

Mombasa County Adolescents and Young People Strategy on HIV and Sexual Reproductive Health





Foreward

The Kenya AIDS Strategic Framework (2014 – 2019), identifies adolescents and young people (AYP) as a priority population for the HIV response. Since AYP were identified as a priority populations, the country has continued to invest in policies and programmes that address the gaps identified in this population. Despite the investments, AYP are yet to demonstrate the benefits drawn from improved services.

The African Union has recognized the harnessing of the demographic dividend as an opportunity for African countries to address its development challenges and this has been anchored on Kenya Vision 2030. Harnessing the potential of AYP for the demographic dividend is essential. Developing programmes that identify and develop the potential of AYP is a key factor in achieving the development milestones in a country. The Mombasa County Integrated Development Plan (2018 – 2022) prioritizes the need to empower AYP through development of skills and talents.

A majority of AYP spend most of their time in learning institutions at different levels. The County Department of Education plays a key role in achieving the social outcomes as stipulated in Vision 2030, CIDP and this strategy. Creating opportunities and spaces for AYP to be engaged in responding to the negative outcomes on HIV, SRH and other related illnesses. Strengthening the capacities of stakeholders in education will be of paramount importance in addressing stigma and discrimination while improving access to information and treatment.

The writing team took into consideration the different policies and initiatives implemented in the country. Documents such as Global Accelerated Approach to the Health of Adolescents (WHO), Fast Track Plan to end HIV and AIDS among Adolescents and Young people (NACC), Acceleration plan for children and adolescent treatment scale up (NASCOP), Education Sector Policy on HIV and AIDS (MOEST), National ASRH policy, Adolescent Package of Care among others were instrumental in the development of this strategy.

This 5-year plan requires stakeholders across all sectors to work together in ensuring the needs of AYPs are addressed and their rights upheld. A combined and comprehensive approach in tackling the challenges facing AYP will be critical in realizing the objectives of this strategy.



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Preface

The Mombasa County Adolescent and young people (AYP) strategy on HIV and sexual reproductive health marks a milestone in the County's investment plan in young people. The strategy will be implemented over a period of 5 years (2018 – 2023). It is a first of its kind in Kenya that has boldly attempted to provide a holistic approach to addressing the needs of adolescents and young people in Mombasa County.

In developing this strategy, the County is cognizant of the critical role of adolescents and young people in achieving the county development priorities. Despite attempts to address the health challenges of AYP, the county is still lagging behind in achieving the set milestones. Over the years, the county continues to record a high number of child marriages, gender based violence, teenage pregnancies and STIs. Other information in the county reveals low employment rates, high rates of school drop-outs and more AYP getting involved in sex tourism.

In the era of universal health coverage (UHC), the county has put in place bold steps to increase awareness and access to quality and affordable health services for all citizens in the county including AYP. To achieve this, the county recognizes the need for a multi-pronged and multi-layered approach in programming for AYP requiring input from stakeholders across all sectors.

This strategy has been developed to provide guidance to stakeholders who want to invest in and implement high impact programmes with AYP in the county. It seeks to boldly tackle the socioeconomic, behavioural and healthcare system-based determinants of health with an emphasis on multi-sectoral collaboration while meaningfully engaging AYPs. This document has four key strategic objectives:

1. To improve HIV/SRH outcomes for adolescents and young people
2. To improve the social and economic status of adolescents and young people
3. To strengthen AYP participation and leadership in HIV/SRH planning and programming at all levels
4. To strengthen county leadership and coordination of multi-sectoral partners engagement for AYP health and well-being.

All sectors (public and private) are invited to join us by creating opportunities for AYP, mainstreaming AYP in their policies and investing in the implementation of this strategy.



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Acknowledgments

The development of the Mombasa County Adolescent and Young People Strategy plan 2018 – 2023 was undertaken in a consultative and participatory series of meetings and with external stakeholders and county officials. The process was initially started by engaging youth groups, and M&E and policy planning technical teams. The process involved review of relevant documents and generation of data from national policies and guidelines on HIV and Sexual reproductive health and rights.

Special thanks to H.E the Deputy Governor and CECM Education, ICT & MV 2035, CE CM Youth, Gender, Sports and Cultural Affairs, CECM Trade, Investment and Tourism, CECM Transport and Infrastructure, CECM Agriculture, Livestock and fisheries, CECM Environment, Energy and Solid Waste Management, Office of the County Attorney and Sub-County Administration for providing county leadership and technical guidance during the development of this report.

The Department of Health Services would like to acknowledge the commitment that LVCT Health put in place to make sure this strategy is ready. Much appreciation goes to the adolescent health working group whose members were drawn from the Senior County Health Management Team, Sub-County Managements Teams, our partners and civil society organizations.

We would like to thank UNICEF for funding the process and AIDS Alliance through PITCH project for supporting participation of adolescents and young people.

In particular, we would like to thank the following: Aisha Abubakar, CCO Public Health; Ahmed Zaituni (CASCO) and SCASCOs; Patriciah Jeckonia, lead facilitator, LVCT Health team, Juliet Akumu and youth advisory council members. We also thank National AIDS Control Council, NASCOP and the strategy writing team for ensuring the strategy is aligned to national frameworks and includes innovations that will have a positive impact as we address HIV and SRH among adolescents and young people in Mombasa County.



Dr. Shem Patta,

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List of Abbreviations

ANC	Ante natal Care
ARV	Anti-Retro Viral
AGYW	Adolescent Girls and Young Women
AYP	Adolescents and Young People
AYPLHIV	Adolescents and Young People Living with HIV
ASRH	Adolescent Sexual Reproductive Health
AYPKP	Adolescent and Young people Key Population
ATWG	Adolescent Technical Working Groups
CQI	Continuous Quality Improvement
CHMT	County Health Management Team
CHAs	Community Health Assistants
CHEWs	Community Health Extension Workers
CHVs	Community Health Volunteers
DHIS	District Health Information System
DDIU	Data Demand and Information Use
EBIs	Evidence Based Interventions
EMTCT	Elimination of Mother to Child Transmission
CASCO	County AIDS and STI Coordinator
CBO	Community Based Organization
CDH	County Department of Health
CEC Health	County Executive Committee member for Health
CIDP	County Integrated Development Plan
CO	Chief Officer
ECP	Emergency Contraceptive Pill
FBO	Faith Based Organization
GBV	Gender Based Violence
HCW	Health Care Workers
IEC	Information Education Communication
PrEP	Pre-exposure Prophylaxis

PEP	Post Exposure Prophylaxis
PNS	Partner Notification Services
MoE	Ministry of Education
MAT	Medically Assisted Therapy
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IDU	Intravenous Drug users
KASF	Kenya AIDS Strategic Framework
KEPH	Kenya Essential Package for Health
KENPHIA	Kenya Population-based HIV Impact Assessment
KDHS	Kenya Demographic Health Survey
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
KICD	Kenya Institute of Curriculum Development
WHO	World Health Organization
MoH	Ministry of Health
OSS	Organizational Systems Strengthening
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NSP	Needles and Syringes Programme
OTZ	Operation Triple Zero
PAC	Post Abortive Care
PVC	Post Violence Care
SDG	Sustainable Development Goals
SGBV	Sexual Gender Based Violence
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections

Table of Contents

Definition of working terms and relevant definitions	IX
INTRODUCTION	1
Rationale and Scope	5
VISION, GOAL AND OBJECTIVES	7
Guiding principles	7
Standards for quality adolescents and youth friendly services	8
STRATEGIC INTERVENTIONS	
Strategic Objective 1: Improved HIV/SRH outcomes for adolescents and young people	11
Strategic Objective 2: To improve the social and economic status of adolescents and young people	21
Strategic Objective 3: To strengthen AYP participation and leadership in HIV/SRH planning and programming at all levels	23
Strategic Objective 4: To strengthen county leadership and coordination of multi-sectoral partners engagement for AYP health and well-being	24
FINANCING AND RESOURCE MOBILIZATION	29
COMMUNICATIONS AND ADVOCACY	31
IMPLEMENTATION STRUCTURE	34
ANNEXES	39
REFERENCES	43

