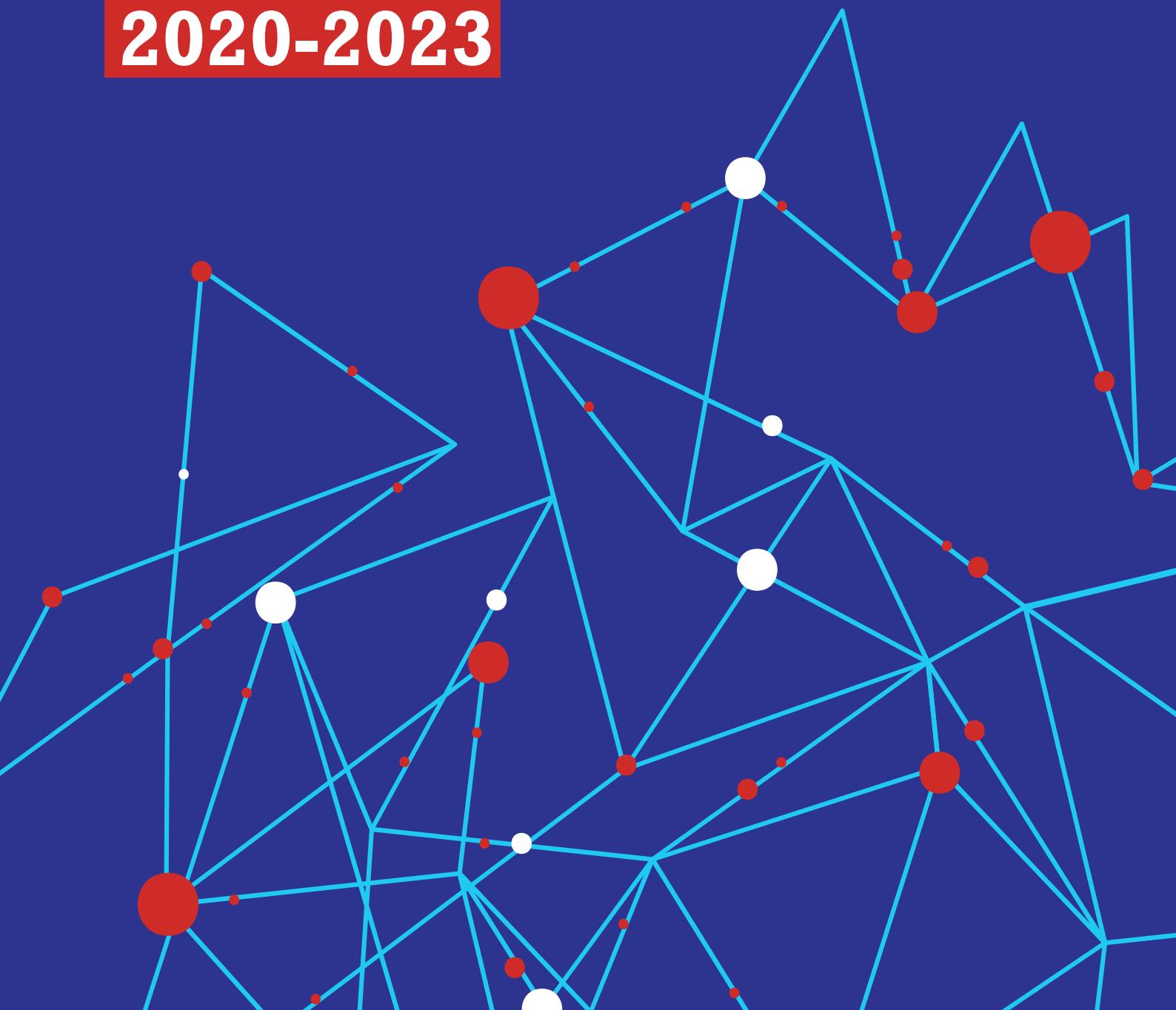




Adolescent and Youth Reproductive Health Implementation Framework

2020-2023





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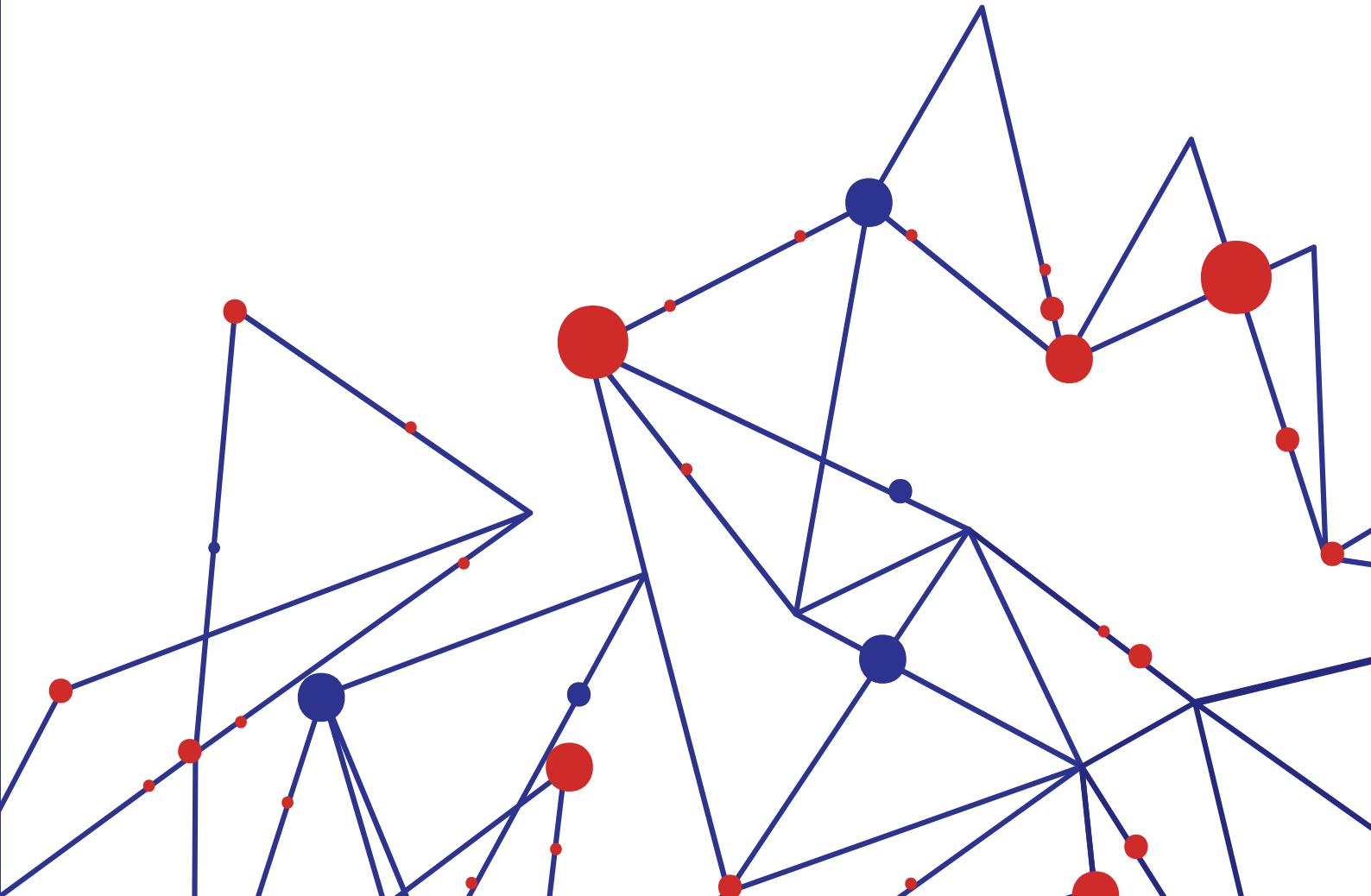


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Acronyms

ADA	Alcohol and Drug Abuse
AIDS	Acquired Immune Deficiency Syndrome
APHRC	African Population and Health Research Center
APOC	Adolescent Package of Care
AYA	Adolescents and Young Adults
AYFS	Adolescent and Youth Friendly Services
AYM	Adolescent and Young Males
AYSRH	Adolescent and Youth Sexual Reproductive Health
CASCO	County AIDS and STIs Coordinator
CECM	County Executive Committee Member
CHV	Community Health Volunteer
CSO	Civil Society Organization
DQA	Data Quality Audit
FGM	Female Genital Mutilation
FP	Family Planning
GBVRC	Gender Based Violence Recovery Center
HIS	Health Information System
HTS	HIV Testing and Services
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KASF	Kenya Aids Strategic Framework
KDHS	Kenya Demographic and Health Survey
MARA	Most at Risk Adolescents
M&E	Monitoring and Evaluation
MYE	Meaningful Youth Engagement
NAYS	National Adolescent and Youth Surveys
NCCG	Nairobi City County Government
OJT	On Job Training
PHC	Primary Health Care
PMS	Premenstrual Tension Syndrome
PTSD	Post-traumatic Stress Disorder
SARAM	Kenya Services Availability and Readiness Assessment Mapping
SGBV	Sexual and Gender Based Violence
SOPs	Standard Operating Procedure
STIs	Sexually Transmitted Infections
SUD	Substance Use Disorders
TWGs	Technical Working Groups
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization
YAC	Youth Advisory Council

Definition of Terms

Adolescent:	persons aged between 10 to 19
Adolescent and Youth friendly services:	services delivered in ways that are responsive to specific needs, vulnerabilities and desires of adolescent and youth
Assisted Partner Notification Services (aPNS)	refers to a voluntary process where consenting HIV positive clients are assisted by a trained provider to elicit their sexual and / or drug injecting partner (s) and notify them of their potential exposure to HIV infection with an aim of offering them HTS.
Discrimination:	follows stigma and is the unfair and unjust treatment of an individual based on that socially identified status.
Health care professionals:	includes any person who has obtained health professional qualifications and licensed by the relevant regulatory body
Meaningful Youth engagement:	refers to a participatory process in which young people's ideas , expertise, experiences and perspectives are integrated throughout programmatic, policy, and institutional decision-making structures so as to best inform outcomes
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. Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (WHO 2002)
Sexual Reproductive health and rights:	is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so
Stigma:	is a powerful social process of devaluing people or groups based on a real or perceived difference—such as gender, age, sexual orientation, behavior, or ethnicity.
Young people:	persons aged 10-24
Youth:	persons aged 15-24

Foreword



**Dr. Josephine
Kibaru-Mbae OGW**

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Director Health Services

Nairobi Metropolitan Services.

