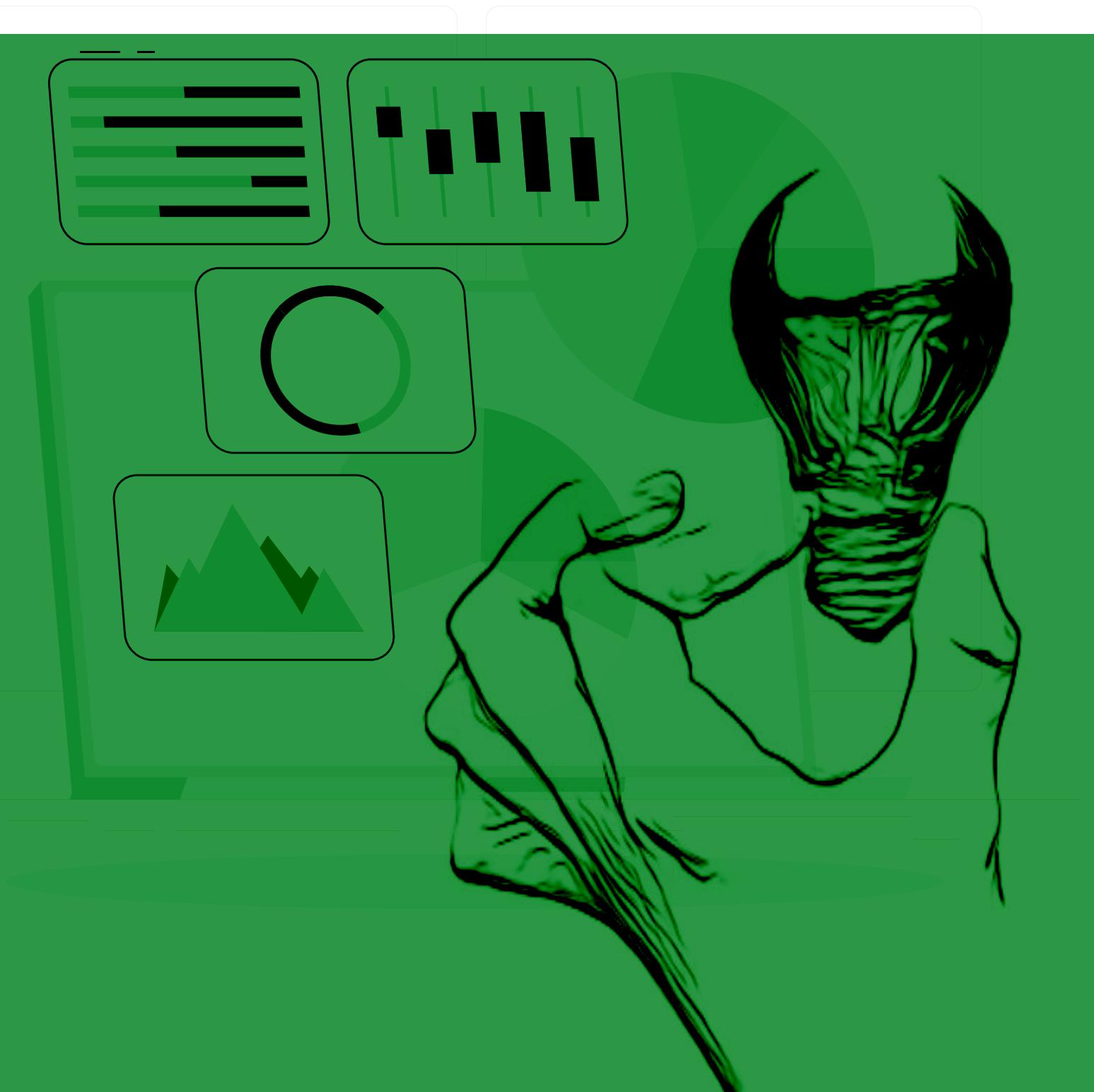


Mid Term Evaluation Report

July 2018 to December 2020

Migori County Multisectoral Action Plan To Improve
The Health and Well-Being of Adolescents and Youth 2018-2022



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Table of Contents

Foreword	i
Acknowledgements	ii
List of Abbreviation	iii
Executive Summary	iv
1 INTRODUCTION	01
1.1 Background Information	01
1.2 Purpose and Objectives of the Mid-Term Review	01
1.3 MID-TERM REVIEW METHODOLOGY/PROCESS	02
2 PERFORMANCE AND ACHIEVEMENTS PER PRIORITY AREA	03
2.1 Adolescent Pregnancy	03
2.1.1 Key Findings.	03
2.1.2 Conclusion	08
2.1.3 Recommendations	08
2.2 HIV & AIDS	08
2.2.1 Introduction	08
2.2.2 Key Findings	08
2.2.3 Conclusion	11
2.2.4 Recommendations	11
2.3 Sexual and Gender-Based Violence (SGBV)	12
2.3.1 Introduction	12
2.3.2 Key Findings	12
2.3.3 Conclusion	15
2.3.4 Recommendations	15
2.4 Advocacy	15
2.4.1 Introduction	16
2.4.2 Key findings	16
2.4.3 Challenges	19
2.4.4 Conclusion	19
2.4.5 Recommendations	19
2.5 Governance & Coordination	20
2.5.1 Introduction	20
2.5.2 Conclusion	20
2.5.3 Recommendations	20
2.6 Research, Monitoring & Evaluation	21
2.6.1 Introduction	21
2.6.2 Key findings	21
2.6.3 Conclusion	23
2.6.4 Recommendation	23
3 CONCLUSION & RECOMMENDATION	24
3.1 Conclusion	24
3.2 Recommendation	24
4 REFERENCES	25
5 Appendices	26
5.1 Focus Group Discussion	27
Appendix 2: Key informant interviews summary	28
5.1.1 Introduction	28
5.1.2 Ministry of Interior and Coordination of National Government	28
5.1.3 Ministry of ICT, Innovation and Youth Affairs	28
Appendix 3: Migori County Reproductive and Adolescent Health performance indicator Fact Sheet	29
Appendix 4: Technical Team	30

Foreword

The Migori County Multi-Sectoral Action Plan to improve the Health and Well-being of Adolescents and Youth 2018-2022 calls for an elaborate multi-sectoral participation among various sectors, which provide necessary framework towards improvement of their well-being.

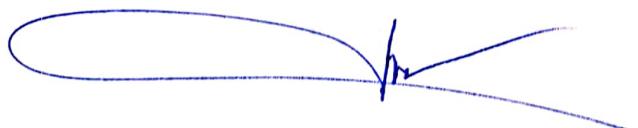
The need to conduct midterm evaluation as outlined in the Action Plan is to assess the extent to which the action plan implementation achieved the stated goal and objectives, establish what worked well, what did not work well, lessons learnt and generate recommendations for re-programming.

The Migori County Multi-Sectoral Adolescent and Youth Technical Working Group (TWG) in collaboration with County departments and partners has implemented interventions that target adolescent and youth (AY), with strategies focusing on adolescent pregnancy, HIV / AIDS, Sexual and Gender Based Violence, Advocacy, Governance and Coordination as well as Monitoring and Evaluation priority areas. Under the leadership of Director TSC as the chair of the TWG, the county has been able to harness resources and expertise to synergize responses to the priority needs of AY.

The County Government commits to continue prioritizing the AY agenda including enhanced coordination among stakeholders, guiding appropriate implementation strategies, consolidating resources and reversing the negative trends affecting AY. This report outlines the results and approaches the County employed to deliver comprehensive AY health and well-being.

It is my firm conviction that this report and lessons learnt will provide strategic direction, which will inform future AY programming in Migori County and the rest of the country.

Finally, I do express my profound gratitude to His Excellency the Governor, Hon. Zachary Okoth Obado for his overall leadership, the various CECM's, Chief Officers, Directors, implementing partners and all stakeholders for their hard work, dedication and sacrifice towards the preparation of this report.

A handwritten signature in blue ink, appearing to read "Nyamita". It consists of a large oval loop on the left and a more fluid, slanted line on the right.

Col. (Rtd) Joseph Kepher Nyamita
County Executive Committee Member (CECM) for Health Services

Acknowledgment

Migori County is grateful to the various individuals and Stakeholders who participated in the preparation of the midterm evaluation report. The development of this report was made possible through participation and support of various individuals and institutions. We recognize the important role played by the CECM for Health – Col (Rtd) Kepher Nyamita, County Commissioner Boaz Cherotich, County Police Commander Mr. Manaseh Musyoka, , Chief Officers; Medical Services; Dr. Dalmas Oyugi, Public Health Management Ms Pauline Amollo; Migori resident magistrate Hellen Maritim, County Directors; Public Health Management; Mr. Kennedy Ombogo; Medical Services Dr. Daniel Ochiol, Gender Mrs. Agnes Awinja, Youth Affairs Mr. Jonah Akoko, Child Protection Mr. John Odinya, Probation Daniel Owino, Education- Mr. Emanuel Mwamba.

Special thanks to TSC Director Madam Beatrice Lukalo for her leadership and dedication to the multi-sectoral task force that has steered the implementation of the action plan, County Child and Adolescent Health Coordinator-Lillian Njoki, for effective coordination and guidance during the review of the report.

Appreciation goes to the dedicated technical team that compiled this report comprising of: Martha Ngoya-DESIP, Victor Rasugu-NAYA, Brian Alili-NAYA, Geoffrey Odhyambo - Jhpiego, Sam Oyugi - KMET, Stephen Wagude - LVCT Health, Teresia Mulwa- CIHEB Kenya, Nancy Aloo-TCI, Elisha Opiyo- Lwala Community Alliance, Susan Wambanda- PATH, Samson Manwa-TUPIME KAUNTI, Joseph Mwita - TSC, Jennifer Musuya - KMET and representatives from the Department of Health Migori –Dr. Nyachae Michael, Alice Muga, Beatrice Oloo, Jesse David, Judith Amisi, Fredrick Ouma, Beffy Vill, George Ochieng, Daniel Onyea and Rose Odhiambo for their commitment, resourcefulness and insights during the preparation of this report.

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We also recognize the contribution of the AY representatives led by Khadija Deyie- YACH President. We further appreciate the financial support provided by NAYA, Jhpiego (Jilinde), Lwala Community Alliance, CIHEB-Kenya, KMET, DESIP, LVCT Health, PATH (Afya Ziwani) UNICEF and Pinecone Hotel.

To all stakeholders, public, and private sector, County line departments and ministries, Faith Based institutions and participating Adolescent and Youth for their invaluable inputs.

We say thank you.



Kennedy Ombogo

County Director Public Health Management,
Migori County



Dr. Dan Ochiol

County Director Medical Health Services
Migori County

Executive Summary

The County Government of Migori envisions having a vibrant and prosperous young people. Investment in Adolescents and Youth is key to achievement of this vision due to the high youthful population in the County. The large population of adolescent and youth provide an opportunity for the County to harness demographic dividends if only the right investments are made especially in their health and well being. Subsequently, this will contribute towards the realization of their full potential in County development.

The County Government in collaboration with various stakeholders conducted a midterm review of Multi-sectoral AY action plan 2018-2022, which focuses on six priority areas; 1) Adolescent pregnancy 2) HIV/AIDS 3) Gender Based Violence 4) Advocacy 5) Governance and Coordination 6) Monitoring and Evaluation. The review highlights the achievements, innovations, best practice and areas of improvement.

Generally, there was notable reduction in adolescent pregnancy by 16.2 % within the period under review. This was also accompanied by an increase in the number of AY readmitted to schools that rose from 123 in 2018 to 851 in 2020. The school drop-out rate have also declined from 238 to 134 within the same period. HIV positivity rate among AY increased from 0.9% to 1.6%, this can be attributed to enhanced targeted testing strategies (PNS & SNS). Those identified were initiated on treatment and various strategies implemented to ensure attainment of viral load suppression and retention.

The County has made great strides towards SGBV prevention and response. Reporting of cases and utilization of SGBV services has increased from 91 at baseline to 596 in 2020. This can be attributed to increased awareness and reduced stigma about SGBV, clear referral pathway and good collaboration among stakeholders.

Through multi-sectoral approach, the County has achieved increased allocation for AY, establishment of a robust AY TWG, sustained tracking of AY activities and meaningful engagement of young people. However, there is still need to strengthen interventions targeting AY living with disabilities & other vulnerable AY groups and enhance reporting from all sectors.

This report provides valuable findings that will inform the next phase of implementation of the Action Plan. Lessons learnt during this evaluation and best practices will be used to strengthen strategies and interventions that will reinforce stakeholders' commitment and county investment on health and wellbeing of Adolescent and Youth.



Beatrice A Lukalo,

County Director for TSC

County Adolescent and Youth Taskforce Chairperson

List of Abbreviation

AIDS	Acquired Immuno-Deficiency Syndrome
ALHIV	Adolescents Living with HIV
ANC	Ante-Natal Clinic
ART	Anti-Retroviral Therapy
AWP	Annual Work Plan
AY	Adolescent and Youth
AYSRH	Adolescents and Youth Sexual Reproductive Health
CECM	County Executive Committee Member
CHMT	County Health Management Team
CHVs	Community Health Volunteers
CIHEB	Centre for International Health, Education and Biosecurity-Kenya
CPIMS	Child Protection Information Management System
CSO	Civil Society Organization
DHIS	District Health Information System
DQA	Data Quality Audit
FGD	Focused Group Discussion
FGM	Female Genital Mutilation
FP	Family Planning
GBV	Gender Based Violence
HCW	Health Care Workers
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IPV	Intimate Partner Violence
KDHS	Kenya Demographic Health Indicator Survey
KEMRI	Kenya Medical Research Institute
KII	Key Informant Interviews
KMET	Kisumu Medical Education Trust
M&E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
NACC	National Aids Control Council
NAYA	Network for Adolescent and Youth of Africa
NCPD	National Council for Population and Development
OVC	Orphans and Vulnerable Children
PATH	Program for Appropriate Technology in Health
PLWHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PNS	Partner Notification Strategy
RH	Reproductive Health
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SGBV	Sexual Gender Based Violence
SNS	Social Networking Strategy
SRH	Sexual Reproductive Health
TCI	The Challenge Initiative
ToR	Terms of Reference
ToTs	Trainer of Trainers
TSC	Teachers Service Commission
TWG	Technical Working Group
UMB	University of Maryland Baltimore
UNAIDS	United Nations Agency for International Development
UNICEF	United Nations Children's Fund
YACH	Youth Advisory Council for Health

1.1 Background

The Migori County Multi-Sectoral Action Plan to Improve the Health and Well-being of Adolescents and Youth (AY) 2018-2022 was developed to provide strategic guidance for the county's response to the needs of young people. The action plan is geared towards addressing drivers of key health challenges such as adolescent pregnancy, HIV/AIDS, sexual and gender-based violence among others. Additionally, it seeks to consolidate the gains made in the past, scale up high impact interventions and deliver results through synergy among stakeholders. It focuses on six priority areas namely; Adolescent pregnancy, HIV/ AIDS, Gender Based Violence, Advocacy, Governance & Coordination and Monitoring and Evaluation.