Definition of working terms and relevant definitions

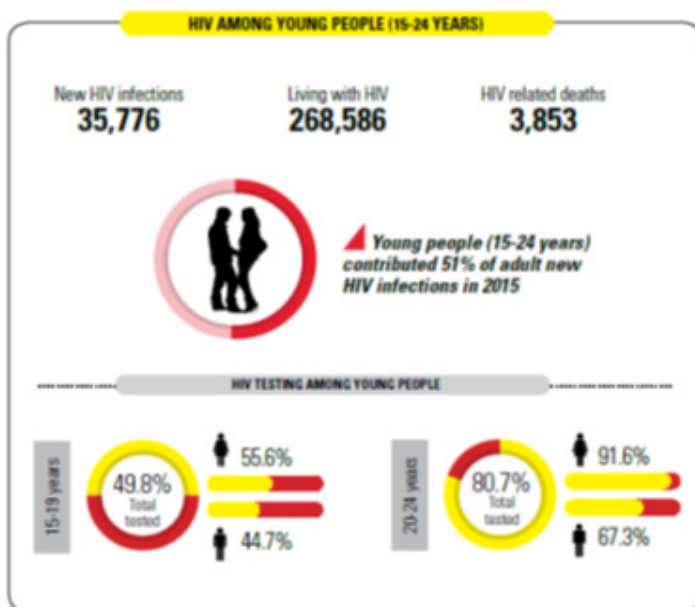
- “Adolescents” are defined as persons between the ages of 10-19 year while Young people are persons between the ages of 15 – 24 years (UNAIDS, 2013). The Kenya youth policy defines youth as 15 – 30years. For the purpose of this strategy, adolescents and young people shall be between 10 – 30 years.
- Sexual reproductive health (SRH): It is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. This means that adolescents and young people can have a satisfying and safe sex life, be able to reproduce and have the freedom to decide if, when and how often to do so. This requires access to accurate information and safe, effective, affordable and acceptable contraception method of their choice. They must be informed and empowered to protect themselves from sexually transmitted infections. (UNFPA)
- Mental Health: Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (WHO)
- Health systems; the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people’s legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health. (WHO, 2000)
- Community systems; are community-led structures and mechanisms used by communities through which community members and community-based organizations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities. (The Global Fund)

INTRODUCTION



The Global Accelerated Action for the Health of Adolescents (AA-HAI), (WHO, 2017) highlights the key changes in adolescents. The importance of knowing that adolescents are not young adults, they are experiencing rapid physical, cognitive, social, emotions and sexual development, widening gap between biological , maturity and social transition to adulthood and balance between protection and authority.

Globally, 30 teenagers aged 15 – 19 were newly infected with HIV per hour (UNICEF, 2018) while the burden of HIV is greater among the 15 – 24 age group, with 4 million of them living with HIV (UNAIDS, 2014). AIDS is the leading cause of morbidity and mortality among adolescents in the world (WHO, 2014) with Sub-Saharan Africa contributing more than two thirds of all HIV related adolescent deaths. Young women are disproportionately affected by HIV and bear the brunt of the epidemic; they are twice as likely to acquire HIV as young men their age. Kenya has the fourth largest HIV epidemic in the world with 1.6 million people living with HIV. According to Kenya AIDS Response Progress Report (2016), young people aged 15-24 years contributed



Kenya AIDS Response Progress Report, 2016

55% of adult new infections with adolescent girls and young women contributing 33%. On the other hand however, Kenya is a global trendsetter in HIV prevention with adoption of new interventions and technologies such as PrEP and HIV self-testing. Access to treatment for people living with HIV continues to rise, with 75% of adults living with HIV accessing treatment in 2018 (UNAIDS, 2018). However, in 2014, only 24% of adolescents (aged 10-19) with a known HIV positive status were on ART (NACC, 2015) and a multifaceted approach is critical for the attainment of the 90-90-90 fast track targets in the country.



Each year, 16 million girls (15-19yrs) give birth representing 11% of all births worldwide (UNFPA, 2015) of which 2.5 million are girls under the age of 16 years from developing regions (Neal S, Matthews Z, Frost M et al, 2015). 3.9 million adolescents undergo unsafe abortion each year (Daroch J, 2016). Complications during pregnancy and child birth are the leading cause of death for 15 – 19 year old girls globally (WHO, 2016). An estimated 5% to 33% of girls ages 15 to 24 years who drop out of school in some countries do so because of early pregnancy or marriage (World Bank, 2017). In Kenya, the Total Fertility Rate, or the average number of children per woman over the course of her lifetime, had declined from 6.1 children in 1990 to 4.4 children per woman in 2015. Teenage pregnancy has stagnated at 18% among 15-19 year olds since 2009. Unmet need for FP among adolescent girls is at 23%. Contraceptive prevalence rate (CPR) among married adolescents 15 – 19 years is at 37% while CPR rate for any contraceptive method among adolescents this age group is 40.2%. The average age of sexual debut among 12-14 is 10 years, with condom use at sexual debut for 15-24 years old reported at 67% (women), 58% (men). Among adolescent girls aged 15 - 19 years, 4.2% have experienced sexual gender based violence (KDHS, 2014).

There is a global direction towards integration of services that ensures holistic approach to individuals. In Kenya, certain health services including TB, HIV, SRH and mental health services have been provided in isolation. The same individuals who access HIV services have other sexual reproductive health needs that remain unmet due to parallel programming. Sexually transmitted infections are an indicator of risk of contracting HIV, providing an opportunity to tackle the same within HIV services settings. In addition, the responses to HIV/AIDS and non-communicable diseases (NCDs) have many commonalities. Timely identification, long-term treatment, regular monitoring, adherence to treatment, lifestyle modifications, prevention of complications, psychosocial support are some of the essential elements of management of both disease conditions. Data collection and appropriate disaggregation of the data remains a major challenge in the provision of sexual reproductive health services. The discussion of sex and sexuality continues to be a taboo in most parts of Sub-Saharan Africa including Kenya despite the high rates of teenage pregnancies and HIV infections. Cultural practices such as childhood marriages are contextual contributors to this situation. Coupled with this, there is low comprehensive knowledge on HIV/SRH among adolescents and young people at 17.4% (10-14 years for both girls and boys), 49% and 57.7% among girls and boys aged 15-19 years respectively (KDHS,2014). There is increase in teenage pregnancies in Kenya, low access to contraceptives and lack of access to post abortion care services among other sexual and reproductive health challenges. Low economic capabilities of adolescents and young people in Kenya impedes their access to health services as they are not able to afford some of the costs associated with treatment and other medical procedures.



Demographic dividend, which is defined as the temporary opportunity to achieve rapid socio-economic development occasioned by a decline in fertility levels and strategic investments in key sectors, has been fronted as a solution to the myriad of problems being experienced by developing countries. This is drawn from the experience of the “Asian Tigers” and the newly industrialized countries in Asia that have successfully achieved high levels of income and a much better quality of life for their citizens. In response to these experiences, the African Union has recognized the harnessing of the demographic dividend as an opportunity for African countries to address its development challenges which include high unemployment levels, high incidence of poverty, forced migration by inhabitants of the continent in search for better opportunities abroad, low education levels, high mortality and morbidity incidences, and criminal activities among the youth (NCPD). This strategy will borrow from Kenyan demographic dividend roadmap anchored under vision 2030.

The Kenya Health Act No 21 of 2017 enshrines the right to access to health as outlined below:

4. “It is a fundamental duty of the State to observe, respect, protect, promote and fulfill the right to the highest attainable standard of health including reproductive health care and emergency medical treatment...”

(c) “ensuring the realization of the health related rights and interests of vulnerable groups within society, including women, older members of society, persons with disabilities, children, youth, members of minority or marginalized communities and members of particular ethnic, religious or cultural communities;”

6. (1) “Every person has a right to reproductive health care which includes—the right of men and women of reproductive age to be informed about, and to have access to reproductive health services including safe, effective, affordable and acceptable family planning services;”

The Situational analysis for most at risk adolescents conducted in 2014 provided evidence of existence of young Key populations (those injecting drugs, practicing same sex and exploited through sex work) in Kenya. There lacks global data on estimates of young key populations, as well as their risks and needs. Often times, health care systems are unresponsive, with health care providers lacking adequate skills on providing services to young KP (WHO, 2014).



9. Right to health care: Every child shall have a right to health and medical care the provision of which shall be the responsibility of the parents and the Government.

14. Protection from harmful cultural rites, etc. No person shall subject a child to female circumcision, early marriage or other cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development.

15. Protection from sexual exploitation: A child shall be protected from sexual exploitation and use in prostitution, inducement or coercion to engage in any sexual activity, and exposure to obscene materials.

16. Protection from drugs: Every child shall be entitled to protection from the use of hallucinogens, narcotics, alcohol, tobacco products or psychotropic drugs and any other drugs that may be declared harmful by the Minister responsible for health and from being involved in their production, trafficking or distribution.

HIV prevalence
in Mombasa is
1.2 times higher
than the national
prevalence at 7.5%

There are a number of health issues that affect young people in Mombasa County. The Mombasa County Adolescent and Youth Survey (NAYS, 2017) confirmed that the main health issues include; STIs or HIV/AIDS, Drug and Substance Abuse as well as Teenage Pregnancy. Sexual and Gender based Violence was also mentioned to be an issue affecting the young people especially in form of rape and domestic violence. Mombasa County is one of the priority counties in the HIV response in Kenya. HIV prevalence in Mombasa is 1.2 times higher than the national prevalence at 7.5% (Kenya HIV Estimates 2015). The county contributed 3.6% of the total number of people living with HIV in Kenya, and is ranked the seventh nationally (County profiles 2015) with 54,310 people living with HIV; with 19% being young people aged 15-24 years (County profiles 2015). Adolescents and young people (10-19) and (15-24) years contributed to 25% and 47% of all new HIV infections in the County respectively (County profiles 2015). Mombasa is one of the counties reported to be on a reverse gear in the HIV response, with an 87% increase in the number of new HIV infections among children aged below 15 years and 51% among adults aged 15 years and above. About 1 in 5 (17%) girls aged 15-19 years in Mombasa County have begun childbearing; about the same as the national level (Figure 2). Specifically, 5% are pregnant with their first child and 11.6% have ever given birth



compared to 3.4% and 14.7%, respectively, at the national level (AFIDEP, 2017). Among married adolescent girls, use of modern contraceptive methods has risen from 13% in 2003 to 37% in 2014 and unmet need for family planning for this age group has declined from 30% in 2003 to 23% in 2014.

