Ministry of Health

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Migori County

Multi-Sectoral Action Plan To Improve The Health And Wellbeing Of Adolescents & Youth

2018-2022

June 2018

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Acronyms

AASE	Age Appropriate Sexuality Education
AIHA	American International Health Alliance
AFIDEP	African Institute for Development policy
AIDS	Acquired Immune Deficiency Syndrome
APOC	Adolescent Package of Care
ASRH	Adolescent Sexual and Reproductive Health
AYFS	Adolescent and Youth Friendly services
AYSRH	Adolescent and Youth Sexual and Reproductive Health
CECM	County Executive Committee Member
CHA	Community Health Assistant
CHV	Community Health Volunteer
CIP	Costed Implementation Plan
CSO	Civil Society Organization
DHIS 2	District Health Information System 2
EGPAF	Elizabeth Glazier Pediatric AIDS Foundation
FHOK	Family Health Options Kenya
FGM/C	Female Genital Mutilation/ Cutting
GBVRC	Gender Based Violence Recovery Center
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information, Education and Communication
KASF	Kenya Aids Strategic Framework
KDHS	Kenya Demographic and Health Survey
MoH	Ministry of Health
NAYS	National Adolescent and Youth Surveys
NAYA	Network for Adolescent and Youth of Africa
NCAHU	Neonatal Child and Adolescent Health Unit
RMHSU	Reproductive and Maternal Health Service Unit
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SARAM	Service Availability and Readiness Assessment Measure
SGBV	Sexual and Gender Based Violence
STIs	Sexually Transmitted Infections
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UN	United Nations
WHO	World Health Organisation

Definition Of Terms

Adolescent: Persons aged between 10 and 19 years.

Adolescent and Youth Friendly Services: Services delivered in ways that are responsive to specific needs, vulnerabilities and desires of adolescents and youths.

Advocacy: The act of pleading, actively supporting or arguing in favor of something such as a cause, idea or policy.

Age Appropriate Comprehensive Sexuality Education: This is an age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic and non-judgmental information.

Champion: A person who vigorously supports or defends a person or cause

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.

Discrimination: The unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age or sex recognition.

Female Genital Mutilation/Cutting (FGM/FGC): Procedures involving partial or total removal of the female genitalia or any other injury to the female genital organs or any harmful procedure to the female genitalia, for non-medical reasons.

Gender: Socially constructed roles and responsibilities assigned to men and women in a given culture or location.

Vulnerable: At high risk of lacking adequate care and protection.

Reproductive Health: State of complete physical, mental and social well-being in all matters relating to the reproductive system.

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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Stigma: A mark of disgrace associated with a particular circumstance, quality, or person.

Violence: Harm that has negative impact on the physical, emotional, psychological and economic wellbeing of an individual.

Youth: Persons aged 15 to 24 years (WHO)

Young People: Persons aged 10 - 24 years (WHO)

Foreword

Adolescent and youth form an integral segment of the global population. Kenya has a large population of young people with three (3) out of four (4) people being below age 35 years. This calls for great emphasis and focus on the needs of this important group.

In young people lies great potential towards the achievement of the aspiration and wellbeing of any nation. The demographic dividend concept advocates for strategic investment in health, education and economic empowerment with the view of ensuring that young people are healthy, well-educated and economically engaged in a well governed environment. However, against the great potential lies great challenges that drain the gains and affects the life of young people.

Migori county just like any other part of the country has a youthful population with nearly half 548,401 (49%) of the total population being below age 15 years and 25% being between 10-19 years. This youthful population can spur the development of the County if the right investments are made. The population can however add to pressure in the provision of services if relevant investments are not made. As it stands, increased rate of teenage pregnancy, increasing cases of new HIV infection and gender-based violence among adolescents and youths in the County are some of the challenges that require more attention and increased investment.

Devolution provides an opportunity for Migori County to prioritize the adolescent and youth agenda including enhanced coordination among stakeholders, guiding appropriate implementation strategies, consolidating resources and reversing the negative trends affecting adolescents and youths.

It is worth noting that during the development of this document, some published County data was not available and therefore DHIS2, KDHS and CIP among other sources were used as references to arrive at conclusions. This may appear as a limitation but does not change the overall AYSRH situation in Migori County.

It is my belief that this document will provide guidance that will address critical gaps and enable young people to receive quality services and achieve their full potential.

Hon. Dr. Iscar Oluoch
CECM- Health, Migori County

Acknowledgement

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Dr. Elizabeth Mgamb
County Director of Health, Migori County

Executive Summary

The County Government of Migori envisions having a vibrant and prosperous County. Investment in Adolescents and Youth is key to achievement of this vision due to the high youthful population in the County. The large adolescent and youth population provides an opportunity for economic growth and development if only the right investments are made especially in their health and education. Additionally, investment in adolescent and youth health leads to improved sexual reproductive health and decline in mortality rates. With fewer births, the dependant population grows smaller hence creating a window of opportunity for rapid economic growth. Adolescents and Youth in Migori face various challenges which affect their general well-being and productivity most of which are sexual and reproductive health related.

The County Government in collaboration with various stakeholders has developed this first Multi-sectoral Adolescent and Youth Sexual and Reproductive Health (AYSRH) Action Plan 2018-2022 that provides Strategic guide for the county's response to the AYSRH needs. The action plan addresses drivers of HIV, Teenage pregnancies and Gender based violence among the adolescents and youth. It seeks to increase access to and utilization of AYSRH information and services by consolidating gains made, scaling up interventions that have proven to deliver results and ensure synergy among the stakeholders. It focuses on six priority areas namely, Teenage pregnancy HIV/AIDS, Gender Based Violence, Advocacy, Multi sectoral governance and coordination and Monitoring and Evaluation.

This action plan is aligned to Kenya's Vision 2030 which places the youth and especially young women at the center of the country's development agenda. It also makes reference to the National Adolescent Sexual Reproductive Health Policy (2016) and the National Adolescent Sexual Reproductive Health Policy Implementation Framework (2017-2022). This provides an enabling policy environment for the provision of sexual and reproductive health information and services to adolescents.

Implementation of this plan will require enormous resources and this calls for collaboration between County and national Governments, implementing partners and other stakeholders. The plan will be integrated in the County annual work plans, medium-term expenditure framework of the health sector and other county line departments for sustainability.

Dr. Dalmas Oyugi, PHD
Chief Officer of Health, Migori County

Preamble

Young people in Migori, like any other part of the world face significant challenges. They are not only at risk of communicable diseases but also face hitherto older people's challenges in lifestyle and non-communicable diseases. The double burden of diseases has been aggravated by inadequate reproductive health knowledge and information, malnutrition, general health problems, menstrual problems, female genital cutting, early and unprotected sex, early & forced marriages, sexually transmitted infections including HIV/AIDS, abortions, drugs and substance abuse, accidents and violence, school dropout, sexual abuse among others.

This document therefore focuses on addressing adolescent and youth sexual and reproductive health services, vulnerabilities and challenges. It further provides approaches to address the negative health indicators and their effects in the life and development of the young people within the county.

Background Information

Migori is one of the 47 counties in Kenya with an approximate population of 1,006,499. It covers an area of approximately 2,597 KM square. The County is located in Western Kenya and borders Homa Bay to the North, Kisii to the North East, Narok to the East and South East, Tanzania to the South and South West and Lake Victoria to the West. Migori County is perhaps the most diverse in Nyanza after Kisumu. The inhabitants include, Luos, Suba, Kuria, Abagusii, Luhya, and Somali, small pockets of Indians, Arabs, and Nubians. Migori town is the county headquarters and serves as an important link between Kenya and Tanzania and the second most viable commercial center in Luo-Nyanza after Kisumu. Administratively, the County is divided into 8 sub Counties, namely Suna East, Suna West, Uriri, Awendo, Rongo, Nyatike, Kuria East and Kuria West.

The population distribution in the county shows that the largest age cohort is under 15 years (42.3%) while women of reproductive age (15- 49 years) comprise 24%. Overall, the total children population below 15 years constitute 49 percent of the total population. This generally points to greater burden in the social economic and health service provision. In Migori approximately 20% of the residents have no formal education with an approximate of 65% having primary level of education and 22% with some secondary level of education. Major economic activities in the county include subsistence and cash crop farming, gold mining, fishing, tourism and sugarcane milling.

The poverty index in is estimated at 49.6 %. (Kenya economic atlas, 2nd Edition) It is worth noting that this youthful population has a momentum for faster economic growth and therefore calls for heavy investment in sexual and reproductive health and rights to ensure healthy and productive young people.

04 Situational Analysis

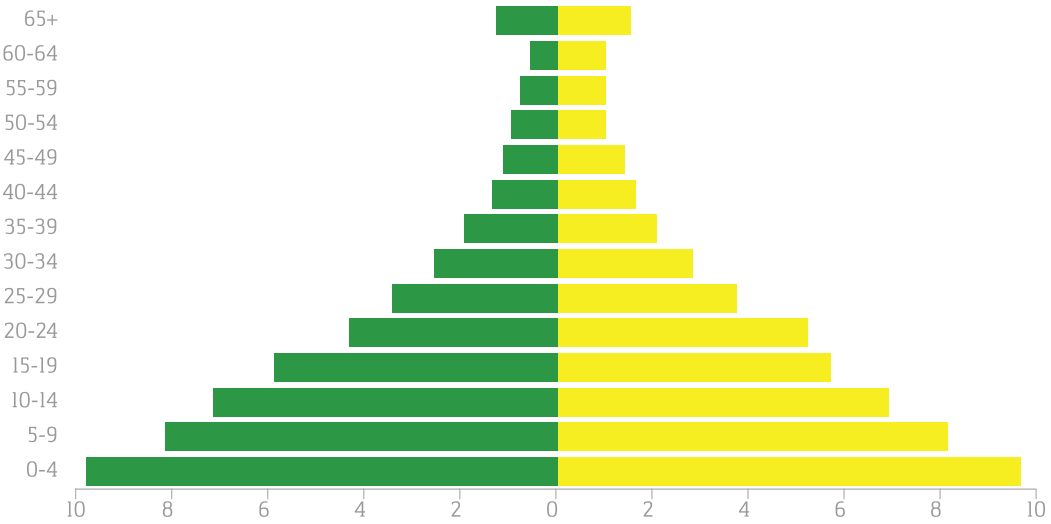
Introduction

According to the 2009 Kenya Population and Housing Census, young people below the age of 25 constitute 66% of the total population in Kenya. Adolescents on the other hand make up 24% of the country's total population. This young population has implications on the social, economic and political agenda of the country. The Ministry of Health report (MoH FACT SHEET 2016) indicates that Migori County has a youthful population with those below age 15 making 49% of the total population.

