Adolescent And Young People Health Policy

For Kisumu County

“Towards delivering the highest standards of Health for Adolescents and Young People.

Kisumu County Adolescent and Young People Health Policy 2018

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FOREWORD

The Kisumu County Adolescent and Young People (AYP) health policy document has been prepared as a road map for all implementing partners, stakeholders and other relevant agencies in the multi-sectoral response to adolescent and young person's health issues.

AYP form an large segment of the population in Kenya and Kisumu county where 3 out of every 4 persons being below the age of 35 years. This calls for deliberate emphasis and focus on the needs of this important group with the greatest potential towards the achievement of the aspirations of any nation. The demographic dividend concept advocates for strategic investments in health, education and economic empowerment with the view of ensuring that the adolescents and young persons are healthy, well-educated and economically engaged in a well governed environment. Demographic dividend results to an accelerated economic growth due to a change in the age structure of a country's population. An economy's resources are freed up and invested in other areas to accelerate a country's economic development and the future prosperity of its populace. This can only happen if adequate investments are strategically and intentionally invested in adolescents and young persons. To achieve this trend, the challenges that face this population segment and threatens to drain these potential gains must be addressed.

Kisumu county has a youthful population with over 44% of them being under 15 years and a further 23% being between 15 and 24 years old. This group can spur the development the county if the right investments are made appropriately. However, if this doesn't happen, this population can negatively affect the provision of education and health services among other social services, and lead to a loss in the developmental gains and advancements already realized in our counties. Currently these threats are seen in high rates of teenage pregnancies, school dropout rates, new HIV infections, drug and substance abuse, increasing gender based violence and injuries among these target groups. Devolution provides an opportunity for our county to critically evaluate our strengths, weaknesses, opportunities and threats in order to plan diligently and strategically and provide a prioritized adolescent and youth agenda for implementation to our stakeholders, implementing partners and other collaborating agencies.

It is worth noting that during the development of this policy document, the working group faced paucity of data to enable insights into various important aspects of this target population in order to make the most accurate conclusions and provide the appropriate directions. It is critical for the county to invest to ensure that all critical data sets and information collation is prioritized in order to implement evidence based interventions. Through all the relevant ministries and departments, it is my hope and belief that this document will provide the required direction to address the identified critical gaps and enable our adolescents and young persons to receive quality accessible services to enable them and our county at large attain our full potential

H/E. Prof Anyang' Nyongo EBS
Governor Kisumu County

PREFACE

The Adolescence and young people period is characterised by several transitions. These transitions include changes in schools (primary to secondary to tertiary education) biological changes, transitions in mental capacity, including sense of independence in which these individuals want to determine issues for themselves, increasing gender awareness leading to inter gender interactions, psychological and spiritual changes including transition from total parental care to self-management. It is also a period when one is exposed to many ideologies as professed by the print and electronic media, peers, teachers and religious leaders. Adolescent and young person's programing is therefore a multi-sectoral investment bringing together several social services who interact to ensure wholesome development of the adolescent and young persons. These social sectors include the health sector, children's department, the youth and gender departments, ministries of education and the ever strong influence exerted by either the presence or absence of spiritual leadership in the individual's environment. In order to ensure successful navigation of this two critical population and coordination of interventions delivered by each of these social sectors, a multi-sectoral committee was established and after many and extensive deliberations, this committee has delivered this county policy document.

This policy document goal is to endeavour to ensure the highest standards of health for adolescents and young persons is achieved in our county. To achieve this goal, the county multi-sectoral team has identified key thematic areas that must be addressed in order to forestall key challenges that may hinder achievement of this goal. These will form the broad goals of this policy document and they will harness efforts to:

1. **Reverse the rising trends of communicable diseases (HIV, Tuberculosis, Malaria, sexually transmitted Infections) among adolescents and young people in Kisumu County.**
2. **Control rising burden of Non Communicable Conditions (NCDS) among adolescents and young people in Kisumu County.**
3. **To promote, enhance, and strengthen an enabling legal and socio-cultural environment for provision of sexual reproductive health (SRH) information and services for adolescents and young people in Kisumu County.**
4. **Control of violence and injuries among AYPs in Kisumu County.**
5. **Minimise exposure to health risk factors/behaviours among AYPs (Drug and substance abuse)**

Under each of these broad objectives, achievable, realistic specific objectives have been identified to ensure the challenge being addressed under each broad objective will be comprehensively addressed.
Embedded in this policy is the monitoring and evaluation framework that will be used to determine the successes of this policy.

As a county we proudly invite all stakeholders to join hands with us to ensure this policy is executed diligently as it forms an insurance for our future generations.

Hon. Dr Rosemary Obara EBS
County Executive Committee Member of Health

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Ministry of Education (State department of Basic Education), Ministry of Public Service, Youth and Gender Affairs (State departments of Youth Affairs, State departments of Gender Affairs), Ministry of East African Community, Labour and Social Protection, Teachers Service Commission Kisumu County, National Aids Control Council, Kisumu County Assembly; Implementing partners: Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), Family Aids Care and Education Service (FACES), Women Fighting Aids in Kenya (WOFAK), Family Health Options Kenya (FHOK), Kisumu Interfaith Network and Sauti Skika, whose members contributed to the preparation and production of the Draft Adolescent and Young People Health Policy for Kisumu County.

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EXECUTIVE SUMMARY

The process of developing this policy was inspired by the county's recognition of necessity to have a guiding document to address the issues affecting adolescents and young people. The policy focuses on two obligations of County Department of health: realisation of fundamental human rights including the right to health for all as enshrined in the Constitution of Kenya 2010; and ensuring adolescent and young people responsive and comprehensive health services. The development of the policy is spearheaded by the County ministry of health, with a participatory, Multisectoral approach including the National AIDS Control Council, representatives of young people, Ministry of Education and Teachers Service Commission, Department of Youth and Gender Affairs, Department of Children Services and key Implementing Partners supporting adolescents and young people's health programs. The policy embraces social accountability in the delivery of healthcare services, and the principles of protection of the rights and fundamental freedoms of all populations of adolescents and young people, reflected in the inclusivity of the various stakeholders in the development process.