Migori is among the ten Counties with high HIV burden in Kenya. According to Kenya HIV County Profile 2016 . The County HIV prevalence rate was 14.3% against Kenya's average of 5.6%. This prevalence went down to 13.3% with 85,765 persons living with HIV and new infections of 2,814, out of which 788 (28%) of all new HIV infections were adolescents 10-19 years while 1463 (52%) were young women and men 15-24 years (HIV estimates of 2018) . According to Migori County adolescent fact sheet, 2018 , a quarter (24%) of girls aged 15-19 years have begun childbearing. As a result, the County's age specific fertility rate for girls aged 15-19 (adolescent birth rate) is 136 births per 1000 girls, compared to 96 per 1000 nationally. The unmet need for contraceptives among currently married adolescents is high and only about 1 in 5 (17%) currently

married girls aged 15-19 use contraceptives compared to 37% at national level, (UNFPA, Migori County fact sheet, 2018).

Prior to the development of the multisectoral action plan, there existed gaps in provision of comprehensive SGBV services, safe spaces, shelters for SGBV survivors, data collection and management system. This informed the prioritization of SGBV interventions in the Action Plan.

To enhance coordination, the plan has fostered an integrated and coordinated approach in planning and execution of AY services. This aimed at creating synergy in investment of resources, facilitating networking, creating linkages and fast-tracking deliverables. However, full realization of this effort is yet to come with some departments/ ministries and partners not reporting their activities for a harmonized evaluation. This calls for a combined and robust monitoring & evaluation framework that consolidates sources of information, track progress on program implementation and allow sharing of experiences and learnings.

It is also worth noting that although the county has made great progress towards addressing issues affecting AY, gaps still exist in advocacy for adequate budgetary allocation and youth & adolescent involvement. The AY activities have not been given adequate focus for support and funding. Over time, this fund has been lumped together with the general reproductive health financing which remains inadequate and not ring-fenced for youth and adolescent interventions.

1.2 Purpose and Objectives of the Mid-Term Evaluation

The purpose of this midterm evaluation was to conduct an in-depth analysis and to assess progress made towards achieving the intended results as outlined in the Action Plan. The county and other stakeholders will use the report to identify best practices for adaptation, scale up and institutionalization. It will further help in identifying challenges and inform reprogramming of interventions as well as account for stakeholder investments.

Objectives

1. To assess achievement towards set goals in the priority areas
2. To identify enablers and hindrance towards achievements of results
3. To generate actionable recommendations for the next course of implementation

1.3 Mid-Term Evaluation Methodology/Process

Approach: The evaluation adopted an all-inclusive and participatory approach, involving several partners and stakeholders at county level. A mixed method approach combining qualitative and quantitative data collection and analysis techniques was adopted with emphasis on participatory data collection tools to help obtain data and information to evaluate the outcomes of the AY Health interventions. Qualitative data was collected through structured Focus Group Discussions (FGD) and Key Informant Interviews (KII). Quantitative data was collected through desk reviews including Kenya Health Information Software (KHIS 2), departmental registries, Action Plan M&E tracking & monitoring tool (Kobotool) and other primary data sources.

Instruments: A questionnaire that is appropriate for the population and targeted departments was developed and reviewed by a multi-sectoral team through a consultative process. For Focused Group Discussions and Key Informant Interviews, an interview schedule with open ended questions were administered to provide in-depth responses. The quantitative approach ensured structured strategies to quantify data from all sources. Since quantitative design alone might not adequately describe the population's attitudes, patterns and/or opinions, qualitative interviews provided an inexpensive, quick, efficient, and accurate means to evaluate information about the feelings of young people and adults concerning the whole implementation.

Data analysis and presentation

Mid-term evaluation of the action plan involved analysis of both quantitative and qualitative data. Quantitative analysis involved review of Migori County data in the KHIS 2 and other referenced data materials between 2017-2020. A comparative analysis of the indicators included review of data on teen pregnancy, adolescent family planning coverage, gender based violence and HIV/AIDS. Additionally, data from the M&E Tracking tool (kobo-tool) was also analysed to review the extent of implementation of AY activities.

For other departments, the evaluation reviewed data from the respective registries which included department of child protection (CPIMS), police registry, judiciary, ministry of education, gender, probation and youth affairs.

For Qualitative analysis, review of FGD was done through analysis of the transcribed audio recordings conducted with the various groups of young people. KII data was analysed through evaluation of key themes that included individual and departmental contribution to the implementation of the Action plan, major impacts noted and suggested gaps for future action.

The data was presented using graphics and maps while qualitative data was presented in descriptive format that captures population's attitudes, patterns and opinions.

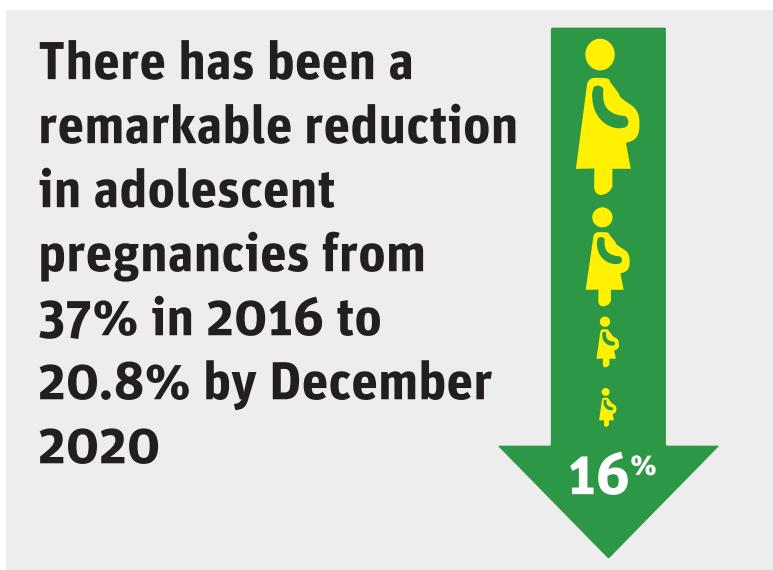
Ethical considerations: Groups of adolescents and parents were purposively chosen for focused group interviews. Similarly, Key individuals from relevant departments were targeted to give information and their opinion regarding implementation outcomes of the action plan through Key Informant Interviews. For the participating adolescents and young people, oral permission was sought from the parents to allow for their participation. All the interviews were conducted in privacy, away from noise and interference. Additionally, FGD were conducted in areas where the participants felt comfortable, away from noise and with adequate space for all participants.

Covid-19 Considerations: Due to the ongoing Covid-19 pandemic, the review team put into consideration all precautions that ensured safety of all participants. The data collectors and the participants were all screened before the interviews through temperature checks and they all sanitized or washed their hands. Every participant had to put on face masks and no handshake was allowed during the sessions. Social distance of 1.5M was also maintained throughout the interview sessions.

2.1 Adolescent Pregnancy

2.1.1 Introduction

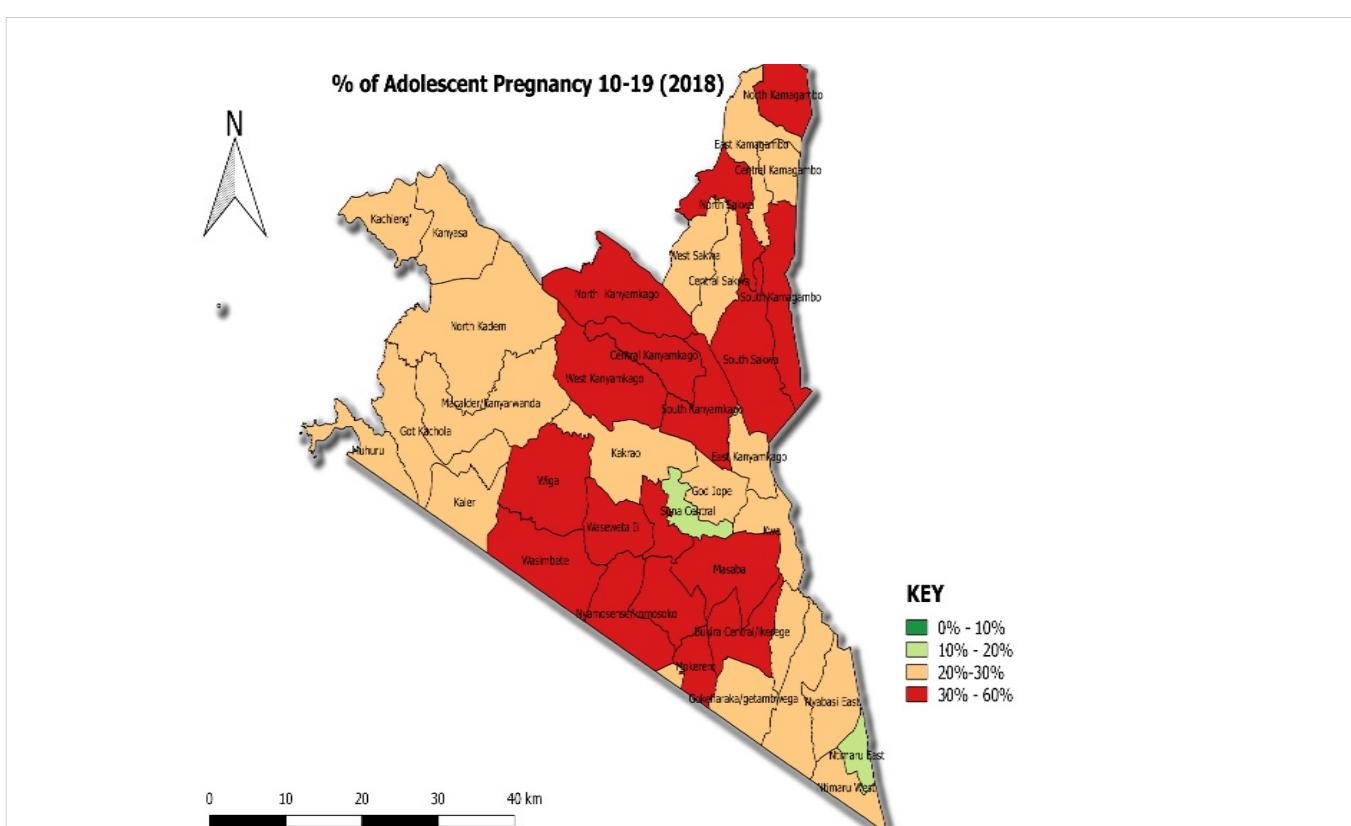
Adolescent pregnancy is a global public health concern; Kenya is among the countries that committed to address the burden through the International Conference for Population and Development (ICPD) @25 commitment . Migori County through its AY Health Multi-sectoral action plan sought to reduce the teen pregnancy rate of 37% (KHIS 2016) by 10% at the end of 2022. This is in line with the Kenya ICPD 25 commitment and the presidential directive on ending adolescent pregnancy. To address this problem, the county identified and prioritized key strategies that include; capacity building on Adolescents and Youth Health, Integrated school health program; community-based interventions and advocacy, communication and social mobilization approaches.