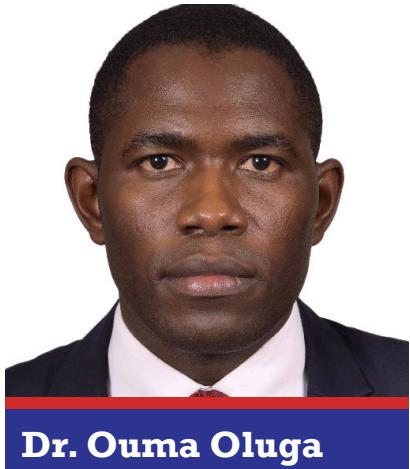
Nairobi Metropolitan, is Kenya's capital city with well-developed infrastructure, modern financial and communications systems. The projected population for 2019 is 5,188,233 with the adolescents and young people comprising 21% (1,067,409) of the total population.

HIV/AIDS is the leading cause of death and morbidity among adolescents and young people (15-24 years) in Kenya with approximately 33% of all new HIV infections being among adolescents and young people aged between 15-24 years (2018 HIV estimates). Nairobi County has a teenage pregnancy prevalence rate of 17.4%. However, there are huge disparities with some Sub counties having higher prevalence rates of 28% (DHIS 2016). The negative health outcomes among adolescents and youth can be attributed to early sexual debut; risky sexual behaviors such as unprotected sex and multiple sexual partners; sexual and gender-based violence; poverty; and harmful retrogressive cultural practices.

In face of all these, the city is committed to providing quality and targeted health services for adolescents and young people that respond to the unique challenges that come with high and diverse populations in capital cities. The development of the Adolescent and Youth Sexual Reproductive Health Framework 2020 – 2023 is one of the key steps towards this commitment. This strategy is guided by the National Adolescent Sexual and Reproductive Health Policy 2015, which outlines the AYSRH response in the country.

The Nairobi Metropolitan Health Services , under my leadership, is committed to facilitating the achievement of the goals of this framework by allocating required resources as well as enhancing public private partnerships (PPPs), collaborating with the donor community and engaging the Nairobi Metropolitan community as we endeavor to provide youth responsive quality health services to all our adolescents and youth.

Preface



Dr. Ouma Oluga

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Deputy Director Health Policy
and Planning

Nairobi Metropolitan Services.

The constitution of Kenya guarantees all individuals the right to the highest attainable standard of health including reproductive healthcare. However young people and adolescents are disproportionately affected by key health issues, top among them being sexual and reproductive health as well as mental health issues.

The onset of adolescence not only brings biological and psychosocial changes to their bodies but also new vulnerabilities to human rights abuses, particularly in the areas of sexuality, marriage, childbearing and female genital mutilation. In Kenya, Adolescents and young people between 15-24 years constitute about a third of the total population. Therefore the far-reaching effects such as unwanted pregnancies, unsafe abortions, sexually transmitted infections (STIs) including HIV not only affect negatively affects their physical and emotional wellbeing but also the economy of the country. This is critical in Nairobi where HIV prevalence of 6.1% is more than the national average.

Improving the health and wellbeing of adolescents is critical to realizing the Nairobi we want. Adolescents and young adult's empowerment in making choices and reproductive health decisions as well as increased access to health services is key in addressing their health issues. It is against this background that the Nairobi Metropolitan Services has developed this Nairobi Adolescent and Youth Sexual Reproductive Health Framework 2020 – 2023 to ensure efficient delivery of a holistic, youth-friendly health-care package of services. The framework identifies the key drivers of poor sexual and reproductive health and has developed strategies and interventions to address them. The framework has also identified key priority areas of focus that include HIV, Reproductive health, sexual and gender-based violence, mental health, advocacy, governance & coordination and monitoring & evaluation.

Nairobi Metropolitan Services recognizes that partnerships and cooperation is critical to realizing the right to health and in fully implementing the framework. The framework has been developed and reviewed in a participatory manner with representation from civil society partners, academia and other groups with full participation of adolescents and young people. The NMS will provide overall coordination and leadership which is critical to realizing the goal of the framework.

Acknowledgement



Dr. Thomas Ogaro

A handwritten signature in black ink that reads "Ogaro".

Deputy Director Preventive and Promotive Health Services
Nairobi Metropolitan Services.

The development of the Nairobi Metropolitan AYRH 2020-2023 Implementation Framework was done through a consultative process with adolescents, youths and Key actors in the Reproductive health space. The development process began in October 2018 with the AYSRH technical working group meeting.

I wish to acknowledge the contributions of individuals from both NMS and Partner Organizations for their exceptional dedication to putting together this valuable document for Nairobi Metropolitan

The Nairobi Metropolitan Services (NMS) health department led by the Director-Health Services, provided the strategic leadership that guided the technical team in their deliberations

Further, I thank the young people who led the youth working group in the development process: Georgina Obonyo, Beverly Nkirote, Robert Aseda Dollarman Fatinato, Martha Kombe, Tracy Michelle, Valarie Musavi and Brian Alili. These youths redefined meaningful youth engagement through the wide consultations they conducted as well as gathering data and evidence for the document

I thank in a special way Youth in Action (Y-ACT), Right Here Right Now (RHRN), NAYA Kenya, YAS Network, Our Voices Initiative[OVI], Nairobi Bits Trust, Plan International, UNAIDS and The Kenya SRHR Alliance and other implementing partners for their Financial and technical support throughout this process.

Executive summary

Adolescents make up 24% of the country's total population (9.2 million) with approximately 1 million of them living in Nairobi. Unfortunately, the country's healthcare system is not adequately responsive to them leading to poor health outcomes. According to the Kenya HIV Estimates of 2018, approximately 33% of all new HIV infections are among adolescents and young people aged between 15-24 years. Nairobi County bears a high burden of the HIV pandemic with 10,604 adolescents and 24,918 young people aged between 15-24 years living with HIV. One in every five teenage girls between the ages of 15-19 have begun childbearing in Kenya with Nairobi having a teenage pregnancy prevalence rate of 17.4% with some sub counties like Embakasi recording prevalence as high as 28%. The contraceptive prevalence rate is low among sexually active unmarried girls ;15-19 years is 49% and 64% among those aged 20-24 years.

The negative health outcomes among adolescents and youth can be attributed to early sexual debut, risky sexual behaviors such as unprotected sex and multiple sexual partners, sexual and gender-based violence (6.5% of girls and 2.7% of boys aged 15-19 years have experienced sexual violence-KDHS 2014), poverty and harmful retrogressive cultural practices. Moreover, many young people lack comprehensive and correct information on their sexuality largely because of the embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents/guardians, teachers, religious leaders and service providers. This leads to the low uptake of Sexual Reproductive Health services by AYPs

Through this AYSRH framework we aim to contribute to achieving the Universal Health Coverage goals through universal access to comprehensive HIV prevention, care and treatment among the AYPs in Nairobi County as well as provide comprehensive AYSRH information and services in to AYPs. We have also coined interventions to accelerate response to and prevention of SGBV among the youth and increase their access and uptake of mental health services through integration of these services at the primary health care facilities in line with Universal Health Care. This will include prevention and rehabilitation of youths who use alcohol, drugs and other substances.

This framework has outlined key strategies and intervention areas under each health sub theme and will be used for advocacy and resource mobilization towards enhanced AYSRH services. During its implementation there will be Meaningful Adolescent and Youth Engagement and the AYPs will participate in decision making, implementation, monitoring and evaluation of the framework and this will have a positive effect on the young people's development and is key to achieving the SRH program outcomes.

Our commitment towards meaningful adolescent and youth engagement

There are more young people living now than at any other time in history of the world. And about nine in 10 young people around the world live in less developed countries. However, despite being a significant part of the world's population, young people do not readily always have the opportunity to participate in society at the same level as adults.

When it comes to sexual and reproductive health and rights, we appreciate that it's often young people who face the greatest burden. They are disproportionately affected by HIV, and AIDS, teen pregnancies, unsafe abortion, STIs and other health issues as discussed in this framework. Girls and young women often face the biggest obstacles to living safe and healthy lives due to gendered discrimination.

With this background, we have come to appreciate the value of engaging adolescents and young people in decision making for their health. Furthermore it is a constitutional right. We have established an inclusive and representative Youth advisory council and we continue to learn and understand youth engagement. We therefore commit to:

Young people are included in the design, implementation and monitoring and evaluation of our programmes

- 1 Young people are engaged in assessment of healthcare services**
- 2 Train healthcare providers and staff on understanding meaningful youth engagement**
- 3 Young people from diverse backgrounds, ages, sexual orientations and gender identities are engaged at all levels**
- 4 Young people are engaged in setting advocacy priorities for health**
- 5 Continuous formation of partnerships and alliances with youth-led and youth-focused organizations and networks**
- 6 Continue engaging and strengthening of Youth Advisory Council in strategic planning and representation in decision making**
- 7 We encourage our partners and stakeholders to continue embracing meaningful youth engagement as we implement this framework**



01.

Situation analysis

33%

of all new HIV infections are among adolescents and young people between 15-24 years.

1. HIV

In Kenya according to 2018 HIV estimates, approximately 33% of all new HIV infections are among adolescents and young people between 15-24 years. The country has made many investments in the HIV response that has seen HIV prevalence reduce by half over a decade and antiretroviral treatment scaled up from **800,000 to 1,035,618** representing a coverage of **75%**; with an increase of sexual debut from **14-16 years (KAIS, 2012)**. Despite the progress HIV/AIDS is the leading cause of death and morbidity among adolescents and young people in Kenya with annual AIDS related deaths of **23,902** among adolescents and young people (2018 HIV estimates).

In Nairobi County the HIV prevalence is higher at 6.1% than the national prevalence which is 4.8%. The county contributes 11.3% (190,993) of the total number of people living with HIV (PLHIV) in Kenya and is ranked the first nationally. Among these, 10,604 are adolescents between, whereas 24,918 are young people aged between (HIV estimates 2018 report). Although the last decade has seen a consistent decrease in HIV prevalence rates – from a high of 14% at the peak of the epidemic to the current rate of 6.1% in 2018 HIV estimates– the number of new infections in the city remains high at about 1,222 among the adolescents and, 2,587 among young people.