ACRONYMS

AACSE	Age-appropriate Comprehensive Sexuality Education
AIDS	Acquired Immune Deficiency Syndrome
AYFS	Adolescent and Young People Friendly Services
AYP	Adolescents and Young People
CHMT	County Health Management Team
CSO	Civil Society Organisation
DALY	Disability-adjusted Life Years
FBO	Faith-based Organisation
GDI	Gender Development Index
GDP	Gross Domestic Product
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPT	Health Products and Technologies
HRH	Human Resources for Health
HSSP	Health Sector Strategic Plan
ICT	Information Communication Technology
IMR	Infant Mortality Rate
KEMSA	Kenya Medical Supplies Authority
KEPH	Kenya Essential Package for Health
LGBTIQ	Lesbian, Gay, Bisexual, Trans-sexual, Intersex and Queer
KHPF	Kenya Health Policy Framework
MDA	Ministries, Departments, and Agencies
SDG	Sustainable Development Goals
MMR	Maternal Mortality Ratio
MoEST	Ministry of Education, Science & Technology
MoH	Ministry of Health
MoICNG	Ministry of Interior and Coordination of National Government
MoPSYGA	Ministry of Public Service, Youth and Gender Affairs
NACC	National AIDS Control Council
NCD	Non-communicable Disease
NGO	Non-governmental Organisation
NMR	New-born Mortality Rate
NTD	Neglected Tropical Diseases
OOP	Out of Pocket
SACCO	Savings and Credit Co-operative Organisation
SAGA	Semi-autonomous Government Agency
SGBV	Sexual Gender-based Violence
SRH	Sexual Reproductive Health
SWAp	Sector-wide Approach
TB	Tuberculosis
U5MR	Under-five Mortality Rate
WHO	World Health Organization

DEFINITION OF TERMS

Abortion:
The deliberate termination of a pregnancy, usually before the embryo or fetus is capable of independent life. In medical contexts, this procedure is called an induced abortion and is distinguished from a spontaneous abortion (miscarriage) or stillbirth.

Adolescent and Young People-Friendly Services (AYPFS):
These are Health services delivered in ways that are responsive to specific needs, vulnerabilities and desires of adolescents and young people. These services should be offered in a non-judgmental and confidential way that fully respects human dignity.

Adolescent:
This is a person aged between 10 and 19 years. This shall be the working definition in the Policy.

Age Appropriate Comprehensive Sexuality Education (AACSE):
This is an age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic and non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes as well as build decision-making communication and risk reduction skills about many aspects of sexuality.

Age Appropriate:
This is suitability of information and services for people of a particular age, and in the case of the Policy, particularly in relation to adolescent and young people development.

Child Marriage:
This is a situation where marriage, cohabitation or any arrangement is made for such marriage or cohabitation with someone below the age of 18 years.

Child:
This is an individual who has not attained the age of 18 years.
Combination Prevention: The evidence-based behavioural, biomedical and structural interventions as outlined in the Kenya HIV Prevention Revolution Roadmap

Health:
A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.5

Persons With Disability (PWD):
Any person with physical, sensory, mental, psychological or any other impairment, condition or illness that has, or is perceived by significant sectors of the community to have a substantial or long term effect on their ability to carry out ordinary day-to-day activities.

Post-Abortion Care (PAC):
Is the physical (medical), social and psychological care and support given to a person after an abortion

Reproductive Health (RH):
This is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system, its functions and processes.

1. **Reproductive health as a component of overall health, throughout life cycle, for both men and women;**
2. **Reproductive health decision-making, including voluntary choice in marriage, family formation, determination of the number, timing and spacing of one's children, right to access information and means needed to exercise voluntary choice;**
3. **Sexual and reproductive health security, including freedom from sexual violence and coercion, and the right to privacy.**

Sexual Health:
A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual Offence:
Acts of defilement, rape, incest, sodomy, bestiality and any other offence prescribed in the Sexual Offences Act (2006).

Sexual, Reproductive Health and Rights (SRHR):
The exercise of control over one's sexual and reproductive health linked to human rights and includes the right to sexuality.

Sexuality:
It is a central aspect throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

Unsafe Abortion:
A procedure for terminating pregnancy performed by persons lacking the necessary skills or in an environment that is not in conformity with minimal medical standards or both.

Young People:
Are defined as men and women between 18 to 24 years of age according to most global programming, including PEPFAR and UNAIDS.

90-90-90:
Refers to UNAIDS targets where by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.

CHAPTER 1: BACKGROUND OF THE KISUMU COUNTY

1.1. Geographic & Demographic Features

Kisumu County is one of the six counties that constitute the former Nyanza Province in Kenya. The others are Siaya, Migori, Kisii, Homa Bay and Nyamira counties. Kisumu County borders Vihiga County to the North, Nandi County to the North East, Nyamira to the South, Homa Bay to the South West, Kericho County to the East and Siaya to the West. Kisumu County covers a geographical area of 2, 086 Km2. There are seven sub-counties in Kisumu County, namely Kisumu East, Kisumu West, Kisumu Central, Nyando, Seme, Nyakach and Muhoroni. The county has a long shoreline along Lake Victoria covering 90 km with about 17 beaches all of which are fish landing bays. Within Kisumu City, the shores have been used to put up beautiful tourist hotels like Kiboko Bay, the Yatch Club and Tilapia beach resort.

Demographics Characteristics and Health Trends

According to the KNBS census for 2009, Kisumu County had a total population of 968,909 people with 474,687 males and 494,222 females. This is projected to 1,136,905 for the year 2017/2018. There are about 226,719 households, with 53,052 households (23.4%) being headed by females while male headed households are estimated at 173,667 (76.6%). The youth population is about of 370,679 (38.3%). Persons with disability are about 52,517 (5.4%) which is higher than the national average of 3.46%. The population density in Kisumu County is influenced by the climatic conditions, topography, soil composition, land tenure systems and infrastructure. The County's average population density is 482 persons per square kilometre. The population density ranges from a low 218 per square kilometre in Muhoroni to a high 5,165 per square kilometre in Kisumu Central Constituency (KNBS 2013). Majority (62%) of the county population live in urban areas making the county to have the 4th largest urban population in Kenya. The bulk of the urban population is in Kisumu town, (40%) followed by Awasi (10%), Ahero (5%) Muhoroni (1%), Chemelil (1%) and Maseno (1%)

It is estimated that over 60 per cent of the population are poor compared with the National average of 46 per cent as at 2006 . There are many causes of this poverty , however, there are exacerbated by the AIDS pandemic, and other health related issues like: poor water and sanitation systems; malaria; and water borne diseases; The numerous health challenges in the county is mainly due to inadequate infrastructure, shortage of human resources for health, scarcity of funds, and other social factors such as poverty and unemployment. The population in Kisumu access health services from 216 health facilities manned by about 2000 health care workers.