The Mombasa County AYP HIV and SRH strategy aims to provide guidance on standardization, implementation and monitoring and evaluation of HIV and SRH information and services provided to AYP. The national youth policy (2006), “visualizes a society where youth have an equal opportunity as other citizens to realize their fullest potential, productively participating in economic, social, political, cultural and religious life without fear or favour. Multi-sectoral approaches, whole-of-government involvement and whole-of-society efforts are critical to the responses to both HIV and NCDs. Strong and robust health and community systems are an integral part of achieving universal health coverage.

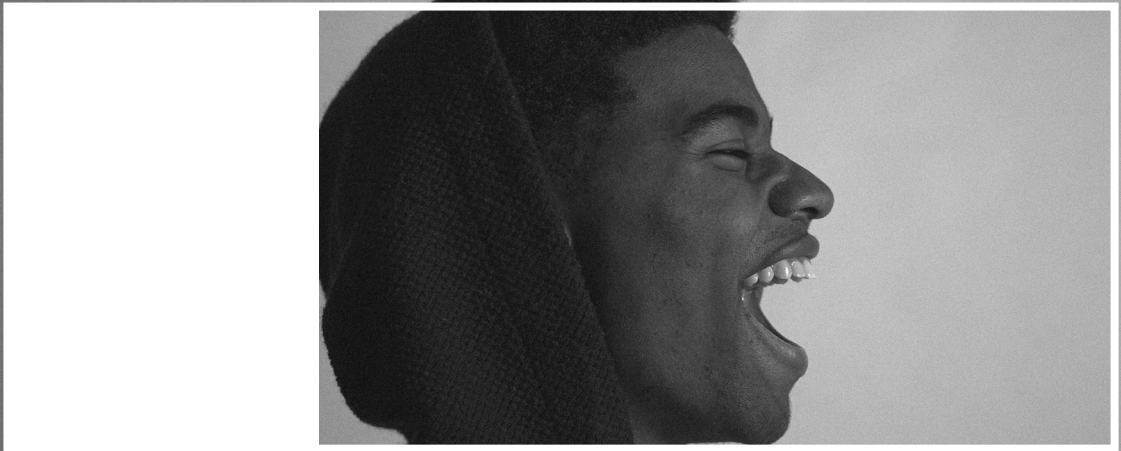
Rationale and Scope

Adolescents and young people (10 – 24 years) account for 29% (346,916) of the population of Mombasa County (MCASP, 2016). Their health and well-being is therefore an asset in the development of the county. Evidence has demonstrated that this population also contributes greatly to new HIV infections and STIs. AYP present a myriad of challenges including high rates of teen pregnancies, drugs and substance abuse, sexual and gender based violence, high rates of unemployment among others. Underneath these challenges are harmful cultural and religious practices that impede efforts to address them.

Reproductive health is an essential priority in the Kenya Essential Package for Health (KEPH) system. This strategy captures the spirit of the Constitution of Kenya, National Adolescent sexual reproductive health policy, Kenya SRH policy, KASF (2014 – 2019) and County Integrated Development Plan (2018 – 2022).

This strategy addresses HIV response on testing, care and treatment and viral suppression and services for sexual reproductive health needs including STIs, GBV and Contraceptives. In addition, it proposes possible interventions to be implemented and stipulates the roles of different stakeholders in the county. There is great emphasis of county leadership to achieve the success of this strategy.

The AYP strategy will be useful for the county government in planning, budgeting and implementing AYP responsive HIV/SRH services. AYP will be able to hold the county government responsible for the execution of the strategy. There is a greater call for a multi-sectoral and multi-pronged approach to holistically respond to the needs of adolescents and young people while addressing the social determinants like job and business opportunities, retention in school among other.



VISION, GOAL AND OBJECTIVES



Vision: Healthy, empowered and productive adolescents and young people

Goal: To contribute to improved health and well-being of adolescent and young people in Mombasa County

Objectives:

1. To improve HIV/SRH outcomes for adolescents and young people
 - To improve access to comprehensive HIV/SRH and related services among AYP
 - To strengthen health and community systems for improved HIV & SRH services for AYP
2. To improve the social and economic status of adolescents and young people
3. To strengthen AYP participation and leadership in HIV/SRH planning and programming at all levels
4. To strengthen county leadership and coordination of multi-sectoral partners engagement for AYP health and well-being

Guiding principles

1. **Rights-based approach** – every human being has rights and freedoms that they enjoy. These include right to life, equality, human dignity and freedom from discrimination on the basis of gender, sex, age, health status, disability, religious beliefs and practices, tribe, culture, geographic location, social status among others. These rights and freedoms must be respected by all. Sexual and reproductive health rights within the context of the Law, are components of human rights should be upheld and adhered to by all stakeholders involved. Adolescents and young people have a right to decide freely and responsibly on their health on aspects of SRH and HIV.
2. **Meaningful engagement** – AYPs must be involved in designing, planning, implementation, monitoring and evaluation of SRH and HIV interventions at all levels. Promotion of partnerships, collaborations and creation of open channels of communication are essential for achievement of the goals of this strategy. All the AYP sub-populations including those who are: living

with HIV, disabilities, using and injecting drugs, orphans and vulnerable, exploited through sex and engaging in same sex. Their representation and involvement are critical to attain the vision of healthy and productive AYP.

- 3. Responsiveness of services and information** – interventions provided to AYP must be responsive to the needs presented at the point of service delivery, or based on information collected through research or feedback mechanisms.
- 4. Holistic and integrated information and services** – through multi-layered and multi-sectoral approaches that are effective and efficient in reaching AYP with information and services.
- 5. Multi-sectoral** – through clarification on the roles of each sector in achieving a healthy generation of AYP who are free to make choice regarding their health.
- 6. Involvement of caregivers and communities** – acknowledging that AYP have family ties and the involvement of their caregivers is critical in promotion of SRH and well-being irrespective of HIV status.
- 7. Evidence based programming** – services and information targeting AYP should be informed by evidence generated at all levels.

Standards for quality adolescents and youth friendly services

The eight standards outlined below define the required level of quality in the delivery of services for adolescents and youth. Each standard reflects an important facet of quality services and in order to meet the needs of adolescents and youth all standards need to be met. These standards are defined under the National standards and guidelines on delivery of Youth Friendly services.

Standard 1. Adolescents and youth health literacy: The service delivery point implements systems to ensure that adolescents and youth are knowledgeable about their own health, and they know where and when to obtain health services.

Standard 2. Stakeholder support: The service delivery point implements systems to ensure that stakeholders recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents and youth Adolescents' and youth health literacy Stakeholder support.

Standard 3. Appropriate package of services: The service delivery point provides a package of information, counselling, diagnostic, treatment and care services that fulfil the needs of all adolescents and youth. Services are provided in the facility,



through referral linkages, networks and outreach including in humanitarian settings.

Standard 4. Providers competencies: Health-care providers demonstrate the technical competence required to provide effective health services to adolescents and youth. Both healthcare providers and support staff respect, protect and fulfil adolescents' and youth rights to information, privacy, confidentiality, non-discrimination, and non-judgmental attitude Providers' competencies.

