

THE 1ST INTERNATIONAL CONFERENCE ON: REDUCING HIV IN ADOLESCENTS AND YOUTH (RHAY)



Conference Slogan: *Nothing For Us Without Us*

RHAY Pre-Conference Workshop Report

VENUE: TOM MBOYA LABOUR COLLEGE - KISUMU

16th-18th December, 2018

ORGANIZING PARTNERS



FINANCIAL SPONSORS & LOGISTICAL SUPPORT



SPONSORED AYP TO THE WORKSHOP



GLOSSARY

AGYW:	Adolescent Girls and Young Women
AIDS:	Acquired Immune Deficiency Syndrome
AYP:	Adolescents and Young People
CCC:	Comprehensive Care Clinic
DREAMS:	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
FP:	Family Planning
HIV:	Human Immuno-deficiency Virus
HIVST:	HIV Self-Testing
IRDO:	Impact Research and Development Organization
KEMRI:	Kenya Medical Research Institute
MSM:	Men who have sex with men
NIGEE:	Nyanza Initiative for Girls' Education and Empowerment
PLWA:	Persons Living with AIDS
POWER:	Prevention Options for Women Empowerment Research
Q&A:	Question and Answer
RCTP:	Research Care and Training Program
SGBV:	Sexual and Gender Based Violence
SRH:	Sexual and Reproductive Health
STI:	Sexually Transmitted Infections
VMMC:	Voluntary Medical Male Circumcision

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EXECUTIVE SUMMARY

This report summarises key proceedings of a 2½-day workshop convened to collect views from adolescents and young people (AYP) regarding a planned international conference on Reducing HIV in Adolescents and Youth (RHAY). The pre-conference workshop took place on December 16-18, 2018 at the Tom Mboya Labour College in Kisumu, Kenya. The workshop was organised by Impact Research & Development Organization (IRDO), Kenya Medical Research Institute (KEMRI), and Nyanza Initiative for Girls' Education and Empowerment (NIGEE).

The Conference is prompted by the ongoing high burden of HIV among AYP in sub-Saharan Africa (SSA) which are always discussed at conferences yet participation of AYP has been minimal. While a large number get sponsored to conferences, they find the scientific presentations difficult to understand and parallel sessions challenging to navigate. As a result, they get relegated to village corners and do not benefit from the presentations. RHAY Conference is intended to address these concerns by involving AYP in deciding how the conference should be organized and in joining various planning committees. To start the engagement, 17 AYP were involved in the planning, organizing, and coordinating the workshop.

A total of 211 people attended the workshop: 152 AYP ages 15-24 years (81% female), 37 guests (mainly presenters and co-organizers), and 22 journalists from nine media houses. AYP were drawn from seven countries in western Kenya: Kisumu, Siaya, Homabay, Migori, Busia, Kisii and Nyamira. Eight facilitators made oral presentations on different topics on HIV/AIDS: Understanding HIV among AYP, PrEP, HIV Care and Treatment, HIV self-testing, Voluntary Medical Male Circumcision, STIs, DREAMS and POWER Study. In addition, there were three poster presentations on HIV self-testing, PrEP, and a community engagement model to improve adherence of AYP to PrEP. The presentations were intended to expose AYP to how conferences look like, and to give them an opportunity to critique them in terms of how the presentations can be improved to ease comprehension and be interesting. Several group sessions were held to discuss the presentations and suggest improvements, make recommendations on conference planning and how to make the conference both serious and fun, how to reduce the cost, and strategies to engage AYP from start to finish. Delegates also gave opinions on conference theme, logo, chief guest, corporate colours, dates, duration, language, and venue.

The delegates were treated to Zumba dance on day 2, which served as a fun activity and was highly engaging and appreciated; the dance was scored among the most-liked features during the workshop. The event was covered by multiple media houses – both electronic and print, with some

interviews being streamed live on two national TVs. Overall, the workshop was a great success and AYP are looking forward a conference they can truly call their own.

INTRODUCTION

The World Health Organization defines an adolescent as any person between ages 10-19 and young people as individuals between ages 10-24. According to UNAIDS 2017, HIV is the leading cause of death among AYP ages 10-24 years in sub-Saharan Africa (SSA) and second leading cause globally. Adolescent girls and young women (AGYW) in many SSA counties are more than twice as likely to acquire HIV as young men their age. The youth bulge in SSA threatens to increase new HIV infections further with unprotected sex being the most common route of infection among young people. Low knowledge HIV and sexual health coupled with few effective prevention strategies for adolescents are key barriers to reducing HIV infection among young people.

The 1st International Conference to Reduce HIV in Adolescents and Youth (RHAY) was birthed from a quest by AYP to be meaningfully engaged in HIV research, programs and advocacy that address the burden of HIV among them. Specifically, they decried their non-involvement in international conferences where information of HIV among AYP are presented in highly scientific manner which they do not understand. RHAY Conference is intended to fill that gap. In order to make the conference responsive to the needs to AYP, we convened a pre-conference workshop in Kisumu on December 16-18, 2018, with participants drawn from seven Counties in Western Kenya: Kisii, Nyamira, Migori, Homabay, Siaya, Busia and Kisumu.



A total of 211 people attended the Workshop: 152 AYP ages 15-24 years (81% female), 37 guests (mainly presenters, organizers and staff from IRDO, KEMRI and NIGEE), and 22 journalists from nine media houses (Standard Newspaper and KTN TV, Nation Media Group, Kenya Broadcasting Corporation TV and Radio, Kenya News Agency, Lake TV Network, Urban Radio, SU Weekly, Dala FM, and Capital FM).

PERSONNEL AND ROLES:

Convenors/Mentors:

Kawango Agot (IRDO/NIGEE)



Elizabeth Bukusi (KEMRI)



Godfrey Okumu (NIGEE)



Event Planning Committee:

Seventeen AYP were trained on team leading and rapporteur skills, and supported all aspects of the workshop, from the start to the end.