Some of the leading disease burden includes HIV prevalence at 19.3% and Malaria at 27%. There has also been reported increase in the incidences of NCDs including; heart and cancer cases, road accidents, Sexual Gender Based Violence and Hypertension. Key health milestone of the county are immunization rates at 76 %, Long Lasting Insecticidal Net Ownership at 80%, increased maternity coverage all mothers at 61%, 191 functional Community Units , increased rate of HIV testing at 89% and reduced number of stock out days of essential commodities in Health Facilities.

In the 2017/2018 financial year the priority intervention for the county will be to increase efficiency of community health services by increasing awareness of non-communicable diseases such as cancer, road accidents, domestic violence and Hypertension. Strengthening of management of diseases including communicable diseases will be done through capacity building of health care workers through training, mentorship and orientation on specific guidelines and safety protocols.

Population Description

The County's population is young with 44.3% (503,649) aged less than 15 years. Women of reproductive age (WRA) comprise 24.8% (281,952); 43,202 pregnancies are estimated to have occurred during the year. The table below summarizes the population profile by different cohorts.

	Description	Population estimates	County target population	Population covered by Community Units	% of population covered by community units
1	Total population in County		1,136,905	929,674	82%
2	Total Number of Households		227,381	172,413	
3	Children under 1 year (12 months)	3.4%	38,655	38655	
4	Children under 5 years (60 months)	16.4%	186,452	186452	
5	Under 15 years population	44.3%	503,649	503649	
6	Women of child bearing age (15 – 49 Years)	24.8%	281,952	281952	
7	Estimated Number of Pregnant Women	3.8%	43,202	43202	
8	Estimated Number of Deliveries	3.8%	43,202	43202	
9	Estimated Live Births	3.8%	43,202	43202	
10	Total number of Adolescent (15-24)	23.3%	264,899	264899	
11	Adults (25-59)	29.7%	337,661	337661	
12	Elderly (60+)	4%	45,476	45476	

AYP Policy Context

1.2. National AYP Health Policy Framework and Environment

The constitution of Kenya 2010 provides the legal framework for a comprehensive rights-based approach to health services delivery in Kenya. It provides that every person has a right to the highest attainable standard of health, and shall not be denied emergency medical treatment. It articulates that the State shall also provide appropriate social security to persons who are unable to support themselves and their dependants, including Adolescents and Young People (AYP). It further obligates the State and its organs to observe, respect, protect, promote, and fulfil the rights in the Constitution, take legislative policy and other measures, including setting of standards to achieve the progressive realisation of the rights guaranteed in Article 43. The health of AYP and the requisite policy intervention is well articulated Kenya National Health Policy 2014-2030 (KNHP) that has brought to the fore the unique health needs and challenges of the AYP in the country.

1.3. Health under The Devolved System of Government

The Constitution of Kenya 2010 has provided for a devolved system of government. The devolved government structure gives the County governments the responsibility for overall county health services, provision. The Kisumu County AYP Health Policy takes into account the objectives of devolution of health services, which include protection and promotion of the health interests and rights of minorities, marginalised communities and under-served populations, including informal settlements dwellers.

The County Government of Kisumu, Department of Health Services and sanitation is therefore obligated to implement the aforementioned provisions of the Constitution, and its affiliated policies, to enable AYP to attain the highest standards of health. The development of the Kisumu County Adolescent and Young People Health Policy is derived and inspired by the constitution (2010) and he KNHP and is a deliberate attempt to implement and operationalise the national AYP policy and customise it to the unique needs and circumstances of the AYP in Kisumu county. It is intended to guide its agenda for delivering health services to AYP to eventually uplift their health status. This AYP policy will therefore provide the mechanisms and frameworks through which AYP health will be managed as a devolved function in Kisumu County.

1.4. AYP Health and Kisumu County Government Development Agenda

The provision of quality adolescent and young people's health care is fundamental to the attainment of Kisumu County's vision of a prosperous and dynamic county that is a harbour of excellence as stipulated in the county's Current INTEGRATED DEVELOPMENT PLAN (CIDP). Kisumu County's development agenda is also geared towards attainment of United Nation's sustainable development goal (SDG) number three on "ensuring healthy lives and promoting well-being for all at all ages". Through this policy, the Health sector will provide leadership, set standards, and provide AYP health services through regulating all actors and providers of adolescent and youth friendly services. This AYP health policy is intended contribute towards attainment of the highest standards of adolescent and young people's health.

CHAPTER 2: SITUATION ANALYSIS

SRH Trends in Kisumu County

At 19.9%, the HIV prevalence in Kisumu is 3.4 times higher than the National average. (Kenya HIV Estimates 2015). The HIV prevalence among women in the county is higher (21.2%) than that of men (18.3%) indicating that women are more vulnerable to HIV infection than men in the County. Kisumu County contributed to 9.5% of the total number of people living with HIV in Kenya, and is ranked the third highest nationally. By the end of 2015, a total of 144,303 people were living with HIV in the County, with 22% being young people aged 15-24 years and 6% being children under the age of 15 years. In 2015, Kisumu County contributed to 13.7% and 12.4% of the total new HIV infections in Kenya among children and adults respectively. Adolescents aged 10-19 years and young people aged 15-24 years contributed to 52% and 28% of all new HIV infections in the County respectively. Approximately 501 children and 2,518 adults died of AIDS-related conditions in 2015.

In Kisumu, approximately 55% of youth had their first sexual intercourse before the age 15 (early sexual debut). Among the young women, more than 50% had their sexual debut before age 16 compared to the young men who had first sexual activity at age 18. Kisumu has 50% early marriage by age 19, while 50% of the young men married at age 24.

According to DHIS 2016, only 8% of all women receiving modern Family planning methods were adolescents. This is against the backdrop of high rates of unplanned pregnancies. The same report recorded 291 cases of gender based violence among 10-17 year old girls, of which only 46% were able to make to the health facility within 72 hours.

According to DHIS 2016, 38% of all pregnancies in Kisumu were amongst 10-19 year olds. This varied from the sub-counties from 24% in Kisumu East, 36% Muhoroni, 47% Seme, 48% Kisumu West, 50% Nyakach and 54% in Nyando.

