Adolescent and Youth Sexual and Reproductive Health Evidence-Based Interventions in Kenya

Division of Reproductive Health
Ministry of Health

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ACRONYMNS

ABC	Abstinence, Being Faithful and Condom Use
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARH	Adolescent reproductive health
ASRH	Adolescent sexual reproductive health
AYSRH	Adolescent and youth sexual and reproductive health
BCC	Behaviour change communication
BCCG	Behaviour change communication group
CACC	Constituency AIDS Coordinating Committee
CBD	Community =based Distributor of Contraceptives
CBO	Community-based Organization
CDC	Centers for Disease Control
CDF	Constituency Development Fund
CHE	Commission for Higher Education
CM	Community Midwife
CRS	Catholic Relief Services
CSO	Civil Society Organization
DDC	District Development Committee
DEC	District Education Committee
DTC	Diagnostic Testing and Counseling
EBI	Evidence-based intervention
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
FHOK	Family Health Options of Kenya
FIDA	International Federation of Women Lawyers
FOY	Friends of Youth
FP	Family planning
GLUK	Great Lakes University Kisumu
HFG	HIV Free Generation
HIV	Human Immune deficiency virus
HTC	HIV testing and counseling
ICL	I Choose Life Africa
ICPD	International Conference for Population and Development
ICT	Information Communication and Technology
IEC	Information, Education and Communication
IUCD	Intrauterine Contraceptive Device
JKUAT	Jomo Kenyatta University of Agriculture and Technology
KAPB	Knowledge, attitude, practice and behavior
KARHP	Kenya Adolescent Reproductive Health Program
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institution
KGGA	Kenya Girl Guide Association
KNH	Kenyatta National Hospital
MAG	Married Adolescent Girls
MCH	Maternal Child Health
MOH	Ministry of Health (divided into MOMS and MOPHS)
MOMS	Ministry of Medical Services

MOPHS	Ministry of Public Health and Sanitation
MOYAS	Ministry of Youth and Sports
MSK	Marie Stopes Kenya
MYSA	Mathare Youth and Sports Association
NACC	National AIDS Coordinating Council
NASCOP	National AIDS and STD Control Program
NOPE	National Organization of Peer Educators
PAC	Post abortion care
PALS	Peer Advocates for Life Skills
PATH	Program for Appropriate Technology in Health
PEPFAR	President's Emergency Plan for AIDS Relief
PHASE	Personal Hygiene and Sanitation Education programme
PITC	Provider initiated testing and counseling
PLWHA	People living with HIV and AIDS
PNC	Postnatal care
RH	Reproductive health
SBCC	Strategic behavior Change Communication
SGBV	Sexual and Gender-Based Violence
SfS	Scouting for Solutions
SIDA	Swedish Agency for International Development
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
STI	Sexually transmitted infection
TOT	Training of trainers
TWG	Technical working group
UKaid	United Kingdom Agency for International Development
UON	University of Nairobi
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VMMC	Voluntary Medical Male Circumcision
Y4Y	Youth for Youth
YEC	Youth Empowerment Centre
YFS	Youth friendly Services
YFPAC	Youth friendly post-abortion care
YSO	Youth serving organizations
YSRH	Youth sexual and reproductive health

FOREWORD

Youth in Kenya, as in other developing countries, face numerous social, economic and health issues. Youth are at a stage in their lives when they are exploring and establishing their identity in society. They need to develop life skills that prepare them to be responsible adults and socially fit in society. Due to their large population, poverty and inadequate access to health care some youth do not get an opportunity to acquire life skills and consequently involve themselves in risky behaviors that expose them to social, economic and adverse events such as substance abuse, crime, social unrest, termination of education, unemployment, unintended pregnancy and life threatening sexually transmitted infections including HIV.

In 2011, the Division of Reproductive Health (DRH) in collaboration with FHI 360 and financial support from United States Agency for International Development (USAID) undertook a review of adolescent and youth reproductive health programs in the country that included a desk review, mapping of youth serving organizations (YSOs), and interviews with stakeholders from the YSOs and development partners. The aim was to identify the key organizations involved in adolescent and youth sexual and reproductive health (AYSRH), compile a general inventory of their activities, and begin to assess the degree to which they are using evidenced-based interventions that are ready for national scale-up. This review was designed to enhance the DRH's ability to coordinate AYSRH activities in the country.

In 2012, DRH received further assistance from FHI 360 and financial support from USAID to develop this collection of Evidence-based AYSRH Interventions in an effort to prepare for the national devolution of health services to the county level. This report provides a list of AYSRH evidenced-based interventions that county health managers and youth serving organizations (YSO) can chose from to guide adolescent and youth sexual and reproductive health interventions unique to specific areas in their counties.

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Chapter 1: Introduction

Kenya is faced with a rapidly growing population with an annual growth rate of 3% per annum[1] (2009 National Census). According to the recent Kenya Demographic and Health Survey – KDHS (2008-09) and the 2009 Census, Kenya has a broad based (pyramid shaped) population structure with 63% of the population below 25 years. Similarly, 32% of the population is aged between 10-24 years with 41% of women and 43% of men of reproductive age (15-49) being below 25 years. The rapid population growth coupled with a large proportion of young people in the country puts great demands on health care, education, housing, water and sanitation and employment. If inadequate attention to the sexual and reproductive health (SRH) needs of this age group of the population, Kenya is unlikely to achieve the Millennium Development Goals (MDG) or Vision 2030.