Moderators/MCs:

Winnie Wadera (NIGEE) and Joel Odondi (KEMRI)



Lead Rapporteurs:

Kevin Kamollo (KEMRI); Marilyn Ochillo (IRDO)



Oral and Poster Presenters:

Elizabeth Bukusi (KEMRI), Sylvia Ojoo (University of Maryland), Nelly Mugo (KEMRI), Kawango Agot (IRDO, NIGEE), Patrick Oyaro (KEMRI, RCTP-FACES), Benard Ayieko (IRDO), Victor Omollo (KEMRI), Sylvia Rachieng' (IRDO) and Josephine Odoyo (KEMRI)

PRE-WORKSHOP PREPARATION:

Given their vast experience with girls' empowerment activities, NIGEE (with some support from IRDO and KEMRI) took charge of identifying and inviting AYP from the 7 counties neighbouring Kisumu, arranging for the venue, identifying and training 17 team leaders from among AYP, and coordinating all activities during the 2½ day workshop. Two weeks before the Workshop, 20 team leaders were selected and given an overview of the workshop followed by a discussion on the roles they would play. Again a few days to the Workshop, they were called back (17 attended) and were joined by five KEMRI volunteer rapporteurs. They were trained on rapporteur skills by Lead Rapporteur from KEMRI, assigned the delegates to team-lead, drew up a work plan, and assigned roles for each day.

DAY ONE OF THE WORKSHOP – Arrival of the delegates

AYP volunteer team leaders arrived at the conference venue before noon to coordinate reception and registration of participants, ensured they ate lunch and dinner, and that their needs were taken care of. They also oversaw the accommodation at on-site hostels for girls and a neighbouring guesthouse for boys. Each team leader was in-charge of 8-10 AYP of the same gender. Before dinner, participants congregated at the conference hall for introductions and an orientation of the events and activities to be covered. Winnie Wadera and Joel Odondi moderated the session, while Kawango Agot gave welcoming remarks. Participants were grouped in various teams, assigned team leaders, and allocated sleeping areas (team leaders shared cubicles with their assigned delegates). Team-building activities, including song and dance, were facilitated by the MCs before the group broke for dinner then night rest.

DAY TWO OF THE WORKSHOP – Start-up and Presentations

Session MC: Winnie Wadera and Joel Odondi

Session Summary

The meeting began with a word of welcome from the MCs, prayers, introductions and ground rules. The delegates were introduced by county while the teams were introduced by Prof Kawango Agot (for IRDO), Prof Elizabeth Bukusi (for KEMRI), Godfrey Okumu (for NIGEE).



Introducing Team Leaders

Introductions were followed by Zumba dance coordinated by Mike (affiliate of KEMRI), as a demonstration that a conference can have both scientific presentations and fun, as shown in this video ([RHAY 2020 Youth Pre Conference Dance](#)).

SESSION 1: SETTING THE STAGE: The Burden of HIV AYP in Kenya (Prof. Elizabeth Bukusi)

Session Summary

The first presentation covered the burden of HIV among adolescents and young people in the world, SSA and Kenya. It further looked at the sexual and reproductive health needs of both boys and girls, and ended with a note that there is great need for refocusing efforts towards HIV programming to reduce HIV burden among AYP and meet their sexual and reproductive health needs.



Session Highlights

- In SSA, HIV/AIDS is the leading cause of death for AYP aged between 10 – 24 years, with the youth bulge in Africa threatening to increase new HIV infections further.
- Unprotected sex is the most common route of HIV transmission yet there is inadequate HIV and sexual and reproductive health awareness among the group.
- There are 4,500 new infections daily in Kenya, 37% of which are among AYP.
- AYP vulnerability is escalated by their diminished autonomy especially on matters regarding safe sex, and their lack of resources thus many of their decisions about safe sex practices are dictated by what their male partners want rather than what they want.
- Vulnerability of young people to HIV is worsened by the practice of cross-generational sex.
- Among AYP, vulnerable groups such as MSM, sex workers, people who inject drugs, and prisoners carry the highest burden of HIV.

Sexual and Reproductive Health (SRH) among AYP

- Early pregnancy comes with complications that are risky and sometimes lead to death because the reproductive systems of adolescent girls are not fully matured.
- Other SRH risks of unprotected sex include STIs and unsafe abortions.

- Sexual and gender-based violence (SGBV) increases these risks, especially for the girl-child, with negative medical, psychological, social, and economic consequences.
- Lack of knowledge on SRH and HIV, and lack of access to services on the same are major barriers to HIV/AIDS prevention.

SESSION 2: OBJECTIVES OF THE WORKSHOP & OVERVIEW OF THE RHAY CONFERENCE (Kawango Agot)

Session Summary

The session covered the objectives and expectations of the pre-conference workshop and of the proposed 2020 RHAY conference. It further highlighted what the RHAY conference would look like including the expected number of participants, the type of presentations, cost cutting strategies, among others issues. She emphasized that the presentation is intended to jumpstart a conversation with the delegates (AYP) and that the final structure of the conference will be based on what young people want.

Session Highlights

- The interactive session took the format of engaging participants in Q&A session.
- The delegates then debated what comes to their mind when they hear the word “RHAY”, and two common responses were ‘light at the end of a tunnel’ or ‘ray of the sun’ to denote the dawn of a new day (when young people would truly be part of the fight against HIV). RHAY was thus seen both as an acronym (reducing HIV in adolescents and youth) and a symbol of hope (light at the end of a tunnel) or a new dawn (sun rays appearing after a dark night).
- Moving on to the RHAY Motto, participants understood ‘nothing for us without us’ to mean ‘this thing is for us’, ‘we’re at the centre’, “*Bila sisi hakuna chochote kinaweza kutendeka*” (without us nothing would happen). In short, the youth were clear that to succeed in ending HIV in the adolescents and youth, they must be at the centre of the fight against it.