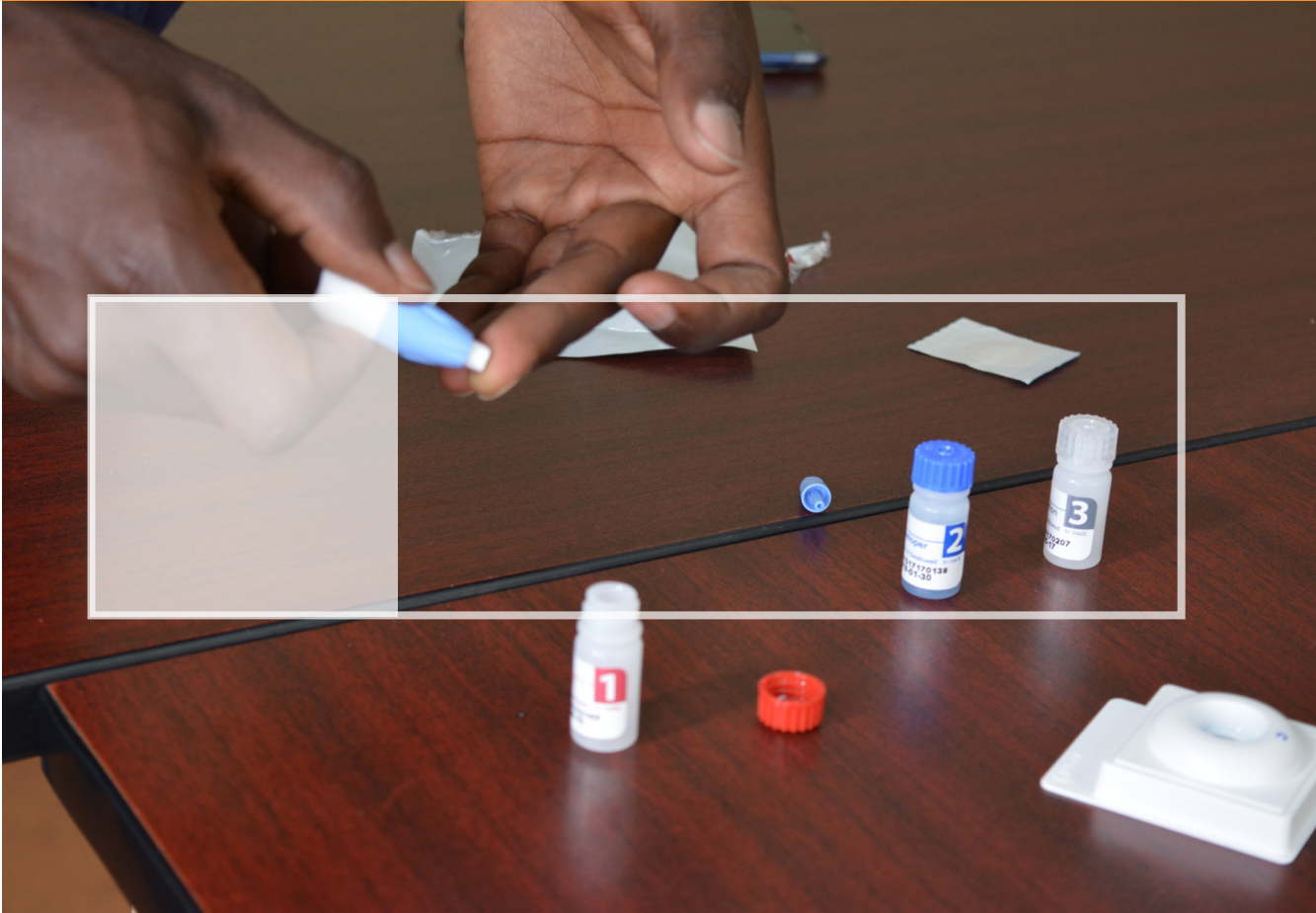
Standard 5. Refers to facility characteristics: The service delivery point has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the appropriate and relevant equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents and youth.

Standard 6. Refers to Equity and nondiscrimination: The health service providers and delivery point provides quality services to all adolescents and youth irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, social status, cultural background, sexual orientation, gender identity, disabilities or other characteristics. The service providers and points of service shall ensure human rights of adolescent and youth are upheld.

Standard 7. Data and quality improvement: The service delivery point collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. The service providers are supported to participate in continuous quality improvement. This data should be captured in the MoH Health information system/tools including uploading data into DHIS as is appropriate.

Standard 8. Refers to Adolescents' participation: Adolescents and youth are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision.





STRATEGIC INTERVENTIONS



Strategic Objective 1: Improved HIV/SRH outcomes for adolescents and young people

Many adolescents and young people do not have access to quality HIV and SRH services. Poor sexual reproductive health and HIV have shared drivers such as lack of correct and comprehensive HIV/SRH information, gender based violence, harmful cultural and religious practices, gender and economic inequalities among others. Integrating HIV and SRH services is a health and community systems response that can improve access and uptake of services, increase coverage and reduce costs to users and services that can ultimately improve the health outcomes of AYPs. Strong and robust health and community systems are an integral part of achieving universal health coverage. The Kenya Health Sector Strategic and Investment Plan 2014 – 2030 (KHSSP) documented that the Kenya health care system is characterized by lack of adequate and trained personnel, uneven distribution of health care workers, poor leadership, low staff morale, uncoordinated linkages and referrals, weak collaboration between and across public and private sector health systems, data analysis, monitoring, data demand for decision making, unclear indicators, lack of M&E tools at community level and inadequate financing. This strategy aims to build robust and sustainable health and community systems to enable effectiveness and efficiency in delivery of HIV/SRH information and services.

This section describes strategies for improving HIV & SRH outcomes for the different sub-categories of the AYP. By utilizing an ecological model, the focus is on high impact strategies that can be employed at individual, family and community levels to support the affected individuals realize improved health.

a. **To improve access to comprehensive HIV/SRH and related services among AYP**

Expected outcomes:

- Reduced new HIV infections among AYP in Mombasa County
- Reduced AIDS-related mortality among AYP in Mombasa County
- Reduced unplanned and early pregnancies among AYP in Mombasa County
- Reduced STIs incidence among AYP in Mombasa County



- Increased access to quality and comprehensive adolescent and youth-friendly HIV/SRH services
- Increased access to correct and comprehensive information on HIV/SRH by AYP in Mombasa County

Cross-cutting issues:

1. Provision of age appropriate Information to increase awareness on HIV/SRH and related services. Use appropriate channels for delivery of information by use of technology: social media, small group discussions in and out of school settings, audiovisual materials.
2. Delivering HIV/SRH services in conducive and responsive settings such as Youth Friendly Centers, safe spaces or days/hours favorable to AYP.
3. Integration of NCDs, nutrition, TB, mental health and alcohol and substance abuse services into HIV/SRH interventions.
4. Sensitization of the education sector stakeholders in HIV/SRH interventions for the AYP for integration in school programmes.
5. Incorporating of HIV/SRH messages and activities during ministry of education calendar events e.g. drama and music festivals, sports.
6. Leveraging on out of school sports and creative arts activities, national days to promote HIV/SRH interventions among AYP in various geographical /administrative zones.
7. Scale up training and sensitization of AYP mentors and champions for in and out of school HIV/SRH interventions.
8. Promote use of technologies like self-testing, PrEP and other innovative interventions for HIV prevention.
9. Empowerment of AYP on abstinence (delayed sexual debut or secondary virginity) until they are able to make healthy choices on sexual activities.
10. Conduct rapid assessments on the knowledge, attitudes and practices of health care providers and address the gaps to improve provision of HIV/SRH services to adolescents and young key populations, AGYW, AYPLHIV and other emerging vulnerable AYP.

Intervention area		Proposed actions
	Target populations	
Reducing new HIV infections	AYP in general population	<ul style="list-style-type: none"> • Provision of appropriate key essential health package for AYP that includes : • Biomedical - HTS services both facility and community based settings, Condoms demonstration and distribution, PrEP, PEP, VMMC, Behavioural - comprehensive sexual education and comprehensive behavior change interventions using EBI's (Shuga, My health My choice, Family Matters!)
	AYP Key populations	<ul style="list-style-type: none"> • Provision of appropriate key essential health package for AYP that includes : • Biomedical - HTS services both facility and community based settings, Condoms demonstration and distribution, PrEP, PEP, VMMC, Behavioural - comprehensive sexual education and comprehensive behavior change interventions using EBI's (Shuga, My health My choice, Family Matters!) • Provision of Psychosocial support to address issues of sex, sexuality, sex exploitation, etc. • Sensitization of law enforcement agencies and other stakeholders on AYPKP issues. • Conduct PNS for AYPKP with recurrent STIs and those testing positive • Implement interventions targeting children of KPs
	AYPLHIV	<ul style="list-style-type: none"> • Psychosocial support on relationships, sex, future career, family and social integration. • Provision of Condoms (demonstration and distribution). • Behavioural interventions comprehensive sexual education and comprehensive behavior change interventions using EBI's (Shuga, My health my choice, Family Matters!) • In-school support structures for AYPLHIV • Provision information about EMTCT and services to AYPLHIV • Educate on treatment as prevention • Scale up partner notification services to identify positives

<p>Improving referrals, linkage and retention to HIV/SRH services</p>	<ul style="list-style-type: none"> • Develop referral systems e.g. county referral directory • Train and engage peer mentors and champions to link AYP to services at community and facility level • Strengthen facility and community inter and intra linkages • Use technology to provide information on benefits of early access to HIV/SRH services e.g. enrollment and initiation to ART • Establish defaulter tracing mechanisms • Scale up retention strategies for AYP to enhance prevention and treatment outcomes • Scale up integrated HIV/SRH services in AYP responsive centres
<p>Increasing viral suppression among AYPLHIV</p>	<ul style="list-style-type: none"> • Provision of age appropriate HIV treatment literacy • Timely initiation on ART (test and treat) • Timely viral load monitoring for viral suppression. • Innovative interventions for addressing high viremia cases, including parental/caregiver support. Real time identification and reporting of high viremia. Viremia case management. • Psychosocial support on adherence, including Peer-led support groups. • Structural interventions to address barriers to adherence including nutritional support, parental care & support, school based support systems, • Scale up differentiated care models e.g. Operation Triple Zero plus (OTZ+) • Home visits and follow up by HCW /peers for AYPLHIV • Use of Technology for appointment reminders e.g. SMS
<p>Reducing incidence of STI, teen pregnancies</p>	<ul style="list-style-type: none"> • Provision of age appropriate Information on SRH using different channels that including audio-visual and digital platforms especially for the out-of-school AYPS, • Age appropriate SRH content in the school curriculum for the in-school AYPs in collaboration with MoE. • Provision of services , including condoms, modern contraceptives methods, STI screening & treatment, cervical cancer screening and vaccinations, Ante & post-natal care (ANC), quality obstetric care for all pregnant adolescents and young girls, post-abortion care (PAC), in conducive settings such as integrated or stand-alone Youth Friendly Centers, • Appropriate referrals and linkages for SRH services. • Psychosocial support programs for in and out of school AYP with child • Leveraging on multi-sectoral stakeholders (religious leaders, parents associations, legislative leaders; for policy change) in the curbing early teenage pregnancies.