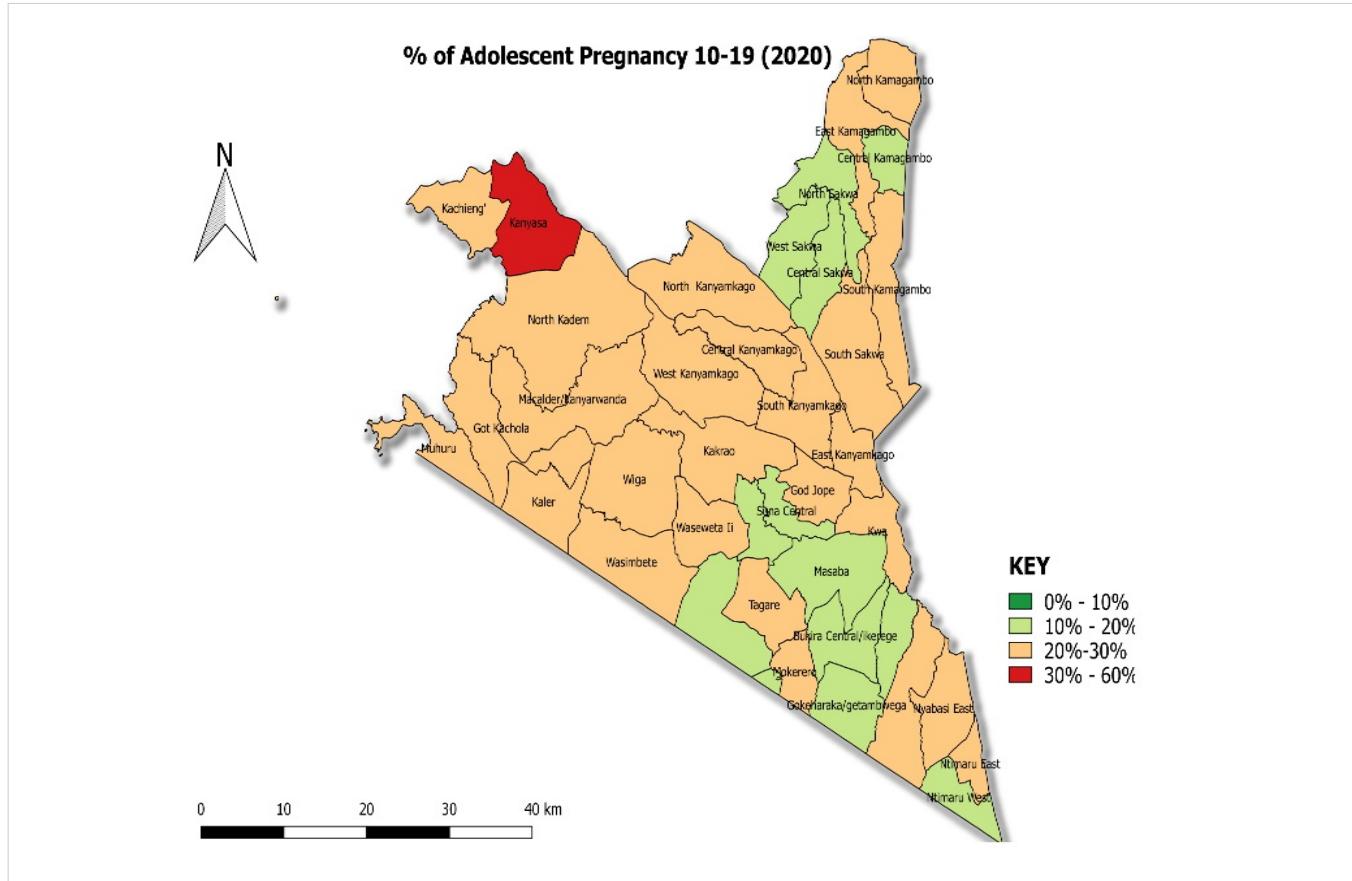


2.1.2 Key Findings

2.1.2.1 Adolescent pregnancies

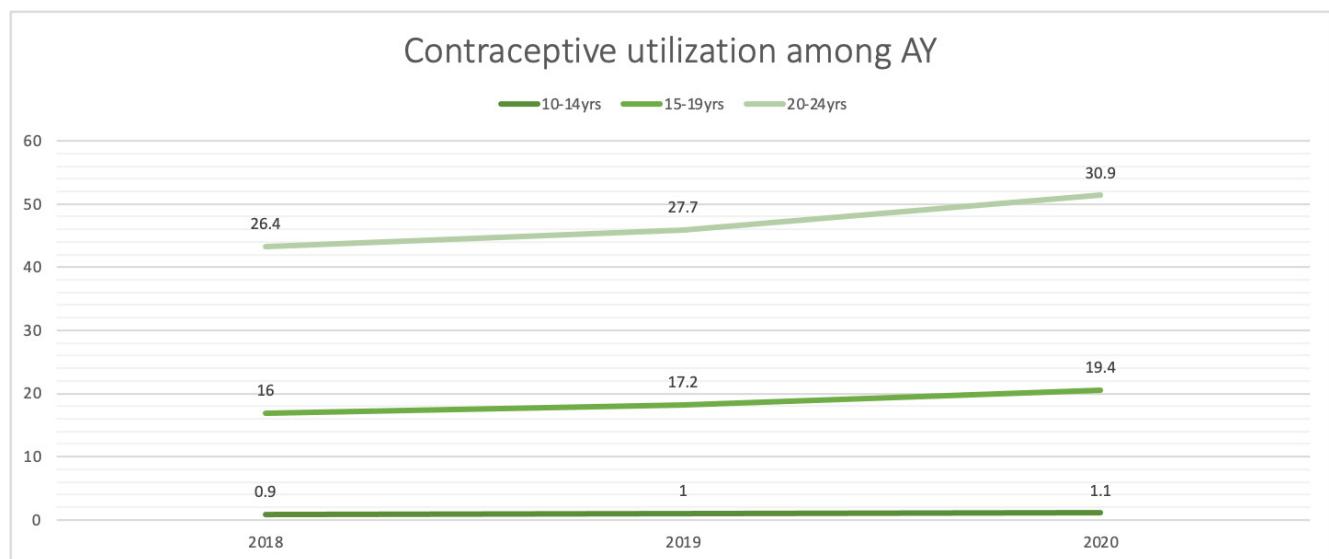
Following the implementation of the AY high impact interventions for a period of two and a half years as outlined in the action plan, there has been a remarkable reduction in adolescent pregnancies from 37% in 2016 to 20.8% at mid-term (December 2020). This translates to 16.2% reduction in adolescent pregnancy (KHIS 2). Ward level analysis show that out of the 42 wards, only one ward recorded adolescent pregnancy above 30% in 2020 compared to 17 wards in 2018 as shown in figure 1 below.





2.1.2.2 Access and utilization of contraceptives

Access and utilization of contraceptive services remains a key strategy in reducing adolescent pregnancies. Across all the age cohorts there has been a notable increase in uptake of modern contraception. Youth targeted interventions such as in-reaches and outreaches, dialogue days, SRH toll free lines, AYSRH champions, capacity and knowledge transfer to HCWs among others, have contributed to this positive trend.



2.1.2.3 Capacity building on Adolescents and Youth Health

The aim of capacity building on provision of quality, holistic AY responsive services is to promote client's satisfaction, increase demand and utilization of health services including contraceptives hence reduction in adolescent pregnancy. There has been significant improvement in capacity building in AYSRH service provision through trainings, mentorships, orientations and sensitizations as summarized in table 1 below;

Cadres	Mid-term Target	Achieved	% Achieved
Health Care Workers	400	671	168%
Adolescents and Youth Champions	300	216	72%
Community Health Volunteers	500	501	100%
Teachers	400	326	81.5%

2.1.2.4 Integrated school health program

The aim of this strategy is to increase school retention, completion and transition rates among the adolescents and youth. Data from the Ministry of Education (MoE) shows that in 2018, 236 and 125 girls become pregnant in primary and secondary schools respectively. At mid – term (Jan 2021) the Ministry recorded an increase in the number of adolescent pregnancies, 546 and 294 cases in primary and secondary schools respectively.

Through the Teachers Service Commission (TSC) 1,228 teachers were trained to facilitate life skills among learners. This has enabled them to adequately respond to the needs of learners and strengthen school health clubs as a forum where life skills are discussed.

Out of the total pregnancies in 2018, 74 (31%) and 49 (39%) girls in primary and secondary schools were readmitted. At mid-term there was an increase in the readmission by 471 (85%) and 257 (87%) in primary and secondary schools respectively. This could be attributed to the mandatory back to school directive by the Ministry of Education accompanied by household mop up campaigns.

Regarding school drop-out there was a reduction from 162 to 80 and 76 to 54 girls in primary and secondary schools respectively as at January 2021.

Generally, data indicates high teen pregnancy among girls in primary schools compared to those in secondary schools. This could be attributed to the fact that girls in primary schools have limited access to SRH information and services as compared to their counterparts in secondary schools because of their age.

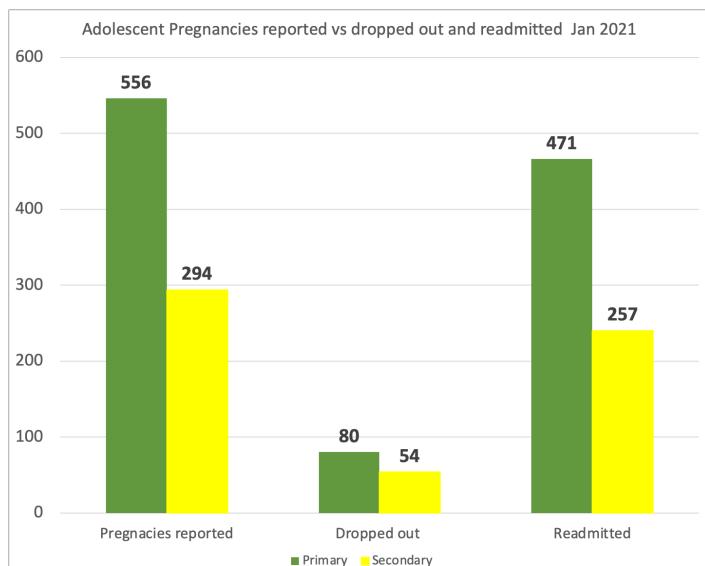
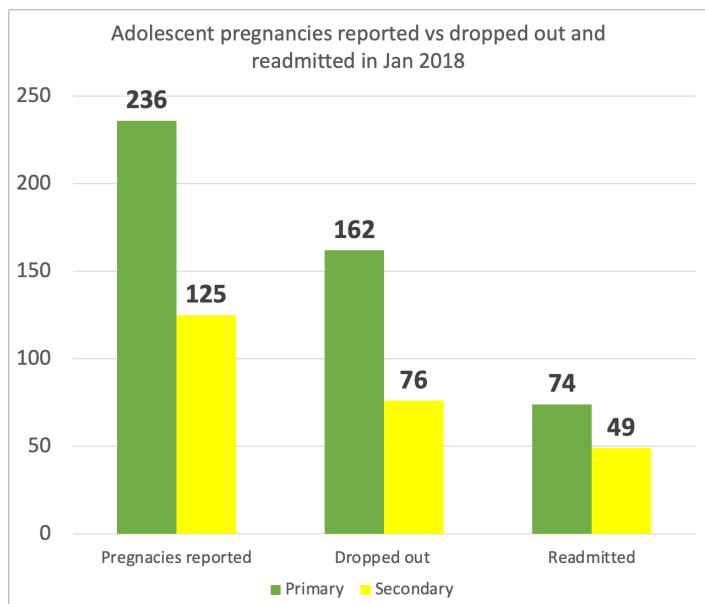


Figure 3: Adolescent Pregnancies reported vs dropped out and readmitted

Other integrated school Health interventions and achievements are summarized in the table below.

Other interventions on school health program	Mid-term Target	Achieved	Overall achievement(%)
Conduct AY Symposium	20	3	15%
Conduct youth targeted dialogues days	300	300	100%
AY Targeted outreaches	80	123	153.7%
Develop and disseminate AY IEC Material	2	8	400%
Disseminate Adolescents and Youth Health messages through media platform	2	5	250%

Table 2: Achievement on integrated school health program

2.1.2.5 Community Evidence based intervention

Community Evidence based intervention sought to create demand for quality reproductive health information and services among AY through meaningful engagement in reducing barriers to services and promoting access and utilization. At mid-term, 81 first time mum clubs were initiated across the county. The clubs promoted school retention and return to school during pregnancy and post-delivery, and improved adoption of contraceptive methods hence delaying subsequent pregnancies. Additionally, the

county reached 849 opinion leaders through community dialogues; 226 parents on appropriate parenting skills and initiated 2 community AY clubs.

The findings indicate that there is need for rapid response in initiating AY community clubs and dialogues with opinion leaders so as to achieve the set target by 2022. Table 3 below is a summary of interventions;

Interventions	Mid-term Target	Achieved	Overall achievement (%)
Conduct community dialogue days with opinion leaders	2000	849	42.5%
Establish First Time Mum Clubs	No target	81	-
Conduct appropriate parenting forums on Adolescents and Youth Health	375	226	60%
Initiate/Reactivate community AY clubs	80	2	2.5%

Table 3: Achievements on community evidenced based interventions

2.1.2.6 Adolescents and Youth Health information and Services

One of the notable barriers to access and utilization of SRH services is inadequate information among the AY. The action plan set to educate family and community on parenting skills that provide a platform where the AYs could have SRH needs discussed. To address this, the county strengthened

and scaled up the utilization of toll-free line to support the young people in addressing their health needs especially during the Covid-19 pandemic. The toll-free line was utilized by approximately 200 AY callers monthly.

Interventions	Mid-term Target	Achieved	Overall achievement
Develop Adolescents and Youth Health directory for referrals and Linkages	No target	1	1
Conduct training for parents on parenting/guidance skills	No target	50	50
Dissemination of Adolescents and Youth Health policies	No target	8	8

Table 4: Achievements on Adolescents and Youth Health information and services for adolescents and youth

2.1.2.7 Advocacy, Communication and Social Mobilization

Through a multi-sectoral approach and the advocacy efforts by different actors and AY champions within the county, 6,483 adolescents received educational subsidies, Health Care workers drawn from 93 health facilities were trained and are now offering youth friendly services (YFS). A total

of 123 adolescents out-of-school have been economically empowered through training on income generating activities such as soap making, cake-baking among others. Table 5 below summarizes the interventions.

Interventions	Mid-term Target	Achieved	Overall achievement (%)
Training and supporting AY on IGAs	500	123	24.6%
Establish and strengthen AY friendly corners	25	93	372%
Education subsidies for Adolescents	1000	6483	648%

Table 5: Achievements on Advocacy, communication and social mobilization

2.1.2.8 Adolescent Maternal Deaths

Adolescence pregnancies poses a great risk to the life of the mother and the unborn child. Adolescents are prone to complications leading to high morbidity and mortality. The figure summarizes adolescent maternal deaths from 2018 to 2020.

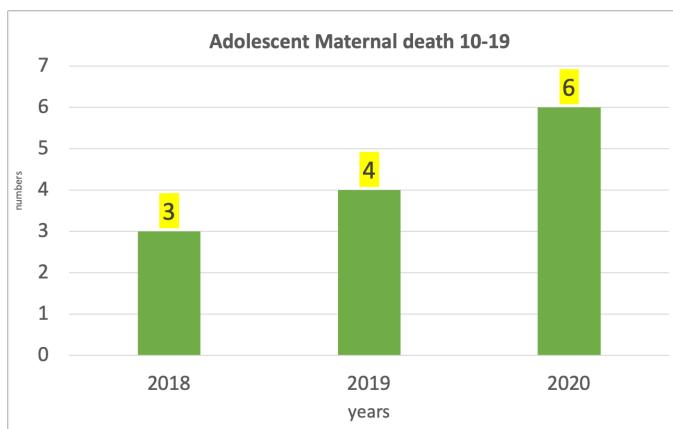


Table 6 below illustrates the summary of achievements on Adolescent and Youth indicators

Performance indicator	Baseline 2018	Mid-term Target	Mid-term Achievement	End Term Target
No. of facilities offering adolescent and youth friendly services	16	24	93	32
% of adolescent pregnancies reported (10-14 yrs)	3	0	1.2	0
% of adolescent pregnancies reported (15-19 yrs)	34	31	19.8	27
% of adolescents accessing FP (10-14yrs)	3	6	1.1	9
% of adolescents accessing FP (15-19 yrs)	14	18	19.4	22
% of youth accessing FP (20-24yrs)	24	28	30.9	32
No. of adolescent maternal deaths (10-19yrs)	6	0	6	0

Table 6: Summary of achievements on adolescent & Youth indicators

2.1.2 Conclusion

The multi-sectoral approach is key in addressing the sexual reproductive health needs of the young people and more so in reducing adolescent pregnancies. The demands of adolescent are beyond health and therefore, this process has demonstrated the importance of inter-sectoral collaboration in reducing adolescent pregnancy. This can be enhanced through capacity building of various stakeholders on AYFS, scaling up of community evidence-based interventions and continuous monitoring of adolescent pregnancy trends.