The key objectives of the conference were highlighted as follows:

1. To provide a forum for:
 - a. Young people in Eastern and Southern Africa (ESA) working in HIV research, programs and advocacy to be mentored to share their work.
 - b. Senior researchers to share their work on HIV among AYP at a level that AYP can understand and identify with.

2. Identify and offer seed funding for promising pilot projects on ending HIV infection among AYP proposed by young people under 30 years.

Five outcomes of RHAY Conference were also outlined, as follows:

1. 600-800 delegates will attend the conference, with about 50% being ≤ 24 years (of whom about 15% will be age 15-19 years), about 20% age 25-29 years, and about 30% over ≥ 30 years, including representation of caregivers of adolescents on care and school administrators (as key players in adherence among adolescents on care, particularly school-going).
2. At least 300 abstracts received and ≈ 100 accepted as oral or poster presentations and 40 pilot projects accepted for oral presentation.
3. 10-15 best presentations will be identified and prepared for publication as a supplement in a scientific journal.
4. Kisumu Declaration on ending HIV among AYP in ESA will be made, and milestones and timelines set for youth participation in ending HIV/AIDS in ESA by 2030.
5. 30 small grants will be awarded to young researchers under age 30 who present promising pilot projects on ending HIV among AYP across ESA (dubbed '30-U-30 Awards')

Dr. Kawango then proceeded to share with the delegates the reason for convening the pre-conference Workshop and why they were invited.

Pre-Conference Workshop Objectives:

1. To gather views from participants about the proposed RHAY conference, such as:
 - Should we even have this conference?
 - Which topics should we include or exclude from the conference?
 - Which month in 2020 should we have the conference and how long should it take in terms of number of days?
2. To make a few presentations on the HIV situation in Kenya and some prevention strategies and ask delegates how easy or difficult it is to understand each presentation.
 - The participants to then advice on how to make the presentations simple and interesting.
3. To discuss with participants how AYP should be involved in planning for the conference, in making presentations, and in leading the discussions.
4. To assess the suitability of the workshop venue (Tom Mboya Labor College) to host the main conference.

SESSION 3: HIV PREVENTION, CARE AND TREATMENT AMONG AYP IN KENYA

(Prof. Sylvia Ojoo)

Session Highlights

- The session opened with gauging participants' knowledge level through questions like: What is ART? When should one be diagnosed? When should one start treatment?
- Participants were then taken through terminologies, meanings and significance of key concepts; global data on uptake of ART was also shared.
- Emphasis was put on the importance of test and treat and frequent testing to know one's status, especially when one is sexually active.
- Factors putting AYP at risk of contracting HIV were reviewed, drawing on Session 1 presentation, and narrowing down on having unprotected sex with an HIV positive partner or a partner of unknown status; having multiple sexual partners especially at the same time (concurrent); having sex with older men especially by adolescent girls; starting sex too early; and being raped.
- She also advised that if one's mother died when s/he was young and their HIV status was unknown, or if someone's mother has HIV, such person should confirm their HIV status.
- A summary of the benefits of ART was given, including reduction in: death, HIV transmission, and occurrence of opportunistic infections. These happen when people on ART adhere to the medication and are virally suppressed (currently, viral suppression in younger populations is lower than in older adults).
- Challenges of long term retention on treatment were highlighted as: difficulty growing up with HIV infection or any other infections; changes in life circumstances that make it difficult to enrol in care, remain in care, and take medications as required; stigma and discrimination, especially among adolescents in school and colleges or living with relatives, mostly orphans; and where the infected individual (especially the woman) has not disclosed her positive status to the partner for fear of violence.
- Delegates felt that they (the young people) do not easily have access to HIV testing services as often as they need for various reasons including health worker attitude, distance, stigma and lack of youth friendly services.



SESSION 4: HIV SELF TESTING (Dr. Patrick Oyaro)

Session Summary:

- The session presenter informed the participants that 30% of HIV infected people still do not know their status and that there is still need to link about 2.7m people to care and treatment programs.
- He highlighted the goal of progressing towards achieving the 90:90:90 targets recommended by the World Health Organization, where 90% of people who have HIV know their status; 90% of those who test positive link to treatment; and 90% of those on treatment are retained in care, adhere to medication, and are virally suppressed.
- Delegates were informed of two types of HIV self-testing (HIVST), which can be both be oral and blood-based and can be assisted or unassisted. Positive results must be confirmed in a health facility because self-testing is complementary to, not replacement of, provider-assisted conventional testing.
- He emphasized that whatever the testing approach, there must be compliance with the 5C's: Consent, Confidentiality, Counselling, Correct results, and Connection (linkage to treatment).
- The facilitator and attendees also discussed the benefits of HIVST which include: privacy and confidentiality thus addresses stigma associated with provider-assisted testing; promotes autonomy, is empowering and improves partner relationship in instances where HIVST promotes couple testing; convenient in terms of time; and flexible and can be done at a place and time of one's choice.
- Delegates were informed of 'Be sure app' which helps in identifying the locations where a person can get a self- test kit for use.
- Responding to a question on accuracy of the results, delegates were informed that this could arise from user mistakes (failing to follow the instructions), test kits issues (there is a very small chance that the kit may give a false result if used well, hence the need to go for confirmatory testing), and recent HIV exposure that may be read as negative if the body has not produced antibodies against HIV which the kit needs to detect an infection.
- The session was wrapped up by a demonstration on how to use the unassisted self-test kit – what to check for and the step-by-step procedure.