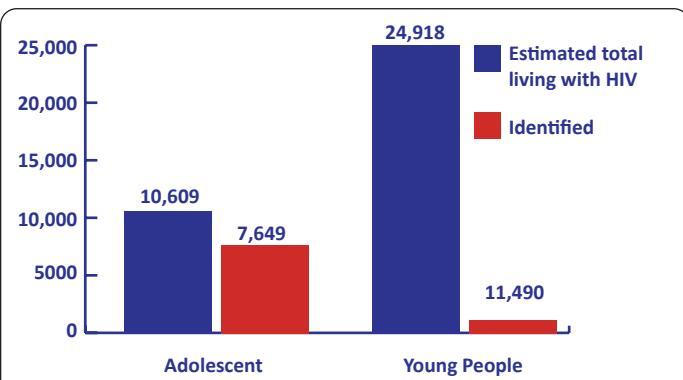


Table 1: Gaps in Identification of AYPs Living with HIV in Nairobi County (2018 County HIV profile)

2. Sexual Reproductive Health

SRH is a basic human right for all AYAs. Adolescents make up **24%** of the country's total population (**9.2 million**) and the healthcare system is not adequately responsive leading to poor reproductive health outcomes in the country.

One in every five teenage girls between the ages of **15-19** have begun childbearing. The contraceptive prevalence rate among sexually active unmarried girls **15-19 years** is **49%** and **64%** among those aged **20-24** years. the age of sexual debut has dropped with **12%** of young women and **21%** of young men aged between **15-24** years having had sexual intercourse before age 15, while 47% of young women and 55% of young men between the ages of 18-

Nairobi is characterized by a highly mobile population. This coupled with non-disclosure, drug and substance abuse, stigma and high poverty rates among the adolescents and young people (AYPs) has implications on HIV Identification, care and treatment in the county.

24 years have had sexual intercourse before age 18 years (KDHS 2014)

Additionally, **about 20,000 girls seek care for abortion related complications each year**, while unsafe abortion remains the leading cause of maternal mortality and morbidity especially among girls below 20 years (**Incidence and complication of unsafe abortion in Kenya Ministry of Health , 2013**)

Nairobi County has a teenage pregnancy prevalence rate of **17.4%**. However, there are huge disparities with some Sub counties having high prevalence rates of **28%** (**DHIS 2016**).

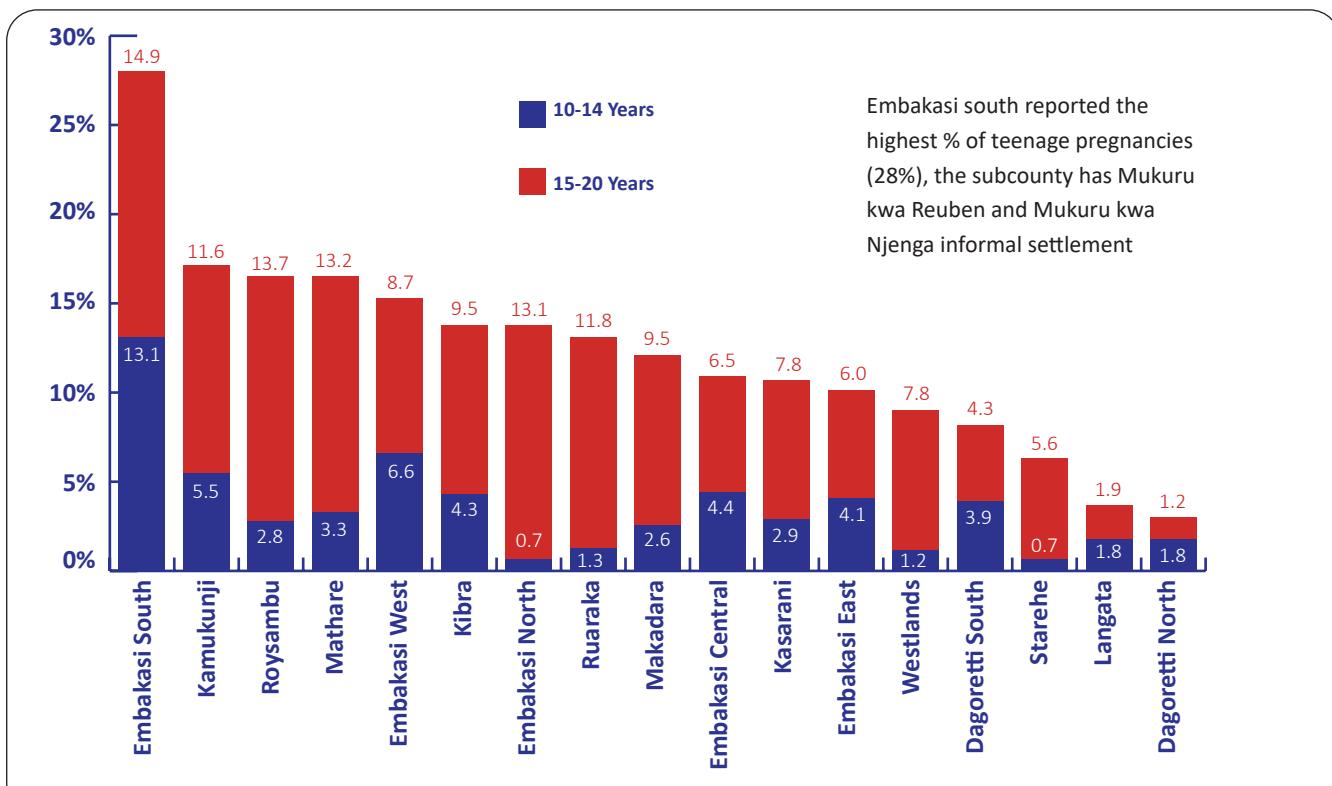


Table 2: Teenage pregnancies prevalence (2016) Nairobi County
Adolescent and Youth Reproductive Health Implementation Framework

The negative health outcomes among adolescents and youth can be attributed to early sexual debut, risky sexual behaviors such as unprotected sex and multiple sexual partners, sexual and gender-based violence, poverty and harmful retrogressive cultural practices. Moreover, many young people lack comprehensive and correct information on their sexuality largely because of the embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents/ guardians, teachers, religious leaders and service providers. This leads to the low uptake of Reproductive Health services by AYPs

3. Sexual and _____ Gender based violence

Sexual Gender Based Violence in Kenya, as elsewhere in the world, is a complex issue that has its roots in the structural inequalities between men and women that results in the persistence of power differentials between the sexes. Gender Based Violence is the most widespread and socially tolerated rights violation in Kenya. 39% of women (including girls aged 15 to 24 years) in Kenya have experienced physical violence.

According to The National Gender and Equality Commission (2016), 40% of women and 10% of men have suffered physical and sexual gender-based violence at one time in their lives. A Desk review by The County SGBV Program demonstrated that the capacity amongst adolescents to report violence remains limited. This is concurrent with the findings of a report by UNICEF on Violence against Children (UNICEF , 2010)

In Nairobi County 7 out of every 100 standards six girls have been raped in the last one year. Most of them more than five times by their boyfriends and relatives (Africa Institute for Health and Development, 2018)

These 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 have experienced sexual violence. There is poor linkage to care, weak prosecution processes, lack of legal support and inadequate psychosocial services for survivors. These gaps perpetuate the vice at any given level and has created a SGBV and GBV County burden of 20% and 33.5% respectively (KDHS,2014).

In addition to this Nairobi statistical data is as stated below

- 1. Reported SGBV cases have been slight increase from 4, 186 in 2016 to 4,654 in 2018**
- 2. 691 cases reported and prosecuted in Nairobi County 2016-2018**
- 3. Total number of survivors according to DHIS 2018-2019, 4,714 (2018) and 4,601 (2019)**
- 4. The annual Economic burden of a survivor Ksh. 14, 979 annually (National Gender and Equality Commission (NGEC) study 2018)**

Response to SGBV has been undertaken at both national and county level. This includes establishment of gender-based recovery centers in public hospitals, gender desks; trainings, development of standard operating guidelines and procedures; technical support to service providers; research and advocacy campaigns. These responses have been done through partnerships between state and non-state actors.

4. Mental Health

Overview of Mental Health

Mental health needs of children, adolescents and young people has been neglected for a long time more so in the low- and mid-income countries leading to a serious mental health gap. The WHO estimates that half of all mental health illness begin by age 14 of which many go undetected and untreated. Depression, anxiety, conduct disorders, and attention-deficit/hyperactivity disorder (ADHD) are the leading causes of health-related disability in this age group. Left unaddressed, the problems continue into adulthood, affecting one's relationships, work, and overall quality of life.

Compounding the problem is that there are large gaps in data on the burden of mental disorders in low- and middle-income countries such as Kenya which deprives countries of critical information required to plan and deliver effective interventions. Little data is available on the burden of mental illness in Kenya, and whatever little that is available is not disaggregated by age.

According to WHO, poor mental health can have important effects on the wider health and development of adolescents and is associated with several health and social outcomes such as higher alcohol, tobacco and illicit substances use, adolescent pregnancy, school dropout and delinquent behaviors. There is growing consensus that healthy development during childhood and adolescence contributes to good mental health and can prevent mental health problems.

Enhancing social skills, problem-solving skills and self-confidence can help prevent mental health problems such as conduct disorders, anxiety, depression and eating disorders as well as other risk behaviors including those that are related to sexual behavior, substance abuse, and violent behavior. Health workers need to have the competencies to relate to young people, to detect mental health problems early, and to provide treatments which include counseling, cognitive-behavioral therapy and, where appropriate, psychotropic medication.

The burden of disease is significant in adolescence period. Depression is the ninth leading cause of illness and disability in all adolescents. Globally, suicide is the third leading cause of death in 15-19-year old, with an estimated **53,000 deaths due to suicide in 2016**. Notably, it is the second leading cause of death for girls in this age group. The Kenya Bureau of Statistics reported **421 deaths by suicide in 2018**. Recognized risks for adolescent mental health problems include, but are not limited to poverty; violence; forced migration; substance use; chronic illness; harsh parenting; bullying; sexual violence; early pregnancy; early and/or forced marriages; and minority or discriminated group status.