Kisumu is among the 7 counties that have a TB care notification rate of above 250 per 100,000 people. In fact according to the 2014 annual report of the division of leprosy, tuberculosis and lung, Kisumu County had the 4th highest CNR at 302/100,000 having reported 3,355 TB cases. This was 44% higher than the National CNR of 210/100,000. In the same report, Kisumu County had the highest TBHIV co-infection rate of 64% compared with the National 36% co-infection rate.

Challenges of AYP Health Provision in Kisumu County

- **Health Expenditures (FY 2016/2017) -** The budget allocation specific for AYP activities is not captured in the Current County Health Sector strategic and investment plan II 2018-2022. Prioritization of AYP budget in the strategic plan will strengthen implementation of AYP activities.

- **Health Information of the AYP -** The current reporting tools are not sensitive to age segregation making almost impossible to calculate AYP incidence and prevalence on health issues. Services are not properly captured to specify the actual services offered. The tools should be reviewed to suit the needs of the AYP. The investment areas for improvement includes developing standard reporting template, conducting support supervision, mentorship and On Job Training (OJT) to staff, formation and training of Health Management Committees (HMCs); availing appropriate reporting tools at each

level; procuring ICD10- books; training other Health Care Workers on ICD 10- books and deployment of Health Records Officers to all Hospitals.

- **Health Leadership -** The County Department of Health and Sanitation has an established leadership at all levels of care . Recognising the existing structures such as Adolescent focal person appointed by the County hitherto is not replicated to the Sub Counties. The mandate of the Sub County Adolescent Focal Point Persons should be to organize the sub county TWG meetings and inform the county TWG. Currently, there is an existing Youth Advisory Committee, however, it requires collaborative effort from all the stakeholders to address issues affecting the AYP and cascade in the Sub counties. The committee should be County- MOH- driven. Capacity building on AYP should have a bottom up approach right from the community units to the County leadership, while the coordination should be the mandate of the sub county heads.

2.1. Principles and Context Guiding the Kisumu County AYP Policy

The Kisumu County Department for Health recognizes that adolescence is a period of rapid physical, biological, psychological, emotional and social growth. However, there is a group that stagnates and is at risk of developing personality disorders and also at risk of abuse. These developmental changes create challenges and special requirements for the specific needs of the adolescents compared to children and adults. Adolescence is also a period when one becomes sexually active, therefore reaching them with health interventions in general that is comprehensive, responsive AYP health services, HIV prevention, care and treatment services and others is critical for their wellbeing.

Cognizant of the circumstances and challenges that AYP face in Kisumu, and in the endeavor to successfully meet the unique needs of adolescents, Kisumu County Health Department policy development and implementation will be guided by the following key characterization unique to AYP.

I. Recognition of the heterogeneity of AYPs and their needs: Younger adolescents (ages 10-14 years), older adolescents (ages 15-19 years) and young people (ages 18-24 years) vary in rates of physical development, cognitive function, comprehension, decision making, association, how they can emotionally cope with situations, and their daily issues and pressures. There are also variations in geographical location, health status, socio-economic status, educational status, and various vulnerabilities (e.g. pregnant AYP, adolescent AYP, OVC, chronic conditions and adolescent key populations). These differences influence development and implementation of interventions specific for these unique categories and also determine the uptake of these services.

II. Commitment to building an evidence base for AYP health programming, interventions and best practices: Considering the limited data and evidence on general and innovative approaches for effectively reaching and providing health services to AYP, it is critical to collect data and evidence on AYP responsive interventions and outcomes and to establish best practices and approaches. This information can then be used to improve programming across Kisumu County.

III. Strengthening linkages and referrals to specific AYP needs and services: There is a breadth of social, economic and biological vulnerabilities faced by adolescents and young people. They are often particularly vulnerable due to issues outside of their health status like gender-based violence, poverty and inadequate caregiver support. Kisumu County Health Management Team (CHMT) hereby commits to pursue resources to develop the infrastructure to address the above and will periodically conduct mapping exercises to assess and strengthen systems for linking and referring AYP to these programs as well as incorporate structural interventions in programming to address long standing vulnerabilities.

IV. Adolescent and young persons' engagement in the design and implementation of services and activities: Meaningful involvement of AYP, especially socially excluded, in the design and implementation of services and programs is critical to developing effective and acceptable health service delivery and support activities. Adolescents and young people can also be engaged as group leaders, peer educators, champions, and/or counselors. This improves the responsiveness, effectiveness and uptake of services and activities as they are more likely to access services and activities that are being provided or informed by their peers.

V. AYP- older person's partnerships: Through this model, adults and AYP can engage not only in dialogue, but also in action as equal partners. The model integrates youth perspectives and skills with adult experience and wisdom. It offers each party the opportunity to make suggestions and decisions, recognizes and values the contributions of each, and allows youth and adults to work in full partnership envisioning, developing, implementing and evaluating programs. County Health Management Team will establish and strengthen the AYP-older persons Partnership by identifying adults and teach them to partner with the adolescents and young people towards accessing health information and services. Emphasis will include specifically peer mentorship and creating the network with older persons and adolescents with other health challenges.

VI. Right's-based programming: The county department of health believes program activities and interventions should demonstrate respect for adolescents and young people, and their right to self-determination. Through the design and delivery of programming, clients should be fully informed and empowered to be able to weigh the benefits and risks of decisions they make about their health. Participation of adolescents and young people should be encouraged and their opinions respected. In all situations however, it is important that the best interests of the adolescent and young persons are prioritized and protected.

VII. Combination approach to addressing adolescent and young people needs: Adolescent and young people's needs are varied and require both a combination and a multi-sectoral approach. The program design will provide reinforcing and complementary activities, such as raising health-risk awareness, treatment and linkages to adolescent-friendly services for improved health outcomes. Relevant, county departments of health will engage multiple sectors that can ensure a combination approach to addressing adolescent and young people's health needs.

VIII. Accountability & sustainability: The County Government of Kisumu acknowledges that AYP health cannot be delivered to the beneficiaries without involving them, alongside other stakeholders, in decision making, program design and evaluation of services they access. The County Health Department undertakes to work with existing multi-sectoral engagement platforms such as the Adolescent Technical Working group (ATWG) among many other TWGs in various County Departments, as well as stakeholder forums, to involve beneficiaries and leaders in steering the AYP health agenda. The Department will also form a County AYP Advisory Council, by integrating existing AYP organs like the Children Assembly, Adolescent Advisory Council etc, for the purposes of involvement of AYP in their own health affairs.