<p>Optimise Tuberculosis (TB) case finding and treatment outcomes</p>	<ul style="list-style-type: none"> • Routine TB screening within HIV/SRH service delivery • Scale-up of active case finding at community and facility level • Education campaigns on TB symptoms to increase self-referrals to health facilities • Strengthen specimen transportation to increase testing coverage • TB lab networking to enhance universal DST target • Chest x-ray to be availed free of charge or at affordable fee • Scale-up use of GeneXpert for diagnosis
<p>Reducing Drugs and substance abuse</p>	<ul style="list-style-type: none"> • Sensitization of AYP on harmful consequences of drugs and substance abuse for both in and out of school. (Age appropriate messages for AYP) • Sensitization of county askaris law enforcement agencies on the necessary interventions for AYP using and injecting drugs • Enrollment into rehabilitation and reintegration to school and communities. • Provision of MAT to young people injecting drugs • Linkage to livelihood interventions e.g. entrepreneurship, employment, back to school, vocational training. • NSP programme. • Training of peer educators on drugs and substance abuse to cascade the information to their peers (Engage the recovering drug users) • Harm reduction package to include HIV prevention interventions, hygiene packs, and contraceptives. • Expand rehabilitation services for young girls. • Demand creation for rehabilitation services for AYP IDU's. • Address mental and psychological health issues among AYPs. • Develop interventions targeting children of IDUs

Gender based violence prevention and response (including SGBV)

- Age appropriate Information on what GBV entails and prevention options using different channels, including digital platforms, especially for the out-of-school
- Standardize content taught in school based curriculum (lobby M.O.E and KICD for content development)
- Empowerment to recognize GBV when it occurs, seek health care and report to the relevant authorities.
- Provision of services including post violence care (PVC), emergency contraceptives (ECP), psychosocial support and referrals /access to justice system.
- Training of health care workers to deliver quality GBV services
- Sensitization of programmers to integrate GBV interventions in AYP targeted programs.
- Awareness creation targeting the public through different channels such as community groups, religious gatherings, chief's barazas, IEC materials in public places including health facilities.
- Sensitization of law enforcers to facilitate justice for survivors of sexual and gender based violence.
- Training of peer educators on GBV to cascade the information to their peers.
- Sensitizing parents and caregivers on GBV issues affecting AYPs.
- Community level engagement to mitigate harmful cultural practices that affect AYP.
- Establishing and equipping of safe houses (one) in every sub-county.
- Set up intervention s to address issues emanating from AYP witnessing and or experiencing GBV.
- Strengthen GBV reporting structures and interconnectivity of agencies/ stakeholders in the incidence-reporting cascade.
- Establishing and operationalizing the GBV desks within the health facilities and communities e.g. Integrating GBV within Homebased care desk in facilities
- Capacity building stakeholders in GBV issues. For example HCW, teachers, police, parents and community members
- Identify and build capacities of GBV champions within the community settings.
- Training and continuous sensitization of paralegals to address GBV issues affecting the AYP's.
- Leveraging and linkages with the legal department, human rights activists and institutions to address GBV issues affecting the AYPs.

<p>Improved programming for Menstrual hygiene management</p>	<ul style="list-style-type: none"> • Provision of menstrual hygiene information in and out of school targeting AGYW • Put systems in place to ensure provision of sustainable and cost effective sanitary pads to AGYW unable to access sanitary pads • Sensitize parents on menstrual hygiene information. • Male and parents involvement meetings • County government of Mombasa to support menstrual Hygiene programs for AYPs in and out of school. • Multi sectoral approach in county ministries to support menstrual programs. • Training of mentors to cascade information on menstrual health. • Involvement of individual and corporate institutions to support menstrual hygiene program. • Engagement of the county women leaders to support menstrual hygiene program.
<p>Prevention, early diagnosis and management of Non-communicable diseases</p>	<ul style="list-style-type: none"> • Awareness creation on NCDs • Screening for NCDs to be integrated in routing HIV/SRH services for early diagnosis • Prioritization of cardiovascular diseases, Cancers, Diabetes and Chronic obstructive pulmonary disease, obesity, hypertension • Lab commodities and supplies for screening
<p>Mental Health awareness and response</p>	<ul style="list-style-type: none"> • Conduct campaigns to sensitize communities of mental health issues • Map and engage mental health experts to provide interventions • Develop mental health assessment tools for early diagnosis • Introduction of psychosocial and psychological support

b. **To strengthen health and community systems for improved HIV & SRH service delivery to AYP**

Expected Outcomes:

- Improved availability and use of quality essential commodities and technologies for HIV and SRH interventions
- Competent and adequate human resources to deliver quality, comprehensive and responsive AYP HIV and SRH services
- Enhanced community and in-school interventions for integrated HIV/SRH information and services
- Improved infrastructure for provision of quality, comprehensive and responsive AYP SRH/HIV services
- Increased availability and access to quality and comprehensive adolescent and youth-friendly SRH/HIV services

Areas of interventions	Proposed actions
Capacity building of Health Care Providers and other support staff to provide quality, comprehensive and responsive AYP services.	<ul style="list-style-type: none"> • Conduct a capacity assessment for Health Care Providers and support staff on AYP SRH/HIV. • Recruit and motivate skilled staff • Develop/Review/adopt training materials, practice guidelines/job aids on responsive AYP service delivery • Conduct trainings for the Health Care Providers and support staff on AYP SRH/HIV based on the needs assessment • Develop a Health Care Providers' mentorship and skills transfer plan for AYP SRH/HIV services (This is important to close the gaps left with attrition) • Develop a skill-set database for HealthCare provides trained on responsive AYP SRH/HIV service delivery • Training young people to provide comprehensive services at youth centres
Quality assurance for HIV/SRH AYP services	<ul style="list-style-type: none"> • Supportive supervision and feedback at community and facility level • Establish CQI teams • Implement Guidelines and standards • Debriefing of staff serving AYPKP to ensure quality of services is maintained • Client satisfaction through exit interviews, suggestion boxes,

<p>Strengthen systems for effective commodity management and security</p>	<ul style="list-style-type: none"> • Establish/strengthen logistics management information systems for essential SRH/HIV services for AYP • Train focal county and facility health staff on commodity forecasting, quantification and management of SRH/HIV commodities • Procure and distribute essential AYP SRH/HIV commodities to all service delivery points based on individual facility's need as per forecasting and quantification • Strengthen reporting
<p>Integration of AYP SRH/HIV information and services into community structures</p>	<ul style="list-style-type: none"> • Train and sensitize CHEWs/CHVs/CHAs, Mentor mothers and peer mentors/navigators on responsive AYP information delivery and service referral. • Strengthen the quality assurance structures at the community level that responds to AYP needs. • Hold bi-annual sensitization stakeholders forum • Integrate HIV/SRH services for AYP in existing structures e.g. Likoni youth empowerment center. • Develop/Review Community Strategy tools to include AYP SRH/HIV linked to DHIS • Out of school interventions at community level e.g. EBI , AYP dialogues e.tc. • Parents/caregivers interventions e.g. FMP, Structured dialogues in social places e.g. churches, mosques, Chama • Interventions targeting Teachers e.g. Beacons, champions of HIV prevention and treatment • Use of AYP as peer navigators to strengthen follow-up and linkage to services • Conduct media engagement • Social media campaigns/activations led by AYP to inform dialogues e.g. use of one2one social media platforms, hotlines like 1190
<p>Improvement of infrastructure for provision of quality, comprehensive and responsive AYP SRH/HIV services</p>	<ul style="list-style-type: none"> • Conduct infrastructural needs assessment in all public health facilities/YFCs/Youth corners in line with the National Guidelines and standards for provision of Youth Friendly Services. • Undertake need-based facility renovations or improvement to enhance provision of integrated, quality and comprehensive AYP SRH/HIV services. • Upgrade existing Youth Centers in sub-counties and establish more adolescent and youth responsive model centers • Integrate AYP responsive services in existing health facilities and establish where there are none • Set up school based AYP clinics