The youthful population puts great demands on provision of health services, education, water & sanitation, housing and employment. At the same time, it provides opportunities for the country's development if the adolescents get opportunities to attain educational goals, and receive an all-round preparation for responsible adulthood. This segment of the population, therefore requires close attention of all sectors of government, development partners and other stakeholders for the country to attain Vision 2030.

Figure 1:1. Migori County Population Pyramid

Migori County has a youthful population of which 1 in 4 people are adolescents aged 10-19



Source: *National Council for Population and Development, 2017*

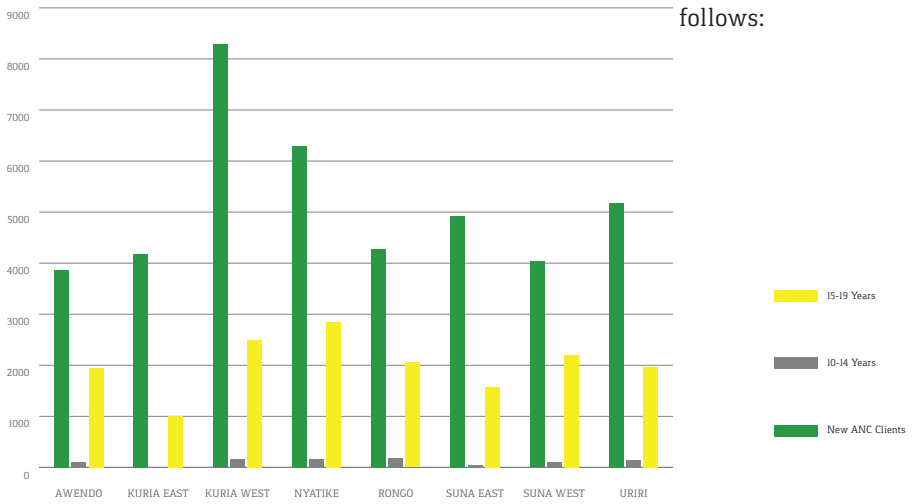
In Migori County, as in other parts of Kenya, adolescents and youth face severe challenges in their lives and general well-being. They are vulnerable to early and unintended pregnancies, unsafe abortions, sexual and gender-based violence (SGBV), reproductive tract infections including sexually transmitted infections (STIs) as well as HIV and AIDS and harmful practices including FGM/cutting, child, early and forced marriages

4.1

Teenage pregnancy

Kenya Demographic and Health Survey 2014 indicates that 24% of girls aged 15-19 years in Migori County have begun childbearing with 3.4% being pregnant with their first child and 20.9% having ever given birth. The proportion of adolescents who are already mothers is large relative to the National level (14.7%). As a result, Migori County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 136 births per 1000 girls, which is much higher than the National average of 96/1000. (MoH ASRH FACT SHEET 2016)

Additionally, adolescents presenting with pregnancy at Health Facilities between April 2016 and March 2017 were 17, 028. This is further broken down per sub-county as follows:



Source: *DHIS2 2016 /2017*

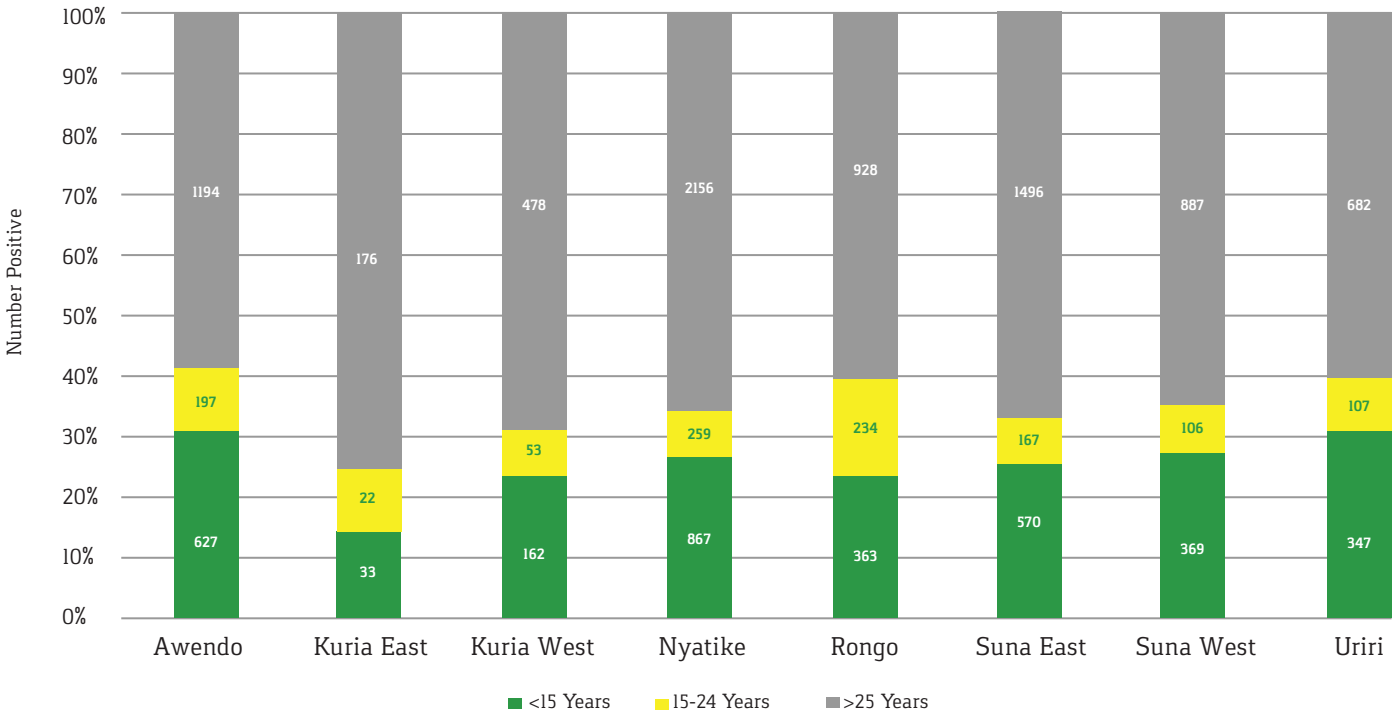
4.2

HIV and AIDS

Kenya has the fourth-largest HIV epidemic in the world, with 1.5 million people living with HIV. Approximately 52,800 new infections occur annually of which 44,800 are among adults and 8,000 among children. According to 2016 HIV estimates, Adolescents (10-19) account for 16% of all new HIV infections while the youth aged 15-24 accounted for 40% of all new adult new infection.

Migori is among the ten Counties with a high HIV burden, having a prevalence of 14.3% against Kenya's average of 5.6% (Kenya HIV County Profile 2016). Adolescents and youths in Migori continue to bear a significant burden of new HIV infections. According to the HIV estimates of 2016, 1,557 (28%) of all new HIV infections in Migori were among adolescents (10-19 years), while 2,895 (52%) were in young women and men between 15 and 24 years. This is further broken down into sub county as follows:

Clients receiving HIV+ results by age.
April 2016-March 2017.



Source: *DHIS2 2016/2017*

4.3

Sexual and Gender Based Violence (SGBV)

GBV is the most widespread and socially tolerated rights violation in Kenya about 39% of women and girls in Kenya aged 15 years and above have experienced Physical violence. According to the estimates 40% of women and 10% of men have suffered physical and sexual Gender based violence at one time in their lives while 26% of women and 7% of men had experienced both physical and sexual GBV (National Gender and equality commission: 2016) Kenya. The capacity

of the adolescents to report violence remains limited with only 33% of girls and 20% of boys aged 15 - 19 years demonstrating capacity to seek help against the vice KDHS 2016.

Human rights violations like coerced or sexual abuse can result in teenage /unintended pregnancy, unsafe, abortion and STIs including HIV. KDHS 2014 states that 6.5% of girls and 2.7% of boys aged 15-19 years had ever experienced sexual violence. There is poor linkage to care, weak prosecution processes, lack of legal support and inadequate psychosocial services for survivors. These gaps perpetrate the vice at any given level.

According to UN WOMEN report 2015, Nyanza region where Migori County is, recorded 49.5% physical violence. This is higher than the National average of 19.4%. 72.6% of survivors in Nyanza were unwilling to pursue justice. In 2016, Ninety (90) cases of SGBV among adolescents aged 10-17 years presented to health facilities in Migori (DHIS2 2016). However, it is worth noting that there are many cases that go unreported and facility-based data is quite poor and inaccurate to reflect the magnitude of sexual and gender based violence.