2.1.3 Recommendations

1. There is need to design targeted interventions to reach more girls and boys in primary schools including appropriate age specific comprehensive sexuality education, dissemination and enforcement of Kenya return to school strategy, and enhance collaboration between the Ministry of Education, the Department of Health and other actors.
2. Sustain and scale up high impact interventions that focus on reducing both adolescent pregnancy and maternal deaths.
3. Develop interventions targeting AY living with disabilities and other vulnerable AY groups.

2.2 HIV & AIDS

2.2.1 Introduction

HIV/AIDS remains a key public health concern in Migori among the AY who continue to bear significant burden of new HIV infections. According to Kenya HIV County Profile 2016, Migori was among ten counties with high HIV burden with a prevalence rate of 14.3% against Kenya's average of 5.6%. This prevalence went down to 13.3% with 85,765 persons living with HIV and new infections of 2,814, out of which 788 (28%) of all new HIV infections were adolescents 10-19 years while 1,463 (52%) were young women and men 15-24 years (HIV estimates of 2018). It is on this premise that HIV/AIDS was identified as a priority area in the action plan with the overall goal of reducing new HIV infections, stigma and deaths among adolescents and youth. To achieve this goal five strategies with specific priority combination prevention interventions are being implemented.

Partner Notification Services (PNS) and Social Network Strategy (SNS) were key in identification of HIV positive Adolescents. 

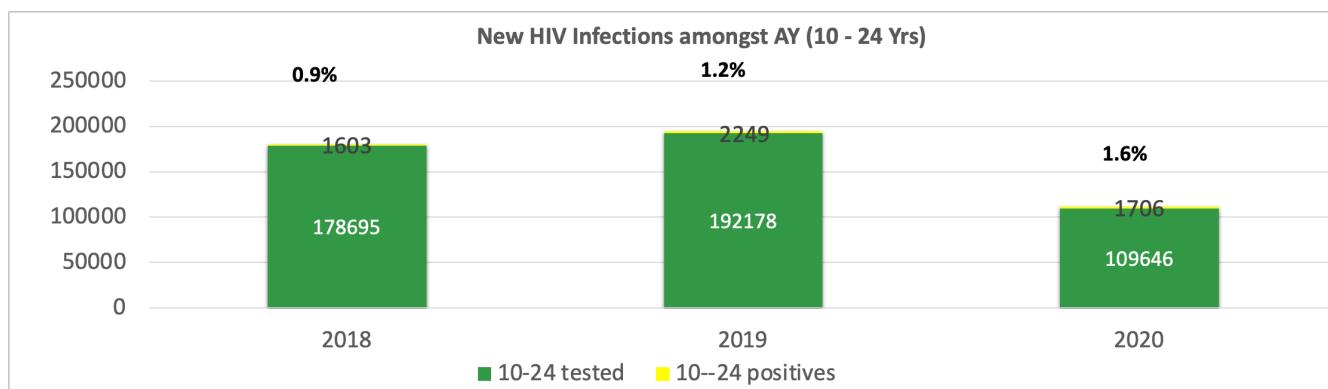
Year	Tested for HIV		
	10 -14 Years	15 - 19 Years	20 -24 Years
2018	28099 (6.9%)	69242 (17%)	81354 (19.9%)
2019	22028 (4.9%)	77329 (17.4%)	92821 (20.9%)
2020	8318 (3.6%)	44944 (19.2%)	56384 (24.1%)

Table 7: HIV testing uptake among AY

2.2.2 Key Findings

2.2.2.2 New HIV Infections

Migori County identified 1706 new HIV positive cases among AY against the target of 2823. The findings confirm Kenya HIV status Report 2018 that reported Migori among the counties that had reduced new HIV infections for the period 2013 – 2017 among young people. This is an indication of the success of expanded access to HIV testing for AY, targeted testing and other HIV combination prevention strategies. However, it is important to note that positivity rates among AY has increased overtime (2018-2020) and this can be attributed to targeted testing strategies (PNS & SNS) that enhanced identification of positives.



2.2.2.3 Enrolment on care and treatment

The County enrolled 89% of the newly identified HIV +ve AYs into care and treatment as at Dec 2020. This was facilitated by the test and treat strategy, decentralized ART services,

reduced stigma, integration of services and commodity availability. There is need for scaling up the interventions to achieve the expected 95% enrolment.

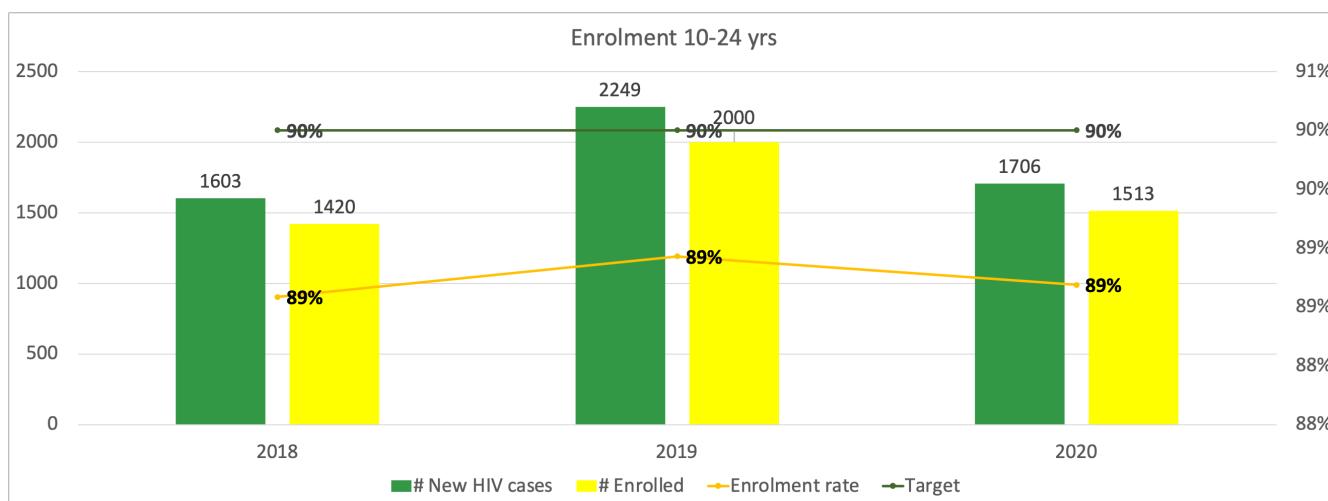
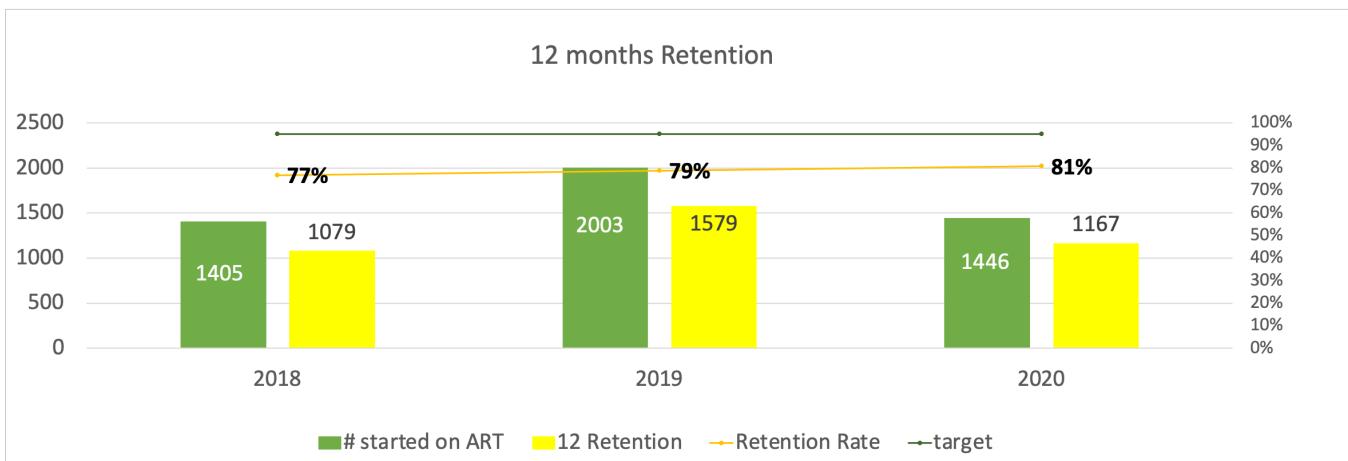


Figure 6: HIV Enrolment 10-24 years

2.2.2.4 AY retention on treatment

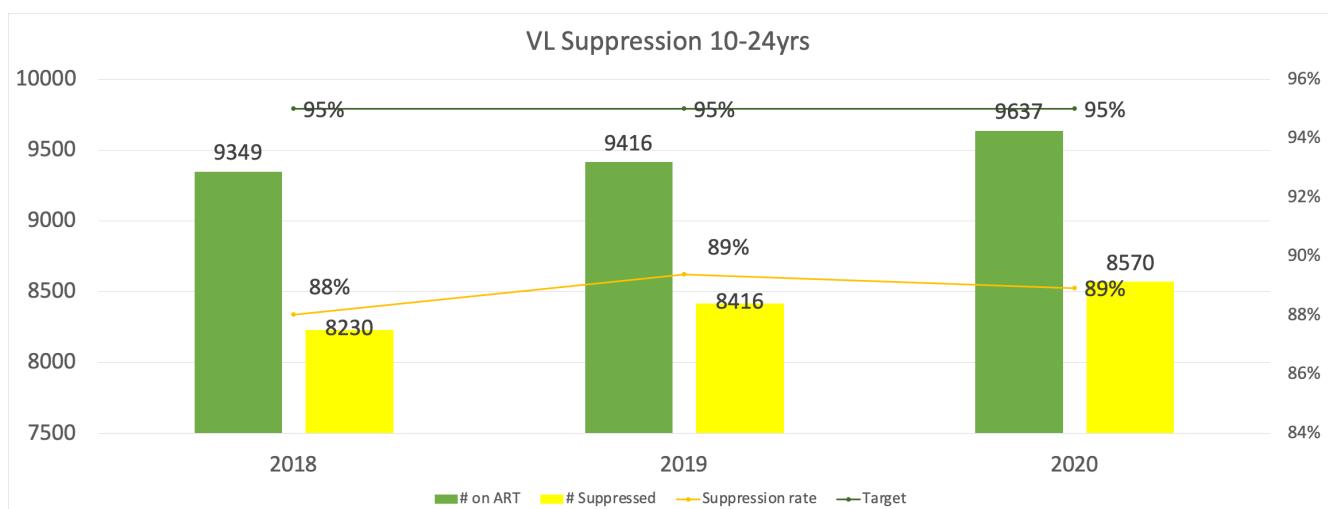
For the AY enrolled on care, the program was to ensure that 90% of this AY are retained in care and treatment at midterm by 2020. Retention rate ranged between 77% -81% against the UNAIDS 95:95:95. While 12 months retention stabilized at 80% and 81% for 20-24 years and 15-19 years respectively it ranged between 76% - 79% for the ages 10-14 years over the past 3 years. This can be attributed to transition nature of young people including marriages and job engagements. However, Psychosocial Support Groups (PSSG) are playing a big role in curbing poor retention.



2.2.2.5 Viral suppression

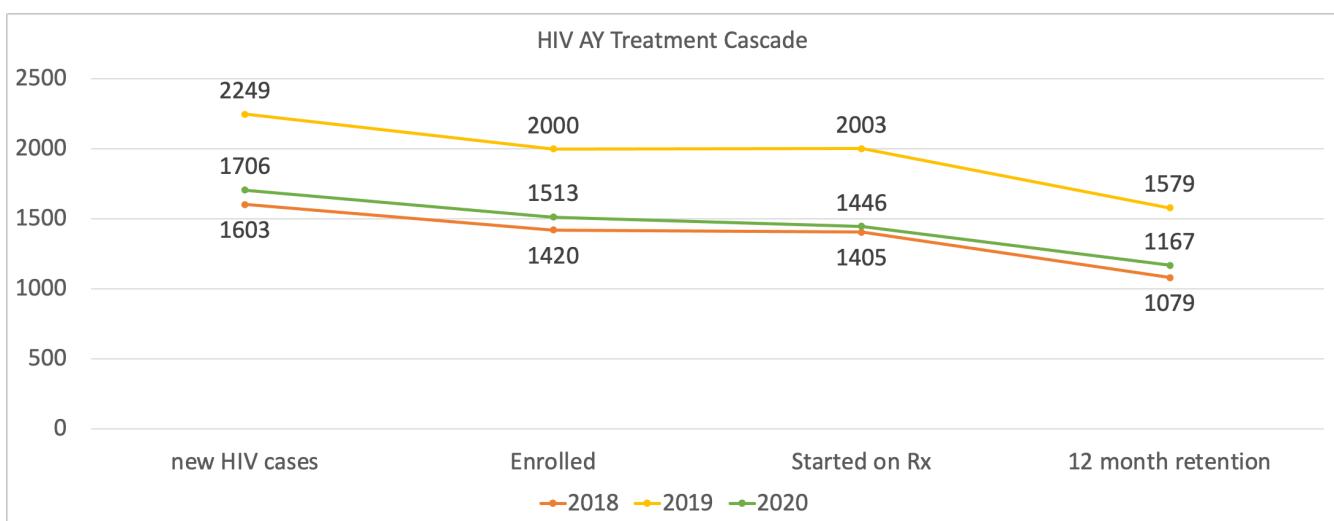
When clients are retained to care with good adherence to ARVs, they eventually achieve good viral load suppression and this leads to improved quality of life and reduction of HIV related deaths. The Action Plan envisaged a 90% viral suppression for the AY on treatment at midterm. In 2019 two age cohorts, 10-14 and 20-24 achieved 90% viral load suppression. However, viral suppression for 15-19 years

remained at 89%. Overall, the County achieved viral load suppression of 89% against UNAIDS target of 95%. This is a good achievement that can be attributed to strategies such as recruitment and engagement of adolescent PMTCT Mentor Mothers, Youth Experts to support in retention and AYP super champions to support adherence of ART.



