights are violated.

Investment in a new phase of SHARP is therefore investment in equity. It is a commitment to the adolescents and particularly the girls who are most often excluded from the reach of development programming, and whose potential remains most constrained by preventable, rights-based failures. The project has demonstrated that these communities are not beyond reach; they require contextually grounded, community-owned approaches that take the time to build trust. SHARP has done that work. A new phase can build on it.

2.5 Alignment with Donor Priorities and Emerging Regional Frameworks

A new phase of SHARP aligns with the European Union's global health priorities including universal health coverage, sexual and reproductive health and rights, gender equality, and the promotion of African agency in health systems. It aligns with the African Union's Agenda 2063 and its commitments under the Maputo Protocol and Abuja Declaration. It directly supports the 2025–2030 EAC Youth SRHR Policy, to which AtMP is now a formal implementation lead. And it responds to the explicit request of 10 parliamentarians from five Great Lakes countries who have formally called on the European Union and country EU Delegations to fund a new SHARP phase — a degree of political demand from beneficiary governments that is unusual and significant.

The emerging AUDA-NEPAD NSA Integration Framework, which mandates Regional Economic Communities to institutionalise civil society participation in policy and domestic health financing, creates a formal architecture within which SHARP's model of CSO-led accountability is not just relevant but required. Investment in SHARP is investment in the infrastructure that these continental frameworks depend on to function at the community and county level. Support in the planning and documenting the commitments made at the next NEAPACOH meeting in Nairobi remains a low hanging fruit to enhance the gains and recognition already established across African regional parliamentary committees.

3.0 CALL TO ACTION: NEXT PHASE

Across Kenya's arid and semi-arid counties, and across Kenya generally, adolescents are not waiting for a better time.

They are navigating harmful practices and silenced voices. They are rationing health decisions around commodity stockouts. They are turning away from facilities that judge rather than serve. They are doing all of this today — not in a future that better funding might eventually reach.



We are not waiting for the future!
We are living the reality today.



PROOF THAT THE APPROACH WORKS

SHARP didn't just plan change. It delivered it.
Real stories. Real shifts. Real impact.



A YOUTH CHAMPION IN MARSABIT

refused early marriage
and became a community advocate
for girls' rights.



A HEALTHCARE PROVIDER

who once turned adolescents away
now offers confidential,
non-judgmental care.



A COUNTY MP

received evidence she had
never held before and was
asked, on the record, to act on it.

THE SHARP APPROACH:

LISTEN. BUILD. STRENGTHEN. TRANSFORM.



1. LISTEN

We listened to adolescents, health teams, faith leaders and communities



2. CO-CREATE

We co-created tools and solutions with county governments



3. EQUIP

We strengthened CSOs through grants, mentorship and capacity building



4. ADVOCATE

We equipped decision makers with evidence for action and accountability



5. SHIFT SYSTEMS

We mobilized health workers, faith leaders and youth to shift norms and influence policies

THE WORK CANNOT STOP HERE.

A next phase means taking a tested, evidence-grounded model and applying it at the scale the problem demands.



From counties to regions



From individual wins to systemic reform



From champions to movements

“

Young people did not ask for sympathy. They asked for systems that work.

We now know how to answer that ask.

INVEST IN THE NEXT PHASE OF SHARP TO REACH MORE ADOLESCENTS, STRENGTHEN MORE SYSTEMS AND CREATE LASTING CHANGE!

The Adolescents of Kenya's ASAL counties, and of the wider Great Lakes Region, are not waiting for a perfect moment. They are navigating harmful practices, commodity stockouts, judgmental health facilities, and silenced voices every day. The SHARP project demonstrated that it is possible to change this to shift attitudes, strengthen systems, and hold duty-bearers accountable in ways that are lasting. A new phase is the opportunity to take that proof of concept and apply it at the scale the problem demands.

We invite the European Union and all prospective partners to join us in that next chapter. Not because the work is easy — but because the evidence is clear, the relationships are built, and the adolescents who made SHARP what it was are ready to go further.

THANK YOU!

Our Donors



Funded by
the European Union



SHARP Implementing partners



Twitezimbere
A.S.B.L

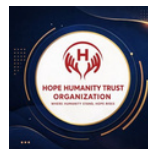
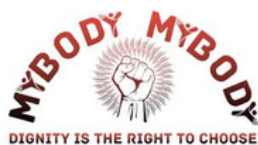


In-Country partners

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