The SDG target 3.4, the WHO Global Strategy for Women's, Children's, and Adolescents' Health 2016-2020 and the Global Accelerated Action for the Health of Adolescents (AA-HA!) implementation guidance have increased awareness of adolescents' mental health needs and strengthened global commitments to improve adolescents' health and wellbeing. These endorse the central role of inter - sectoral actions across government in creating the conditions that will protect and promote young people's mental health, enhance their resilience, reduce exposure to risk factors, empower young people, their families and communities in maximizing their health and wellbeing across the lifespan and reduce inequities.

02.

Drivers of poor SRH outcomes

1. Inadequate _____ access to quality education

Education is an important determinant for SRH particularly among girls. Girls who complete secondary and higher education have better sexual and reproductive health outcomes. They are less likely to have unintended pregnancies and more likely to have higher socio-economic status. Studies link education with reduced child and maternal deaths, improved child health and lower fertility. Women and girls with at least formal education are more likely than uneducated women to use contraception, delay marriage, have fewer children and be better informed. Whilst most of the studies are progressive in engaging the adolescent girls SRHR education, there is a critical need to improve the sexual and reproductive health (SRH) education and care of adolescent and young males (AYM) around the globe. This special attention toward the SRH of AYM is warranted given the fact that they often have difficulty accessing SRH services and education relative to their female counterparts and have higher rates of sexual risk behaviors than females.

2. Inadequate access _____ to SRH Information and services

Adolescents and youths often do not access health information and services they urgently need in good time. This is due to barriers in the health systems including inadequate youth friendly services, inaccurate information, fear of stigma and judgment, cost, lack of meaningful adolescent and youth engagement, negative peer influence among other reasons. Nairobi County just like most other counties in Kenya does not have adequate and functional youth friendly centers that can comprehensively address AYSRH needs. This is evident from a survey done by SARAM in 2013 that only 23% of health facilities provide comprehensive youth friendly services in Kenya.

To promote AYP's SRH and the health of their sexual partners and children, Nairobi county recommends that leaders in research, policy, public health, and clinical practice develop and implement evidence-based, age appropriate comprehensive SRH education that supports AYM at school, within communities and families, and through healthcare services that are developmentally appropriate, gender affirming, inclusive of, and informed by AYM. Additionally, Nairobi Youth Advisory Council (YAC) recommends that healthcare systems and healthcare

professionals (HCPs) across disciplines establish and implement competencies for SRH education and skills preparation to meet the unique needs of AYM across diverse healthcare and community settings.

Schools provide basic information on sexuality and sexual reproductive health. However, the information is inadequate and does not fully respond to contemporary challenges facing AYPs and teachers have inadequate capacity on SRH information. Additionally, the NAYS 2015 reported that parents have failed to provide proper guidance to adolescents and youths. Moreover, access to AYSRH information has been hindered by existing community and religious values and attitudes regarding sexuality education.

3. Poverty

Nairobi has a rapid and uncontrolled population explosion leading to proliferation of informal settlements. It is estimated that 60-70% of the residents live in informal settlements and this population is characterized by abject poverty, overcrowding, lack of access to safe water and sanitation as well as quality health care services (APHRC, 2012).

Poverty compromises school enrollment, retention, transition and completion thus predisposing girls to early sexual debut, early marriages, STIs and HIV/AIDS as they are driven into transactional sex to meet their personal and livelihood needs. Teenagers from poor households are more likely to experience teenage pregnancy and motherhood compared to teenagers from wealthy backgrounds (KDHS 2014).

4. Harmful practices

Harmful practices in Nairobi County include:

- i. **Female genital mutilation/cutting;** The prevalence of FGM/C in Nairobi is much lower (14%) than the national average (21%) owing to urbanization (KNBS, 2010). Kenyans and Migrants from communities that traditionally practice FGM/C bring the practice with them to Nairobi. FGM is a deeply rooted cultural practice that remains prevalent in Kenya despite being outlawed in 2001 by the Children's Act and Prohibition of FGM Act 2011 and being a violation of rights. Female Genital Mutilation is associated with immediate and long term social, physical, psychological and health consequences (Jaldesa et al., 2005; Powell and Yusuf, 2018).
- ii. **Different forms of inter-generational sex (sponsor culture);** these harmful practices expose young girls and boys to early sexual activity thus increasing their vulnerability to unsafe abortion, contraceptive abuse, child marriages, teenage pregnancy, sexually transmitted infections and HIV/AIDS and other health risks.
- iii. **Harmful gender norms:** girls are seen to be vulnerable requiring protection while boys are seen to be strong and can fend for themselves. This has led to boys being neglected resulting to increased crime rate, drugs and substance abuse
- iv. **Drug & substance abuse;** in 2017 findings shows that 9.7% of Respondents aged 15 – 24 years are currently using at least one substance of abuse. Nairobi region has the highest prevalence of alcohol use disorders at 18.4%, Khat/Miraa 5.2%, tobacco 10.4%, bhang 1.4% (NACADA 2017). Prevention of substance use and other social problems is a goal that can significantly improve the health and safety of well-being of AYPs in Nairobi.

5. Weak Domestication and implementation of AYSRH Policies

Kenya has favorable legal and policy frameworks that promote adolescent and youth SRH and rights.

01 | The Kenya Constitution (2010)

02 | National Adolescent Sexual and Reproductive Health Policy (2015)

03 | National Adolescent Sexual Reproductive Health Policy Implementation Framework (2017-2021)

04 | National Guidelines for Provision of Adolescent and Youth Friendly Services (YFS) in Kenya (2016)

05 | The Children's Act (2001)

06 | The National Youth Policy (2007)

07 | The Kenya Fast Track Action Plan to End HIV and AIDS among Adolescents and Youth (2015)

08 | Sexual Offenses Act (2006)

09 | Nairobi County Integrated Development Plan (2018-2022)

10 | Adolescent Package of Care (2014)

11 | Kenya AIDS Strategic Framework (2014/15-2018/19)

12 | Nairobi County AIDS strategic plan (2015/16-2018/19)

13 | Nairobi County plan of action to strengthen school health programming (November 2016)

14 | National School Health Policy (2018)

15 | Nairobi Elimination of Mother to Child Transmission of HIV Framework (2019)

16 | Menstrual Hygiene Management Policy (2019-2030)

Despite the existence of these Policies, frameworks and guidelines, they have not been fully operationalized. This is due to several issues including inadequate dissemination to key implementers, inadequate resource allocation and varied opinions and understanding among different actors

03.

Priority Areas

-  HIV
-  Sexual Reproductive Health
-  Sexual and Gender-Based Violence
-  Mental health
-  Resource Mobilization
-  Advocacy
-  Meaningful Adolescent and Youth Engagement
-  Governance and coordination
-  Monitoring, Evaluation, Research and learning



HIV



Goal

To provide comprehensive HIV prevention, care and treatment services among the AYPs in line with UHC.

Objectives

- ✓ To reduce the burden of new HIV infections for adolescents by 3 % and young people by 5%.
- ✓ To increase the percentage of viral suppression among adolescents and young people by 10%.
- ✓ To reduce HIV stigma among Adolescents and young people by 25%.

HIV interventions in this document will be aligned to the UHC, 95:95:95 targets and Nairobi county HIV strategic plan.

- i. Targeted HIV testing Services among adolescents and young people
- ii. Communication, social mobilization and anti-Stigma campaigns
- iii. Capacity building of health care workers and AYPs
- iv. Provision of combination prevention package of HIV to AYPs

Strategy	Priority Intervention Areas
Targeted HIV testing services among adolescents and young people	<ul style="list-style-type: none"> a. To Strengthen assisted Partner Notification Services (aPNS) and social networks for the adolescents and young people b. Integrate HTS in youth friendly centers c. Conduct Integrated in/out reaches in learning institutions d. Conduct integrated community AYPs Outreaches i.e. Color festivals, concerts e. HIV Self testing
Capacity Building	<ul style="list-style-type: none"> a. Train health care workers, adolescents, youth champions, parents/guardians, teachers, community gatekeepers, community health volunteers (CHVs), on HIV prevention, care and treatment, stigma reduction and retention in care strategies.
Communication, advocacy and demand creation	<ul style="list-style-type: none"> a. Development and dissemination of adolescent and youth friendly IEC materials b. Partnering with youth led organizations to facilitate access to AYP services and information through digital platforms (, website and blog spot) c. Improve access to accurate information for AYPs d. Improve access to quality adolescent responsive services e. Improve meaningful AYPs engagement at the facility and community
Provision of combination prevention package of HIV to AYPs	<p>Sensitization of various youth organizations on combination prevention strategies include :</p> <ul style="list-style-type: none"> a. Behavioral Implementation of Interventions: Condom Education and Provision, Counselling, EBIs SHUGA, Healthy Choices for A Better Future, Sister to Sister K, Respect K, Families Matter Program, b. Structural Interventions: Cash transfer programs, education subsidies, Policies, Support Groups, Regulatory environment, Gender based Interventions c. Bio-medical Interventions: Pre-Exposure Prophylaxis (PREP) and Condoms, VMMC, Hiv Testing Services, Post Exposure Prophylaxis (PEP), Treatment of HIV as a Prevention (Tasp), Prevention of Mother to Child Transmission (PMTCT), Harm reduction, Management of Sexually Transmitted Infections, TB Screening and Referral. d. Integration of combined prevention package at various service delivery points. e. Sensitization of youth at the community level on HIV combination prevention package.