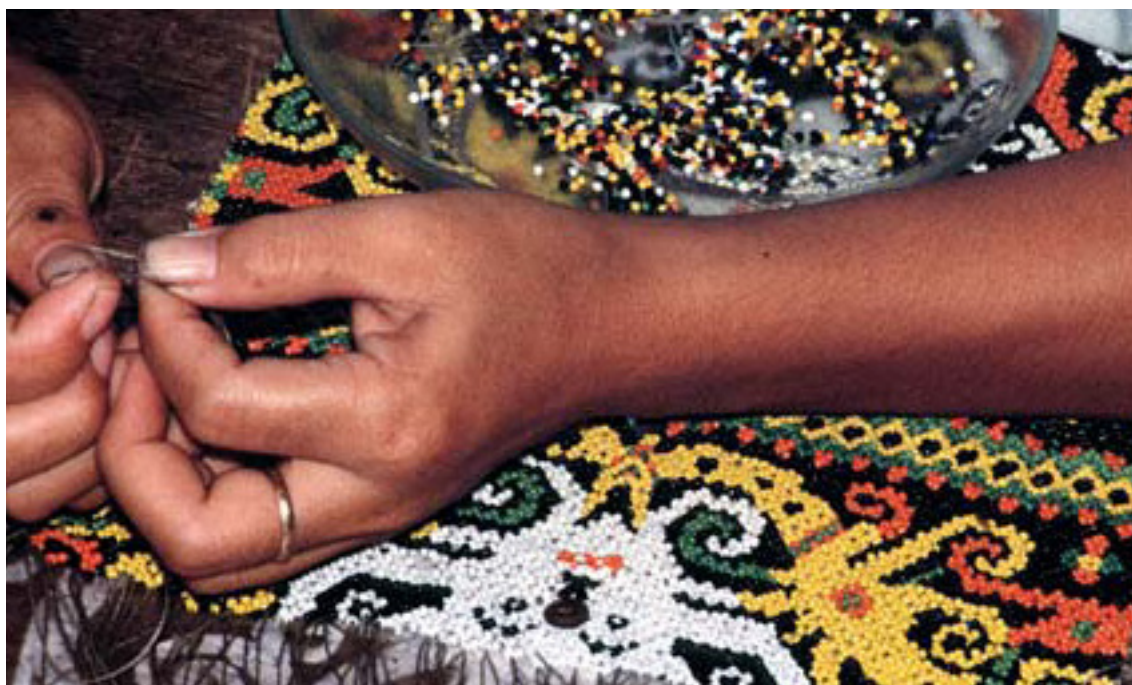
AYP HIV/SRH information systems

- Define/adopt indicators for service delivery and community interventions
- Disseminate the reporting tools to facilities and community health units
- Include AYP HIV/SRH indicators in reporting tools
- Capacity building for reporting entities (health facilities, CBOs, Youth groups, NGOs)
- Conduct routine data quality assurance
- Strengthen data flow processes and reporting to DHIS2
- Develop data feedback mechanism.
- Improve inter-operability of M&E systems EMIS, IHRIS, DHIS, CAPR
- Establish and operationalize forums for use of data to inform interventions at facility and community level



Strategic Objective 2: To improve the social and economic status of adolescents and young people

Social and economic status of AYP has a direct impact on their HIV/SRH outcomes. High levels of poverty, unemployment, and low literacy level hinder access to HIV/SRH information and services. The inequalities and inequities that are brought about by the social and economic status of AYP contribute disproportionately to high incidences of preventable diseases, premature deaths especially among the poor, adolescent girls and young women and displaced AYP. As these determinants exist outside the health domain, multi-sectoral and interdisciplinary approaches are required. This section seeks to reduce the health equity gaps through addressing the social and economic determinants of health.



Expected outcomes:

- Improved economic status of AYP
- Reduced school drop outs
- Increased access to legal and justice processes
- Adequate, affordable and safe housing

Intervention areas	Proposed actions
Access to education	<ul style="list-style-type: none"> • Implement national education policy to enhance enrollment into school • Implement basic education amendment act • Put interventions to retain AYP in schools e.g. sustainable education support like bursary, scholarships, hygiene packs for AGYW • Reintegrate AYP into schools e.g. pregnant teenagers to be integrated into school after delivery, friendly programs for teenage mothers • Education for AYP to include motivational, skills building, communication skills and personal development
Economic empowerment and working conditions	<ul style="list-style-type: none"> • Training on economic empowerment for AYP to encourage entrepreneurship • Timely provision of seed grants/business start-up funds to AYP to set up business • Develop and implement safe working conditions for AYP to address HIV/SRH in the work place • Create meaningful employment opportunities for AYP • Internship opportunities created for AYP
Family and social support	<ul style="list-style-type: none"> • Address harmful cultural and religious practices e.g. child marriages • Sensitization of families and communities on AYP needs and available HIV/SRH policies for support • Develop innovative approaches to enhancing male involvement in HIV/SRH services • Establish support mechanism to support AYP as they transition from childhood to adolescence to adulthood
Community safety	<ul style="list-style-type: none"> • Scale-up Nyumba kumi initiative • Sensitize community gatekeepers on enhancing security in their units • Establishment and maintenance of safe spaces for AYP at community level • Facilitate community dialogues on safety including the impact of safety on health and well-being of AYP
Access to legal services	<ul style="list-style-type: none"> • Train paralegals to work in communities and link AYP to legal services • Civic education on available legal services • Strengthen facility, community and legal linkages • Enact and enforce laws that ban child marriages
Housing	<ul style="list-style-type: none"> • Build adequate housing that meets set standards e.g. with toilets, safe water • Make housing affordable and safe
Enrollment into national medical plans	<ul style="list-style-type: none"> • Civic education on the importance of NHIF • Enroll AYP on NHIF

Strategic Objective 3: To strengthen AYP participation and leadership in HIV/SRH planning and programming at all levels

Nothing for us without us has become a common slogan for ensuring no one is left behind in population specific response.

Expected outcomes:

1. Improved capacity of AYP to engage in policy, programming and research
2. Adoption of AYP contributions in interventions
3. Defined mentorship programme for AYP

Intervention Areas	Proposed Actions
Capacity building for AYP	<ul style="list-style-type: none"> • Conduct capacity needs assessments in relation to meaningful participation of AYP in advocacy • Conduct trainings/sensitization on involvement in policy influencing, programme life cycle and research • Implement creative mentorship approaches to sharpen AYP engagement skills • Train AYP on documentation of advocacy milestones, best practices
Creation of Advocacy spaces	<ul style="list-style-type: none"> • Identify advocacy forums at local, county and national levels • Conduct community dialogues to tap on the voice of AYP at community level using peer led approach • Establish and operationalize AYP technical working group at county level • Build capacity of policy makers to engage AYP in policy forums • Build capacities of non-state actors and service delivery entities to involve AYP in planning, implementation and M&E • Facilitate establishment and functionality of Youth advisory councils
Linking AYP to advocacy platforms	<ul style="list-style-type: none"> • Facilitate participation of AYP in advocacy forums at all levels from community to international level • Facilitate development of advocacy agenda and messages to support AYP to engage
Organisational systems strengthening (OSS) for AYP groups	<ul style="list-style-type: none"> • Conduct group capacity assessments • Conduct OSS training to respond to capacity gaps identified • Develop and track growth milestones • Strengthen the roles of AYP led CBOs in programming, research, and policy, resource mobilisation





Strategic Objective 4: To strengthen county leadership and coordination of multi-sectoral partners engagement for AYP health and well-being

The health and well-being of AYP cannot be achieved through the department of health alone. Deliberate efforts must be put in place to enhance collaboration between and among various sectors in addressing multiple factors that affect the health outcomes of AYP. Multi- sectoral collaborations can result in a number of benefits including enhance accountability, more efficient use of resources and holistic approach in responding to the needs of AYP.

The success of this strategy will greatly depend on the leadership and ownership of the county. Thus counties are responsible for implementation of HIV and SRH services and programmes across different sectors. The county government Act 2012, requires that county governors submit the county plans and policies to the county assembly for approval together with an annual report on the implementation status.

Expected outcomes:

- Enhanced coordination of multiple sectors in responding to HIV/SRH among AYP
- Increased access to resources
- Enhanced accountability of stakeholders at all levels
- Sustainability of interventions for HIV/SRH and other related services

Intervention Area	Proposed Actions
Promote accountable leadership and political goodwill	<ul style="list-style-type: none"> • Capacity building of county departments for buy-in and political goodwill • Allocate adequate resources for AYP HIV/SRH response • Capacity building of CHMT to effectively manage and coordinate responsive AYP SRH/HIV services in the county • Promote gender mainstreaming and people with different abilities
Coordination of partners	<ul style="list-style-type: none"> • Undertake development and implementing partners mapping exercise and develop a functional database • Convene quarterly AYP TWG meeting • Develop partner reporting and accountability frameworks for AYP SRH/HIV services/response
Institutionalize multi-sectoral engagement	<ul style="list-style-type: none"> • Identification of relevant sectors to be involved in implementation of the HIV/SRH strategy for AYP • Define and implement multi-sectoral coordination mechanism e.g. Multi-sectoral TWG with clear TORs • Facilitate annual stakeholders forum (community, implementing partners, donors) • Development and implementation of AYP advocacy agenda across sectors • Facilitate joint supervision of services with stakeholders • Establish quarterly multi-sectoral forum to discuss sector contribution to the achievements of this strategy • Integrate HIV/SRH interventions targeting AYP across sectors
Joint planning	<ul style="list-style-type: none"> • Development of sector specific M&E frameworks with inclusion of HIV/SRH among AYP • Joint M&E frameworks across sectors • Multi-sectoral joint supervision • Sector specific budget allocations for AYP interventions
Policy (re)formulation	<ul style="list-style-type: none"> • Identification of policy gaps in relation to HIV/SRH outcomes for AYP • Review of existing policies to respond to AYP needs • Facilitate dissemination of relevant policies at all levels • Development of progressive and responsive policies e.g. policies that govern sex tourism • Monitor implementation of policies e.g. children Act, institutionalization of Child protection policies



Data utilization and Research

Generation of quality data in a timely manner and use of evidence to inform decisions remains a major challenge in addressing HIV/SRH gaps. Monitoring of multi-sectoral data requires interconnectivity of various systems before such data can be utilized to inform interventions. Routine data collection and collation, analysis and collective use requires the efforts of multiple sectors to achieve a combined approach to responding to HIV/SRH challenges among AYP. There are currently separate systems that are used to collect and collate HIV and SRH service delivery data; this leaves out interventions that are not direct services and those done at community level. Research agenda for AYP at national and county level is unclear, yet there are myriads of challenges that remain unresolved in the efforts to ensure comprehensive services are provided.