2.2.2.6 HIV AY Treatment Cascade

According to KHIS 2 data, all indicators in the HIV treatment cascade surged in 2019 then dropped in 2020. This can be attributed to the effects of COVID-19 pandemic.



2.2.2.7 Stigma and discrimination

It is important to note that there was no standard measurement for this indicator as well as verification of how the baseline was set. According to the Migori County AIDS Response Progress Report 2020 by NACC , it points out that the County has made great strides in its effort to reduce stigma and discrimination among AY. This has been achieved through alignment of the County HIV response to the Kenya HIV Prevention Revolution Road Map, 2014 . The widespread stigma and discrimination against those living with HIV/AIDS has adversely affect people's willingness to be tested, enrollment and consequent adherence to ART (KDHS 2014) .

While there is no County specific data, discriminatory attitudes towards people living with HIV were at 20% (2014 KDHS) while the percentage of men experiencing accepting attitudes towards PLHIV was at 26% while those for women stood at 46% according to the County value (KDHS 2014). To enhance stigma reduction, the county embarked on formation and activation of Psycho-social support groups in different healthcare facilities, conducted joint fun days for ALHIV and facilitated mentorship to the groups by Sauti Sikika in different areas with main focus on stigma reduction.

Summary of Interventions and Achievements.

This priority area is being evaluated on 5 indicators aligned to the 5 strategic areas and outcomes as shown in table 8

Performance Indicator	Baseline 2018	Midterm target	Midterm achievement	End term 2022 target
No of New HIV infection (15-24)	2895	2823	1706	2750
% of adolescent and youth virally suppression (15-19)	78	90	89	95
% of HIV infected adolescent and youth enrolled in care		90	89	95
% of adolescent and youth Retained on ART		90	81	95
% Reduction of Stigma among the Adolescents and Youth	26	16	20	6

2.2.3 Conclusion

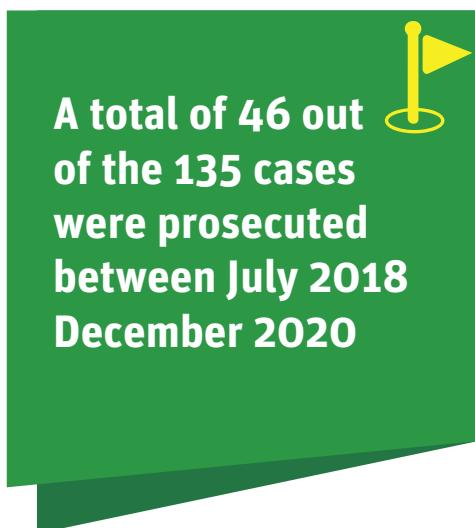
Implementation of the Multi-sectoral Action Plan has expanded access to HIV services among the AY. Whereas good progress has been realized in the first 95(HIV identification), more effort is required to achieve the second and third 95(Suppression and retention on care) as well as HIV prevention.

2.2.4 Recommendations

1. There is need to enhance meaningful involvement of AY and participation in HIV programs.
2. Expansion of HIV self-testing among the AY to increase uptake of rapid HIV testing services, especially for the high risk AY.
3. The County to optimize the use of HIV prevention and treatment cascades as a standard guide to review response to and performance against the objectives.
4. Stakeholders to design specific innovative approaches to promote male engagement in HIV services.
5. The County to prioritize interventions that will enhance retention of AY on care and treatment.

2.3 Sexual and Gender-Based Violence (SGBV)

2.3.1 Introduction



Sexual and Gender-Based Violence (SGBV) is a complex, persistent and widespread violation of human rights. It cuts across the boundaries of age, race, culture, education, wealth and geography, and occurs in families, learning institutions, workplaces, religious places and in all social structures across the world. SGBV manifests in various forms including sexual violence, intimate partner violence (IPV), female genital mutilation (FGM), trafficking in persons (TIP), child marriage, emerging trends of technology-based abuse among others.

In Migori, like in the rest of the country and the world, SGBV is deeply rooted in unequal power relations, gender inequalities and fuelled by different factors. Key among them is socio-cultural influences that normalize, tolerate and perpetuate violence, as well as the weak and slow implementation of SGBV policies. The action plan therefore envisioned to improve health the well-being of adolescent by reducing incidences of sexual and gender-based violence (SGBV), improve response and increase utilization of SGBV services.

This was to be achieved through community approaches and awareness creation, capacity building on management of SGBV and improved coordination, referrals and linkages.

2.3.2 Key Findings

2.3.2.1 Community Approaches and Awareness Creation

- a. **Establishment of integrated GBV/Adolescents and Youth Health ward level coordination Committees:** To facilitate response and mitigation, Migori County has established 40 Advisory committees at ward level which are guided by a functional Terms of reference (ToR) that integrates GBV and Adolescents and Youth Health activities. As a result, there is increased awareness in the community as evidenced by increased reporting of SGBV cases, improved follow up on the legal process and successful prosecutions of perpetrators.
- b. **Engagement of community and law enforcement agents:** a total of 10 sensitization meetings were conducted with a mix of stakeholders on SGBV interventions and responses. In addition, 29 interactive radio talk shows were conducted in local vernacular radio stations with the aim of addressing knowledge and information gaps in the community. Through this, approximately 2845 people were reached based on listenership survey. Similarly, the forums were used to inform the community on availability of SGBV services and where to seek support in case of SGBV incidences. The community were made aware of the Kenya laws on human rights and how to seek legal redress. Skills to prevent incidences of violence were impacted especially to teachers and parents.

2.3.2.2 Capacity Building and management of SGBV

During the period, 362 individuals were trained on various components of SGBV management as shown in the table 9 below.

Intervention	Mid-term target	Mid-term achievement	Overall achievement (%)	Comments
Train Health care workers on comprehensive management of SGBV	400	251	62.75	Additional 111 non-technical staff trained
Establish at least 1 SGBV rescue centre	1	0	0	Not functional
Establish comprehensive SGBV recovery centre	1	0	0	Not established
Dissemination of SGBV policies	No target	1	-	Disseminated to 30 Health Care workers

2.3.2.3 Coordination Referral and Linkages

a. Construction of the Rescue and recovery shelter: Albeit incomplete at the time of this review, the construction of the rescue centre marks a great milestone towards ensuring safety of SGBV survivors. Once completed, the Nguruna Rescue centre in Kuria East will provide a referral site for survivors who are usually reintegrated into the community to face stigma and embarrassment. At baseline, none of these centres existed except for private homes that accommodated the survivors. There is need to furnish the centre with the necessary infrastructure as the county establishes more of such centres.

b. Interdepartmental collaboration: To effectively address the multiple and cross-cutting issues related to SGBV, it is important that all the relevant actors participate fully in the process. It is worth noting that the County still lacks a robust data sharing framework that can help generate common data across departments. Apart from the children's department that has CPIMS, other departmental registries are inadequately prepared to collate meaningful data on SGBV and sharing of real-time data is still a challenge across the sectors. Available data from Departments of gender and child protection reveals an increase in the number of SGBV related adolescent pregnancies from 221 in 2018 to 343 in 2020. The contributing factors are highlighted in the pie chart below.

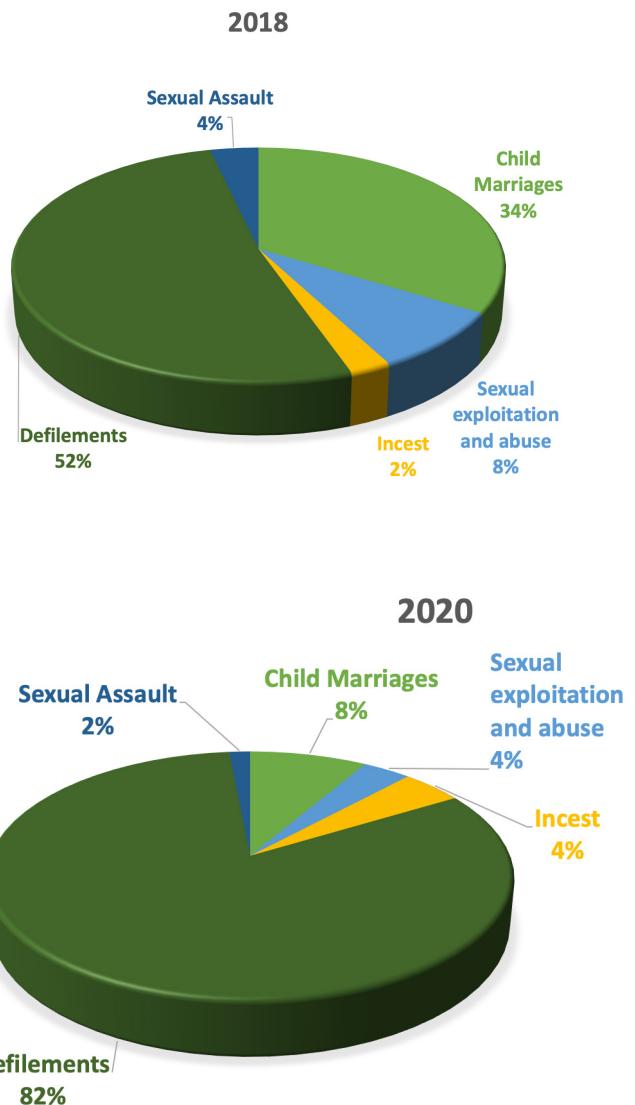


Figure 10: Factors Contributing to SGBV related adolescent pregnancies

Data from the County department of gender shows reduction in defilement cases from 95 in 2018 to 7 in 2020. Domestic violence incidences rose from 5 in 2018 to 31 in 2020, while child marriages reduced from 43 in 2018 to 34 in 2020.

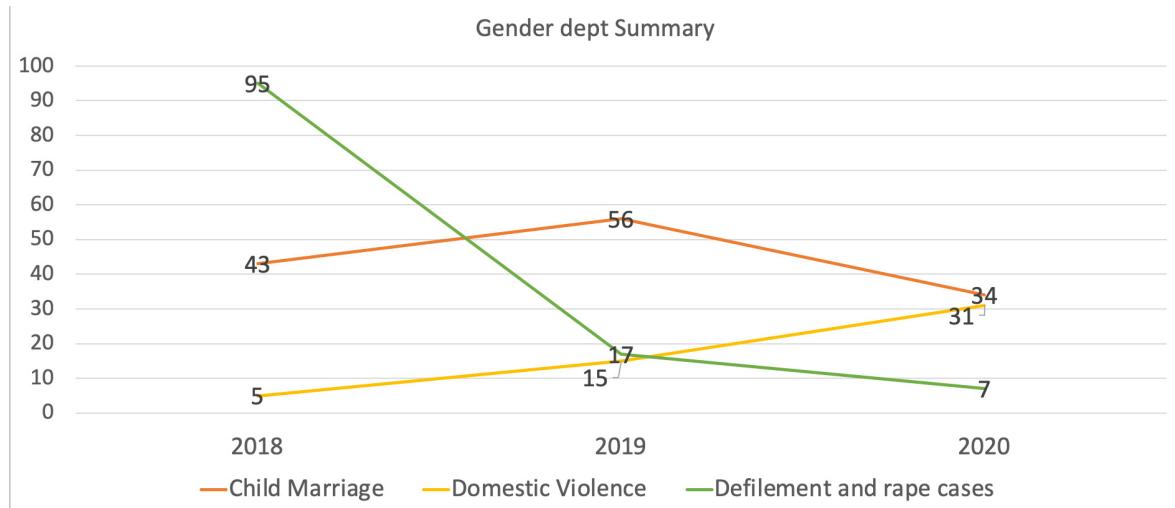


Figure 11: SGBV Data, Department of gender

Data from child protection department shows that physical abuse was the most rampant form of SGBV followed by defilement and child marriages as demonstrated in the graph below.

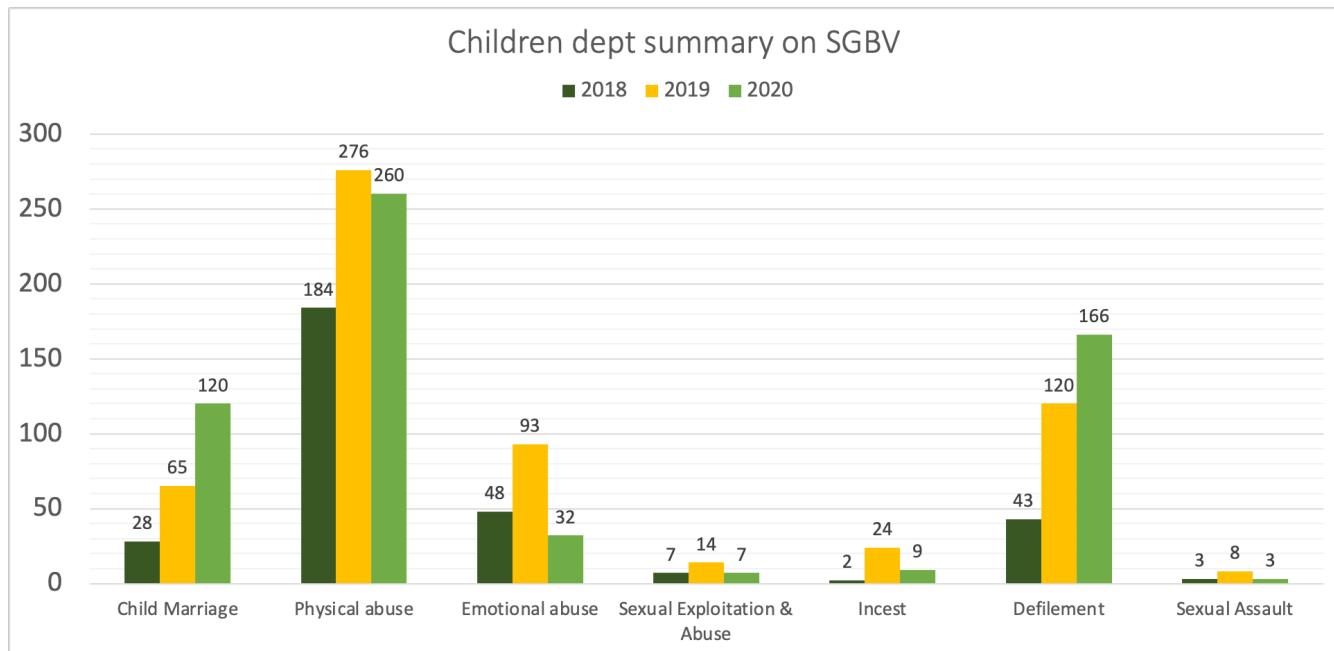


Figure 12: Children department summary on SGBV cases

- c. Data from Department of Probation shows an increase in the number of AY that have been enrolled into probation services since 2018. This might be an indication of a possible increase in number of child

offenders. Fortunately, a total of 104 young people were successfully rehabilitated during the period with 17 of them attached to local artisans for skills development.