4.4

Female Genital Mutilation/Cutting (FGM/C)

In Kenya, 21% of women aged 15-49 years have undergone FGM. Among these, 43% were cut between ages 10 - 14, 27% between ages 5-9, and another 27% at age 15 or later.

Levels of female genital mutilation are significant in Migori County with 3 in 10 (28%) girls aged 15-19 self-reporting that they have undergone the cut. This is more than double the National average of 11% (KDHS 2014). Female genital cutting is linked to obstetric complications, gynecological problems, and long-term negative effects on women's wellbeing. The vice further promotes child marriage in most communities and this affects the life of young girls.

4.5

Access to Family Planning

According to KDHS 2014, the use of contraceptives for prevention of unintended pregnancies averts 30% of maternal deaths and improves child survival. Adolescent pregnancy has a higher risk of maternal and perinatal mortality. The AFIDEP/UNFPA Fact sheet, June 2017 puts Migori among the 15 counties that account for 60% of maternal deaths in Kenya. One in five (17%) of currently married adolescents aged 15-19 years in Migori County use contraceptives hence unmet need for contraception among married adolescents remains high at 49% (KDHS 2014).

4.6

Advocacy

Although provision of comprehensive Adolescent and youth services are important in enhancing health and wellbeing of young people, there has been shifted priority both at International and level to the general RMNCH program. Adolescents and youth sexual reproductive health has therefore not been given adequate focus for support and funding.

Migori County, just like other parts of the country, funding for Adolescent and youth health services has for a long time been lumped together with the general reproductive health financing. This has led to non-prioritization of the needs of this special group. There is need to develop a County specific Adolescent and youth health advocacy tool kit, with adequate facts to justify resource mobilization efforts for Adolescent and youth sexual reproductive health services

4.7

Governance and Coordination

An integrated and coordinated planning of Adolescent and youth services is critical in creating synergy in investment of resources, facilitating networking, creating linkages and fast-tracking deliverables. However, currently different departments/ ministries and partners implement parallel Adolescent and youth sexual reproductive health interventions within the County and therefore the need for effective harmonization of strategies for improved outcome.

4.8

Monitoring and Evaluation

Monitoring and evaluation provides a consolidated source of information that is important for tracking progress on program implementation, allows for sharing of experiences and learning, reveals gaps and paths for correction.

Monitoring and Evaluation creates a pathway for assessing crucial link between implementers and beneficiaries. Data accountability and software interoperability across County departments and ministries can promote data sharing and use for decision making. Currently this is a major gap in Migori County, not only in Adolescent and Youth programming but also in the provision of other services. The M&E infrastructure and services are inadequate to effectively provide information for decision making, implementation and evaluation.

> ***"One in five (17%) of currently married adolescents aged 15-19 years in Migori County use contraceptives hence unmet need for contraception among married adolescents remains high at 49%"***

05

Drivers of poor Sexual and Reproductive Health (SRH)

The following are drivers of poor Sexual and Reproductive Health (SRH) among adolescents and youth in Migori County

a) Inadequate access to formal education

Education is an important determinant for sexual and reproductive health particularly among girls. Girls who complete secondary and higher education have better sexual and reproductive health outcomes, are less likely to have unintended pregnancies and more likely to have higher socio-economic status. The primary school net enrollment rate in Migori County is 96%. However, only half (50%) of students in primary school transition to secondary. This is lower than the national level of 57%. Poverty, compromises attainment of educational goals thereby predisposing girls to early sexual relationships and child marriages. *(Ministry of Education, Science and Technology, Basic Education statistical booklet, 2014)*

b) Inadequate access to sexual and reproductive health information and services

Adolescent and youth often do not access health information and services they urgently need in good time and space. This is due to barriers in the health systems including lack of youth friendly services, lack of information, fear of stigma and judgment among other reasons. Migori County does not have adequate and functional youth friendly clinics that can comprehensively address adolescent and youth sexual reproductive health needs. According to SARAM 2013 only 21% of public facilities provide comprehensive AYSRH services.

Whereas schools provide basic information on sexuality and sexual reproductive health, the information is inadequate and does not fully respond to contemporary challenges facing learners. More so the teachers have inadequate capacity on SRH. Additionally, the NAYS 2015 reported that parents have failed to provide proper guidance to adolescent and youth. Community and religious values regarding sexuality education has remained a hindrance for accessing AYSRH information for adolescent and youth in Migori.

C) Poverty

According to KDHS (2014), teenagers from poor households are more likely to experience teenage pregnancy and motherhood compared to teenagers from wealthy backgrounds. Poverty compromises school enrollment, retention, transition and completion thus predisposing girls to early sexual debut, early marriages, STIs and HIV/AIDS acquisition as they are driven into sex to meet their personal and livelihood needs. The poverty index for Migori County is 49.6% (Economic Atlas of Kenya, 2nd Edition) against the national poverty index of 45.2%. This has further exposed the AY to child labor (Mining, Boda Boda taxi riding, and fishing, cane cutting) and child sexual exploitation.

c) Harmful practices

Harmful practices in Migori County include: female genital mutilation/cutting, child marriage, wife inheritance, drug and substance use and night disco at funerals. These harmful practices expose young girls and boys to sexual activity thus increasing their vulnerability to child marriages / teenage pregnancy, sexually transmitted infections /HIV AIDS and other health risks.

e) Weak Domestication and implementation of AYSRH Policies

Kenya has favorable legal and policy frameworks that promote adolescent SRH and SRH rights. These frameworks include:

1. **The Constitution (2010), National Adolescent Sexual and Reproductive Health Policy (2016),**
2. **National Adolescent Sexual Reproductive Health Policy Implementation Framework (2017-2021),**
3. **National Guidelines for Provision of**

Adolescent and Youth Friendly Services (YFS) in Kenya (2016),

4. **The Children Act (2001)**
5. **The National Youth Policy (2007) and**
6. **The Kenya Fast Track Action Plan to End HIV and AIDS among Adolescents and Youth (2015)**
7. **Sexual Offenses Act 2006 and**
8. **Migori County Integrated Development Plan (2015)**

Despite the existence of these Policies, frameworks and guidelines, they have not been fully operationalized due to a number of issues including inadequate dissemination to key implementers, poor resource allocation and varied opinions among different actors e.g. dissenting opinions on provision of Sexual Reproductive Health information and services to young people

5.1

County Response to Adolescent and Youth Sexual Reproductive Health Needs

The County department of health in collaboration with other County departments and partners have been implementing interventions that target adolescent and youth to increase access to information and services on Sexual Reproductive Health including sexual and gender based violence, HIV, family planning and more recently back to school strategy. Some of the milestones realized to date include:

1. Appointment of County and sub-county Adolescent and youth focal persons to coordinate Adolescent and youth health programming among all stakeholders involved in provision of Adolescent and youth services at all levels;

2. Formation of a multi-sectoral Adolescent and youth subcommittee of the larger RMNCAH TWG to provide technical support and priority setting for Adolescent and youth services programming;

3. Resource mobilization and networking and leveraging

4. The County, with support from UNFPA acquired a County Adolescent and youth TOLL Free line where young people can make anonymous calls and interact with trained and skilled health care providers to address their SRH concerns.

5. Radio platform for interaction and information sharing for adolescent and youth supported by Jhpiego

6. The County leadership in collaboration with adolescent and youth in Migori identified 6 priority intervention areas that have been aligned to the National Adolescent and Sexual Reproductive health policy implementation framework.

These are:

a. **Teenage pregnancy**
b. **HIV / AIDS**
c. **Sexual and Gender Based Violence**
d. **Advocacy**
e. **Governance and Coordination**
f. **Monitoring and Evaluation**

6

Priority Health Area One: Teenage Pregnancy

Our Goal:
To reduce teenage pregnancies in Migori County by 10% by 2022

Expected Outcome:
Increased access and utilization of AYSRH information and services

Expected Outcome:
Increased school retention, transition and completion rates for adolescent and youth

According to DHIS2 2016, 37% (15,131) of 1st ANC visits were teenage pregnancies, an indication that low access information and services including Contraceptive use (17%) and high school drop-out amongst adolescents in Migori County

In order to reduce teenage pregnancy in Migori County, this Action plan seeks to implement the following strategies;

a. **Integrated school health program including education re-entry.**
b. **Capacity building of HCWs, Peer Educators, Religious leaders CHVs and Teachers on AYSRH**
c. **Community Evidence based interventions**
d. **Advocacy, communication and social mobilization**
e. **AYSRH Information and services for adolescents and youth**

Strategy	Priority intervention areas
Capacity building on AYSRH	• Train HCWs, Religious leaders, teachers, peer educators and CHVs on AYSRH • Train teachers and adolescents on life planning and stigma reduction • Train adolescents and youth on IGAs
Integrated school health program	• Conduct integrated school-based education sessions on AYSRH • Back to school strategies and education re-entry
Community evidence-based interventions	• Conduct adolescent/youth targeted events and outreaches • Conduct community dialogues with opinion leaders • Establish adolescent and youth clubs • Conduct sessions on appropriate parenting of adolescents and youths
Advocacy, communication and social mobilization	• Dissemination of AYSRH policies including school re-entry • Develop and disseminate AYSRH IEC materials • Promote education subsides for vulnerable adolescents and youths
AYSRH information and services for adolescents and youth	• Establish and strengthen youth friendly clinic • Develop an AYSRH directory for referral and linkages • Disseminate AYSRH messages through social media platforms (Facebook, WhatsApp, Instagram etc.) Radio and toll-free line