Expected outcomes

- Improved data for HIV and SRH AYP services disaggregated by age and sex
- Functional reporting system
- Structured DDIU forums to inform interventions
- Clearly defined research agenda for AYP
- Functional repository for AYP research

Intervention Areas	Proposed Actions
Data Demand and Information Use forums (remove forum).	<ul style="list-style-type: none"> • Convene quarterly DDIU meetings to include all relevant sectors e.g. education, tourism, mining, agriculture etc • Document best practices through abstracts, manuscripts • Conduct Mombasa County annual AYP scientific conferences.
Piloting of new strategies for AYP	<ul style="list-style-type: none"> • Develop research protocols with relevant partners • Conduct research observing ethical standards • Involve AYP in research • Establish AYP centres of excellence in the county where benchmarking can be done.
Evidence for AYP HIV/SRH needs	<ul style="list-style-type: none"> • Develop annual survey systems for HIV/SRH services and needs • Develop feedback mechanisms for AYP • Establish and operationalize repository for AYP research and linked to the national repository • Evidence presented to ATWG on biannually
Access to strategic information	<ul style="list-style-type: none"> • Conduct assessment on data needs/gaps/reporting systems • Revise and standardize data collection tools to address data gaps (based on the needs assessment) and aligning them to national guidelines/systems • Train relevant Health personnel on data analysis and presentation • Train focal county Health personnel on data management and use of evidence-based decision making • Accelerate inclusion of AYP data in the Kenya HIV and Health Situation room • Strengthen reporting to existing data management systems-KDHS, DHIS, KENPHIA • Development and use AYP SRH/HIV dashboard/s for Mombasa County

FINANCE



Financing and resource mobilization

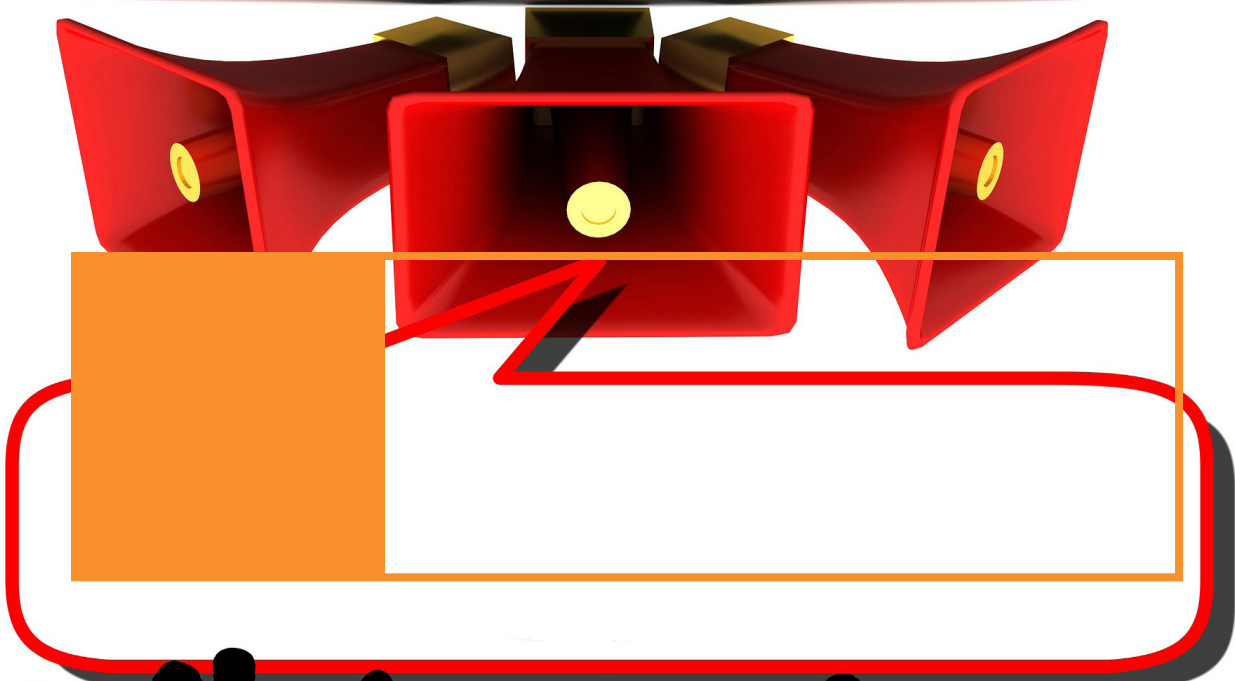


Health is critical to the welfare and prosperity of a people and health service provision is a fundamental right enshrined in Kenya's constitution, which asserts that every citizen has a right to the highest attainable standard of health. These highest standards cannot be attained without financial investment in health resources that include human resources, infrastructure, medical supplies and commodities among others.

Kenya runs a devolved government structure where counties are mandated to plan, prioritize, implement, monitor, and allocate resources and budgets for programmes and interventions. In 2018, most counties allocated 25% of their budgets to health. About 70% of the health budget in counties goes to recurrent expenditures leaving just 30% for direct service provision. Mobilising more domestic funds is key in helping to ensure sustainability of health programmes in the wake of reduced donor funding. Resource mobilization becomes an active role of all sectors in ensuring this strategy is adequately funded.

The county government will develop a costed plan for this strategy that will inform development partners, implementing partners and other investors on areas of investment. Annually, the county will review the resources allocated and used to implement activities under each strategic objective and review the costed plan for the following year.

Intervention areas	Proposed actions
Implement robust and sustainable resource allocation plan	<ul style="list-style-type: none">• Generate and provide evidence to justify resource allocation to AYP HIV/SRH programmes• Develop county and sub-county level resource gap analysis to inform resource needs• Engage county health and finance committees to prioritize and allocate funds for HIV/SRH interventions• Establish mechanisms for resource mobilisation including Public Private Partnerships• Enhance efficiency and accountability in resource allocation and utilisation• Monitor utilization of funds allocated for AYP interventions• Coordinate and harmonize donor support for AYP HIV and SRH programmes



Communications and Advocacy



This section emphasizes the need for meaningful engagement of stakeholders for the successful implementation of this strategy. The communication of this strategy to the relevant stakeholders will be key in getting buy in and support for HIV/SRH services for AYP. Dissemination will help increase the knowledge of the county citizens on the needs of AYP and their roles in implementation of the strategy. In addition, communication will help enhance positive attitudes towards AYP seeking HIV/SRH services and information thus addressing stigma and discrimination that can impede uptake of services.

Key components in communicating this strategy will include:

1. HIV and SRH statistics of AYP from ward, sub-county to county level
2. Gaps in service delivery and information
3. Approaches in responding to HIV/SRH needs of AYP
4. Use of ICT in reaching AYP e.g. social media platforms, hotlines
5. Role of different stakeholders in responding to the needs of AYP including youth advisory council, youth groups and organisations
6. County leadership in HIV/SRH response for AYP
7. Role of research in informing policy and practice

Audience	Communication needs
CHMT, county government departments	Awareness of AYP health needs, proposed interventions and strategies, roles of each department, funding gaps, accountability system
Health care workers, researchers, implementing partners	Awareness of AYP health needs, proposed interventions and strategies, roles stakeholders, funding gaps, engagement and accountability frameworks
Youth groups and organisations	Proposed interventions and strategies, roles of AYPs, engagement channels,
Donors	Proposed interventions and strategies, funding gaps
National government	Update on progress and technical support required to implement the strategy

Documentation of success stories is key in communicating the impact of this strategy. The communications team at county level will be responsible for training stakeholders on how to document stories of change and establish a mechanism for disseminating the stories using different platforms like blogging, social media engagements among others. In addition, all

communication efforts will be linked to county ICT systems for accountability and visibility. The ICT team at county level will also support AYP to develop and implement digital and innovative communication approaches.

The success or failure of this strategy will be determined by advocacy work undertaken at community, facility, county and national level. AYP individuals, youth groups and organisations will be instrumental in aggressively advocating at grass root level with opinion leaders, MCAs, religious groups, facilities among others to reduce stigma and discrimination towards AYP demanding for HIV/SRH services. In addition, they will be able to influence resource allocation and investment in AYP wellbeing. Concerted advocacy through youth advisory council and other organized groups will amplify the voice of AYP in the relevant advocacy platforms. Channels for advocacy by AYP should be created at all levels to ensure feedback is provided on services and information received.