♀♂ Sexual Reproductive Health

Goal	Objectives
To provide comprehensive AYSRH information and services in line with UHC	 To Increase access to correct SRH information and uptake of SRH services  To reduce teenage pregnancies  To reduce unsafe abortions

Strategies	Interventions
Meaningful Adolescent and Youth Engagement	<ol style="list-style-type: none"> Strengthening the Participation of AYP in County Decision Making Processes including TWGs, Capacity Building of AYPs on Demand Creation, Advocacy Supporting YAC to develop, implement and review their Work Plans
Capacity Building on AYSRH	<ol style="list-style-type: none"> Train health care workers, adolescents, youth champions, parents/guardians, teachers, community gatekeepers, community health volunteers (CHVs), Peer Educators on AYSRH Sensitization of teachers and AYPs on life skills and stigma reduction
Integration of AYSRH into the school health program and higher learning institutions	<ol style="list-style-type: none"> Conduct integrated school-based education sessions on AYSRH Work with community and school leaders to strengthen the education re-entry policy for adolescent mothers Conduct integrated outreaches and trainings on AYSRH in higher institutions
Scale up of Community evidence- based AYSRH interventions	<ol style="list-style-type: none"> Conduct adolescent/youth targeted events and outreaches Conduct community dialogues with opinion leaders, AYPs, parents/guardians Establishment and strengthening adolescent and youth groups
Awareness creation on the AYSRH services	<ol style="list-style-type: none"> AYP-Led Demand creation through dissemination of AYSRH messages on uptake of AYSRH services through mainstream and social platforms Establishment of an electronic AYSRH services directory Development and dissemination of AYSRH IEC materials Establish and strengthen youth friendly clinic



Sexual and Gender-Based Violence

Goal

To accelerate response and prevention of SGBV among adolescents and young people in line with UHC goal

Objectives

- ✓ To reduce SGBV incidences among adolescents and young people
- ✓ To increase awareness of SGBV prevention and response services among the AYPs
- ✓ To increase access and utilization of comprehensive SGBV services by AYPs
- ✓ To advocate strengthening of SGBV rehabilitation program within correctional facilities and community re-integration

Strategy	Interventions
Capacity building on SGBV	<ol style="list-style-type: none"> a. Training and mentorship of service providers and AYPs on Prevention, Management and Response of SGBV. b. Conduct whole-site orientation for service providers on SGBV management & response. c. Sensitize law enforcers on management of SGBV. d. Sensitize AYPs on identification, response and prevention of SGBV.
Community engagement	<ol style="list-style-type: none"> a. Sensitize communities and AYPs on gender norms to identify AYPs survivors for improved response in demystifying myths and misconceptions on SGBV and harmful practices. b. Sensitize youths on risks associated with cyber crimes. c. Hold community dialogue on AYPs SGBV prevention & response targeting religious leaders, gate keepers, law enforcers. d. Strengthening AYPs SGBV Survivors' network e. Sensitize communities against promotion of harmful cultural practices. f. Create awareness on SGBV prevention and response through innovations. g. Develop, print and disseminate SGBV IEC materials (posters, brochures, banners). h. Strengthen male involvement in SGBV prevention and response. i. Sensitization of rights holders and duty bearers and their respective entitlements and obligations.

Reinforce psycho-social support services

- a. Provide comprehensive psychosocial support to survivors of SGBV.
- b. Identify and train AYPs SGBV survivors as mentors.
- c. Strengthen AYPs SGBV Survivors' network.
- d. Facilitate linkages to legal aid institutions.
- e. Enhance child protection awareness among AYPS in & out of school.
- f. Initiation of community norm change and community change agents.

Utilization of SGBV innovative Platforms

- a. Sponsor media content on objective SGBV reporting.
- b. Utilize existing social media platforms, hotlines to provide SGBV information & services to AYPs.

Male engagement on SGBV response cases

- a. Sensitize the community on the role of male involvement on SGBV prevention and response.
- b. Identify and engage male as champions for AYPs/SGBV through the existing structures
- c. Training AYM on SGBV prevention.

Multisectoral approach and service integration for AYPs on access to SGBV services

- a. Sensitize other sectors on SGBV prevention and response.
- b. Advocate for strengthening of relevant SGBV services in other sectors.
- c. Integration of AYPs SGBV minimum package in all health facilities.
- d. Integration of AYPs SGBV in mobile services for hard to reach/vulnerable groups.
- e. Strengthen Intimate partner Violence screening for AYPs in all service delivery points
- f. Scale up AYPs SGBV centers
- g. Enhance multi-sectoral case conferences on SGBV specific to AYPs.
- h. Advocate for gender mainstreaming across all other relevant sectors.

Strengthening policy environment on AYP SGBV

- a. Domesticate the existing SGBV policies.
- b. Dissemination of SGBV policies & guidelines.



Mental health

Goal

Increase access and up take of mental health services for adolescent and young people in line with UHC.

Objectives



To integrate mental health services for AYPs at primary health care



To increase access and utilization of accurate Mental Health information.



To reduce cases of Alcohol, Drug and substance abuse among Adolescents and young people.

Strategy	Interventions
Integrate mental health services at PHC	<ul style="list-style-type: none"> a. Capacity build healthcare providers to offer mental health services at PHC. b. Conduct mental wellness sessions (health talks) at service delivery points offering AYFS.
Strengthen mental health services	<ul style="list-style-type: none"> a. Capacity building the healthcare providers on AYP responsive interventions b. Disseminate the mental health policy c. Develop county guidelines and SOPs for counselling services that are AYP responsive d. Improve access to psychological services through training of peer to peer counselors and use of e-counseling platforms. e. Establish a county toll-free tele-counseling service for AYPs f. Structure and strengthen community-based support and referral systems for improved adolescent mental health services g. Advocacy for increased human resources for mental health
Improve access to alcohol, drugs and substance abuse preventive and rehabilitative services among AYPs	<ul style="list-style-type: none"> a. Increase access to Screening and Assessment services for ADA and related risk behaviors at PHC b. Peer education and engagement on ADA at community level c. Utilization of social media and Art in creating awareness on ADA among AYPs d. Strengthening rehabilitation and referral services for Substance Use Disorders (SUD) e. Capacity building of HCW to offer rehabilitative services for SUD at county hospitals and health centers. f. Develop AYP friendly IEC materials on ADA

**Advocacy for
Mental Health
awareness**

- a. Conduct tailored campaigns to sensitize adolescent and young people on mental health issues
- b. Strengthen parent-child engagement on mental health as a support structure.
- c. Implement and integrate mental health education programs in schools and institutions of higher learning
- d. Create mental health awareness at the community.

**Coordinate,
referral and
linkages for
Mental Health
services**

- a. Mapping of health facilities providing mental health services and develop referral and linkage systems
- b. Multi - sectoral engagement in linkage and referral

**Stigma and
discrimination
reduction on
mental health
among AYPs**

- a. Capacity building of service providers, AYPs, community
- b. Peer led demand creation on access to mental health services
- c. Engage AYPs with lived experience as mental health champions
- d. Engage the AYPs to develop, design and disseminate mental health information.
- e. Utilization of electronic, print and digital platforms for anti-stigma campaigns



Resource Mobilization

Kenya runs a devolved government structure where by the devolved County Governments have executive and legislative authority to raise revenue, to establish policies, to plan and to make own budgets for the purpose of delivering services closer to the people. Counties are expected to allocate a minimum of 30% to health as a percentage of total county allocation.

In 2019/2020, Nairobi County allocated 21% of its total County budget of 35.6 B to the health sector. Although

health had the highest allocation among all other sectors, it fell short of the required minimum of 30%. Besides the recurrent expenditure mainly (78%) comprised of staff salaries, the remaining 22% for operations and maintenance (Ksh. 1,658,675,000) was only one third of the requirement. Through advocacy, the percentage allocation to health in FY 2020/2021 increased to 24%. Mobilizing more domestic funds is key to ensuring sustainability of health programmes in the wake of reduced donor funding.

Goal	Objectives
To mobilize sustained resources for implementation of AYSRH Framework	<ul style="list-style-type: none">  To strengthen public private partnerships
	<ul style="list-style-type: none">  To enhance synergy between the National, County Government and CSOs on AYSRH financing

Strategies	Interventions
Financial investment in health	<ul style="list-style-type: none"> a. Dissemination of the AYSRH Framework to the relevant policy and decision makers b. Coordinate and harmonize donor support for AYP programmes c. Support the AYPs to advocate for increased resource allocation for AYP programmes d. Develop a county budget analysis to inform resource needs e. Advocate for domestic resource allocation including partnerships with private sector and corporates
Utilization and Accountability	<ul style="list-style-type: none"> a. Track allocated funds b. Review and analyze budgetary reports c. Harmonize partner activities in line with the county work plan



Advocacy

A lot has been achieved in the journey of advocacy to ensure issues of AYSRH are addressed. This framework aims to secure good health and well-being of the AYPs, realizing gender equality and achieving political goodwill for sustained efforts to realize that reproductive health and rights are crucial.

In order to achieve the existing commitments and sustainable development goals there is need for collective

efforts to bring everyone together interested in the pursuit of the sexual reproductive health and rights of AYPs

This section takes an integrated approach in covering the specific strategies and highlights the importance of gender equality, governance, innovation, data and coordination (partnerships) to accelerate progress throughout in implementation of the ASRHR Framework

Goal

To create an enabling environment for implementation of The AYSRHR Framework

Objectives



To strengthen public support for AYSRHR



To strengthen political will for AYSRHR



To strengthen the capacity of key stakeholders on advocacy

Strategies

Interventions

Implementation of AYSRH related Policies

- a. Sensitize policy makers and duty holders on their roles and responsibilities in relation to implementation of policy frameworks promoting accountability

Policies

- b. Conduct dialogue meetings with policy makers, private sector, religious leaders and other relevant stakeholders on AYSRH
- c. Develop and disseminate policy communication materials on the AYSRH
- d. Conduct AYSRH campaigns



Meaningful Adolescent and Youth Engagement

Meaningful adolescent and youth engagement means that adolescents and young people can participate **ON EQUAL TERMS** with adults, or work independently in all stages of programming and policy-making: design, implementation, monitoring and evaluation. Meaningful adolescent and

youth engagement has key benefits including benefiting society in general, has a positive effect on young people's development and is key to achieving SRHR program outcomes.

Goal

To strengthen meaningful participation of adolescent and youth in decision making

Objectives



To strengthen the capacity of young people on county decision making processes



To strengthen enabling environment for Meaningful Adolescent and Youth Engagement

Strategies	Interventions
Capacity Building	a. Train young people on county decision making processes and opportunities for engagement.
Strengthening youth participation structures	a. Strengthen youth advisory council b. Engage young people in county TWGs
Resource allocation for MYP	a. Allocate resources for adolescent and youth engagement
Documentation	a. Document and disseminate lessons learned on MYP
Sensitization	a. Sensitize decision makers, duty bearers and health workers on Meaningful Adolescent and Youth Engagement



Governance and coordination

Overview

This section outlines the organization of the county health services, including coordination and implementation arrangements for realization of the strategic goals. It describes leadership and governance roles, for operational management at County, Community and at individual levels for partnership building and multisectoral coordination in the provision of quality AYSRH information and services.

Nairobi County health sector

The county health sector in line with the national AYSRH policies and frameworks shall be responsible for planning, supervision and coordination of all AYSRH program activities to ensure implementation of this framework. The county health management team shall take leadership in the implementation at the county, sub-county and community level through the existing county management structures.