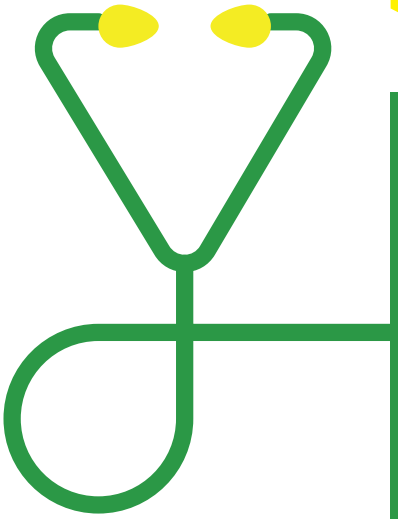
7 Priority Health Area Two (2): HIV and AIDS

Goal:

1. To reduce new HIV infection, Stigma and deaths among adolescents and youth.

Expected Outcomes:

1. Reduced New HIV infections
2. Reduced HIV related deaths among Adolescents and youths
3. Reduced stigma and discrimination among adolescents and youth



HIV interventions in this document are aligned to the 90-90-90 strategy and will be achieved through the following strategies:

1. Communication and social mobilization
2. Capacity building
3. Combination HIV prevention interventions.
4. Retention of AY in care and treatment Programs
5. Anti-Stigma campaigns and meaningful participation of networks of adolescents

Strategy	Priority Intervention areas
Communication and social mobilization	• Development and dissemination of adolescent and youth friendly IEC materials • Link and refer adolescents and youth to digital platforms (AYSRH Apps, website and blog spot) with HIV information • Engagement with local media (radio) to address adolescent and youth HIV issues
Capacity building	• Train adolescents and youth champions, teachers and service providers on HIV prevention, and care Retention strategies • Training of HCWs on adolescents and youth friendly HIV service provision. • Training of Community health workers on Stigma and reduction
Combination HIV prevention interventions.	• Scale up innovative HTS targeting adolescents and youth • Scale up VMMC, ART, PrEP, PMTCT, PEP specially tailored to adolescents and youth in all facilities • Scale-up of Evidence based intervention
Retention of AY in care and treatment Programs	• Support adolescent and youth peer mentors and champions to follow up and link those defaulting from care and treatment • Partner with schools and other learning institutions to implement treatment literacy for adolescents and youth LHIV. • Establishment and strengthening of psychosocial support groups for adolescents and youth both at health facilities and in the community.
Anti-Stigma campaigns and meaningful participation of networks of adolescent	• Strengthen Migori county of Sauti Skika chapter (Network of young people LHIV). • Partnerships with Kenya Network of Positive Teachers (KENEPOTE) to support adolescent and youth LHIV in Schools and learning institutions. • Development and dissemination of anti-stigma messages through mass media and the digital space • Partner with line government departments offering social protection to ensure their services are HIV-Sensitive.

8 Priority Health Area Three (3): Sexual and Gender-Based Violence (SGBV)

Goal:
Reduce sexual and gender-based violence (SGBV) and improve response

Expected Outcomes:

1. **Reduced incidence of SGBV**
2. **Increased utilization of SGBV services**

The existing National guidelines on comprehensive care for SGBV survivors outlines services ranging from medical treatment, Legal services and social support. However, it is worth noting that health care providers have not sufficiently addressed the health needs of Adolescent and youth SGBV survivors due to inadequate knowledge and skills. In addition, there is insufficient information at the community level on the available services for SGBV survivors.

Under-reporting of cases of SGBV in Migori is attributed to lack of social support within families, stigma and fear of counter-attack from the perpetrators or family at large. Hence there is need for the strategies to help address prevention and response to SGBV.

In response to these gaps, this document recommends the following interventions:

a. **Community approaches and Awareness creation**
b. **Capacity building and management of SGBV**
c. **Coordination, referrals and linkages**

Strategy	Priority Intervention Areas
Community approaches and awareness creation	• Community sensitization meetings on SRH rights and existing SGBV response services (Parents community leaders Religious leaders, Teachers, Adolescents and youth) • SGBV Survivors' support group meetings at County, sub-County and community levels • Dialogue sessions on SGBV with the leadership of key groups in formal and informal economic sectors • Media interactive sessions on SGBV including laws, policies and guidelines
Capacity building and management of SGBV	• Training of Health care workers on comprehensive management of SGBV survivors • Recruitment and training of champions on prevention of traditional harmful practices • Establish Rescue center for vulnerable adolescent and youth (safe spaces) • Dissemination of SGBV policies and guidelines at all levels • Establish a comprehensive SGBV recovery center
Coordination, referrals and linkages	• SGBV committees at County and sub-county level • Bi-annual SGBV Stakeholders forum at county and sub-county level • Development and dissemination of job aids on SGBV management and support • Engagement with law enforcement agencies to strengthen administration of justice for survivors • Linkage to medical and physio social support.

9 Priority Area Four (4): Advocacy

Goal:

Increased funding and support for adolescent and youth programs

Expected outcome

1. **Resource allocation for AYSRH programing by County government**
2. **Adolescent and youths involved in decision making**

Advocacy promotes and or reinforces change in policy, programmes and legislation thereby creating a supportive environment. Empowering communities and their leaders through information sharing, building their confidence and instilling commitment to support AYSRH services is critical for effective AYSRH programming and sustainability.

Additionally, advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, defend and safeguard their rights and have their views and wishes genuinely considered when decisions are being made about their lives.

This document notes that lack of specific funding for AYSRH is a major barrier to the provision of services to Adolescents and Youths of Migori County. As such, the plan commits to support allocation of funds for AYSRH programming.

To achieve this goal, the following strategies will be implemented;

a. **Capacity building**
b. **High level advocacy**
c. **Meaningful Involvement of adolescent and youth in decision-making and program design and implementation**

Strategy	Priority intervention Areas
Capacity building	• Training multi-sectoral representatives on smart advocacy • Training the Adolescent and youth on smart Advocacy • Training on adolescent and youth on meaningful involvement and Public speaking
High level advocacy	• County AYSRH Action plan • Advocacy Meeting with County Assembly and stakeholders for the allocation of funds for AYSRH services • Adolescent and youth policy briefs and fact sheets • Awareness creation on negative effects of funeral discos among adolescents through SBCC programs • Advocacy for legislation to eradicate funeral discos among adolescents • AY Advocacy tool kit • Disseminate Adolescent policy briefs/Fact sheets to political, and opinion leaders
Meaningful Involvement of adolescent and youth in decision-making, program design and implementation	• Support adolescents/Youth to participate in National and international conference with AYSRH agenda • Participation of Adolescent and youth decision making forums at the National and county levels including the county Assembly

10 Governance & Coordination

Goal:
To strengthen inter sectoral Coordination in the provision of AYSRH services

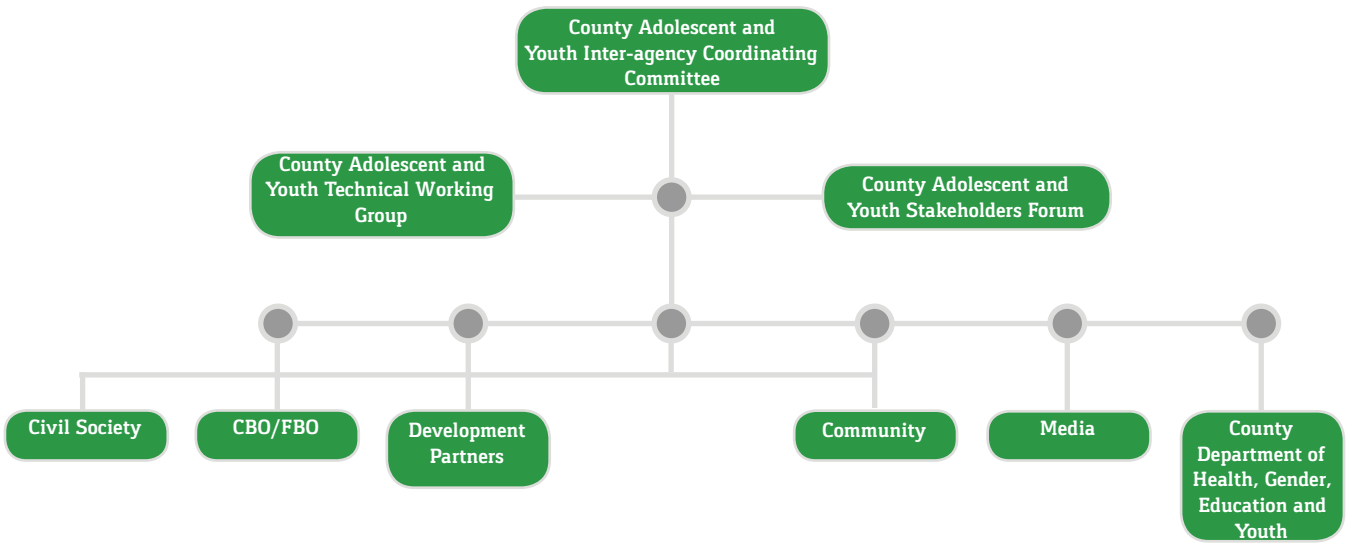
Outcomes
Efficient, Effective and well Sustained AYSRH programing.

Increased ownership of AYSRH programing by the county government

Implementation of the AYSRH Action plan will require a close collaboration among a wide range of partners within the Government, civil society and the development partners. This will therefore call for coordination and collaboration that will facilitate the best use of available resources by minimizing duplication of efforts, aligning quality assurance standards, and ensuring that the efforts of all stakeholders are harmonized towards the achievement of the common goal.

A coordinated mechanism for AYSRH services at County level will create synergy in investment of AYSRH resources, facilitate networking, linkage and fast tracking of action points/ results.