SESSION 5: PRE-EXPOSURE PROPHYLAXIS – PREP (Prof. Nelly Mugo)

- This session covered the use of antiretroviral drugs known as PrEP for HIV prevention. The presenter assessed prior knowledge of PrEP, which was relatively high in terms of understanding the concept, how to use it, and when to use and not use.
- Other ways of remaining HIV free were also highlighted, including abstinence, use of condoms, and being faithful to one HIV-negative partner.
- PrEP is taken once a day and has been proven to provide up to 95% protection for high adherers.
- To take PrEP, one must know his/her HIV status.
- PrEP is recommended if and when:
 - i) One has an HIV positive partner, while him/herself is HIV negative.
 - ii) One has multiple sexual partners whose status s/he does not know.
 - iii) One is a sex worker, given the number of partners they have, many whose status they do not know.
 - iv) One who engages in risky sex, such as anal sex.
- It was clarified that unlike ARVs, one does not have to take PrEP at consistent timings as long as it is taken once a day, and one does not have to take it for life. PrEP can be taken seasonally (during periods of risk) and helps to bridge risk in situations where one is at risk of HIV infection such as in a discordant relationship in which the positive partner has not achieve viral suppression.
- The speaker challenged the girls on low adherence and low return for refill, stating that many young girls are initiated on PrEP but a large number do not return for refills, mainly because:
 - i) Sexual partners are usually against PrEP use by their female partners.
 - ii) PrEP is often mistaken for ARVs thus stigma leading to not going for refills.
 - iii) Side effects of PrEP may keep users away.
 - iv) Burden of adherence – taking pills daily is difficult for most young people.
- A participant wondered whether someone who uses a condom regularly still needs PrEP. The presenters responded that PrEP would not be necessary if one always uses condoms



correctly and consistently; however, because many AYP usually engage in unplanned and unpredictable sexual encounters, it is safe to be on PrEP when one is sexually active. Also, because most young people have difficulty in negotiating for condom use with their sexual partners.

SESSION 6: STIs AMONG AYP (Mr. Bernard Ayieko)

Session Summary:

- This interactive, image-filled session focused on the definition of STIs, causes, prevention and control. He broadly divided STIs into three groups: those presenting with discharge, those presenting with ulcers, and those presenting with lower abdominal pain.
- He highlighted the common symptoms of STIs: urethral discharge, abnormal vaginal discharge, new-born eye infection, genital ulcer disease, and lower abdominal pain.
- The session was very educative in nature, with vivid photos to drive the point home, and focused on: Gonorrhoea, Syphilis, Genital Warts, Herpes, Chlamydia and Chancroid. He covered early diagnosis, signs and symptoms, treatment, community education, and partner notification.



SESSION 7: VOLUNTARY MEDICAL MALE CIRCUMCISION – VMMC (Mr. Benard Ayieko)

Session Summary:

- This session focused on VMMC and its role in reducing heterosexual acquisition of HIV by men. The delegates were taken through the history of male circumcision for HIV prevention, and background of the studies on VMMC.
- In countries where circumcision prevalence was at least 80%, HIV prevalence was under 10% and vice-versa for countries where 20% or less men were circumcised. This led to multiple studies, including the ones in Kisumu, Kenya, Rakai, Uganda and Orange Farm, South Africa that confirmed that VMMC reduces the risk of acquiring HIV by an average of 60%.



- Results from these studies led to the launch of VMMC in Kenya in 2008 as an HIV prevention strategy, with over 1.9 million adolescent boys and adult men circumcised in the country between 2008 and end of 2018.
- Delegates were also taken through how VMMC reduces the chances of getting HIV.
- Other medical benefits of VMMC besides reducing HIV were also highlighted, including prevention of swelling of the head of the penis caused by fungal infections; improvement of penile hygiene; reduction in chances of getting genital herpes, chancroid and syphilis; reduction in the risk of acquiring cancer-causing virus (HPV) on the penis; and for women, reduction in cancer of the cervix and the risk of acquiring HIV if men get circumcised and remain negative. VMMC does not, however, reduce the risk of being infected with gonorrhoea.
- All women of reproductive age group were advised to go for cervical cancer screening.

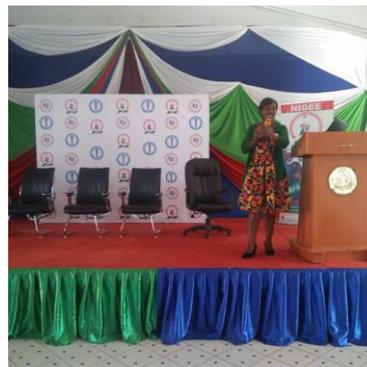
SESSION 8: DREAMS (Ms. Sylvia Rachieng')

Session Summary:

- DREAMS is an acronym for **D**etermined, **R**esilient, **E**mpowered, **A**IDS-free, **M**entored and **S**afe and targets adolescent girls and young women in 10 SSA countries to reduce HIV incidence, address risk behaviours for and transmission of HIV, and reduce gender-based violence.
- DREAMS is being implemented in 5 counties in Kenya i.e. Siaya, Kisumu, Migori, Homabay and Nairobi.
- Why DREAMS? About 1/3 of all new HIV infections occur among adolescents and young people, especially adolescent girls and young women.
- DREAMS targets the most vulnerable sub-groups of females, specifically: orphaned and vulnerable girls, AGYW living and working in fishing bays, sexually exploited girls, girls with disabilities, girls in school who are at risk of dropping out and those who have dropped out; married adolescent girls; and male sexual partners of AGYW.
- In DREAMS, girls are empowered to stand up for themselves and avoid peer pressure; families are empowered to meet their needs through entrepreneurship training, given cash transfer and education subsidy; communities are taught and mobilized to change norms

adversely affecting AGYW and support them to reduce their risk of acquiring HIV; and, male sexual partners of the girls are educated on risk reduction and referred for VMMC or care and treatment, as appropriate.