Nairobi County Assembly

1. Support allocation of resources for implementation of the framework
2. Ensure all the bills passed captures the interests of AYPs

County AYP Technical Working Group

County AYP-TWG shall be the mechanism for involving stakeholders to review and revise the AYSRH Framework. The county department of health shall ensure meaningful engagement of adolescent and youth representatives in the SRH policy implementation.

The Youth Advisory Council (YAC) shall:

1. Champion adolescent and youth health interests through existing relevant structures at all levels
2. Engage meaningfully in research and program implementation for adolescent and youth friendly services
3. Participate in decision making and planning processes of AY information and service provision
4. Participate meaningfully in creating awareness for adolescent and youth friendly services
5. Access and utilize the adolescent and youth friendly health services
6. Provide feedback on adolescent and youth friendly service provision

Development and implementing Partners shall:

- Support the implementation, review and impact assessment of Adolescent and young people framework for the county with meaningful engagement of AYPs



Monitoring, evaluation, research and learning

Monitoring and evaluation framework seeks to prioritize and address gaps on documentation, data quality, timely reporting and data use. Currently, the health sector has made a concerted effort to improve approaches to monitoring and evaluation.

The health sector has deployed Kenya Health Information system (KHIS) platform for reporting health sector

indicators. The sector has made notable investments in strengthening the routine reporting system to make it more responsive to the needs of programs and a more useful tool for performance monitoring and evaluation.

The Implementation matrix has key indicators and outputs that will be tracked over the lifetime of the framework.

Goal	Objectives
To monitor and evaluate the progress of implementation of the AYSRH Framework	<ul style="list-style-type: none"> To track the implementation of The AYSRH Framework To generate and utilize quality data for decision making on AYSRH
Strategies	Interventions
Tracking implementation progress	<ul style="list-style-type: none"> a. Conduct a baseline , midterm and end term assessments b. Conduct quarterly AYSRH stakeholders feedback meetings c. Conduct quarterly AYPs Review forums d. Conduct quarterly AYSRH TWGs
Data Quality on AYSRH	<ul style="list-style-type: none"> a. Capacity building on AYSRH M&E Tools and indicators b. Provision of AYSRH M&E tools c. Support Supervision d. Conduct DQA for AYSRH services e. Data Review and Feedback
Operational Research	<ul style="list-style-type: none"> a. Conduct County specific research on AYSRH

Knowledge Management	<ul style="list-style-type: none"> a. Capacity building on knowledge management b. Document and disseminate best practices & learning on AYSRH c. Strengthen the knowledge management framework
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Annexes

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility														
				2020/2021		2021/2022		2022/2023		2023/2024																
Q3 Q4		Q1 Q2		Q3 Q4		Q1 Q2		Q3 Q4		Q1 Q2																
Priority Area: HIV																										
Goal: To contribute to achieving the Universal Health Coverage goals through universal access to comprehensive HIV prevention, care and treatment among the AYPs in Nairobi County																										
To Strengthen assisted Partner Notification Services (aPNS) and social networks for the adolescents and young people	# of assisted Partner Notification Services (aPNS) and social networks strengthened		x	x	x	x	x	x	x	x	x	Director, Health Management Dept. of youth and gender Adolescents and young people Partners														
Integrate HTS in youth friendly centers	# of youth friendly centers providing HTS		x	x	x	x	x	x	x	x	x	Director, Health Management Dept. of youth and gender Adolescents and young people Partners														
Conduct Integrated in/out reaches in learning institutions	# of Integrated in/out reaches conducted in learning institutions		x	x	x	x	x	x	x	x	x	Director, Health Management Dept. of youth and gender Adolescents and young people Partners														
Conduct integrated community AYPs Outreaches i.e. Color festivals, concerts	# of integrated community AYPs Outreach-es conducted		x	x	x	x	x	x	x	x	x	Director, Health Management Dept. of youth and gender Adolescents and young people Partners														
HIV Self testing	# of AYP Self testing																									
Train health care workers, adolescents, youth champions, parents/guardians, teachers, community gatekeepers, community health volunteers (CHVs), on HIV prevention, care and treatment, stigma reduction and retention in care strategies.	# of persons trained on HIV management		x	x	x	x	x	x	x	x	x	Director, Health Management Dept. of youth and gender Adolescents and young people Partners														

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility			
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Communication, Advocacy and Demand Creation	Development and dissemination of adolescent and youth friendly IEC materials	# of adolescent and youth friendly IEC materials developed and disseminated													
	Partnering with youth led organizations to facilitate access to AYP services and information through digital platforms (, website and blog spot)	# of partnerships established and maintained													
	Improve access to accurate information for AYPs	# of young people reached with accurate information													
	Improve access to quality adolescent responsive services	# of young people receiving quality adolescent responsive services													
	Improved meaningful AYPs engagement at the facility and community	# of AYPs meaningfully engaged													

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility
				2020/2021		2021/2022		2022/2023		Q1 Q2 Q3 Q4		
				Q3 Q4	Q1 Q2	Q3 Q4	Q1 Q2	Q3 Q4	Q1 Q2	Q3 Q4	Q1 Q2	
Sensitization of various youth organizations on combination prevention strategies include:	Behavioral Implementation of Interventions: Condom Education and Provision, Counselling, EBIs SHUGA, Healthy Choices for A Better Future, Sister to Sister K, Respect K, Families Matter Program,	# of youth organizations sensitized on Behavioral Interventions										
Provision of combination prevention package of HIV to AYPs	Structural Interventions: Cash transfer programs, education subsidies, Policies, Support Groups, Regulatory environment, Gender based Interventions	# of AYPs on Structural Interventions										
	Bio-medical Interventions: Pre-Exposure Prophylaxis (PREP) and Comdoms, VMMC, Hiv Testing Services, Post Exposure Prophylaxis (PEP), Treatment of HIV as a Prevention (Tasp), Prevention of Mother to Child Transmission (PMTCT), Harm reduction, Management of Sexually Transmitted Infections, TB Screening and Referral.	# of AYPs on Bio-medical Interventions										

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility	
				2020/2021				2021/2022					
				Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	Integration of combined prevention package in various service delivery points	# of service delivery points providing integrated prevention package		X	X	X	X	X	X	X	X	X	Director, Health Management Dept. of youth and gender Adolescents and young people Partners
	Engagement of Youth at the community level to sensitize them on combination of prevention package for HIV	# of AYP engaged on sensitization		X	X	X	X	X	X	X	X	X	Director, Health Management Dept. of youth and gender Adolescents and young people Partners
Priority Area: Sexual Reproductive Health													
Goal : To provide comprehensive AYSRH information and services in line with UHC													
Meaningful Adolescent and Youth Engagement	Strengthening the Participation of AYP in County Decision Making Processes including TWGs,	# of Decision-Making Processes involving young people		X	X	X	X	X	X	X	X	X	Director, Health Management Dept. of youth and gender Adolescents and young people Partners
	Capacity Building of AYPs on Demand Creation, Advocacy	# of young people meaningfully engaged		X	X	X	X	X	X	X	X	X	Director, Health Management Dept. of youth and gender Adolescents and young people Partners
	Supporting YAC in developing, implementing and reviewing their Work Plans	# of times YAC is supported		X	X	X	X	X	X	X	X	X	Director, Health Management Dept. of youth and gender Adolescents and young people Partners
	Train health care workers, adolescents, youth champions, parents/guardians, teachers, community gatekeepers, community health volunteers (CHVs), Peer Educators on AYSRH	# of people trained on AYSRH		X	X	X	X	X	X	X	X	X	Director, Health Management Dept. of youth and gender Adolescents and young people Partners
	Sensitization of teachers and AYPs on life skills and stigma reduction	# teachers and AYPS sensitized on life skills and stigma reduction		X	X	X	X	X	X	X	X	X	Director, Health Management Dept. of youth and gender Adolescents and young people Partners

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility			
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3	
Integration of AYSRH into the school health program and higher learning institutions	Conduct integrated school-based education sessions on AYSRH	# integrated education sessions held on AYSRH		x	x	x	x	x	x	x	x	x	x	x	Director, Health Management Dept. of youth and gender Adolescents and young people Partners
	Work with community and school leaders to strengthen the education re-entry policy for adolescent mothers	# of re-entry sessions held		x	x	x	x	x	x	x	x	x	x	x	
	Conduct integrated outreaches and trainings on AYSRHR in higher institutions	# integrated outreach-es and trainings on AYSRHR held		x	x	x	x	x	x	x	x	x	x	x	
	Conduct adolescent/youth targeted events and outreaches	# targeted outreaches held		x	x	x	x	x	x	x	x	x	x	x	
	Conduct community dialogues with opinion leaders, AYPs, parents/guardians	# of community dia-logues held		x	x	x	x	x	x	x	x	x	x	x	
	Establishment and strengthening adolescent and youth groups	# of adolescent and youth groups strength-ened		x	x	x	x	x	x	x	x	x	x	x	
	AYP-Led Demand creation through dissemination of AYSRH messages on uptake of AYSRH services through mainstream and social platforms	# of young people reached		x	x	x	x	x	x	x	x	x	x	x	
	Establishment of an electronic AYSRH services directory	Electronic directory established		x	x	x	x	x	x	x	x	x	x	x	
	Development and dissemination of AYSRH IEC materials	# of AYSRH IEC materi-als developed													
	Establish and strengthen youth friendly clinic	# of youth friendly clinics established and strengthened		x	x	x	x	x	x	x	x	x	x	x	

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility				
				2020/2021		2021/2022		2022/2023		Q1 Q2 Q3 Q4						
Q3 Q4		Q1 Q2		Q3 Q4		Q1 Q2		Q3 Q4		Q1 Q2						
Priority Area : Sexual and Gender-Based Violence																
Goal: To accelerate response and prevention of SGBV among adolescent and young people in line with UHC goal																
Capacity building on SGBV	Training and mentorship of service providers and AYPs on Prevention, Management and Response of SGBV.	# of service providers and AYPs sensitized on SGBV management	X	X	X	X	X	X	X	X	X	Director, Health Management Dept.				
	Sensitize AYPs on identification, response and prevention of SGBV.	# of AYPs sensitized on SGBV management	X	X	X	X	X	X	X	X	X	Adolescents and young people Partners				
	Conduct whole-site orientation for service providers on SGBV management & response	# of service providers sensitized on SGBV management	X	X	X	X	X	X	X	X	X					
	Sensitize law enforcers on management of SGBV	# of law enforcers sensitized on SGBV management	X	X	X	X	X	X	X	X	X					