10.1 Coordination Structure: County Level Coordination



10.2

County Adolescent and Youth Multi-sectoral Coordinating Committee

The overall stewardship, oversight and strategic guidance for the AYSRH roadmap will be provided by the County Adolescent and Youth Interagency coordinating committee whose membership will be multi-sectoral.

10.3

Membership of the County Multi-sectoral Coordinating Committee

i. Director Finance
ii. Director Planning
iii. Director of Gender
iv. Director of Health
v. Health Partners
vi. Director Education
vii. Director Youth
viii. Director Child Protection.
ix. Ministry of Interior and National Coordination.
x. The Judiciary.
xi. Adolescent and Youth representatives

10.4

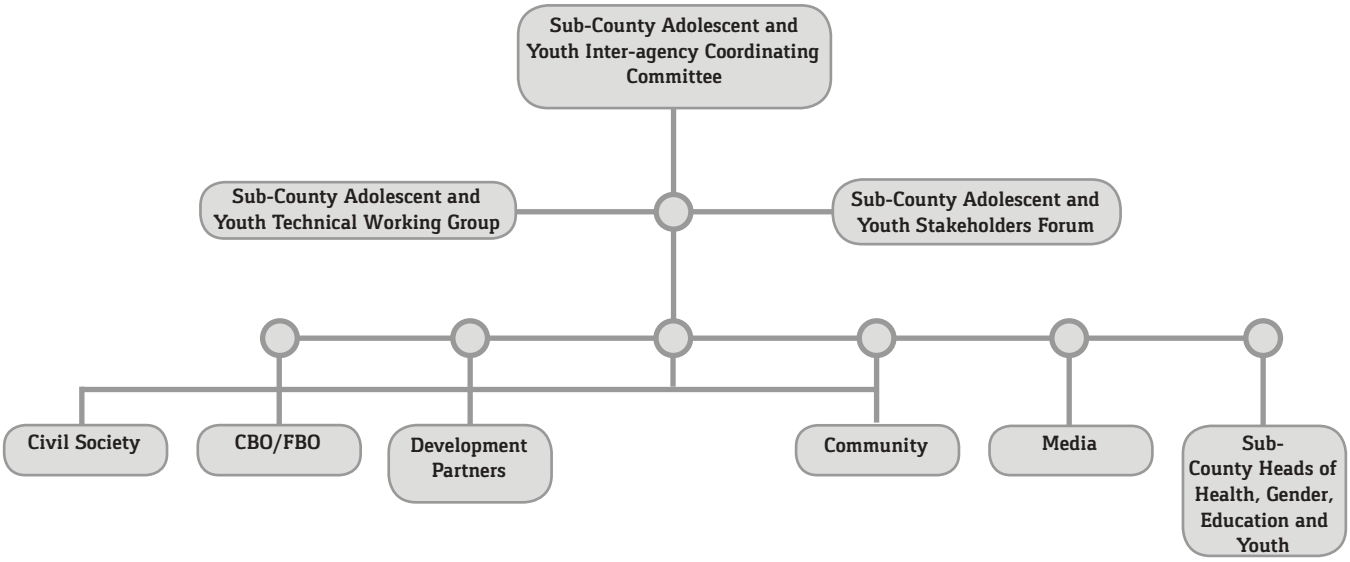
Roles and Responsibilities of the County Adolescent and Youth Multi-sectoral Coordinating Committee

i. Policy and Strategic leadership
ii. Policy Review and Domestication.
iii. Standard setting and regulatory Mechanisms
iv. Coordination of development partners and other agencies
v. Resource Mobilization.
vi. Monitoring and evaluation

10.5

Sub-County Level Coordination

The County coordination structures, roles and responsibilities will be replicated at the sub-county level.



11 Research, Monitoring & Evaluation

Goal:

Strengthen County Monitoring & Evaluation for AYSRH services

Outcome:

AYSRH information available for decision making

Quality data on Adolescent and Youth Sexual Reproductive health interventions is key in enhancing access to appropriate information and services. Research, monitoring and evaluation are critical elements for promoting evidence-based decision making at various levels, measuring achievements and in assessing the impact of this plan. The AYSRH plan provides a monitoring and evaluation framework through which documentation, reporting and quality of data generated can be enhanced. The monitoring and evaluation framework seeks to prioritize and address gaps in terms of quality documentation, timely reporting and data use. This action plan will be monitored with reference to the County Health and Education departments' quarterly and annual plans. The quarterly and annual work plans will outline indicators that will be used to track the progress at the end of every year. Routine data will be collected using the tools on the ground, and operational research carried out as need arises.

Monitoring Plan

The department recognizes that data is key to decision making in health. Performance monitoring process will help in tracking the implementation of activities through regular information sharing and evidence-based planning. The Monitoring plan will include County specific baselines and targets. DHIS2 will provide data for tracking progress at outcome levels.

Progress on the implementation of activities will be monitored against the County specific Results Framework through, monthly reports, support supervision and quarterly multi-sectoral reviews to assess Joint program progress. Monthly, quarterly and semi-annual narrative reports will be complied and submitted using specific tools available.

To achieve these the following interventions will be carried out:

Strategy	Key interventions
Data management	• Printing and distribution of relevant data collection and reporting tools • Data quality audits • Production of information materials including fact sheets and policy briefs
Learning and knowledge sharing	• Documentation and dissemination of best practices • Operation research • Bench marking
Quality improvement	• Support supervision • Review meetings • Data quality Audits • Client satisfaction surveys including Mystery clients

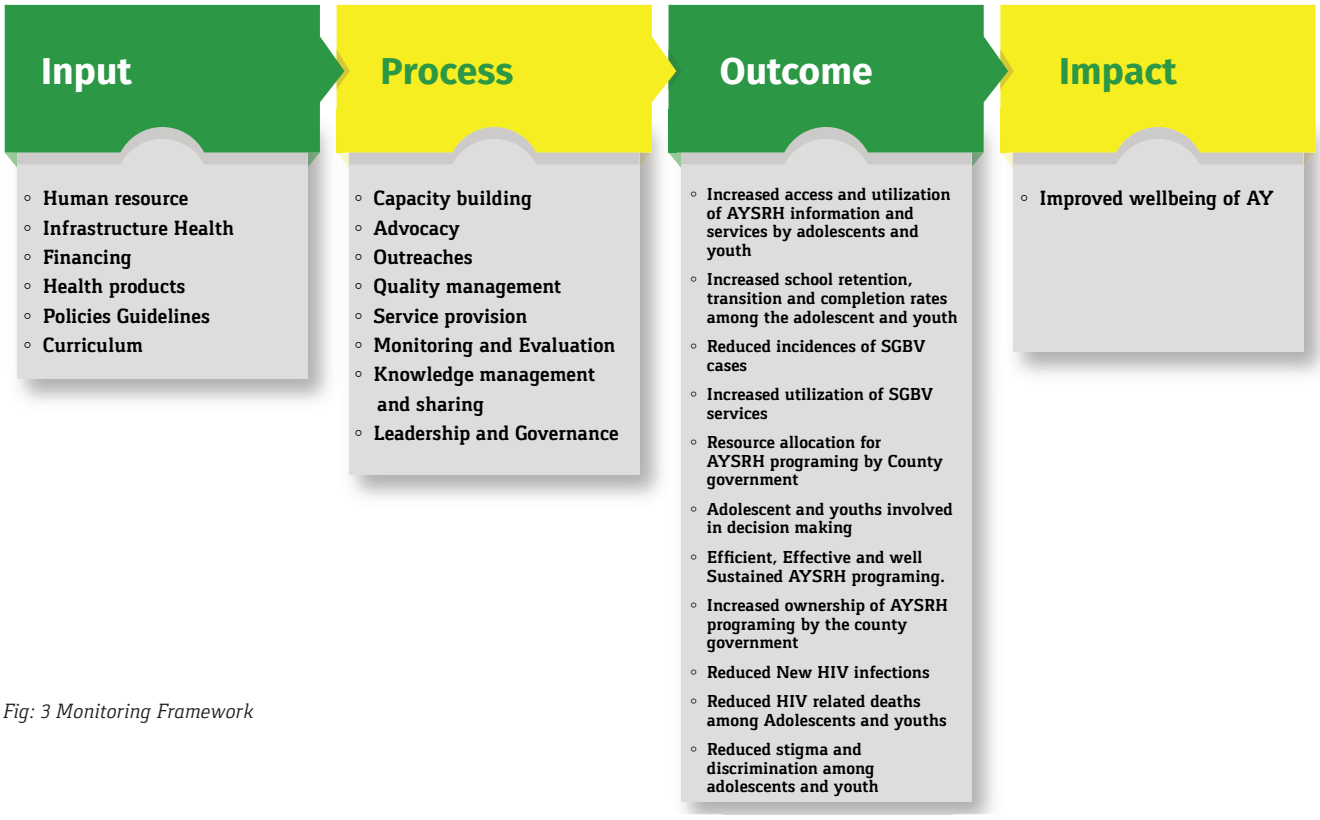


Fig: 3 Monitoring Framework

11.1

Logical framework for Adolescent Youth and Sexual and Reproductive Health

Priority area 1: Teenage Pregnancy				
Goal: Reduce the number of teenage pregnancies in Migori County by 10% in 5years.				
Strategies	Input	Process	Indicator	Outcome
Capacity building on AYSRH	Trainers -Training Curriculum Participants -Finances -Training materials	-Training -Mentorship -Supervision -OJT	-No of personnel trained -No of Mentorship/ -Supervision conducted	-Increased access and utilization of AYSRH information and services
Integrated school heath program	-Training Curriculum -Trainers -Finances -Training tools	-Mentorship -Health Training of teachers and school health clubs	-No of integrated school health programs held -No of sessions held	-Increased school retention, completion and transition rates among the Adolescents and Youths
Community Evidence based interventions	-Human resource -Training materials -Guidelines -Finances	-Outreaches -Meetings -Youth events -Advocacy meetings	-No of out reaches conducted -No of parental meetings held -No of youth events conducted	-Increased access and utilization of AYSRH information and services
Advocacy, communication and social mobilization	-Human resource -Finance -IEC Materials -Policies/guidelines	-Meetings -Media interventions -Dialogues -Development of IEC materials -Provision of Education subsides	-No of dialogues and meetings held -No of media sessions -No of adolescents and youths offered with Education subsides	-Increased access and utilization of AYSRH information and services.