- DREAMS reaches girls through safe spaces in churches, schools, health facilities, community resource centres, chief's camps, and other venues identified by the girls.
- Depending on their situations and age (15-19, 20-24), the girls are categorised into in-school, out-of-school, single with children, married without children, married with children – and attend safe spaces per their groupings.
- To empower the girls and young women, several interventions have been put in place: condom promotion and provision, HIV testing and counselling, post violence care, PrEP, contraceptive method mix, social asset building, care giver programs, cash transfer, and male partner characterization.
- In terms of the male partner characterization of DREAMS girls, AGYW cited boda-boda riders as the most common sexual partners of young girls; others were teachers, school mates, and other men in their neighbourhoods. Most sex was exchanged for free rides (by boda-boda guys) or money to buy goodies.



SESSION 9: POWER QUEENS (Dr. Victor Omollo)

Session Summary:

- POWER stands for Prevention Options for Women Evaluation Research, and is being conducted by KEMRI in partnership with the University of Washington. POWER evaluates the implementation of oral PrEP in young women, with the goal of developing a delivery model to find out which department in a health facility the girls are most comfortable to pick PrEP from.
- The speaker pointed out that the main challenge with PrEP implementation among AGYW is adherence. POWER Queens was formed to create a forum for the girls enrolled in the study to discuss their problems, with the aim of addressing challenges with retention and follow



up, learning and dispelling myths and misconceptions on PrEP, and creating awareness on sexual reproductive health issues, mainly HIV, pregnancy, cervical cancer, and STIs.

- To retain AGYW on PrEP, the Queens are given the opportunity to run the group, and have achieved enhanced retention through sharing concerns and solutions; improved awareness of risks and prevention options; and improved recruitment through peer referrals.

SESSION 10: GROUP DISCUSSIONS: EVALUATING THE PRESENTATIONS

SESSION SUMMARY

To sum up the day's sessions, participants broke into five different groups facilitated by young



people to discuss the presentations and share their opinion in terms of what was easy, what proved difficult, how the presentations can be improved, what topics should be incorporated for the upcoming conference, who should be invited as

guests and as members of planning committees, logos, conference colour scheme, proposed date and duration of the conference, among other topics.



FEEDBACK

How to simplify the presentations – what was easy and what was difficult to follow

What was easy to understand in the presentations:

1. PrEP: definition, how it is taken, side effects, eligibility, user timing, when and when not to use.
2. Setting stage: the burden of HIV among adolescents and young people
3. STIs among AYP
4. HIV Self Testing
5. DREAMS

Why Easy?

1. There were pictorial guides and illustrations were in harmony with the presentation content.
2. Familiarity with the topic, due to previous exposure to PrEP – “some of us are PrEP champions.”
3. Presenters used simple language.
4. Speakers were audible.

5. Presentations were short.
6. Clear elaboration of targeted groups or beneficiaries.
7. There was familiarity with DREAMS among the group members, as some were DREAMS champions.

What was difficult to understand?

1. Side effects of PrEP.
2. Main phrases on the slides need highlighting to draw attention on what is key.
3. Slides were not well designed for the eye.
4. Understanding the Viral Load concept (under ART presentation) – perhaps would need diagrams to help in elaboration.
5. The pictures were good but not easily visible from where some were sitting.
6. Slides moved fast in some presentations e.g. DREAMS.

How to make the presentations simpler and more interesting:

1. Relevant videos and short clips should be incorporated as much as possible.
1. Simple English and Swahili languages would be ideal standard for the conference, and Sign Language should be included if those with hearing disability are invited.
2. There should be sufficient microphones around the conference hall during Q&A.
3. Print and distribute hard copies of presentation content in advance of sessions, so that participants have time to go through and follow along during presentations.
4. Pre-test and post-evaluate every presentation, for feedback – after sessions.
5. Balance hall use, and speakers should know how to balance the stage – not inclining to one direction only.
6. It is better if speakers are familiar with their content so they don't have to read everything word for word from the slides and lose audience in the process.
7. Time can be better managed, with program schedule strictly adhered to.
8. AYP should be given opportunity to present plays and songs related to the theme.
9. Use of pictorial presentations; photos, illustrations, and graphs.
10. Presentation speed should be moderated, not too fast, and should include introduction, body and conclusion.
11. Presenters should be humorous and lively, not too formal.
12. Sufficient time should be dedicated to Q&A so as to understand the presentations.
13. Detailed explanations might be necessary for difficult concepts.

14. Few slides with only key points emphasized is better for presentation; not too many slides with a lot of information/content; should be visible and clear to the audience.
15. Energizers after every set of presentations (e.g., entertainment dances such as Zumba).
16. Incorporate activities after every session to assess comprehension of the delegates.
17. Refreshments like sweets and water in between sessions, to keep participants alert.

What should be included in the Logo

1. The acronym 'RHAY'
2. Rays of the sun to represent new dawn
3. The Motto of the conference ('nothing for us without us')
4. AIDS symbol creatively crafted
5. A representation of both adolescent boy and girl
6. Include theme colours of major sponsors: i.e. red, blue (light and dark) and green

Duration and Dates for the Conference

1. April, August or December; these months are school holiday periods and as such, school-going AYP are not so committed and will be able to attend.
 - a. **Note:** After checking schedules for other conferences and rainy seasons in Kenya (see suggestion 2 below), the most optimal period is the last week of May (the week of 25th) or the first week of June (the week of 1st).
2. Consider the season to hold the conference to avoid interference by rains.
3. 5 days should provide adequate time for presentations with more explanations (not rushed) hence easy to understand.