Innovative approaches will be engaged by AYP in advocacy at different levels. The use of art and talents will be engaged at grass root level to garner support at that level. Community dialogues will be conducted through a peer-led approach. The community dialogues will be used to create demand and improve uptake of HIV/SRH information and services. The county department of health will be able to advocate for allocation of funds for HIV/SRH services and information for AYP. The county will be able to use this strategy to approach donors for funding support. Implementing partners will use this strategy to advocate for provision of quality services and improved service standards across board.







Implementation Structure

Sexual reproductive health and HIV services will be implemented in line with the National Adolescent Sexual Reproductive Health policy (2016) and the National Health Sector Strategic Plan through a multi-sectoral approach including collaboration with private sector and civil society groups. The goal is to improve access to HIV and SRH services by all sub-populations of AYP irrespective of their socio-economic status. All health facilities (government or non-government owned) from community level to county level have a role to play in provision of comprehensive, equitable, affordable, accessible and high quality HIV and SRH services. All stakeholders must ensure that the services provided are responsive to the needs of AYP and are in the best interest of each individual. The county through the department of health will develop an implementation framework for this strategy to inform sector specific actions.

Management and coordination

This strategy will be managed and coordinated by the County Director for Health with support from CASCO at county level, SCASCOS at sub-county level, Facility in-charges at facility level and community leaders at community level.

a. Roles and responsibilities

1. Department of Health

- Provide oversight and facilitate implementation of this strategy at county and sub-county level
- Disseminate AYP HIV/SRH strategy
- Develop and share a comprehensive implementation plan
- Ensure adherence to standards and regulations on HIV/SRH service provision
- Coordinate implementing partners and activities
- Facilitate involvement of other sectors in HIV/SRH response for AYP
- Mobilise and allocate resources for HIV/SRH programmes
- Ensure adequate skilled staff in facilities
- Ensure availability of equipment, commodities and supplies for provision of HIV/SRH services including condoms, contraceptives
- Strengthen school health programme



- Conduct supervision of services in facilities at all levels
- Facilitate data management and utilization of data to inform HIV/SRH programmes for AYP
- NACC and NASCOP at regional level

2. Other departments

Department	Roles
Education, ICT and Vision 2035	<ul style="list-style-type: none"> • Support implementation of school health programmes • Implement age appropriate comprehensive sexuality education in line with Education sector policy of HIV and AIDS 2013 • Facilitate involvement of parents and guardians of AYP through provision of HIV/SRH information within school settings • Strengthen referrals to health systems and structural interventions like bursaries • Facilitate a supportive environment for AYP living with HIV, pregnant adolescents • Ensure implementation of the Education re-entry policy for AYP • Strengthen partnership with department of health at county level to provide AYP-specific information and services on HIV/SRH • Support generation of data on school retention
Trade, Tourism and Investment	<ul style="list-style-type: none"> • Create a conducive environment for young people to engage in trade • Incorporate HIV/SRH policies in work places and tourism industry • Include a requirement in licensing for hotels, restaurants and bars to provide condoms • Put strict regulations against exploitation of children (under 18years) through sex work • Support generation of data to inform HIV/SRH programmes • Implementation of entrepreneurship development fund • Single business permit to be issued to AYPLHIV, AYP with disabilities

<p>Youth, gender and social services</p>	<ul style="list-style-type: none"> • Roll-out entrepreneurship plan for young people • Ensure equity in accessing youth empowerment funds • Train young people on entrepreneurship • Support advocacy on elimination of sexual and gender based violence • Support gender mainstreaming in all HIV/SRH and related programmes • Integrate HIV/SRH into youth empowerment programmes • Support policy advocacy, resource mobilization and generation of data • Protect adolescents against harmful cultural practices, child marriages, child labour and child trafficking
<p>Transport and infrastructure</p>	<ul style="list-style-type: none"> • Improve physical accessibility to health facilities • Set regulations that protect adolescents from being exploited by actors in the transport sector e.g. bodaboda and tuktuk riders, conductors in matatus, drivers • Ensure cases of sexual harassment especially involving adolescents do not go unreported • Support integration of HIV/SRH in the sector
<p>Agriculture, livestock and fisheries</p>	<ul style="list-style-type: none"> • Support integration of HIV/SRH in the sector • Work with beach management units to create a safe environment for AYPs
<p>Environment, waste management and energy</p>	<ul style="list-style-type: none"> • Support integration of HIV/SRH in the sector • Involvement of AYP in environmental management
<p>Law enforcement agencies (Legal, police, county commissioner)</p>	<ul style="list-style-type: none"> • Investigate violations of HIV/SRH rights according to the laws of Kenya • Enforce laws and administer justice to protect AYP
<p>NACADA (County level)</p>	<ul style="list-style-type: none"> • Create awareness on harmful effects of drugs and substance abuse • Ensure enforcement of laws that protect adolescents from alcohol, drugs and substance abuse • Provide age and sex disaggregated data for alcohol, drugs and substance abuse for decision making

3. Adolescents and young people

Adolescents and young people are the primary beneficiaries of this strategy. The AYP will champion HIV/SRH interventions among their peers through peer to peer approach and other AYP responsive approaches at all levels. AYP will participate in research, policy, planning, design, implementation and monitoring and evaluation. Additional effort will be put to ensure inclusion of vulnerable AYP including AGYW, most at risk adolescents and young people, orphaned and vulnerable children.

4. Development partners

Development partners will be encouraged to support HIV/SRH programmes targeting AYPs in line with this strategy. Development partners will seek approval from the department of health on HIV/SRH interventions to be implemented.

5. NGOs, CBOs, FBOs, and private sector

The Civil Society is instrumental in provision of HIV/SRH services and information. These non-state actors will work with the department of health to improve access and uptake of HIV/SRH services. The department of health encourages the non-state actors to increase access to HIV/SRH services at all levels in the design, financing, implementation, monitoring and evaluation of interventions. Non-state actors will be required to provide technical support to enhance skills of county staff, allocate resources to under funded programme areas, document and share best practices with stakeholders through forums organized by the department of health. In addition, non-state actors will be expected to ensure there is equity in the provision of services.

6. Youth groups

Youth groups/organizations will be responsible for advocating for implementation of the strategy. They will inform innovative ways of reaching AYP and increase uptake of HIV/SRH information and services. They will champion the use of art, social media platforms and other innovative ways to reach AYP with information and services.

7. Communities, families and individuals

Communities and families will be responsible for providing HIV/SRH information and support implementation of this strategy. They will participate in planning, implementation and M&E, and mobilizing resources e.g. allocation of safe spaces.

8. Communications and mass media

The communication and mass media entities at county level will advocate and create public awareness on HIV/SRH.



9. National government – NACC, NASCOP, MOH, NCPD, MoE, KNBS

NACC	<ul style="list-style-type: none"> • Provide guidance to regional team on coordination and implementation of national strategies and frameworks
NASCOP	<ul style="list-style-type: none"> • Provide guidance on biomedical approaches to HIV/SRH services and support regional team to streamline county data systems with national systems
Ministry of Health	<ul style="list-style-type: none"> • Provide guidance and support to county department of health on implementation of this strategy • Provide national guidance on standard indicators and SRH service delivery improvements.
Ministry of health	<ul style="list-style-type: none"> • Support county department of education to implement HIV/SRH interventions in learning institutions as per national standards
NCPD	<ul style="list-style-type: none"> • Provide AYP specific population guidelines to improve quality of life of AYP in Mombasa
KNBS	<ul style="list-style-type: none"> • Spearhead collection , analysis and dissemination of AYP statistical data in Mombasa through AYP specific surveys

10. Parastatals and corporates

Parastatals and corporates will support in resource mobilization, social corporate responsibility and integration of AYP responsive HIV/SRH policies in the work place will be required. Parastatals and corporates will also create employment and other gainful opportunities like scholarships to be accessed by AYP.

ANNEXES

Indicators

Focus Area	Indicators
Improved HIV/SRH Outcomes	<ul style="list-style-type: none"> • New HIV infection among the AYP • Incidence rate of STIs among AYP • Teenage pregnancy rates among AGYW (10-24years) / Percentage of women aged 20-24 that have given birth by age 18 • Contraceptive Prevalence Rate (CPR) among young people (15-19, 20-24) • HIV mortality and morbidity among AYPs • Maternal mortality among young women (15-19, 20-24) • % of AYPLHIV retained in care and treatment • % viral suppression among AYPLHIV • GBV incidences reported • % reporting rates by AYP implementing entities. • # of AYP accessing youth friendly services • # of rehabilitation centres service AYP using drugs
Social and economic determinants	<ul style="list-style-type: none"> • # of AYP engaged in meaningful employment (self or employed) • # of community level dialogues held • % AYP school retention • % of AYP school transition and completion. • % AYP reintegrated in school • % of women age 20-24 that report being married by age 18
Meaningful engagement of AYP	<ul style="list-style-type: none"> • # of AYP participating in policy forums • # of AYP organisations/groups trained on OSS • # of AYP active/vibrant youth groups in the county.
County leadership and support	<ul style="list-style-type: none"> • % resources allocated for AYP interventions • # of AYP advocacy forums at county level • # of funded AYP programmes in the County

Annex 2: List of Contributors

The Mombasa County Adolescent and Young People Strategy on HIV and Sexual Reproductive Health was supported by a team of young people, implementing partners, development partners who formed the technical review team, technical writing team and validation team.

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