CHAPTER 3: POLICY PROJECTIONS AND FRAMEWORK

3.1. Components of The Policy Framework

Policy orientation and principles

1. Equity in the distribution of health services and interventions
2. People-centred approach to health services and health interventions
3. Participatory approach to delivery of interventions
4. Multisectoral approach to realising health goals
5. Efficiency In the application of health technologies
6. Social accountability

Policy Objective

1. To reverse the trends of communicable diseases (HIV, Tuberculosis, Malaria, Sexually Transmitted Infection) among adolescents and young people In Kisumu County
2. Control rising burden of Non-communicable conditions NCDs) among adolescents and young people
3. To promote, enhance and strengthen an enabling legal and socio-cultural environment for provision of SRH information and services for adolescents and young people
4. Control of violence and injuries among AYPs

Policy Goal

To attain of the highest possible standard of health of AYPs in Kisumu County

3.2. Policy Guiding Principles

These principles aim to guide investments, interpretation of targets, and performance of the sector towards attaining its overall aspirations to adolescents and young people's health in Kisumu County. These principles are based on an interpretation of primary healthcare principles. They include:

3.2.1 Equity in the distribution of health services and interventions to Adolescents and Young People

There will be no exclusion or social disparities in the provision of healthcare services to adolescents and young people. Services shall be provided equitably to all AYP in a community, irrespective of their gender, age, caste, colour, geographical location, tribe/ethnicity, socioeconomic status and any other. The focus shall be on inclusiveness, non-discrimination, social accountability, gender equality and youth friendliness.

3.2.2 Involvement of AYPs in the planning, implementation, monitoring and evaluation of ASRH programs

Healthcare services and health interventions will be based on AYP's legitimate needs and expectations. This necessitates AYP involvement in deciding, implementing, and monitoring interventions.

3.2.3 Multi-sectoral approach to realising health goals

A multi-sectoral approach is based on the recognition of the importance of the social determinants of health in attaining the overall health goals. A 'Health in all Policies' approach will be applied in attaining the objectives of this policy for AYP. The relevant sectors include, among others, agriculture—including food security; education—secondary-level female education; roads—focusing on improving access among hard-to-reach populations; housing—decent housing conditions, especially in high-density urban areas; and environmental factors— focusing on a clean, healthy, unpolluted and safe environment. The private sector shall be seen as a complementary to the public sector in terms of increasing geographical access to health services and the scope and scale of services provided. The Recognition of the critical role parents, guardians and communities play in the promotion of SRH of adolescents is also critical for improved health status of AYP.

3.2.4 Efficiency in the application of health technologies

This aims to maximise the use of existing resources. The health department will choose and apply technologies that are appropriate (accessible, affordable, feasible, and culturally acceptable to the community) in addressing health challenges of adolescents and young people in Kisumu County. The county will also leverage on virtual platforms to provide Services and information to AYP including in eHealth, mHealth, tele-medicine, warm/ hotlines.

3.2.5 Social accountability

Healthcare service delivery systems will be reoriented towards the application of principles and practices of social accountability, including reporting on performance, creation of public awareness, fostering transparency, and public participation in decision making on AYP health-related matters.

3.2.6 Utilization of evidence-based interventions and programming.

Evidence based intervention is critical in developing sustainable and relevant interventions for AYP. The county will collaborate with key stakeholders in generating, communicating and effectively utilizing evidence for decision making

CHAPTER 4: POLICY GOAL, OBJECTIVES, AND ORIENTATIONS

Goal

To attain the highest possible standard of health of AYPs in Kisumu County.

Broad Objectives

The broad objectives of the Policy are to:

1. To reverse the trends of communicable diseases (HIV, Tuberculosis, Malaria, sexually transmitted Infections) among adolescents and young people in Kisumu County
2. Control rising burden of Non-Communicable Conditions (NCDS) among adolescents and young people
3. o promote, enhance, and strengthen an enabling legal and socio-cultural environment for provision of comprehensive AYP friendly SRHR information and services
4. Control of violence and injuries among AYPs
5. Minimise the risk exposure factors/behaviour

Priority Areas and Actions

Broad Objective 1:

To reverse the trends of communicable diseases (HIV, Tuberculosis, Malaria, sexually transmitted Infections) among adolescents and young people in Kisumu County

1) To reverse the trends of HIV/AIDS infection among adolescents and young people in Kisumu County

The policy shall:

i. Promote provision and progressive realization of universal access to HIV Testing Services, Preventive and Care and Treatment services by adolescent and young people. The preventive services include comprehensive PMTCT for adolescents and young people, screening for STIs and other co-morbidities, VMMC for the males, Pre-Exposure Prophylaxis (PrEP), provision of condoms etc.

ii. Promote provision of comprehensive care and treatment package of care including but not limited to HIV prevention and treatment education, psychosocial counselling and support, screening for opportunistic infections (OIs), ART provision, adherence support, retention into care, viral load monitoring

iii. Ensure all HIV positive adolescents and young people on treatment are maximally suppressed and retained in HIV

care through access to viral load test, adherence and psychosocial support and retention strategies as per the National guidelines

iv. Initiate interventions directly addressing identification and engagement of emancipated and vulnerable adolescents affected by HIV/AIDS

v. Promote adherence to National guidelines on rational use of ARVs to prevent drug resistance among adolescents and young people

vi. Strengthen multisectoral collaborations for health information system strengthening for complete, timely and accurate reporting of HIV indicators from community, facility and institution for entry in the DHIS platform

vii. Scale up implementation of evidence-based health interventions

viii. Promote community engagement targeting adolescents and young people to ensure they are meaningfully engaged through policy influencing meetings, community dialogues, outreaches, National calendar days e.g. World AIDS Day, 16 days' gender activities, international youth week etc.

ix. Promote meaningful engagement of HIV infected adolescents and young people through peer led education and establishment of empowerment centres where life skills can be imparted and strengthened

x. Increase awareness on HIV prevention and management through IEC materials, digital platforms, media, edutainment

xi. Work with interfaith and relevant community groups agencies with an aim to demystify HIV and reduce HIV stigma and discrimination

xii. Capacity build Ministry of Education and other relevant ministries, Civil Society Organizations, religious leaders and other key stakeholders on HIV/AIDS among adolescents and young people

xiii. Facilitate establishment of wellness activities at community and institutional levels to support adolescents and young people to ensure improvement in access to health education, psychosocial counselling and support, social and sexual network mapping, screening, diagnosis and treatment services

xiv. Strengthen referral and linkage of adolescents and young people with HIV to ensure continuity in management