Priority area 2: HIV and AIDS				
Goal: Scale up HIV prevention Interventions to reduce HIV burden among adolescents and youth by 5% in 2022				
Strategies	Input	Process	Indicators	Outcome
Communication and social mobilization of adolescent and young people	-Training tools -Training curriculum -Trainers -Finances -IEC Materials	-Training -Mass media campaigns -Public platforms -Digital content development	-No. trained -No. reached with messaging -No. reached in public platforms	Increased availability, accessibility and utilization of HIV/AIDS information and services by adolescents and youth in Migori County.
Increase coverage of combination HIV prevention interventions	-Training -Condom promotion -HTS -VMMC	-Outreaches -Community events -Facility services -Public barazas	-No. reached with HTS -No. reached with VMMC services -No. reached with combination prevention services	Reduced incidences of HIV among adolescents and youth in Migori county

Reduce the loss of adolescents and youth in the cascade of care and treatment.	-Training tools, curriculum and trainers -Develop treatment literacy materials	-Training -Recruitment drives into PSS -Monthly PSS meetings	-No. Trained -No of adolescents attending PSS -No. of PSS meetings held	Reduced HIV-related deaths among adolescents and youth
Anti-Stigma campaigns and meaningful participation of networks of adolescents living with HIV in HIV programmes	-Recruitment Training curriculum, tools and trainers	-Recruitment drives -Trainings -Meetings -Development of messages -Dissemination of anti-stigma messages Linkages	-No. recruited -No. Trained -No. of materials developed -No. reached with anti-stigma messaging	Increased availability of HIV tailored services and interventions for marginalized and vulnerable adolescent and youth population e.g. key populations and disabled.

Priority area 3: Sexual and Gender-Based Violence				
Goal: Reduce the incidence of sexual gender-based violence among adolescents and youth in Migori County				
Strategies	Input	Process	Indicators	Outcome
Increase access to utilization of services by SGBV survivors	-SGBV SOPS -Financing -Human Resource -SGBV Guidelines/ policies/IEC materials	-Training -Sensitization -CME -Supervision -Community dialogue forums -CHV training	-No. of SGBV rescue centers/ safe spaces/comprehensive management Centre established -No of SGBV survivors supported, referred and linked -No of SGBV data reviews conducted -No of front line services providers trained -No of job aids/SOPs on SGBV management distributed	Girls and young women's knowledge strengthened to make informed decision on SRH, demand for and uptake SRH services
Increase knowledge and skills of providers on SGBV among the adolescent and Youths	-SGBV SOPS -Financing -Human Resource -SGBV Guidelines/ policies/IEC materials	-Training, -Sensitization -CME supervision	-No of front line services providers trained -No of job aids/SOPs on SGBV management distributed -No of CMEs, Supervisions conducted	Improved management and support of AY survivors of SGBV

Priority area 4: Advocacy				
Goal: Increase funding to support adolescent and youth access to SRH information and services				
Strategies	**Input**	**Process**	**Output**	**Outcome**
High level advocacy campaigns with stake holders on increased funds to AYSRH activities	-Human resource -Policies Guidelines and briefs -Venues	-Advocacy meetings -Policy briefs development meetings -Advocacy trainings	-Number of Advocacy meetings held -Policy briefs developed and shared	Increased resources allocated and utilized for AYSRH
Involvement of adolescent and youth in SRH policy decisions	-Human Resource -Venue -Policies Guidelines and briefs	-Trainings -Advocacy sessions	-Number of youths involved in AYSRH programing -Youths trained in Meaningful involvement	Increased involvement of Adolescents and Youths in decision making

Priority area 5: Monitoring & Evaluation				
Goal: Strengthen County Monitoring & Evaluation for AYSRH services				
Strategies	**Input**	**Process**	**Indicators**	**Outcome**
- Data management	-Tools, -Human Resource, -Funds	-Collect analyze data on AYSRH -Review meetings -Develop AYSRH bulletins	-Type of data on AYSRH collected/analyzed -Number of review meetings -Number of AYSRH bulletins developed and disseminated	AYSRH information available for decision making
Quality improvement	-Tools, -Human Resource, -Funds	Conduct County and sub County Planning sessions Supervision DQs Clients surveys	-County and sub County -Planning sessions conducted	Improved client satisfaction.

11.2

Evaluation Plan

Evaluation of this action plan will be conducted at mid-term in 2020 to document the outcomes of the interventions on AYSRH and at end-term or impact evaluation in 2022. The results will be compared against the baseline data used in this action plan that have primarily been drawn from the KDHS, 2014 and HIV estimates of 2018.

Evaluation Matrix

Key Priority Area	Performance indicators	Targets			Data Source
		Baseline 2018	Midterm 2020	End line 2022	
		Teenage Pregnancy			
Reduce the number of teenage pregnancy in Migori by 5 in 5 years	No of facilities offering adolescent and youth friendly services	16	24	32	DHIS
	% of adolescent- pregnancies reported-----(10-14yrs)	3	0	0	DHIS
	% of adolescent pregnancies reported(15-19yrs)	34	31	27	DHIS
	% of adolescents accessing FP (10-14yrs)	3	6	9	DHIS
	% of adolescents accessing FP(15-19yrs)	14	18	22	DHIS
	% of youth accessing FP(20-24yrs)	24	28	32	DHIS
	No of adolescent maternal deaths(10-19yrs)	6	0	0	DHIS

Increase funding to support adolescent and youth access to SRH information and services	% of County budget allocation for AYSRH Services		2	4	Approved County Budget
	% Funds mobilized for AYSRH services from other sources		25	25	Organization county work plan
	% of funds allocated for AYSRH services utilized		70	80	Controller of budget report/vote book
	No of times views of Adolescent and youth are incorporated in policy decision	2	5	10	County/National policies
	HIV/AIDS				
To reduce new HIV infection, Stigma and deaths among adolescents and youth.	No of New HIV infection (15-24)	2895	2823	2750	DHIS
	% of adolescent and youth virally l suppression (15-19)	78	90	90	DHIS
	% of HIV infected adolescent and youth enrolled in care		90	90	DHIS
	% of adolescent and youth Retained on ART		90	90	DHIS
	% Reduction of Stigma among the Adolescents and Youth	26	16	6	County profile
	Sexual and Gender Based Violence				
Reduce sexual and gender based violence (SGBV) and improve response.	Number of SGBV case reported to the hospital[1]	91	96	100	DHIS
	Comprehensive SGBV recovery center established	0	0	1	County inventory
	Increased utilization of SGBV services	91	96	100	DHIS
	Number of reported cases prosecuted	2	96	100	Police
	Number of reported cases prosecuted successfully	2	5	10	DPP
	Monitoring and Evaluation				
Strengthen County Monitoring & Evaluation for AYSRH services	Increased data sharing	0			Information hub
	Number of ministries and department accessing data	0	5	10	Information Hub
	Number of partners using data for decision making	15	20	25	County supervision reports
	Number of best practice documented and scaled up	1	5	10	
	No of support supervisions conducted	4	16	32	County supervision reports

1 The indicator measured is expected to increase following sustained campaigns, interventions and response

12 ROLE OF ACTORS

Actors

Ministry of Health (National)	• Policy and guidelines development and review • Setting standards • Resource mobilization • Development/ review of training curriculum
County Department of Health	• Coordination and supervision of AYSRH service delivery Promote collaboration among departments and divisions within and outside the ministry and encourage these ministries/ agencies to mainstream ASRH issues in their core functions. • Promote meaningful participation of adolescent representatives in all aspects of adolescent/ youth policy implementation.
Departments of gender services, Youth, Labor, Social Security and Services (National Council for Children Services, Directorate of Children Services, National Council for Persons with Disability)	• Protect adolescents against harmful practices, child marriages, child labor and trafficking. • Promote greater livelihood opportunities for adolescents in line with existing laws
Department of Agriculture, Fisheries and Trade	Support and integrate ASRH in their programs and participate in multi-sectoral and multi-pronged response to SGBV
Department 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 ASRH into youth empowerment programs, Support gender mainstreaming in all ASRH and related programs, Ensure implementation of the Prohibition of FGM Act (2011) and other ASRH related acts, Support advocacy on elimination of SGBV and Monitor anti-FGM interventions.
Ministry of Transport and Infrastructure	• Improve physical accessibility to health facilities • Support and integrate ASRH in their programs
NGOs, CSOs, CBOs, FBOs and Private Sector	• Support provision of SRH information and services to adolescents and communities. • Support research and ASRH Policy formulation and dissemination. • Build community and stakeholder support for adolescent SRH policies and program. • Support sustainable program seeking to empower adolescents, meaningfully involve adolescents in policy formulation, program design, implementation, research and M&E, • Advocate and mobilize resources for policy implementation and Special efforts will be made to empower adolescent girls and boys who are especially vulnerable
Departments of Law Enforcement Agencies (National Police Service, Judiciary, Internal Security, HIV tribunal, Office of the Director of Public Prosecutions (ODPP)	Law enforcement and administration of justice to protect adolescents