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility	
				2020/2021		2021/2022		2022/2023		Q1	Q2	Q3	Q4
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Sensitize communities and AYPs on gender norms to identify AYPs survivors for improved response in demystifying myths and misconceptions on SGBV and Harmful practices.	# of community members and AYPs Sensitized on SGBV and Harmful practices.	X	X	X	X	X	X	X	X	X	X	X	X
Provide comprehensive psychosocial support to survivors of SGBV	# of SGBV survivors receiving psychosocial support	X	X	X	X	X	X	X	X	X	X	X	X
Identify and train AYPs SGBV survivors as mentors	# SGBV survivors trained as mentors	X	X	X	X	X	X	X	X	X	X	X	X
Reinforce Psycho-social support services	Strengthen AYPs SGBV Survivors' network.	# of AYPs SGBV Survivors' network meeting supported	X	X	X	X	X	X	X	X	X	X	X
	Facilitate linkages to legal aid institutions	# of survivors linked to legal aid institutions	X	X	X	X	X	X	X	X	X	X	X
	Enhance child protection awareness among AYPs in & out of school	# of AYPs sensitized on child protection awareness	X	X	X	X	X	X	X	X	X	X	X
	Initiation of Community norm change and community change agents	# Community norm change and community change agents initiated	X	X	X	X	X	X	X	X	X	X	X

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility	
				2020/2021		2021/2022		2022/2023		Q1	Q2	Q3	Q4
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Sponsor Media content on objective SGBV reporting	# of community members reached with SGBV information	X	X	X	X	X	X	X	X	X	X	X	
Utilize existing social media platforms, hotlines to provide SGBV information & services to AYPs	# of persons reached with SGBV information through existing social media platforms, hotlines	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Dept.
Utilization of SGBV innovative Platforms	# of community members sensitized on SGBV prevention and response	X	X	X	X	X	X	X	X	X	X	X	Adolescents and young people Partners
Male engagement on SGBV response cases	Identify and engage male as champions for AYPs/SGBV through the existing structures	X	X	X	X	X	X	X	X	X	X	X	
	Training AYP on SGBV prevention.	# of AYPs trained SGBV prevention.	X	X	X	X	X	X	X	X	X	X	

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility					
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3		Q4	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Sensitize other sectors on SGBV prevention and response	# of personnel in other sectors sensitized on SGBV prevention and response	X	X	X	X	X	X	X	X	X	X	X	X				
Advocate for strengthening of relevant SGBV services in other sectors	# of advocacy meetings held with other sectors	X	X	X	X	X	X	X	X	X	X	X	X				
Integration of AYPs SGBV minimum package in all health facilities	# of health facilities providing integrated SGBV services	X	X	X	X	X	X	X	X	X	X	X	X				
Multisectoral approach and service integration for AYPs on access to SGBV services	# AYPs receiving SGBV information through mobile services	X	X	X	X	X	X	X	X	X	X	X	X				
Strengthen Intimate Partner Violence screening for AYPs in all service delivery points	# of AYPs screened for Intimate Partner Violence	X	X	X	X	X	X	X	X	X	X	X	X				
Scale up AYPs SGBV centers	# of facilities providing comprehensive SGBV services	X	X	X	X	X	X	X	X	X	X	X	X				
Enhance multi-sectoral case conferences on SGBV specific to AYPs	# case conferences	X	X	X	X	X	X	X	X	X	X	X	X				
Advocate for gender mainstreaming across all other relevant sectors	# of sectors mainstreaming gender	X	X	X	X	X	X	X	X	X	X	X	X				

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility					
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3			
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strengthening policy environment on AYP SGBV	Domesticate the existing policies on SGBV	# of existing policies on SGBV domesticated	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Dept.			
	Dissemination of SGBV policies & guidelines	# of dissemination meetings held	X	X	X	X	X	X	X	X	X	X	X	Adolescents and young people			
Priority Area : Mental Health														Partners			
Goal: Increase access and up take of mental health services for adolescent and young people in Nairobi County by integrating the services at Primary Health Care units in line with UHC																	
Integrate mental health services at PHC level	Capacity build healthcare providers to offer mental health services at PHC level	# of healthcare workers capacity built on mental health service	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team			
	Conduct mental wellness sessions (health talks) at service delivery points offering AYFS	# of mental wellness sessions conducted	X	X	X	X	X	X	X	X	X	X	X				

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility					
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3		Q4	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Capacity building the healthcare providers on AYP responsive interventions	# of healthcare workers capacity built on AYP responsive intervention	X	X	X	X	X	X	X	X	X	X	X	X				
Disseminate the mental health policy	# of dissemination forums held on mental health policy	X	X	X	X	X	X	X	X	X	X	X	X				
Develop county guidelines and SOPs for counselling services that are AYP responsive	Responsive county guidelines and SOPs developed for counseling services	X	X	X	X	X	X	X	X	X	X	X	X				
Improve access to psychological services through training of peer to peer counselors and use of e-counseling platforms.	# of peer to peer counselors trained	X	X	X	X	X	X	X	X	X	X	X	X				
Establish a county toll-free tele-counseling service for AYPs	Establishment of a county toll-free tele-counseling service for AYPs	X	X	X	X	X	X	X	X	X	X	X	X				
Strengthen mental health services	Structure and strengthen community-based support and referral systems for improved adolescent mental health services	X	X	X	X	X	X	X	X	X	X	X	X				
Advocacy for increased human resources for mental health	# of advocacy meetings held with policy makers on human resources for mental health	X	X	X	X	X	X	X	X	X	X	X	X				

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility					
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3		Q4	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Increase access to Screening and Assessment services for ADA and related risk behaviors at PHC	# of AYPs accessing Screening and Assessment services for ADA and related risk behaviors at PHC	X	X	X	X	X	X	X	X	X	X	X	X				
Peer education and engagement on ADA at community level	# community meetings on ADA held	X	X	X	X	X	X	X	X	X	X	X	X				
Utilization of social media and Art in creating awareness on ADA among AYPs	# of AYPs reached through social media and Art on ADAs	X	X	X	X	X	X	X	X	X	X	X	X				
Strengthening rehabilitation and referral services for Substance Use Disorders (SUD)	# of facilities providing rehabilitation and referral services	X	X	X	X	X	X	X	X	X	X	X	X				
Capacity building of HCW to offer rehabilitative services for SUD at county hospitals and health centers.	# of HCWs Capacity built to offer rehabilitative services	X	X	X	X	X	X	X	X	X	X	X	X				
Develop AYP friendly IEC materials on ADA	# of AYP friendly IEC materials on ADA developed	X	X	X	X	X	X	X	X	X	X	X	X				

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility					
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3		Q4	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Conduct tailored campaigns to sensitize adolescent and young people on mental health issues	# young people reached through campaigns on mental health			X	X	X	X	X	X	X	X	X	X				
Strengthen parent-child engagement on mental health as a support structure.	# parents and children engaged																
Advocacy for Mental Health awareness	# schools and colleges providing Life skills education			X	X	X	X	X	X	X	X	X	X				
	# of learning institutions providing mental health education			X	X	X	X	X	X	X	X	X	X				
	# of community members sensitized on Mental Health			X	X	X	X	X	X	X	X	X	X				

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility						
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3		Q4		
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Coordinate, referral and linkages for Mental Health services,		Mapping of health facilities providing mental health services and develop referral and linkage systems	# of health facilities providing mental health service mapped	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Multi - sectoral engagement in linkage and referral		# of multisectoral meetings held		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Capacity Building of service providers, AYPs, community		# of service providers, AYPs, community members built		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Peer led Demand creation on access to mental health services		# of AYPs creating demand for mental health services		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stigma and discrimination reduction on mental health among AYPs		Engage AYPs with lived experience as mental health champions	# of AYPs engaged as mental health champions	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Engage the AYPs to develop, design and disseminate Mental Health information.		# of AYPs engaged in designing and disseminating Mental Health information		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Use of electronic, print and digital platforms for anti-stigma campaigns		# of anti-stigma campaigns conducted		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Priority Area: Resource Mobilization																		
Goal: To mobilize sustained resources for implementation of AYSRH Framework																		

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline				Responsibility									
				2020/2021		2021/2022		2022/2023		Q1		Q2		Q3		Q4	
Strengthening youth participation structures	Strengthening Youth Advisory Council	# of YAC initiatives supported	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	
	Engaging young people in county TWGs	# AYPs engaged in TWGs	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	
Resource allocation for MYP	Allocate resources for adolescent and youth engagement	Resources allocated to adolescent and youth engagement	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	
Documentation	Document and disseminate lessons learned on MYP	# of publications and reports on MYP	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	
Sensitization	Sensitize decision makers, duty bearers and health workers on Meaningful Adolescent and Youth Engagement	# of decision makers sensitized on meaningful adolescent and youth engagement	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	
Monitoring, Evaluation, Research and learning																	
Goal: To monitor and evaluate the progress of implementation of the AYSRH Framework																	
Tracking implementation progress	Conduct a baseline, midterm and end term assessments	# of episodic evaluations conducted	3	X					X						X	Director, Health Management Team	
	Conduct quarterly AYSRH stakeholders feedback meetings	# of quarterly AYSRH stakeholders feedback meetings held	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	
	Conduct quarterly AYPs Review forums	# of quarterly AYP review meetings held	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	
	Conduct quarterly AYSRH TWGs	# of quarterly AYSRH TWG meetings held	X	X	X	X	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners	

Strategies	Key Interventions	Output Indicators	Targets (Y1)	Timeline								Responsibility	
				2020/2021		2021/2022		2022/2023					
				Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Data Quality on AYSRH	Capacity building on AYSRH M&E Tools and indicators	# of county officials Capacity built on AYSRH M&E Tools and indicators			X	X	X	X	X	X	X	X	
	Provision of AYSRH M&E tools	# of tools developed and disseminated		X	X	X	X	X	X	X	X	X	
	Support Supervision	# of Support Supervision sessions held		X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners
	Conduct DQA for AYSRH services	# DQA sessions held		X	X	X	X	X	X	X	X	X	
	Data Review and Feedback	# of data review meetings held		X	X	X	X	X	X	X	X	X	
	Operational Research	Conduct County specific research on AYSRH	# of county County specific research on AYSRH conducted	X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners
Knowledge Management	Capacity building on Knowledge management	# of county officials Capacity built on Knowledge management		X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners
	Document and disseminate best practices & learning on AYSRH	# of publications and reports on AYSRH		X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners
	Strengthen the knowledge management framework	County knowledge management framework		X	X	X	X	X	X	X	X	X	Director, Health Management Team, Partners

04.