Artists to be invited

1. Local artists willing to volunteer should be invited and best ones selected by AYP.
 - Akothee – Afrofusion musician
 - Tony Nyadundo – Ohangla artist with HIV preventive compositions
 - Fena Gitu – Kenyan hip hop artist
 - Ali Kiba – Tanzania Bongo artist
 - Sauti Sol – Kenyan Afro-pop group
 - Mike (and others) – with Zumba dance during the presentations, for fun and to break the monotony.
 - Traditional dances for opening and closing.

Chief Guest

1. Margaret Kenyatta - She is actively involved in programs such as Linda Mama, DREAMS and in boda-boda festivals.
2. Raila Amollo Odinga – He led the Luo community in promoting circumcision and is a respected national and local leader.
3. Demba Jawarah - He has actively participated in uniting different cultures and in reducing Female Genital Mutilation.
4. Phenny Awiti – She is a mother who is living positively and currently an activist on HIV/AIDS awareness.
5. Ngina Kenyatta – the daughter of the President – she is a young person like us.

Topics to be included in the conference:

1. HIV/AIDS research, program and advocacy topics.
2. Gender equality.
3. Gender Based Violence.
4. Family planning and other sexual and reproductive health issues.
5. Entrepreneurship and education.
6. Visioning process.
7. LGBT issues among youth.

DAY THREE: PLANNING FOR THE CONFERENCE AND CLOSING

GROUP DISCUSSIONS

In five groups (different from Day 2 groups), participants deliberated on the planning aspects to make the conference a success. The groups were given topics to discuss, moderated by the rapporteurs and team leaders; each topic was discussed by at least two groups.

FEEDBACK

Committees and Memberships – who should be included?

1. The most active participants at the pre-conference workshop.
2. Representation in terms of gender balance and age groups (15-19, 20-24, 25-30, and above 30 years).
3. County considerations – every county to be represented.
4. Consider including persons with disabilities in some of the committees.
5. Check on leadership qualities i.e. bold, focus on issues, able to express themselves.

6. Selection dependent on passion and willingness to participate in the committee.
7. Relevant skills, knowledge and talent of the participants to lead specific areas of interest.
8. People with experience in organizing such events.
9. Team leaders and rapporteurs from the pre-conference workshop to recommend participants who were active during the pre-conference sessions.

Features to incorporate to make RHAY 2020 adolescent-friendly

1. The program and agenda should be shared with youth volunteers in advance; consider making and distributing summary brochures, to help in remembering topics discussed.
2. Incorporate the local (Kenya-based) entertainment groups.
3. Participants to be awarded certificates for participation/attendance.
4. Check on time management and adherence to the program (assign time keepers).
5. Form social media groups for the planning teams (WhatsApp, IG, twitter, FB, Telegram).
6. Good quality public address system, multiple screens and sufficient wireless microphones around the hall.
7. Ensure security for the delegates, especially the younger ones in the evenings.
8. Prepare badges for the delegates with their name, photo and country.
9. Organize seating arrangements with dedicated areas for various groups, and balance stage use.
10. The conference should be hosted at a facility with professional and friendly staff; state of the art conference hall – sockets, Wi-fi, air conditioning, etc., preferred (Tom Mboya Labour College did not meet the threshold; it's run down, unfriendly, disorganized and plain incompetence of leadership in matters conference – accommodation was pathetic).
11. Invite groups of people living with disability.
12. Invite a sample of parents, teachers and local leaders to understand HIV among AYP and go back and be champions.
12. Show entertainment movies outside sessions; also, organize extra-curricular activities after sessions, like sports and balls games.
13. Conference duration to be long enough to accommodate key topics important to AYP but short enough to not be too exhausting.
14. Automatic electricity power back-up should be at the conference and accommodation facilities in case of power outages.
15. Better standard of accommodation than what Tom Mboya College offered; must have clean, well-lit and aerated rooms and corridors, clean mosquito nets, clean linen and enough toiletry.

16. The conference should be advertised early for volunteers to prepare adequately.
17. Service providers of SRH and HIV/AIDS integrated services be on site; HTS counsellors to have a station from where to conduct testing for willing delegates.
18. Visibility T-shirts and wrist bands for those who attend the conference.
19. Welcome AYP with relevant innovations and inventions to showcase their work.
20. More team building activities, trainings, sports, and culture showcase.
21. Event ushers among AYP to help those new to Kisumu or to the conference navigate their way; assigning team leaders was a good way to ensure workshop delegates felt comfortable (they should have identifying dressing, e.g., T-Shirts or sashes).
22. Providing mothers with separate accommodation and serve special food for their babies; also offer childcare to allow mothers attend session uninterrupted.
23. Food quality and quantity served should be of good standard, with variety.
24. There should be litter bins strategically placed all over the facility.
25. A tuck shop/convenience store should be within safe access of the conference and accommodation facility, for round-the-clock convenient shopping of necessities such as off the counter medication, and sanitary consumables, etc.
26. Since most AYP will be new to a conference, prepare them in advance to understand what will be being presented.
27. Presenters to highlight or shade special points on the slides during presentations.

Strategies to cut down costs

Delegates were informed that cost cutting measures that were already planned include: i) busing youth coming on scholarship from main cities of Kenya, Uganda, Tanzania and Rwanda; two bus companies have been approached and estimate quotes obtained); ii) approaching implementing partners in Eastern and Southern African countries to sponsor young people in their research studies and programs; iii) negotiating discounts with hotels and airlines; iv) requesting keynote speakers to sponsor themselves to the conference; and v) holding most planning meetings through skype or zoom.

Delegates were then asked to suggest additional measures; the following were identified:

1. Transparency and accountability; i.e. in travelling expenses – use of travel agencies with fixed route costs.
2. Artists to come on voluntary basis as a way of giving back to the communities; or use of local entertainment crews i.e. dances and singing groups.