Ministry of Education/TSC	• Implement AACSE in-line with the Education Sector Policy on HIV and AIDS (2013) • Support utilization of ICT and other innovative approaches in delivery of ASRH information • Implement Education Re-entry Policy for adolescents • Facilitate provision of information to parents on sexual and reproductive health of adolescents within the school set-up • Support implementation of; school health programs, adolescent-related policies and guidelines, • Promote and support health referral system and network of adolescents living with HIV • Support treatment literacy for adolescent living with HIV • Partnership with the MoH to provide ASRH information and services in schools
Ministry of Interior Coordination	• Participate in strengthening inter-sectional collaboration among line departments, • Participate in Multi-sectoral Task force meeting
NCPD	Participate in high level advocacy campaigns with stake holders on AYSRH
Partners	• They are key agencies in AYSRH Action plan implementation with key roles in priority setting, planning, financing and monitoring and evaluation • Participate in various technical working groups and governance structures
Community/households and individuals.	• They are the main gate keepers and beneficiaries of the planned activities. • Participate in resource mobilization, monitoring and evaluation. • Participate in accountability sessions for feedback
Mass and Social Media.	Facilitators of advocacy and creation of public awareness on issues of AYSRH
County Adolescent and Youth Technical Working Group	• Planning, implementation, resource mobilization, monitoring, and identification of challenges and reporting to the County Multi-sectoral Adolescent and Youth coordinating Committee for guidance • Link between the AYSRH stakeholders and the County Adolescent and Youth Multi-sectoral coordinating committee

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Annex 1:

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Annex 3:

Workplan and Budget

Priority Health Area: Teenage Pregnancy					
Goal: Reduce the number of teenage pregnancies					
Cause/Drivers	**Strategy**	**Activities**	**Intermediate Outcome**	**Time Frame**	**Budget**
Inadequate information and services on Adolescent Sexual and reproductive health	Capacity building of HCWs, Peer Educators, CHVs and Teachers on AYSRH	Train health care workers on ASRH (4 trainings per year 160 HCW residential for 3 days	Increased school completion rates	Yearly	20,834,000
		Train 160 teachers on life planning and stigma reduction among adolescents			32,154,000
		Train 200 CHVs on AYSRH	Increased utilization of AYSRH services		5,180,000
		Train 120 AY champions on ASRH			20,153,000
	Integrated school health program	Conduct 8 AY symposium- within the county	Increased positive health seeking behaviour; Talent identification and nurturing	Yearly	8,540,000
		Conduct 120 youth thematic dialogue forums	Increased positive health seeking behaviour; Increased decision making skills		11,340,000
		Conduct 32 targeted AY outreaches	Increased utilization of ASRH services		17,680,000
		Develop and Disseminate AYSRH IEC materials:	Increased utilization of ASRH services		15,300,000
		Disseminate AYSRH messages through media platforms	Increased utilization of ASRH services		8,852,000

	Community evidence based interventions	Conduct 800 community dialogues with opinion leaders to reduce harmful cultural practices	Increased utilization of ASRH services	Yearly	6,800,000
		Establish First-Time Mum's Clubs	Increased school completion, Increased self-economic reliance		9,630,000
		Conduct 150 'appropriate' Parenting forums on AYSRH	Increased utilization of ASRH services, Increased parenting skills on AYSRH		1,167,000
		Initiate/reactivate 32 community AY clubs	Increased utilization of ASRH services, Increased self reliance skills		37,080,000
	AYSRH information and services for adolescents and youth	Develop an AYSRH directory for referral and linkages	Increased utilization of ASRH services	Yearly	52,000
		Conduct training for parents on parenting / guidance Skills	Reduced social stresses among families		1,167,000
		Dissemination of AYSRH policies	Compliance to set standards		1,335,000
	Advocacy, communication and social mobilization	Train and support 200 AY on IGAs	Increased self-reliance skills	Yearly	3,470,000
		Establish and strengthen 10 adolescent and youth friendly centers	Increased utilization of ASRH services		3,370,000
		Education subsidies for 400 adolescents	Increased school completion rates		22,400,000
Sub-Total					315,004,000

Priority Health Area: New HIV infections among adolescents and youth					
Goal: To reduce new HIV infections and AIDS related deaths among adolescents and youth by 2022					
Cause/Drivers	Strategy	Interventions	Intermediate Outcome	Time Frame	budget
Inadequate information and services on HIV/AIDS	Communication and mobilization	Develop and Disseminate AYSRH IEC materials:	Increased utilization of ASRH services	Yearly	15,300,000
		Link AY to digital platforms on HIV issues	Increased utilization of ASRH services		52,000
		Engagement with local media on HIV issues	Increased utilization of ASRH services		8,852,000
	Capacity building of HCWs, Peer Educators, and Teachers on HIV/AIDS risk reduction	Train 160 AY on HIV service provision (4 trainings per year 160 HCW residential for 3 days	Reduced HIV burden among adolescents	Yearly	20,213,000
		Train Community health care workers on Stigma reduction and Disclosure (4 trainings per year 160 CHW residential for 3 days			20,213,000
		Train teachers on HIV prevention (4 trainings per year 160 Teachers, residential for 3 days			20,213,000
		Train 160 AY on HIV prevention, residential for 3 days			20,213,000
		Train 120 AY Champions on stigma reduction			20,153,000
	Combination HIV prevention interventions.	Train HTS counselors on innovative services on HTS, VMMC, ART, PReP, PMTCT, PEP targeting AY			20,213,000
	Retention of AY in care and treatment programs	Train adolescent and youth peer mentors and champions to follow up and link those defaulters			20,153,000
		Establish and strengthen psychological support groups for AY			37,080,000
	Anti-stigma campaigns and meaningful participation of network of adolescents.	Establish and strengthen Migori county chapter on Sauti Skika			11,340,000
		Establish partnerships with Kenya Network of Positive teachers to support AY			9,630,000
		Development and dissemination of Anti stigma messages through mass media and the digital space			8,852,000
		Conduct meetings with AY champions who are openly LHIV			20,153,000
		Conduct stakeholder meeting with line government departments offering social protection			12,000,000
	AY Targeted messaging on HIV/AIDS	Develop and Disseminate AYSRH IEC materials:	Increased utilization of AYSRH services	Yearly	15,300,000

Inadequate family and community support structures/ systems	Community based approaches to improve HIV treatment outcomes	Train CHVs and CHAs on APOC	Reduced HIV burden among adolescents	Yearly	5,430,000
		Conduct parenting forums to discuss stigma reduction and disclosure			1,167,000
Total					286,527,000

Priority Area: Sexual and Gender Based Violence.					
Goal: Reduce incidence of gender based violence cases					
Cause/Drivers	**Strategy**	**Activity**	**Expected outcome**	**Time Frame**	**Budget**
Inadequate information on sexual reproductive health rights and existing SGBV services	Capacity building and management of SGBV	Train 800 health care workers on comprehensive management of SGBV survivors	Increased utilization of SGBV services; Reduced incidences of SGBV	Yearly	20,834,000
		Establish at least one Rescue centre for vulnerable adolescents (safe spaces)			15,000,000
		Establish comprehensive SGBV recovery center			17,500,000
		Dissemination of SGBV policies			4,500,000
	Coordination, referrals and linkages	Establish and conduct quarterly TWG SGBV meetings	Efficient and effective coordination of SBGV services	Yearly	1,340,000
		Establish SGBV taskforce in every sub-county	Efficient and effective coordination of SBGV services		10,720,000
		Conduct biannual SGBV Stakeholders forum at county and sub-county levels	Increased utilization of SGBV services; Reduced incidences of SGBV		5,960,000
		Linkage to legal support to SGBV survivors	Increased utilization of SGBV services; Reduced incidences of SGBV		3,400,000
		Development and dissemination of job aids on SGBV	Increased utilization of SGBV services; Reduced incidences of SGBV		4,300,000
		Form and conduct quarterly SGBV Support group meetings	Increased utilization and social integration of SGBV survivors.		4,380,000

Harmful cultural practices	Community approaches and awareness creation	Conduct engagement meetings with law enforcement agencies	Enhanced administration of justice and reduction of SGBV incidences	Yearly	3,170,000
		Conduct 4000 community sensitization on SRH rights and existing SGBV response services			7,000,000
		Conduct 80 dialogue sessions on SGBV with the leadership of key economic groups in formal and informal sectors	Increased utilization of SGBV services; Reduced incidences of SGBV		5,600,000
		Conduct media advocacy on SGBV laws, policies and guidelines	Enhanced administration of justice and reduction of SGBV incidences		3,800,000
		Identify and train champions on prevention of traditional harmful practices	Reduce SGBV incidences		3,266,750
Sub-total					110,770,750

Priority Health Area: Advocacy					
Goal: prioritizes allocation of funds in the AWP to support adolescence and youth access to FP information and services					
Cause/Drivers	**Strategy**	**Activities**	**Intermediate Outcome**	**Time Frame**	**Budget**
Inadequate resources allocation for adolescent and youth SRH programmes	High level advocacy campaigns with stake holders	Conduct 2 Advocacy meeting with stakeholders for resource mobilization	Increased resource allocation	Yearly	490,000
		Train 125 multi-sectoral representatives on smart advocacy	Increased resource allocation		14,322,000
		Develop adolescent 3 policy briefs and fact sheets	Increased resource allocation		548,000
		Disseminate Adolescent policy briefs/Fact sheets with political, and opinion leaders	Increased resource allocation		11,280,000
		Awareness creation on negative effects of funeral discos among adolescents through SBCC programs			
		Advocacy for legislation to eradicate funeral discos among adolescents			
		Consolidate partners resource allocation (Finances) for implementation of AYSRH programs	Efficient and effective resource utilization		490,000
	Meaningful Involvement of adolescent and youth in policy decisions	Support at least 2 adolescents to participate in National and international conference with AYSRH agenda	For visibility and empowerment	Yearly	8,325,000
		Conduct training on meaningful adolescent and youth involvement	Effective participation and ownership		1,365,000
		Conduct training on meaningful adolescent and youth involvement for ASRH stakeholders	Effective participation and ownership		6,825,000
Sub-Total					43,645,000