2) To prevent and reverse the trends of sexually transmitted infections (STIs) among adolescents and young people in Kisumu County

i. Adopt and operationalize the existing sexual and reproductive health policies to strengthen and prioritize service delivery elements, including STI screening and treatment

ii. Promote free STI treatment for adolescent and young people and promotion of condom use amongst mature adolescents

iii. Initiate interventions directly addressing emphasis on adolescent boys, young men, children/adolescents on the street and other high risk young people

iv. Develop AYP-specific and STI-specific monitoring system to facilitate targeted monitoring and evaluation

v. Capacity build HCPs to improve STI case management in AYP-friendly approaches, with/ without corners for peer referral; STI pre-packaged drug kit marketing; new community-based STI service approaches targeting high-risk young people)

vi. Promote integration of STI service delivery with other services

vii. Invest in new services and approaches dedicated to adolescents at high risk (e.g. men who have sex with men, young sex workers, street children, etc.)

Broad Objective 2:

Control rising burden of Non Communicable Conditions (NCDS) among adolescents and young people.

1) Prevent the occurrence of underweight among adolescents and young people. The policy shall:

i. Promote Nutrition education in community

ii. Incorporate nutrition education in education curriculum at all levels

iii. Promote physical activity among the adolescents and young people.

iv. Link families of adolescents with organisations that offer livelihood and food security programmes

2) Reduce the health risks related to alcohol and drug abuse (ADA) among adolescents

i. Public campaigns on ADA (alcohol free day, world Tobacco day etc.)

ii. Establishment of rehabilitation and treatment centers

iii. Design, develop and distribution of IEC materials addressing alcohol and drug abuse

iv. Roll-out of methadone treatment to sub-counties

v. Sensitization and implementation of the alcohol and tobacco laws

3) Prevent future occurrence of cervical cancer among adolescents and young people.

The policy shall:

i. Institute preventive interventions including behaviour change campaigns on sexual behaviour

ii. Vaccination against Human Papilloma Virus

iii. Enhance cervical cancer screening- HPV Screening

iv. Continue with provision of voluntary male circumcision among men of reproductive age

4) Mitigate against the burden of mortality and morbidity arising from asthma and other chronic lung diseases among adolescents and young people;

The policy shall:

a) Reduce burden of Asthma

i. Enhance health education on management of asthma

ii. Make asthma treatment available

b) Reduce the burden of anaemia among adolescents and young people; The policy shall:

i. Promote health education and counselling on management of sickle cell anaemia

ii. Improve screening and case management

c) Minimize risk factors for cardiovascular diseases among the youth among adolescents and young people;

The policy shall:

i. Promote physical activity

ii. Prevention through health education

d) Reduce the burden of diabetes among adolescents and young people

i. Counselling, nutrition and health education

ii. Promote physical activities in schools and at home

iii. Avail treatment

e) Halt the rising burden of cases of mental illness among adolescents and young people

i. Promote life skills training

ii. Enhance screening for neuropsychiatric disorders.

iii. Create a conducive environment for child development at home and all levels of education

Broad Objective 3:

To promote, enhance, and strengthen an enabling legal and socio-cultural environment for provision of comprehensive adolescent and youth friendly SRH information and services

f) Reduce child, early and forced marriages

i. To encourage political leader's learners to formulate and enforce laws and policies to prohibit marriage of girls below 18 years

ii. Undertake interventions to delay marriage of girls until 18 years of age by influencing family and community norms

iii. Implement interventions to inform and empower girls in combination with interventions to influence family and community norms to delay the age of marriage among girls under 18 years of age

iv. Increase educational opportunities for girls through formal and non-formal channels to delay marriage until age of 18 years

g) To reduce early and unintended pregnancies

i. Improving age appropriate sexual education for adolescents and young people

ii. Promote provision of accurate information and services to prevent early and unintended pregnancies among adolescents

iii. Ensure all pregnant adolescents, including the poor and 'hard-to reach', have access to skilled care throughout pregnancy, delivery and postnatal periods including post-delivery counselling from stigma arising from early age pregnancies

iv. Enhance establishment of linkages for effective referrals to relevant services for pregnant adolescents

v. Support review of all maternal and perinatal deaths and provide adolescent-specific maternal death reports

vi. Promote male involvement in prevention of early and unintended pregnancy

vii. Enhance provision of high quality post-abortion care services to adolescents

viii. Strengthen community involvement in prevention of early and unintended pregnancy

h) To reduce number of children dropping out of school and getting into marriage

i. Support sensitization and implementation of the School Re-entry Policy and a social support system for adolescents

ii. Support interventions to delay marriage of girls until they attain 18 years by influencing family and community norms

iii. Promote educational opportunities for girls through formal and non-formal channels to delay marriage until they attain 18 years

iv. Encourage political leaders, planners and community leaders to enforce laws and policies to prohibit marriage of girls below 18 years

i) To delay sexual debut among adolescents and young people

i. Strengthen and scale up social protection for vulnerable adolescent girls to delay sexual debut as well as improve mental health and educational outcomes

ii. Regulating access to internet Communication society of Kenya should be compelled to control materials available in Kenyan television and internet

iii. Strengthen in-school programs such as institutional teacher mentors to delay sexual debut and promote abstinence among adolescents

j) To reduce unintended pregnancies among adolescent girls

i. Enhance existing service provision channels to provide accurate information and services on a wide range of contraceptive methods to capture diverse needs of adolescents

ii. Provision of condoms and condom use education amongst mature adolescents

Broad Objective 4:

Reduce the burden of violence and injuries among AYPs

k) Reduce health risk related to sexual and gender based violence

i. Implementation of National policies i.e Sexual Offence act, child protection policy, Health rights, Constitution of Kenya 2010, Kenya Fast Track Plan etc.

ii. Sensitization of gatekeepers and parents

iii. Review of existing policies

iv. Advocacy

v. Capacity building on human rights

vi. Creation of safe houses or clubs

vii. Strengthen referral systems

viii. Promote awareness among adolescents, family and communities about existing SGBV response services

ix. Promote male involvement in prevention of SGBV

x. Strengthen provision of medical, legal and psychosocial support for adolescent survivors of SGBV

xi. Strengthen capacity of multiple stakeholders involved in prevention, response and management of SGBV