3. There should be uniform provision of food and all – both participants and facilitators – to be served the same menu (no high table); in cases of buffet servings, the team in charge should moderate and balance cutting down costs and not starving delegates.
4. Get accommodation in affordable, but safe and good standard hotels.
5. Inform those invited early so they book early when travel costs are low.
6. Mentor young people to take up roles for which skilled personnel would otherwise be hired and charge more, e.g. planning, preparation of the venue, team-leading, sign language, master of ceremonies, etc.

How AYP can prepare for main conference.

1. Form youth groups with the same interest and agree on how to participate and assign roles.
2. Develop plays and poetry relevant for the occasion, and form groups that will entertain and educate the conference delegates through drama and song.
3. Prepare some exhibition art work to communicate preventive information to the delegates.
4. Engage in personal advocacy and awareness creation on the conference, e.g., printed materials like T-shirts or organized group road shows.
5. Divide ourselves (those who participated in the RHAY workshop) per county and create a social media forum.
6. Talk about HIV and related issues through social media and independent projects.
7. Form a group for people living with disability and sensitize them on the conference.
8. Seek financial support to attend the conference from our own networks.
9. Mobilize adolescents and young people in our counties to attend the conference.
10. Be involved in research, programs and advocacy activities going on in respective counties.

The following were identified in the seven counties represented by the delegates as activities they could partner with in preparation of the conference:

- a) KEMRI, implementing multiple programs, specifically Care and Treatment as well as several studies e.g., Vaginal Ring Study (Kisumu, Siaya, Migori, Homabay).
- b) Aphia Ziwani, implementing DREAMS (Kisumu).
- c) JHPIEGO, implementing Jilinde (Siaya, Kisii, Migori).
- d) Walter Reed, implementing several malaria and HIV research (Kisumu).
- e) IRDO, implementing DREAMS, VMMC, KPs, Fisherfolk, Malaria, TB and several research studies (Siaya, Homa Bay, Migori, Kisumu, Busia, Kisii, Nyamira).
- f) NIGEE, implementing DREAMS Innovation Challenge, Girls Advocacy, and returning girls back to school (Kisumu, Siaya, Homabay, Migori).

- g) EGPAF, implementing SAUTI SIKIKA to reduce stigma and discrimination among PLWHA (Kisumu, Homabay, and Migori).
- h) LVCT Health, implementing DREAMS, Key Populations and several studies on PrEP (Migori, Kisii, Kisumu).
- i) University of Maryland, implementing Care and Treatment (Migori, Kisii).
- j) ADRA Finland (Homa Bay).
- k) I Choose Life Africa (Kisumu).
- l) Young Adolescents for Change (Kisumu).
- m) Aphia Plains, implementing DREAMS (Kisumu).
- n) Family Health Options of Kenya (Kisumu, Siaya).
- o) KOBAT-Nilinde (Homa Bay).
- p) Harvard International Youth Group (Nyamira).
- q) Kenya Medical and Education Trust (Kisumu).

POSTER PRESENTATIONS

Three sample poster presentations were made by Josephine Odoyo and Victor Omollo of KEMRI (on



PrEP Scale-Up and POWER Study, respectively) and Kawango Agot of IRDO and NIGEE (on HIV Self-Testing) to show the delegates a different form of delivery of results or sharing information at conferences. They were then asked to assess what was easy or difficult to understand, and if they had a preference between oral and poster presentations.



Easy to understand Content

1. Appearance and facilitation made the contents easy to understand.
2. Easy to understand because they were detailed.
3. Language used and the format of posters was easy to understand.
4. The pictures were self-explanatory.

Difficult to understand/Gaps needing improvement

1. Some presentations were too official with minimal images (too wordy and crowded) and the presenter used technical terms and did not explain in simple language.
2. Few images should be used on a single poster, without cluttering it with a lot of pictures and writings. One was too wordy – should have fewer images per poster and concise statements.

3. Some terms (e.g., snowballing) were very difficult to understand without further explanations (should use simple vocabularies for easy understanding).
4. The sentences written on some posters were too long; should be more spacious to make it easy to follow during the presentation.
5. Tables and some graphs were confusing and not convenient for those with low literacy.
6. Illustrations on poster, before one reads, should communicate the exact message intended.
7. Make the posters clearly visible.
8. The terminologies and abbreviations should be written in full.
9. Have 'teaching aids' such as actual/live products (e.g., PrEP, self-testing).
10. Use more talking pictures than words.
11. Having brochures/fliers to give after explanation.

General take on Posters

1. Posters good – summarized the information, had better clarity and were generally simple and easy to understand.
2. Posters draws and captures more attention of the audience than oral.
3. Posters are good because they show how things are done and the results and you can ask questions as the group is smaller.
4. Posters are a good approach because they show how the 'thing' looks like, and the instructions to follow.
5. Posters are a good approach because you can always refer to them later, after presentations, unlike PowerPoint slides.
6. It's a good approach because it's easy to remember what you see in pictures.
7. In good posters, the pictures are self-explanatory.

For the main conference, integrated approach of both oral and poster was preferred by participants if the shortcomings of each are addressed.

TOP WORKSHOP LIKES AND DISLIKES

Workshop Likes:

1. Q &A segments – AYP's voices were given priority and they felt empowered and sensitized
2. Zumba sessions with Mike; Masters of Ceremony made the sessions lively.
3. Presentations on setting the stage, RHAY mission and objectives, HIVST, STI, and PrEP.
4. Facilitators and organizers interacted with AYP participants in a cordial and respectful manner.

5. Orderly, friendly and disciplined AYP participants of both gender.
6. The choice of presenters – both male and female, experienced and young.
7. Active participation was encouraged.