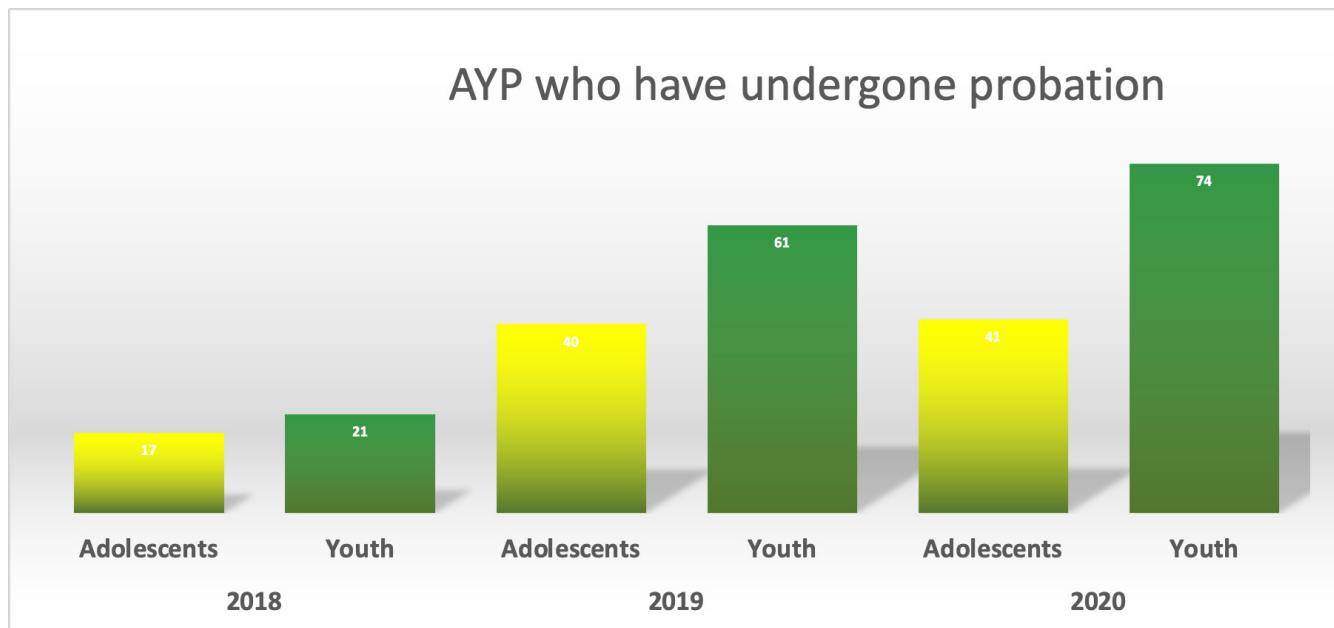


Figure 13: AYP who have undergone probation

- d. Migori County SGBV Policy: due to high prevalence of SGBV in Migori County and its negative impact on the society, the County developed a comprehensive SGBV policy framework. This aims at harmonizing and ensure coordinated prevention and response to SGBV.

- e. Appointment of GBV Focal persons at County and Sub Counties: To augment the effort by other line ministries, the department of health appointed County and sub-county SGBV coordinators. This has enhanced coordination of SGBV response and mitigation processes.

Performance indicators		Baseline 2018	Midterm target	Midterm Achievement	End-line target
1	Number of SGBV case reported to the Hospital	91	97	667	100
2	Comprehensive SGBV recovery center Established	0	0	1	1
3	Increased utilization of SGBV services	91	96	596	100
4	Number of reported cases prosecuted	2	96	135	100
5	Number of reported cases prosecuted successfully	2	5	46	10

*During the period, a total of 46 out of the 135 cases were convicted.

Table 10: Summary of SGBV indicators achievements

2.3.3 Conclusion

Whereas this evaluation indicates that there is no reduction in SGBV incidences, it is worth noting that tremendous improvement has been realized in the utilization of comprehensive SGBV services. At baseline, there was limited data compared to year 2020 where data collection and management has improved. Similarly, there has been increased awareness and reduced stigma about SGBV that has made more cases to come forward to the police and to the health facilities. The referral pathway is clearly understood and most community members are aware of the available SGBV services and have become whistle blowers.

Stakeholder collaboration has also enhanced coordination and response to SGBV. This can be seen in the major improvements in the road to justice for the survivors. Additionally, building the capacity of expert witnesses has also improved evidence collection and preservation that helps to effectively facilitate the cases.

2.3.4 Recommendations

1. Fast track completion and operationalization of the already established GBV rescue shelter and link it to nearby health facilities for comprehensive care and management of the survivors.
2. Establish and ensure functionality of GBV recovery centre at every sub-county hospital within Migori.
3. Strengthen cross border monitoring and inter- country collaboration towards addressing GBV, possibly invoke any international treaties on apprehension, witness protection and prosecution of perpetrators.

2.4 Advocacy

2.4.1 Introduction

Advocacy is critical in efforts to improve the health and well-being of AY. It ensures that their programs are designed, funded, implemented, monitored and sustained by building support with the duty holders, public and opinion leaders. During the development of the action plan, the situation analysis noted that funding for AY health services had for a long time been lumped together with the general reproductive health financing which was attributed to non-prioritization of the needs of this special group. In view of this, there was a need to develop a County - specific adolescent and Youth Health Advocacy Tool-kit, outlining facts to justify resource mobilization for AY health services. During the period under review, the county aimed at increasing resources towards the AY programs.



To be able to advocate and see the importance of addressing AY issues in the County, Members of County Assembly were engaged and enlightened on AYSRH and they committed to support and increase the RH/AY county allocation which has been on an upward trend since 2018. However, the evaluation was not able to establish the absorption rate for the same.

Additionally, the Adolescents and Youth Health TWG has been able to engage and work closely with the Office of the Governor, Offices of the County First Lady and Women Representative, and successfully established a vibrant county YACH with leadership structures at all levels (County, Sub County, and Community) to champion the aspirations of young people in the county.

2.4.2 Key findings

To achieve the goal of increased funding and support for adolescent and youth programs, the county employed strategies such as capacity building, high-level advocacy and meaningful involvement of adolescents and youth in decision-making, program design and implementation. Among the key activities conducted were; training on smart advocacy, advocacy meeting with County Assembly and stakeholders for the allocation of funds for AY Health and well-being services and participation of Adolescent and youth in decision making forums at the National and county levels including the county Assembly and meeting with other opinion leaders. The strategies and activities have been summarized in the table below.

Cause/Drivers	Strategy	Planned Activities	Midterm targets	Achievements
Inadequate resources allocation for adolescent and youth SRH programmes	High level advocacy campaigns with stakeholders	Conduct Bi-Annual Advocacy meeting with stakeholders for resource mobilization	5 Advocacy meetings	3 Advocacy meetings conducted
		Train 125 multi-sectoral representatives on smart advocacy	313 multi-sectoral representatives trained	405 multi-sectoral representatives trained
		Develop 3 adolescent policy briefs and fact sheets yearly	8 adolescent policy briefs and fact sheets	Developed 8 adolescent policy briefs and fact sheets
		Disseminate Adolescent policy briefs/Fact sheets to political and opinion leaders	2 dissemination meetings	10 dissemination meetings
		Awareness creation on negative effects of funeral discos among adolescents through SBCC programs	No target	6 sessions conducted
		Advocacy for legislation to eradicate funeral discos among adolescents	No target	On-going high level advocacy meetings
		Consolidate partners resource allocation (Finances) for implementation of Adolescents and Youth Health programs	No target	Partially Consolidated

Cause/Drivers	Strategy	Planned Activities	Midterm targets	Achievements
	Meaningful Involvement of adolescent and youth in policy decisions	Support at least 2 adolescents to participate in National and international conference with Adolescents and Youth Health agenda	5 adolescents to be supported	7 adolescents supported
		Conduct training on meaningful involvement on adolescent and youth	No target	13 Trainings Conducted (517 Adolescents and youths trained)
		Train stakeholders on meaningful adolescent and youth involvement for ASRH	No target	8 trainings (269 adolescents and youth reached)

2.4.2.1 Meaningful involvement of young people:

For meaningful involvement of young people, capacity building sessions were conducted on smart advocacy, public speaking and abstract writing. Because of these, 7 AY developed and submitted abstracts which were presented at national and international conferences including Rwanda ICFP, Reproductive Health Network Conference, National Adolescents and Youth advisory panel, National OTZ Conference and ICPD @25. One of the champions chaired and facilitated a session at the 2018 International Conference on Family Planning in Rwanda. Additionally, they have held consultative meetings at the sub-county and county levels to advocate for increased resources allocation for adolescent and Youth health services.

During the period of implementation, quarterly meetings were held with adolescents and youth champions where their concerns were incorporated in the county programs. These included; involvement in AY related activities, attaching them to health facilities to support their peers in accessing services, holding radio sessions and having representation in the leadership of the county AY task-force.

2.4.2.2 AY Ward Advisory Committees:

The County formed Ward Advisory Committees (WAC) that brings together key stakeholders in addressing challenges facing young people. The WAC have been at the forefront in addressing the AY issues such as early and forced marriages, sexual and gender-based violence among other issues.

2.4.2.3 Eradication of Funeral Discos

In response to the negative impact of funeral discos on adolescent pregnancy the Offices of the Governor and the County Commissioner jointly gave directive against funeral discos. This goes a long way in contributing to the reduction of adolescent pregnancy, early and forced marriages and incidences of SGBV in the county

2.4.2.4 High level advocacy:

The high-level consultative meetings provided a platform where line ministries and departments shared data and committed to various issues. The Chair of the County Assembly Health Committee committed to lobby for increased resources for the Multi Sectoral Action Plan and SGBV interventions. In addition, the Ministry of Interior and Coordination committed to having a designated Child Welfare Officer to address increased incidences of adolescent pregnancy, early and forced marriage and SGBV among adolescents.

2.4.2.5 Resource allocation for AY interventions

The financial allocation for the Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) programming by the County has increased slightly over the years under the program based budgeting. AY Health program is integrated under RMNCAH despite having a specific plan and budget in the County annual work plan. The County therefore needs to put more focus on ensuring that the resources for this specific area are availed and utilized to improve the well-being of the AY.

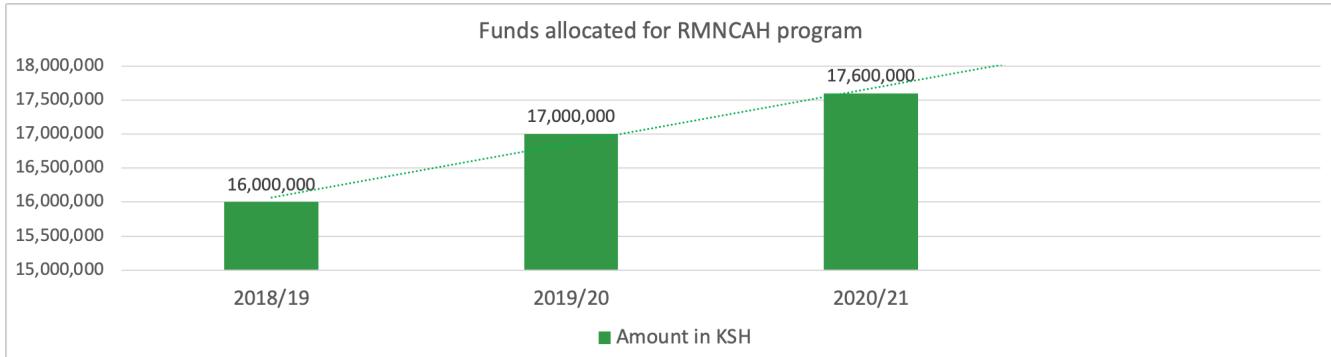


Figure 14: Funds allocated for RMNCAH program

2.4.2.6 Actual reported expenditure on AY activities

Whereas there is noted increase in fund allocation by the County, much of the funding for AY activities were from partners and other line ministries, especially the Department of Youth Affairs. Data from the reporting tool shows a sharp decline in expenditure on AY Health activities in 2019 and 2020 (Fig 15). This can be attributed to gaps in expenditure reporting for activities in the tracking tool and the effects of Covid-19 in 2020.