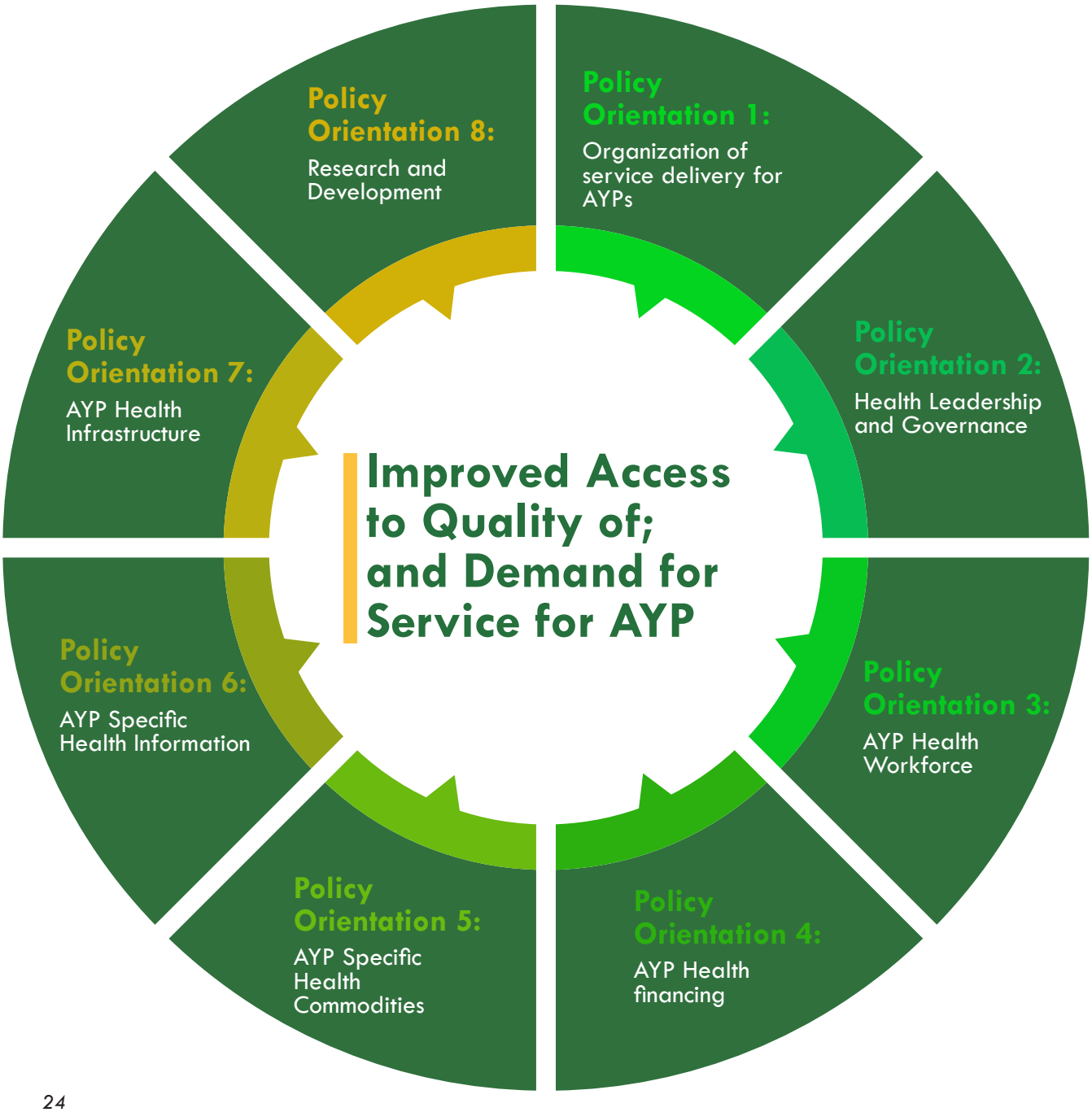
xii. Support advocacy for implementation of legal instruments that protect the rights of adolescents

xiii. Enhance capacity of law enforcers and health service providers on prevention, response and mitigation of SGBV

xiv. Strengthen coordination of multi-sectoral and multi-pronged response

xv. Train police and interior coordination on GBV and their role

Policy Orientations



CHAPTER 5: IMPLEMENTATION FRAMEWORK

(Institutional Framework, Stakeholders in Health Service Delivery, Mechanisms for Intergovernmental Relations)

Management and Coordination

The Adolescent and Young People Health Policy for Kisumu County will be implemented following existing National policies with consideration to multi-sectoral approach which includes collaboration and partnership with state and non-state actors. The County health Department will manage and steer coordination among the various actors.

Implementation will be done at various levels: County Health Management Team (CHMT), Sub County Health Management Team (SCHMT), AYP County and Sub County TWGs. Partnerships shall be achieved through county and Sub Counties AYP Focal Persons who will bring various stake holders at various governance levels to ensure implementation of the policy is achieved.

5.1. Control Rising Burden of Non-Communicable Conditions (NCDs) Among Adolescents and Young People

5.1.1 Provision of health services

The Policy shall ensure provision of health services for adolescents. It shall outline various levels of service provision and related standards in service provision and all related requirement for the various service provision.

5.1.2 Levels of Service provision

The implementation shall be through devolved structures based on the health systems across the various tiers:

Tier 1 - Community Health Services
Tier 2 - Dispensaries and health centers
Tier 3 - Sub County Hospitals and County Hospitals
Tier 4 - Teaching and referral hospitals

Health institutions operated by other non-state actors will follow the same classification based on their level of service provision. At all levels, referrals will be strengthened and monitored to ensure prompt service provision is offered to the adolescents.

5.1.3 Standards for Provision of Adolescent health Services

Article 43 (1) of the Constitution of Kenya (2010) states that 'every person has the right to the highest attainable standard of health, which includes the right to health care services. The policy shall support access to and provision of adolescent responsive health services regardless of the various circumstances across the county. This put into consideration the various International and National guidelines in line with provision of health services to adolescents.

5.1.4 Health Systems Requirements

A functional health system is a key determinant of quality of services. In order to provide efficient, effective and sustainable AYP services, the following health system building blocks as outlined in the Kenya Health Sector Strategic and Investment Plan (2013-2017) are essential: Health financing and sustainability, health leadership, health products and technologies, health information, health workforce, service delivery systems and health infrastructure.