Workshop Dislikes

1. Inadequate, ill prepared accommodation facility; poor food quality, small quantity and bad time management for meal times; also facility did not have linen, toiletry which was a big shame.
2. Time management in the presentation wasn't good – discussions and Q&A went on for too long; MCs sometimes overdid ice-breaking and should also reduce too many instances of applauding speakers in time-consuming styles.
3. No tuck shop within vicinity to purchase essentials.
4. Facility hygiene in wash areas, and compound drainage when it rained was very poor.
5. Gender imbalance – too many girls and young women.
6. Ensure the projection of the presentations is clear enough for those sitting at the back.
7. Power outages without automatic back-up disrupted some sessions.

QUESTIONS, ANSWERS AND COMMENTS: INTERACTIVE SESSIONS

Session Summary

During the Workshop, delegates were encouraged to ask as many questions as they had and to share their opinions and comments on various discussion subjects or arising concerns. The questions and concerns were raised both orally and on note pads handed over to the ushers and compiled. While the main objective of this was not necessarily to supply immediate responses to every question, all the questions and concerns raised were captured and recorded by the rapporteurs. The questions demonstrated AYP's understanding, concerns and needs, which will be useful when designing the 2020 RHAY Conference.

This section, therefore, offers a listing of the questions, concerns and comments raised by participants during the workshop (responses were given to some questions on instances where there was such opportunity). Where feasible, the questions have been grouped into sub-topics; some questions were derived from the presentations while others were spontaneous:

On Family Planning and Contraceptives

1. What methods are recommended for adolescents and what methods are not?

2. Why is there a fee charge for implants?
3. What are the side effects of using various FP methods?
4. Could the coil be contributing to cancer?
5. What's the relationship between FP methods and susceptibility to, or prevention of, HIV?
6. Are there FP options for those with complications?
7. Does FP use undermine ability to reach orgasm, when 'making out'?
8. Does use of Depo-Provera present with infertility risk and can it make someone vulnerable to HIV infection?
9. Is it advisable for a girl who has not given birth to use non-natural FP methods?
10. Can varicose veins be treated and are there FP options for people with varicose veins?
11. Why is information and services on FP denied to young women in some health facilities
12. AGYW are being discouraged against contraceptives and end up with pregnancy. When the contraceptive method does not favour the girl child because of side effects and the girl goes to the health facility for replacement there is a fee charged which might deny them access.

On PrEP.

1. Who is eligible for PrEP?
2. Can PrEP access be improved?
3. What are the long-term side effects of PrEP over use?
4. How long should someone use PrEP?
5. How can the side effects of PrEP be mitigated?
6. Can there be a PrEP injection instead?
7. Why can't the researchers come up with PrEP to be taken once a month?
8. What details can be shared about vaginal ring, and why can't it be availed for all?

On HIV burden among AYP

1. Is it true that chances of infecting other people when the viral load is suppressed is nil?
2. What are the solutions to addressing HIV incidence among girls aged 15 to 24 years old?

3. How can young people aged 18 years be encouraged to continue taking ARVs?
4. Why focus on AGYW? Aren't the boys and young men also at risk?
5. What are some of the measures put in place to reduce sexual violence among girls aged 15 to 24 years?
6. Why is HIV higher among women than men?
7. How far has the research on HIV cure drug reached?
8. What causes the HIV viral load to get high, despite being on ART?

On HIVST.

1. How will you know you have reached the 90:90:90 target when people test on their own?
How will you (agencies) get the data?
2. If saliva does not transmit HIV then how come you test saliva for HIV?
3. How do you address the issue of guidance and counselling following a 'positive' HIV self-test results, and how does one link him/herself to care when they test alone?
4. Where do we get the HIVST kits?
5. Are the kits free or charged? If charged, at how much?
6. What if you get a different reading on second testing?
7. At what ages are people expected/ allowed to use the kits?
8. How effective is the kit? Can they be trusted?
9. Is it true that if one is HIV positive and adhering, it is possible to get a negative HIV reading from self-testing?

On STIs

1. What if a child has vaginal discharge, do you conclude the child was sexually active?
2. How can someone know they are infected with gonorrhoea?
3. Can sanitary towels cause STIs?
4. Can one get oral STI infection on engaging in oral sex?
5. Are fungal infections caused by STIs?
6. What causes genital herpes?

7. Why do some women give birth to children who are 'dirty'?
8. Are there vaccines for other STIs?

Other Concerns/Questions

1. There were media disruptions including TV coverage and camera crew criss-crossing the meeting floor – camera men and media persons should have designated strategic points from where they capture proceedings, as opposed to them moving up and down all over and disrupting concentration of participants. Someone also raised concern over why only few individuals were featured and not the entire coverage of live proceedings.
2. It would be helpful to blog and do social media promotion of conference such as on Twitter, Facebook, etc., before and while it is ongoing, for awareness creation purposes.
3. How can technology help in the fight to reduce HIV infections?
4. Tea break sessions and lunch break service saw long queues; the same for morning breakfast and dinner – these delays took much of the valuable time of the participants. The facility could have planned several serving points for the big crowd to help save on time which derailed the program.
5. Group work came at an appropriate point, except the tasks were overbearing on the little time available before late evening tea break even though the groups did push themselves to do as much as they could and fulfilled the assigned tasks.

CONCLUSIONS

Despite the concerns raised by some delegates, AYP felt the event was very successful in bringing them together in a joint forum and getting their views on how to plan for the RHAY Conference. Importantly, they unanimously agreed that a conference such as RHAY is long-overdue and will fill the urgent gap of working with and empowering AYP to take lead in research, program implementation and advocacy in the fight against HIV in this age group.

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Looking forward to a never-seen-before conference that is truly of, for, with, and by adolescents and young people in Eastern and Southern Africa – the 1st RHAY in 2020.

Kawango Agot (IRDO, NIGEE)

Elizabeth Bukusi (KEMRI)

Geoffrey Okumu (NIGEE)

Convener

Convener

Convener