Role of Actors

The Ministry of Health [National] shall

1. Ensure that there is adequate capacity in terms of staffing, equipment and supplies
2. Set standards and regulatory mechanisms;
3. Regulate and co-ordinate AYSRH training, information sharing and service delivery;
4. Co-ordinate activities supported by development partners;
5. Mobilize and allocate resources for AYSRH programs
6. Facilitate adolescent data disaggregation through revision of existing data capture tools in the health facilities and sensitization of different stakeholders including the media
7. Strengthen the school health program
8. The Ministry of Health shall collaborate closely with the MoEST for in-school adolescents who form the largest proportion of adolescents.

AYSRH Technical Working Group shall:

1. (AYSRH-TWG) shall be the mechanism for involving stakeholders to review and revise the AYSRH Framework.
2. Shall ensure meaningful engagement of adolescent and youth representatives in the RH and policy implementation.

Role of Nairobi Metropolitan services

County government is responsible for health service delivery at the county level. Within the devolved governance structure, the county government shall allocate resources towards implementation of the AYSRH Nairobi Framework.

The planning, implementation, supervision and coordination of all AYSRH program activities shall be undertaken by:

1. The County Health Management Teams (CHMT),
2. County Hospital Management Teams,
3. Sub-County Health Management Teams (SCHMT),
4. Primary care facility management teams; and
5. Community units.

Roles of Other Ministries and State Agencies multi-sectoral approach shall be promoted in the implementation of the framework. The following ministries and state agencies shall be involved:

Ministry of Education, Science and Technology (MoEST)

1. Implement SRH education in-line with the Education Sector Policy on HIV and AIDS (2013)
2. Support utilization of ICT and other innovative approaches in delivery of AYSRH information
3. Ensure implementation of the Education Re-entry Policy for adolescents
4. Facilitate provision of information to parents on sexual and reproductive health of adolescents within the school set-up
5. Support implementation of school health programs
6. Strengthen health referral system in schools
7. Support implementation of adolescent-related policies and guidelines
8. Strengthen network of adolescents living with HIV
9. Support treatment literacy for adolescent living with HIV
10. Strengthen partnership with the MoH to provide AYSRH information and services in schools

Ministry of Devolution and Planning

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

1. Integrate AYSRH into youth empowerment programs
2. Support gender mainstreaming in all AYSRH and related programs
3. Ensure implementation of the Prohibition of FGM Act (2011) and other ASYRH related acts
4. Support advocacy on elimination of GBV
5. Monitor anti-FGM interventions

NACADA

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

National Human Rights Institutions (Commissions)

1. Investigate violations of SRH rights
2. Receive complaints on violations of SRH rights
3. Monitor implementation of ASRH commitments and obligations

Ministry of Information Communication and Technology (Communication Authority of Kenya)

1. Support utilization of ICT in delivery of ASRH information
2. Regulate media content on sexual and reproductive health information
3. Support policy advocacy, resource mobilization and generation of data/information

Law Enforcement Agencies (National Police Service, Judiciary, Internal Security, HIV tribunal, Office of the Director of Public Prosecutions (ODPP))

- Enforce laws and administer justice to protect adolescents and young people

Ministry of Labor, Social Security and Services (National Council for Children Services, Directorate of Children Services, National Council for Persons with Disability)

1. Protect adolescents against harmful cultural practices, child marriages and child labor
2. Protect adolescents against child marriages and trafficking
3. Ensure greater livelihood opportunities for adolescents in line with existing laws and frameworks

Ministry of Sports, Culture and the Arts

- Support and integrate AYSRH in their programs

Ministry of Transport and Infrastructure

1. Improve physical accessibility to health facilities
2. Support and integrate ASRH in their programs

Ministry of Agriculture, Livestock and Fisheries

- Support and integrate AYSRH in their programs

Ministry of Environment, Water and Natural Resources

- Support and integrate AYSRH in their programs

Nairobi City County Assembly

1. Support allocation of resources for implementation of the framework
2. Strengthen legal environment on AYSRHR
3. Strengthen oversight and accountability
4. Champion AYSRHR

Health Service Providers

1. Provide adolescent and youth friendly service in line with the guidelines
2. Provide feedback on provision of adolescent and youth friendly services
3. Collect and report on age & sex disaggregated data for adolescent and youth friendly services provision
4. Participate in M&E and research around AYFS
5. Create awareness of adolescent and youth friendly services.

The Adolescent and Youth shall

1. Champion adolescent and youth health interests through existing relevant structures at all levels
2. Engage meaningfully in research and program implementation for adolescent and youth friendly services
3. Participate in decision making and planning processes of AY service provision
4. Participate meaningfully in creating awareness for adolescent and youth friendly services
5. Access and utilize the adolescent and youth friendly health services
6. Provide feedback on adolescent and youth friendly service provision

The Development Partners shall

1. Support the implementation of Adolescent and youth framework
2. Support the capacity development of adolescent and youth service providers on the implementation of the framework
3. Support dissemination of the Nairobi AYSRH Framework
4. Meaningfully involve adolescents and youth in implementation of the AYSRH Framework
5. Advocate and mobilize resources for implementation of the framework
6. Provide technical assistance for the implementation Nairobi AYSRH Framework

Communities, Families and Individuals shall

1. Create awareness on AYFS availability for youth and adolescents
2. Support youth and adolescents in accessing and utilizing of AYFS
3. Resource mobilization for AYSRH activity support
4. Participate in planning, implementation and M & E of sexual reproductive health services provision at all levels.
5. Champion AYSRHR

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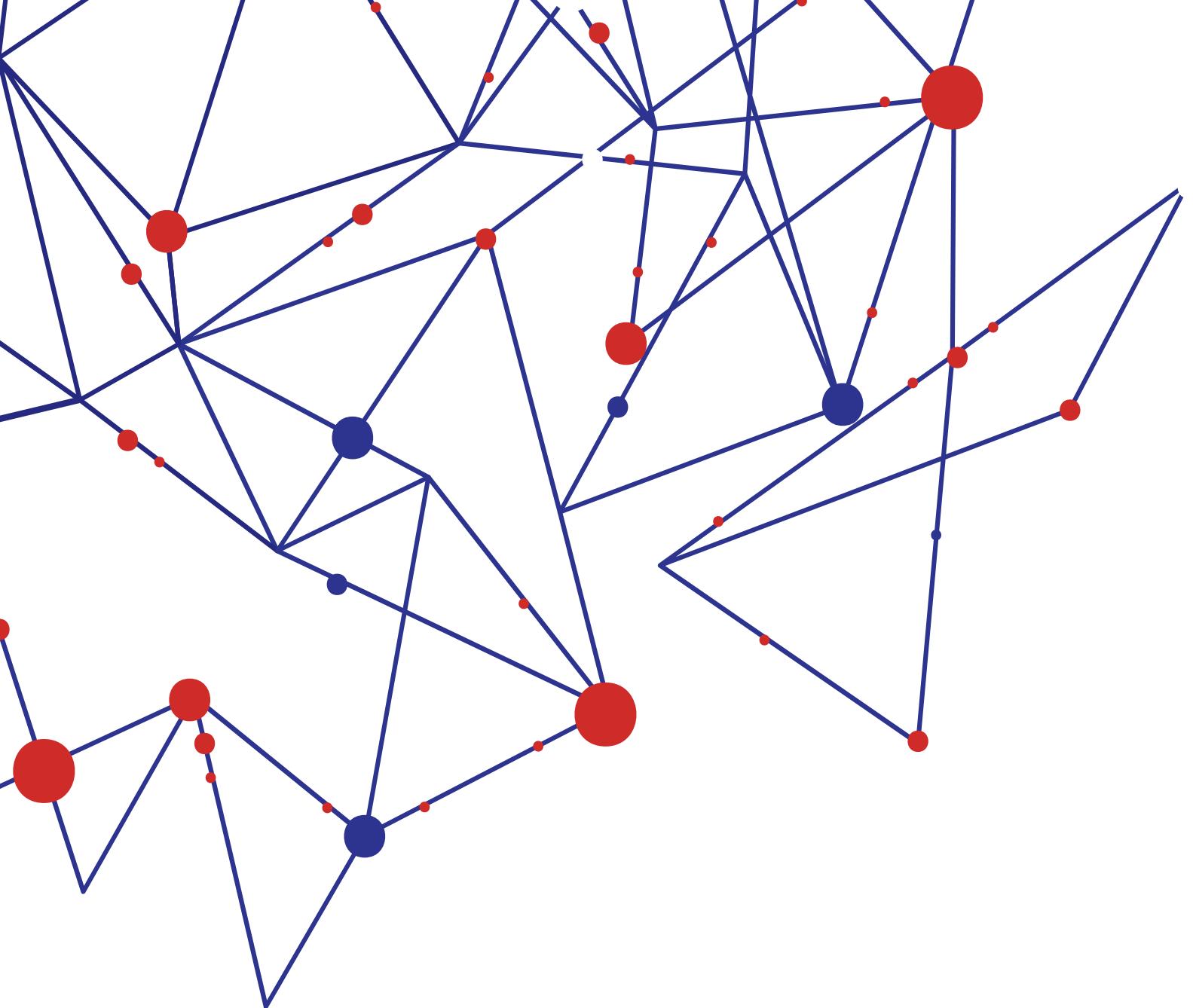
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Trend Analysis of FY 2019/2020 & 2020/2021

FY	2019/2020		2020/2021	
Total health budget(A)	7,377,215,048		7,216,479,092	
• Recurrent	6,719,215,048		6,468,479,092	
salaries	5,060,540,048	75%	5,286,177,001	82%
O&M	1,658,675,000	25%	1,182,302,091	18%
• Development	658,000,000		748,000,000	
Total County(B)	35,571,450,009		29,948,645,196	
• Recurrent	26,502,740,844		23,523,645,196	
• Development	9,068,709,165		6,425,000,000	
% Health as percentage of county allocation (A/B)	21%		24%	



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