5.1.4.1 Health Financing and Sustainability

The Policy recognizes the need to allocate financial resources and to put in place sustainability mechanisms for effective and efficient provision of AYP services. In this regard, the Department of Health shall:

- Generate and avail evidence to justify resource allocation to AYP programs;
- Seek increased budgetary allocation for provision of AYP information and services at National and county levels;
- Coordinate and harmonize donor support for AYP programs;
- Establish mechanisms for mobilizing financial resources, including Public Private Partnerships;
- Improve efficiency and accountability in resource allocation and utilization.

5.1.4.2 Health Leadership

The Policy recognizes the role of leadership and governance in provision of AYP health services. The County Department of Health through the County AYP Focal Person shall:

- Build capacity of Sub County AYP focal persons, health managers at all levels in strategic leadership, health systems and service management for AYP
- Strengthen Reproductive Health Training and Supervision (RHT&S) system at all levels for effective provision of AYP services
- Ensure that annual work plans at all levels of service provision prioritize AYP services
- Monitor, evaluate and document AYP services at all levels
- Establish and strengthen partnerships for AYP service provision at all levels.

5.1.4.3 Health Products and Technologies

Preventive, promotive, curative and rehabilitative products, and technologies are essential in the provision of AYP services. The County Department of Health shall:

- Ensure equitable access to essential Preventive, Promotive, Curative and Rehabilitative products, and technologies in health facilities at all levels
- Ensure linkage with other policies on the procurement system and commodity supply chain
- Ensure linkage with institutions offering quality assurance of all medical AYP commodities used by adolescents and young people

5.1.4.4 Health Information

Health Management Information System (HMIS) is critical in the implementation of the Policy. Towards this end, the County Department of Health shall take the following actions:

- Advocate for Revision and standardization of data collection tools to capture age and sex disaggregated data for adolescents at all levels of data collection;
- Strengthen HMIS for adolescents and establish linkages with the National Integrated Monitoring and Evaluation System (NIMES);

- Routinely collect, analyse and utilize high quality segregated data on adolescents and Young People for decision making at all levels; and
- Utilize modern technology to improve management of AYP information at all level

5.1.4.5 Health Workforce

The County Department of Health and sanitation shall enhance human resources for provision of AYP health services by:

- Building capacity of health providers to provide AYP friendly services through in service, on job training, mentorship and continuous medical education
- Advocate for integration of AYP package of care training into pre-service curriculum in all medical training institutions
- Ensure quality assurance through routine support supervision and mentorship at all levels to provide AYP health services.

5.1.4.6 Service Delivery Systems

The County Department of Health and sanitation shall ensure that AYP services are delivered in ways that are responsive to specific needs, vulnerabilities and desires of AYP in public, private, school health facilities and within community structures. The services shall be offered in a non-judgmental and confidential manner that fully respects human dignity.

The following are some of the key components for effective and efficient AYP friendly health services:

- Available
- Accessible
- Equitable
- Acceptable/client-centred
- Affordable
- Reliable
- Consistent
- Safe

5.1.4.7 Health Infrastructure

The County Department of Health and sanitation will provide infrastructure to support the adolescent and young people health service provision framework in order to manage their complex and emerging needs.

5.2. Roles and Responsibilities

The County Government of Kisumu

- Allocate financial resources for implementation of the Policy
- Improve fiscal responsibility

5.2.1: Role of County Department of Health and sanitation

The County Department of Health shall allocate resources towards implementation of the AYP Policy. The planning, implementation, supervision and coordination of all AYP program activities shall be undertaken by:

- The County Health Management Teams (CHMT),
- County Hospital Management Teams,
- Sub-County Health Management Teams (SCHMT),
- Primary care facility management teams
- Community structures

The county health committees, county hospital boards, primary care facility management committees and community health committees shall play an oversight role on AYP matters, including resource mobilization, ensuring high quality of services as well as monitoring and evaluation. The county and sub-county health stakeholders' forums and the community dialogue days shall provide avenues for partnership and public participation in AYP issues. The County Department of Health shall ensure collaboration with key departments within and outside the ministry and encourage relevant agencies to mainstream AYP issues in their core functions. The County Department of Health shall collaborate closely with the MOE for in-school AYP who form the largest proportion of adolescents and young people. The Joint Interagency Coordinating Committee (JICC) shall be the key mechanism for involving other ministries and development partners in coordinating resource mobilization and allocation.

The AYP Technical Working Group (AYP-TWG) shall be the mechanism for involving stakeholders to review and revise the AYP health Policy and action plan. It will also standardize and review implementation protocols, guidelines and procedures.

The County Department of Health shall ensure collaboration among health departments and divisions within and outside the department and encourage these ministries/agencies to mainstream AYP issues in their core functions. The CDH shall also ensure meaningful participation of AYP representatives in the KCM and policy implementation.

5.2.2. Roles of Other Ministries and State Agencies

A multi-sectoral approach shall be promoted in the implementation of the Policy. The following ministries and state agencies shall be involved:

Ministry of Education (MOE)

Implement Human Sexuality Education (HSE) in-line with the Education Sector Policy on HIV and AIDS (2013)

- Support utilization of ICT and other innovative approaches in delivery of AYP information
- Ensure implementation of the Education Re-entry Policy for adolescents
- Ensure all learners have birth certificates
- Ensure implementation of Basic ducation Act 2013
- Facilitate provision of information to parents on sexual and reproductive health of adolescents within the school set-up
- Support implementation of school health programs
- Strengthen health referral systems
- Support implementation of adolescent-related policies and guidelines
- Strengthen network of adolescents living with HIV and Support treatment literacy for adolescent living with HIV Strengthen partnership with the CDH to provide AYP information and services both in and out of schools

Ministry of Devolution and Planning

(Directorate of Youth, Directorate of Gender, NCPD, KNBS, Anti- FGM Board)

- Support policy advocacy, resource mobilization and generation of data/information
- Integrate AYP into youth empowerment programs
- Support gender mainstreaming in all AYP and related programs
- Ensure implementation of the children's Act
- Support advocacy on elimination of SGBV
- Advocate for NHIF registration using birth certificates or school registration for the AYPs below 18 years who have children and those heading households
- Hold campaigns for civil registrations for universal coverage

NACADA

- Enact and ensure enforcement of laws that protect adolescents with regards to alcohol and substance abuse
- Create awareness on harmful effects of drugs and substance abuse
- Provide age-sex disaggregated data for alcohol, drug and substance abuse for decision making

ANNEX

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