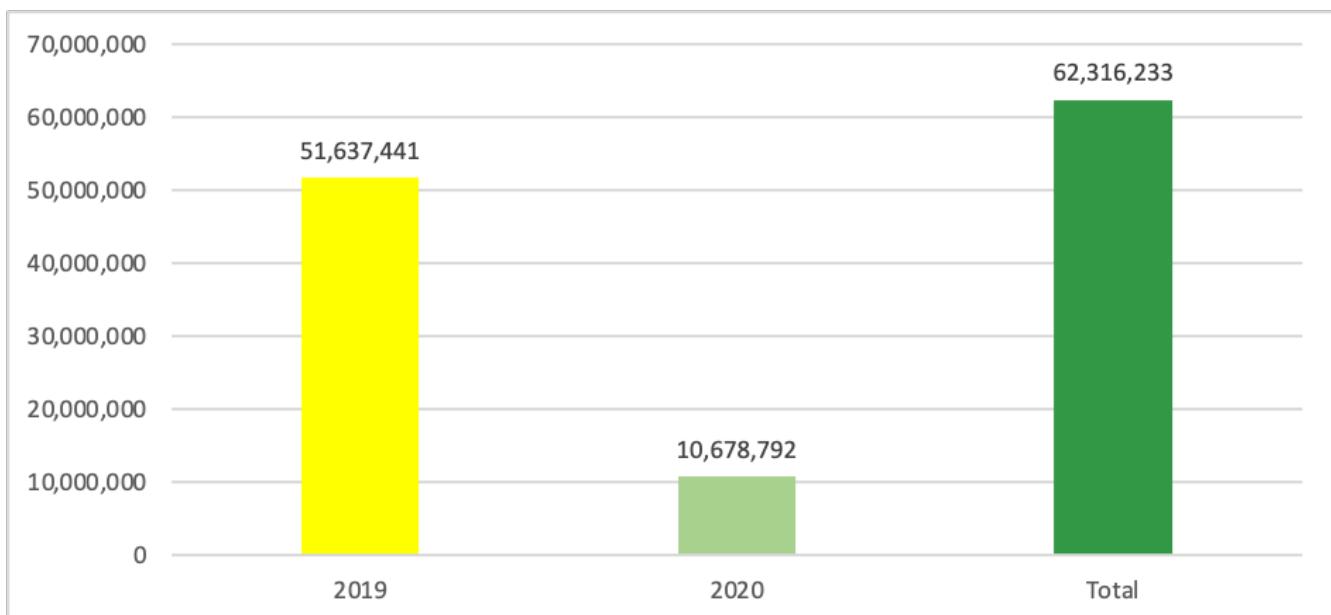


Figure 15: Actual expenditure on Adolescents and Youth Health Activities per year

2.4.2.7 Meaningful involvement of youth on sustainable livelihood

The state Department of Youth Affairs have meaningfully involved AY (18+) through life skills trainings, business skills as well as job specific trainings. Through this, a total of 4,171 were targeted. There is an ongoing employability assessment which will overlap into 2021. Additionally, the department is conducting follow ups on AY who have dropped out /deferred to register them in the next cycle and there is ongoing linkages to other government departments and private sector for job training. The table below summarizes the activities.

s/no	Activity	Cycle 2			Cycle 3			Cycle 4			Cycle 5			Total
	Targeted No	571			1100			1500			1000			4171
1	Youth enrolled on Life Skills Training (LST)	M	F	T O - TAL	M	F	TOTAL	M	F	TOTAL	M	F	T O - TAL	
				550			1127			1487			995	4159
2	Youth enrolled in business skills (CBST)			543			1117			1355			941	3956

s/no	Activity	Cycle 2			Cycle 3			Cycle 4			Cycle 5			Total
	Targeted No	571			1100			1500			1000			4171
3	Youth enrolled on job specific training (JSST)	269	249	518	546	565	1111	750	850	1600			898	4127
5	Youth started JSST			508			1104			1595			592	3799
4	Youth completed on job specific training (JSST)			458			1059			1553			*	3066
6	Youth dropped out on job specific training (JSST)			10			7			5			*306	328

*Department of Youth Affairs AY activities.
Source: MIIYA- PCU KYEOP HQs/NITA PCU County*

2.4.3 Challenges

- i. Incomplete expenditure reporting in the M&E framework
- ii. Unpredictable disbursements of the allocated funds- While the county has indicated in the budget that there are funds allocated for the RMNCAH, disbursement remains unpredictable as such this compromises planning that in turn affects implementation.
- iii. Insufficient information on fund allocation and utilization by some of the actors-It still remains difficult to be able to get data on amounts allocated by different line ministries and departments in the county
- iv. Covid-19 has changed ways of engagement in different policy processes such as budget making process that is a key process for resource allocation, this has effectively compromised public participation.

2.4.4 Conclusion

Migori County has made great strides towards increasing budgetary allocations for AY activities and mobilization of resources from partners. However, there is still gaps in the disbursement of funds from the county treasury to the department of health. The funds are also lumped together with the general RMNCAH budget.

There has been an improved knowledge and skills of young people on smart advocacy, policy engagement, leadership, public speaking and scientific writings. This is evidenced through their participation in the National and International conferences.

2.4.5 Recommendations

1. Ring fencing of AY funds to ensure that the resources allocated are utilized for the intended purpose.
2. Sub Counties to enhance implementation of advocacy activities.
3. There is need to strengthen sharing of information on activities and resource allocation by all actors.
4. County to invest in donor round table meetings to enhance resource mobilization.

2.5 Governance & Coordination

2.5.1 Introduction

The County established a multi sectoral taskforce on adolescent and youth. The taskforce has a rotational chairperson drawn from different government departments/ministries.

Implementation of the Action plan requires close collaboration between the County Government and other actors. This calls for a strong coordination and collaboration framework that facilitates prudent use of available resources, minimize duplication of efforts, improve quality and harmonize stakeholders' efforts.

At baseline, it was noted that different departments/ministries and partners were implementing parallel AY health interventions within the County and therefore there was need to synergize efforts for improved outcome.

The county constituted a multi-sectoral TWG that has provided leadership in coordinating all interventions and activities towards achieving the set goals at all levels and among all actors. This TWG has terms of references which clearly outline its roles and leadership structure. Under the leadership of a rotational chair and secretary, the TWG has conducted quarterly review meetings, biannual stock taking and stakeholders' forums. These were conducted to review progress of implementation of the action plan and has promoted interaction, coordination, and collective buy-in at the highest level of leadership in the county.

2.5.1.1 Policy and Strategic Leadership

Migori was the first county to develop the county multi-sectoral adolescent and youth action plan that is aligned to the National Adolescent Reproductive Health Policy 2015. This has provided a learning platform for other counties to benchmark and borrow experience. During this review period Migori County provided technical leadership to Nyamira, Homa-Bay and Vihiga counties who were in the process of developing their County specific Action Plan. Similarly, the M&E tracking tool for Migori has been adopted by Mombasa County.

2.5.1.2 Policy Review and Domestification

During the development of the action plan reference was made to the National Adolescent Sexual and Reproductive Health Policy, National Guidelines for Provision of Adolescents and Youth Friendly Services among others. Through the multi sectoral approach, the County has been able to develop and launch Child Protection Policy, SGVB policy and its Framework, and the Youth Policy.

2.5.1.3 Standards and Regulatory Mechanism

The multi sectoral TWG continues to ensure compliance to set standards and regulations in relation to Adolescents and Youth Health programming. This is done through joint support supervisions, adoption of SOPs and development of ToRs.

2.5.1.4 Coordination of Development Partners and Other Agencies

The County has put in place mechanisms for partner coordination including the development of M&E tracking tool, conduct inception meetings with top sector leadership and holding partners stock taking meetings to review AY performance. The TWG also develops and tracks joint work plans with the development and implementing partners.

2.5.2 Conclusion

An all-inclusive and well-coordinated multi-sectoral response to AY health can spur county actors to action to address a common goal. This initiative requires good political will, passion and commitment from players in all sectors. Migori County has realized tremendous gains through inter-sectoral collaboration and involvement of the political class.

2.5.3 Recommendations

1. Need to strengthen efficient and effective coordination of AY interventions in the County.
2. Ensure adequate dissemination of policies from other line ministries to stakeholders.
3. Harmonize policies from line ministries on provision of SRH including contraceptive services among the adolescent.

2.6 Research, Monitoring & Evaluation

2.6.1 Introduction

The County operationalised an online monitoring framework that allows for capturing the real time data on strategy implementation.

Monitoring and Evaluation (M&E) provides a framework for harnessing AY Health data and information for planning, decision making, policy development, performance monitoring, and accountability. This is aimed at strengthening the County M&E for AY programming by ensuring availability of data, analysis and use for evidence-based decision-making.

Key gaps identified at baseline included; inadequate standardized data collection and reporting tools, lack of

age segregation for adolescent cohort in HIV, lack of AY specific performance review forums, inadequate support supervision for AY programming, and inadequate dissemination of AY information across sectors.

To address the gaps, the action plan outlines three broad strategies that include; data management, learning & knowledge sharing and quality improvement. Interventions employed include; developing a standardized data collection & reporting tool, establish data sharing mechanisms across departments, conducting regular multi-sectoral performance and data review forums, institutionalization of data quality assurance, strengthen documentation of lessons learned and foster learnings across sectors.

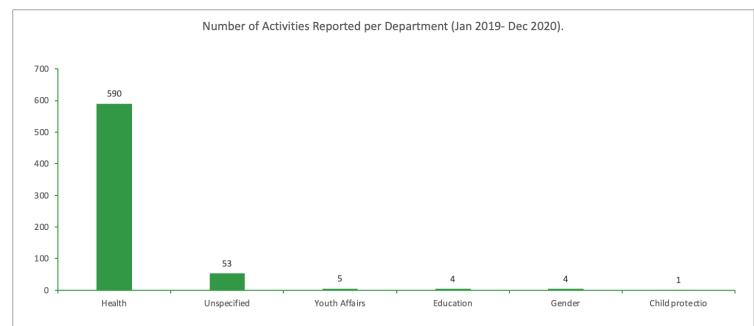


Figure 16: Number of AY Activities Reported per Department

2.6.2 Key Findings

2.6.2.2 Development of County Multi-sectoral Adolescent pregnancy linkage tool

A county multi-sectoral adolescent pregnancy linkage tool was developed to link data from education, health, and child protection departments. The tool is being piloted in eight high-volume health facilities, where 480 adolescents of school-going age (10-17years) were identified in 2020 as pregnant and linked to the education and Child Protection departments for further interventions (Fig 17). The data has been used to map schools with high incidence of adolescent pregnancy and shared with stakeholders for targeted interventions.

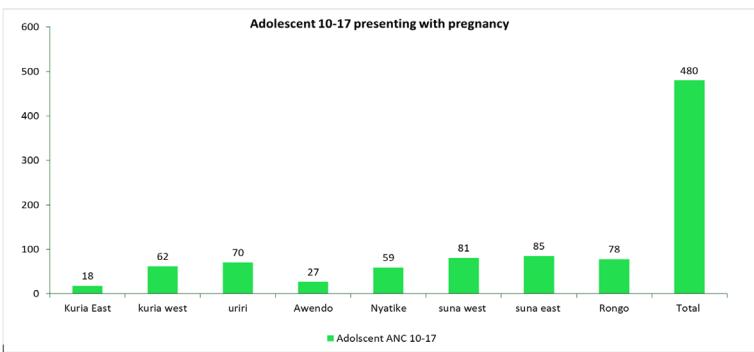


Figure 17: Adolescent 10-17 presenting with pregnancy at ANC per Sub-County

2.6.2.3 Data Quality Audit and Follow-Ups

Even though the AY Health action plan had envisioned conducting at least 10 DQAs in the period under review, only one baseline DQA and 10 data reviews were conducted. The baseline DQA was to provide information on the quality of data on the AY health indicators as at that time. The findings from the baseline DQA showed that the MoH711 summary tool was missing; age segregation for adolescent pregnancies, maternal deaths and family planning options for age cohorts (10-14 and 15-19). Additionally, there was double reporting of adolescent pregnancies and poor AY indicator understanding by HCWs. To address these gaps, the HIS/M&E unit liaised with the National Health Information system team who updated the tools.

2.6.2.4 Learning and Knowledge Sharing

Migori being the first County to have a multi-sectoral approach to AY programming, the AY TWG documented achievements and lessons learned and has been proactive in sharing its experiences with other counties through exchange forums, as well as conferences. Vihiga and Nyamira counties visited Migori for an experience-sharing session that involved field visits to the community.

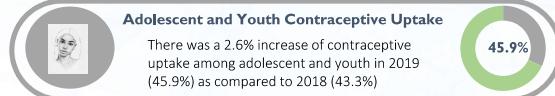
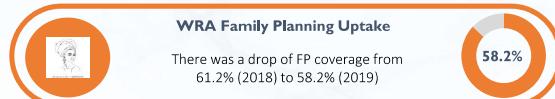
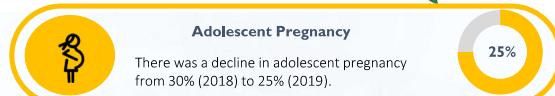
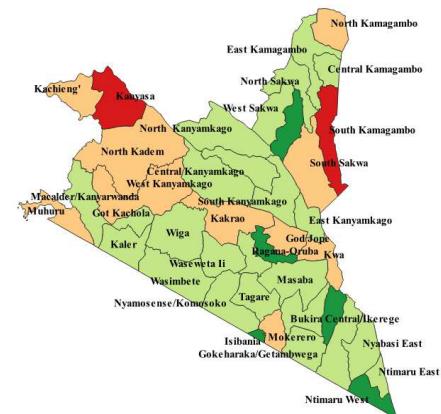
During the review period, Migori shared its multi-sectoral approach experience in two conferences; the Reproductive Health Network Conference (Kwale, June 2019) and the KEMRI annual Scientific Network Conference (Nairobi February 2020).

The M&E unit developed information products; 2 fact sheets, 1 bulletins, and 2 policy briefs (County Gender and Child protection) which created awareness to various AY stakeholders.

As a best practice, the department of police scaled up the number of police stations with Child and Gender Desks within the county from 1 to 11. All the child and gender desks have a 24-hour service officer seconded to provide services and support the survivors to ensure that all cases are timely recorded and attended to.

Reproductive and adolescent health performance indicators

Map of proportion of Adolescent Pregnancy Per Ward



PRIORITY ACTIONS:

- Reinforce the multi-sectorial ward level adolescent pregnancy prevention advisory committees
- Dissemination of the county adolescent and youth health toll free line (**0800-724-870**).