Governance, Coordination Monitoring & Evaluation					
Goal: Strengthened County Planning and Coordination for AYSRH services					
Cause/Drivers	**Strategy**	**Activities**	**Intermediate Outcome**	**Time Frame**	**Budget**
	Data Management	Printing and distribution of relevant data collection and reporting tools	Effective and Efficient coordination	Yearly	6,500,000
		Hold 20 data quality audit meetings	Effective and Efficient coordination		11,340,000
		Production of information materials (fact sheet, policy briefs, scorecards)	Effective and Efficient coordination		3,500,000
	Learning and knowledge sharing	Documentation and dissemination of 10 best practices for scale up			1,990,000
		Conduct 4 operation researches	Improved efficiency in service delivery		4,000,000
		Hold 5 benchmarking exercises	Improved efficiency in service delivery		5,063,000
	Quality Improvement	Conduct 20 support supervisions	Improved efficiency in service delivery		3,063,000
		Hold 20 review meetings	Improved efficiency in service delivery		3,525,000
		Conducting 10 client satisfaction surveys	Improved efficiency in service delivery		2,720,000
Sub-Total					41,701,000
GRAND TOTAL					797,647,750

Annex 4:

AYSRH Data Sources

Data System	Data Description	Responsible department
HMIS (DHIS2	Biomedical data collected from health facilities	Department of Health
Education sector Information department (NEMIS)	Data generated and collected from schools (School enrolment and transition, teenage pregnancies, Bursary to OVC	MOEST
KAIS	Percentage of HIV prevalence among adolescents and youth	Department of health
Cash Transfer information management system	Number of children benefiting from cash transfer and other social protection initiatives	Ministry of Labor and social security (Children department
Gender/Judiciary	No of SGBV	Department of Gender
	No of SGBV perpetrators incarcerated	Department of Gender/internal security

Annex 5:

AYSRH Supervision Check List

DEPARTMENT OF HEALTH MIGORI COUNTY

SCHMT AYSRH TARGETED SUPPORTIVE SUPERVISION CHECKLIST

COUNTY..... SUB-COUNTY.....

DATE LAST VISIT..... NAME OF HEALTH FACILITY.....

DATE OF VISIT FACILITY TYPE: GoK/Private/FBO NAMES OF SUPERVISION TEAM	DESIGNATION:
1.	
2.	
3.	
4.	
5.	

Number of staff & cadre at the facility:

CADRE	NUMBER
NURSES	
RCOs	
SUPPORTIVE STAFF	
OTHERS (specify)	

		Yes	No	Comment
1	Have you been trained/updated on the provision of Family Planning Methods?			
2	Have you been trained on Youth and adolescent Sexual & reproductive health (AYSRH)?			
3	In your participation in AWP, is AYSRH included in the AWP?			
4	Is there any organized youth group based at the facility?			
5	What mechanisms/initiatives are in place to encourage young people to access contraceptive services in this facility?			
6	Does the facility have any specific referral contact for youths such as mobile number or WhatsApp group?			
7	In your opinion, what are the ways in which young people could be encouraged to use contraceptive methods?			

8	What are the main challenges at the facility in offering AYSRH services to youths and adolescents?			
9	Are there youth appropriate IEC materials at the facility at strategically placed?			
10	Has the facility organized any AYSRH targeted dialogue with the community in the last 3 months			

	Yes	No	Comment
FP room is available and ensures both visual and auditory privacy			
Facility has a complete demonstration tray or demonstration bag for FP health education			

Which of the following services are available in your facility for youths and adolescents (10-24 years)?

	Yes	No	No Of Days In The Week Service Is Provided	
Family planning				
Antenatal Clinic				
Post Natal Care				
PMTCT				
Delivery Services				
Cervical cancer Screening				
Cryotherapy				
GBV (rape, domestic violence and rescue services)				

Health Records / Performance

Tick in the appropriate box and Comment on state of documentation in the register.

Tools	Available and in use	Available but not in use	Not available	Comment
FP Register				
Maternity Register MOH 332				
Postnatal Care Register MOH 406				
Daily Activity Register for Contraceptives MOH 512				
ANC Register MOH 405				
Facility Monthly summary MOH 731				
AYSRH policy, guidelines and job aids				

Annex 6:

Commodities: Commodity Management

	Yes	No
Bin cards for FP Commodities are duly filled		
Stock control cards are available and in use		
FP commodities are kept in good condition (Stock on pallets, shelves etc.)		
No expired FP commodities on the shelves		

Check for availability and condition of the following FP commodities

	COMMODITY	AVAILABLE		COMMENT
		YES	NO	
1.	Microlut			
2.	Microgynon			
3.	Eugynon			
4.	Emergency pills			
5.	Depo Provera			
6.	Implanon classic			
7.	Implanon NXT			
8.	Jadelle			
9.	IUCD			
10.	Male Condoms			
11.	Female Condoms			

Trainings Attended By FP Staff

Has the FP provider attended the following trainings? (State how many in each cadre)

	TOTAL NUMBER				COMMENT
	CADRE	Nurse	Cos	Others	Specify 'others'
1	AYSRH				
2	LARC				
3	Ca Cx screening				
4	FP TOT Training				
5	Infection prevention				
6	PMTCT				
7	Commodity management				
8	HTC				
9	Whole site RH orientation				

Family Planning Data For Youths 10 - 24 Yrs For Three Previous Month:

FP METHOD	MONTH 1		MONTH 2		MONTH 3	
	TOTAL	10-24	TOTAL	10-24	TOTAL	10-24
IUCD						
Implant						
Implanon NXT						
Depoprovera						
Pills						
Male condom						
Female condom						
E-pills						
ANC Attendance						
Deliveries						
Youth Meetings						
AYSRH Dialogues						

Annex 7:

Mystery Client Checklist

Migori County Government Department Of Health

Mystery Client Checklist

FACILITY MFL Code:	**Sub County:** _____ **County:** _____
Health Facility Name	**Assessment Date:**
Gender of Mystery Client: (Tick as appropriate) **Male**..... **Female**..... **Marital Status** 1. Single ..... 2. Married Monogamous ..... 3. Married Polygamous ..... 4. Cohabiting ..... 5. Widowed..... 6. Divorced/Separated	**Services Being assessed** 1. FP ..... 2. ANC..... 3. PNC..... 4. Maternity..... 5. HIV Counseling and Testing ..... 6. STI screening & treatment..... 7. Cervical cancer management .....
SCHOOL STATUS OF MYSTERY CLIENT	
In school.....(Primary/Secondary).....	Out of school.....
SECTION FOR REVIEW AND DATA ENTRY	
Data reviewed by:	**Data Entry date:**
Date of Review:	**Data entered by:**

Please tick against the most appropriate answer and where appropriate insert a comment.

		Yes	No	N/A	Comment
1	Facility signage was visible and clear				
2.	Client charter was well displayed at the facility				
3	Were you asked to pay for the service(s)?				
4.	The guard at the gate knew where the services you sought could be found				
5.	The guard at the gate directed you to the right place				
6.	The support staffs were friendly				
7.	There was auditory privacy during consultation				
8.	There was visual privacy during consultation				
9.	There was adequate auditory privacy during all procedures				
10.	There was adequate visual privacy during all procedures				
11.	There were no unnecessary interruptions during the consultation				
12.	There were no unnecessary interruptions during all procedures.				
13.	The time you took to wait before you saw a provider was just right				
	THE PROVIDER				
14.	Was friendly throughout the consultation				
15.	Was polite				
16.	Greeted you with a smile				
17.	Addressed you by name				
18.	Listened to you when you spoke				
19.	Excused himself/herself if she had to take a phone call or attend to another emergency				
20.	Explained all the procedures that he/she did				
21.	Asked if you had any questions				
22.	Answered all your questions				
23.	Addressed all your fears and concerns about any of the procedures he/she was about to do				
24.	Clearly explained any follow-up procedures that would be required to your satisfaction				
25.	Encouraged you to come again if you had any questions or complaints				
26.	Were you comfortable throughout the visit				
27.	Did the provider make any inappropriate remarks in your presence?				

		Yes	No	N/A	Comment
	IF FP SERVICES WERE BEING SOUGHT				
30a.	Did the provider discourage you from using FP method?				
30b	Did the provider explain why certain FP methods were unsuitable for someone of your age?				
31.	Did the provider explain the purpose of any medication or service(s) provided				
	IF THE SERVICE (s) REQUIRED WERE UNAVAILABLE;				
32	Did the provider explain when the service will; a) **Be available** Referred you to another facility				
33.	Did the provider ask if there was any other service(s) required				
34.	Did the provider explain the side-effects of any medication or service given				
35.	Did the provider give a date for next appointment				
36.	Do you feel that the provider maintained confidentiality?				
37.	Did you feel safe throughout the time you were with the provider				
38.	Did the provider: a) **Confirm whether you were comfortable having the person with you throughout the consultation and procedures?** b) **Ask the person who accompanied you to step out of the room during the process.** c) **Ask whether you wanted the accompanying person to know about your condition?** d) **Only reveal what you had agreed on to the accompanying person?**				

Overall, in a scale of 1-10, how would you rate the services you received today? (Circle one score)

1 2 3 4 5 6 7 8 9 10

Give reasons for the above score:

.....

.....

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