2.6.2.5 Quality Improvement

Support supervision sessions, data review meetings and mentorships have been conducted in targeted facilities to bridge the knowledge gap amongst health care workers on indicator understanding. In this implementation period, the County multi-sectoral AY TWG conducted 4 bi-annual stock-taking meetings where the different sectors came together to review Adolescents and Youth Health performance and share their experiences.

Performance Indicator Summary

Performance indicator	Baseline	Midterm Target	Mid-term	End Term
			Achievement	Target
Number of information products shared	-	-	5	0
Number of ministries and department accessing data via the M&E reporting framework	-	5	6	10
Number of actors using data for decision making	15	20	23	25
Number of best practices documented and scaled up	1	5	3	10
Number of support supervisions conducted	4	16	33	32

Table 13: M&E Performance Indicator Summary

2.6.3 Conclusion

The establishment of the Multi-sectoral online reporting tool has improved the availability and sharing of AY Health data from various sectors/departments. This has enhanced standardization of reporting and tracking of implementation. As a result of the DQA, findings were shared with the National HIS Unit which influenced the revision of HIS tools to include age segregation for adolescents and youth. The revised tools have since been disseminated and distributed for use.

This being a multi-sectoral plan with several line ministries and departments contributing to the data and results, difference in the reporting period was noted. While some used January – December annual reporting period, others used July – June annual reporting period while some departments referred to cycles.

2.6.4 Recommendation

1. Regularize DQAs across all sectors, track data quality improvement plans, and share findings with the multi-sectoral task force on AY Health.
2. Develop an integrated multi-sectoral DQA tool.
3. Need to standardize reporting periods for the various departments/sectors to ensure consistency and comparison of data.
4. Regular and timely reporting using the multi-sectoral online reporting tool by all departments.
5. Conduct mentorship and support supervision for departmental M&E focal persons to strengthen reporting.
6. Revise the M&E component in the action plan to align it to the strategies.

3.1 Conclusion

Migori is the first county in Kenya to develop and implement a multi sectoral action plan to address the health and well-being of youth and adolescents. This plan was a culmination of a deliberate wide stakeholder engagement and participation. Despite the improvements and results achieved across the different priority and result areas, there is need to scale up the best practices and learn from the gaps.

Although the evaluation may have not captured data from all the departments and line ministries, it has adequately demonstrated great achievements towards improving the health and well being of Adolescents and Youth in Migori County. The results demonstrates that through multi-sectoral approach, efficiency and effectiveness can be achieved by joint resource mobilization, coordination of activities, collaboration and leveraging.

Key learnings have been generated to guide the next phase of implementation. Emphasis will be on; interventions targeting adolescents in primary schools, AY living with disability & other vulnerable AY groups, adoption of HIV prevention and treatment cascade, fast tracking SGBV responses, enhancing advocacy for increased resource mobilization, disbursement & utilization of County AY funds, strengthening research and data management.

The COVID-19 pandemic has changed the global landscape for service delivery. It has caused disruptions leading to reduced service uptake, increased stigma and change of priorities. However, it has also enhanced innovative approaches such digital platforms for service delivery, capacity building and performance review.

3.2 Recommendation

1. Resource allocation- The resource analysis shows that Adolescents and Youth Health programmes in the county are majorly funded by partners. In the wake of declining donor funding, it is imperative for the County government to increase resource allocation and disbursements for Adolescents and Youth Health. This

will ensure that gains realised are sustained and up-scaled while the implementation of priority areas with gaps are strengthened.

- 2. Strengthening AYFS:** There is need to expand provision of adolescent and youth friendly services to include aspects such as HIV self-testing, care for AYs living with disabilities and other vulnerable AY groups.
- 3. AY school retention:** There is need to increase continuous awareness creation at the community on return to school strategy. Further, relevant government ministries and departments should work together in strengthening the implementation of the strategic directive to ensure 100% retention and transition rates.
- 4. Harmonization of policies-** There is need to harmonize policies from various line ministries on provision of SRH including contraceptive services for the adolescents.
- 5. M&E Mentorship;** There is a need for continuous mentorship and technical assistance on how to use the multi-sectoral Action M&E reporting tool (Kobo Toolbox). It also need to be updated for quality checks.
- 6. Rescue shelter-** Fast track completion and operationalization of the already established GBV rescue shelter and link it to nearby health facilities for comprehensive care and management of the survivors.
- 7. Budget disclosure-** Strengthen information sharing on resources allocated by line ministries/ departments will ensure that there is disclosure of amount spent on Adolescents and Youth Health programming.
- 8. QI component -** initiate quality improvement project in each priority area in AY activities
- 9. Community linkage-** link AY champions to the existing community health units
- 10. COVID-19:** There is need for sustained integration of COVID-19 response initiatives into routine health service delivery and compliance to prevention measures that will help in continuity of services during the pandemic period.

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Appendices

Appendix 1: Focus Group Discussion

During the midterm review of the multi sectoral action plan, 3 AY FGDs and 5 Key informant interviews were conducted to get more feedback from the community on implementation of Adolescents and Youth Health activities in the county. For FGDs, a sample of 32 AYs (25 Female and 7 Male) were drawn from the 8 sub counties in Migori County.

The adolescents and youth seem to be aware of the various health challenges they face in the community, which include; adolescent pregnancies, sexual and gender based violence, FGM, Unsafe abortion, Peer Pressure, Discrimination of AYs living with HIV, Lack of Sanitary towels, Lack of school fees, Inadequate health education and Drugs and Substance abuse.

Some of the AYs are aware of the collaboration among the various departments/ministries and implementing partners. These include the police, child protection, gender and social services, youth affairs, health, NGAO and civil society organizations (CSO). The sentiments were also confirmed during the key informant interviews where the participants highlighted the gains of the collaborations.

Despite the gain made, the challenges cited during the sessions; inadequate youth targeted activities , Inadequate support for the young/teen mums groups and delayed justice for SGBV survivors

On contraceptives, it was noted that the adolescents and youth were aware of the available contraceptive methods, where and how they can get them and generally they appreciate the benefits including reducing adolescent pregnancies. However, they cited myths surrounding the use of modern contraceptives such as; delivering babies with deformity, infertility, promoting promiscuity, and side effects such as irregular menstrual cycle and weight gain. Other challenges limiting access to contraceptives included; inadequate commodities at facilities, inadequate provision of youth friendly services and inadequate information on contraceptive use.

5.1 Focus Group Discussion



“

For the case of Kuria community, I can say that there has been little information and awareness on the issue of uptake of family planning and the adolescents and youths have actually not been involved and made aware how they can access these services and what importance it is.

“

I know they are available, infact kuna oral quicks kwa ma hospitali nowadays, but naomba tu waongeze more of it because it gives confidence. Ukienda kijipima mwenyewe inakua easier, unakua guided venye unaenda kujipima mwenyewe. It ensures confidentiality.

“

Siku hizi imekua rahisi kwa sababu kitambo huduma hizi hazikua zinajulikana ila sikuizi inawezekana wasichana waende kwa mama zao na waambiwe.

“

We really appreciate when the local administrators work to safeguard the youth in their community...like the perpetrators are brought to book and the youths are served with justice.

“

You see, generally there is a problem of adolescent pregnancies within Migori County and the concerned parties have done very little to these girls, let me call them teen mums to address their issues when they become pregnant and give birth. It is like the society forgets about them, very little is done on how their life can be molded and brought back so that they can achieve what they could have achieved suppose that wouldn't happen to them.

“

Changamoto ni according to me venye naskia kama watu wa oruba most of them wanaenda district (MCRH) na sasa hiyo ni kupanga laini maybe ulienda asubuhi unakaa hadi kitu saa nane bado umepanga tu laini. Sasa kama wangeweza kuspread hadi izi hospitali za karibu wakue nazo sasa mkieni atleast munasave time.

“

Where I come from, the hospitals have written stages of how to handle a rape case; I know of a medic who is working closely with the police and who follows up the cases. If the medic realizes that the police is not following up the case she follows up the case herself to ensure justice.

On HIV/AIDS, the respondents demonstrated good Knowledge on HIV prevention and testing services. They affirmed that HTS services are available and accessible by adolescent and young people. They also expressed that they feel more comfortable when they are issued with the self-test kits. However, some of the challenges faced by ALHIV include stigma & discrimination, depression and inadequate psychosocial support group.

Regarding SGBV, The AY demonstrated good knowledge of SGBV services. They were able to explain some of the forms of SGBV which included, Rape, defilement, sexual harassment, sexual assault and FGM among others. They noted that they are well aware of what to do in case one undergoes SGBV in the community. However they noted that SGBV services are more centralized at the County referral hospital as compared to the rural facilities. They also talked of delayed response from the police to apprehend the perpetrators and prolonged cases at the Judiciary.

Generally, remarkable improvements have been made on the extent of communication between the young people and their parents/guardians on SRH issues since the implementation of the action plan started in 2018.

Appendix 2: **Key informant interviews summary**

5.1.1 Introduction

The key informant interviews targeted key stakeholders in the implementation of the AY action plan. The process sought to understand their individual and departmental role & experience in implementation of the multisectoral action plan, key outcomes realized so far and Interdepartmental coordination and collaboration

5.1.2 Ministry of Interior and Coordination of National Government

*Interviewee Police Officer in Charge
Crime and Gender*

The Police play a key role in the implementation of the AY multisectoral action plan, which include arrest & prosecution of offenders, AY safety and public education on laws concerning Adolescents and Youth Health.

They have contributed in the implementation of the multisectoral action plan through; Mobilization and distribution of dignity pack to GBV survivors, awareness creation on reporting procedures and sensitization on SGBV laws e.g. the penal code, Sexual offences act (SOA) and children's act. The police highlighted that there is a need for improvement in reporting of data for adolescent pregnancies. They also stated that there is a need for digitization of the occurrence book as has already happened in other counties. This will help to track cases and improve follow up

5.1.3 Ministry of ICT, Innovation and Youth Affairs

*State Department for Youth Affairs
Interviewee: Director Youth Affairs*

The role of the department of youth affairs in the implementation of the multisectoral plan include; Economic empowerment for the young people through skills-based training and linkage to the affirmative funds, Dissemination of health programs, organizing for the health professionals to address health related matters, participating in stakeholders' forums for Adolescent and youth and conduct advocacy and policy dialogue sessions for the young people. This collaboration has enhanced the capacity and competency of various stakeholders on AY issues, improved coordination and support for AY activities. Some of the challenges highlighted during the first phase of implementation are; inadequate resource allocation for AY targeted activities, Inconsistent representation of other departments in the county Adolescents and Youth Health TWG and Inadequate/non-reporting of AY activities by some departments.

*Ministry of Education
Director Teacher Service Commission*

The Director TSC chairs the Multisectoral AY task force where she coordinates the various departments, Ministries and partners. The Teachers Service Commission ensures implementation of policies which include; the Kenya School Health Policy and Education & Training Sector Gender Policy among others. The department supports capacity building of teachers on Adolescents and Youth Health to enable them handle young people in and out of school.

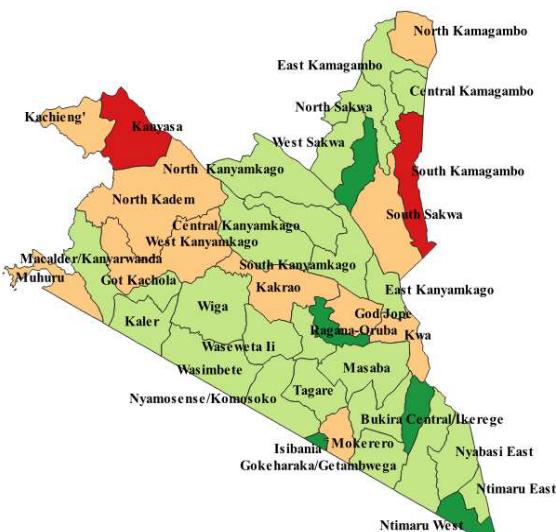
"The multisectoral taskforce has different sectors working together e.g. the ministry of health, interior, police..... So when dealing with issues such as health, we are not experts therefore the health department comes to sensitize our teachers"-Migori County TSC Director-Taskforce chair

As an outcome of the AY action plan it was noted that school dropout has reduced, readmission of students and improved documentation on Adolescent pregnancies. This has increased school retention, completion and transition.

Appendix 3: Migori County Reproductive and Adolescent Health performance indicator Fact Sheet

Reproductive and adolescent health performance indicators

Map of proportion of Adolescent Pregnancy Per Ward



Adolescent Pregnancy



There was a decline in adolescent pregnancy from 30% (2018) to 25% (2019).

25%

WRA Family Planning Uptake



There was a drop of FP coverage from 61.2% (2018) to 58.2% (2019)

58.2%

Adolescent and Youth Contraceptive Uptake



There was a 2.6% increase of contraceptive uptake among adolescent and youth in 2019 (45.9%) as compared to 2018 (43.3%)

45.9%

PRIORITY ACTIONS:

- Reinforce the multi-sectorial ward level adolescent pregnancy prevention advisory committees
- Dissemination of the county adolescent and youth health toll free line (**0800-724-870**).

Appendix 4: Technical Team

1.	Lilian Njoki	MOH
2.	Martha Ngoya	DESIP
3.	Victor Rasugu	NAYA
4.	Brian Alili	NAYA
5.	Geoffrey Odhyambo	Jhpiego
6.	Samuel Oyugi	KMET,
7.	Stephen Wagude	LVCT Health
8.	Teresia Mulwa	CIHEB Kenya
9.	Nancy Aloo	TCI
10.	Elisha Opiyo	Lwala Community Alliance
11.	Susan Wambanda	PATH
12.	Samson Manwa	TUPIME KAUNTI
13.	Joseph Mwita	TSC
14.	Jennifer Musuya	KMET
15.	Alice Muga	MOH
16.	Beatrice Oloo	MOH
17.	Jesse David	MOH
18.	Judith Amisi	MOH
19.	Fredrick Ouma	MOH
20.	Beffy Vill	MOH
21.	George Ochieng	MOH
22.	Daniel Oneya	MOH
23.	Rose Odhiambo	MOH

Multisectoral Action Plan To Improve The Health and Well-Being of Adolescents and Youth

2018-2022



TUPIME KAUNTI
PROJECT