As in many parts of Africa, young people in Kenya face considerable challenges to their health and well-being as well as an uphill struggle to stay in school; find gainful employment; and negotiate relationships while postponing marriage and childbearing and avoiding sexually transmitted infections (STIs), including HIV. Adolescent sexuality and reproductive health still remain highly charged moral issues, and this is compounded by the fact that in most cases, reproductive health services are not oriented towards adequately meeting their needs.

Youth are at a stage in their lives when they are exploring and establishing their identity in society. They need to develop life skills that prepare them to be responsible adults and to socially fit in society. Due to their large population, poverty and inadequate access to health care some youth do not get an opportunity to acquire life skills and consequently involve themselves in risky behaviors that expose them to social, economic and adverse health events such as drug addiction, school dropout, crime, social unrest, unemployment, unintended pregnancies and life threatening sexually transmitted diseases and infections (STI). A recent assessment conducted by the HIV Free Generation project in Kenya found that the top three fears of young people were unemployment, unintended pregnancy and HIV and AIDS[2].

The 1994 Cairo Plan of Action highlighted the importance of holistic action regarding ASRH. But just seven years later, at the 2001 International AIDS Conference in Barcelona, the "Barcelona Youth Force" helped put the risk of HIV among youth prominent on the world stage. This youth advocacy, supported by the UNAIDS director and others, along with the creation of PEPFAR and many other factors, pushed a holistic approach to ASRH to the backburner behind the urgency of HIV awareness raising and action among youth. This is in spite of the fact that HIV and AIDS is part of SRH and should therefore be addressed as part of SRH to achieve comprehensive coverage.

In 1999, Kenya declared HIV/AIDS a national disaster and almost all resources were channeled towards responding to the disaster. A decade later, after a lot of successful

[1] Kenya National Bureau of Statistics, (2009) National Population Census.
[2] Unpublished HIV Free Generation presentation

awareness-raising on HIV/AIDS, development of sex education curriculum, and other actions, the pendulum appears to be swinging back. Perhaps, the rise of the international youth culture, promoted through multimedia and cell phone technology has contributed to a broader picture. Or maybe the rise of sexual education programs has contributed to the slowing of the HIV infection rates. Whatever the complex reasons, a more holistic approach appears to be on the rise.

Various stakeholders have, however, invested in adolescents and youth sexual and reproductive health (AYSRH) programs in order to meet the information and service needs of this subset of the population. Addressing adolescent and youth SRH requires interventions that include supportive policies and community-wide acceptance, in addition to providing information, life skills, support and access to youth-friendly services. The term AYSRH was adopted at a DRH stakeholder meeting held in September 2011 to share the finding of AYSRH Mapping Exercise. The term covers youth who are past adolescent but still within the age bracket 10-24 years[3]. This report provides a supermarket list of AYSRH evidenced-based interventions that county health managers and youth serving organizations (YSO) can chose from to address adolescent and youth sexual and reproductive health issues unique to specific areas in their counties. Many local, governmental, non-governmental, international, and faith- based organizations have contributed to provision of AYSRH services with varying levels of success. These efforts have in most cases not been coordinated, documented or disseminated (shared) to facilitate scale-up.

In an effort to prepare for the national devolution of health services to county level, the Division of Reproductive Health (DRH) of Ministry of Public Health and Sanitation (MOPHS) has developed this collection of Evidence-based AYSRH Interventions.

The AYSRH EBIs in this report are organized into the following categories:

- EBIs for in-school youth
- EBIs for out-of-school youth
- EBIs for youth in tertiary institutions

Some interventions fall in both the in- and out-of-school categories and are therefore described in the first category with an indication that it can be used to address SRH issues among both in- and out-of-school youth.

Chapter 2: The Process

Through the Kenya Youth and Adolescent Initiative (Phase 1), DRH, FHI360, and other Adolescent Sexual and Reproductive Health (ASRH) stakeholders and with support from USAID Washington Africa Bureau, undertook a review of AYSRH activities in the country in 2011. The technical working group (TWG) on ASRH within DRH and comprised of various AYSRH stakeholders oversaw the implementation of the exercise and helped in identifying AYSRH organizations countrywide.

[3] In this report adolescents are persons aged between 10-19 years and youth as persons between 10-24 years. However, we are aware that MOYAS has a broad definition of youth covering 10-34 years.

The aim of the exercise was to conduct a rapid situation analysis to identify: 1) in-country implementing partners in the area of ASRH, and 2) known approaches for providing SRH services to adolescents and youth. The situational analysis also sought to map out implementing partners' area of coverage and document evidence on working or promising interventions. The information gathered informed the implementation of the ASRH component of the National Reproductive Health Policy (2007) and the National Reproductive Health Strategy (2009-2015) and the development of this framework.

The findings of the situational analysis showed that:

- Many young people are sexually active and are at risk of adverse reproductive health outcomes that subsequently affect achievement of life goals and optimum contribution to national development
- A significant proportion of youth initiate sexual intercourse early, have multiple partners and often do not use protection during sex
- Young people are unlikely to seek health services, and when they do they are likely to get inadequate services
- The health system has been slow to evolve to accommodate the needs of this age group both from program and service delivery perspectives
- Some service providers lack the skills and positive attitudes needed to serve youth
- Most YSOs operate within the highly populated areas of the country and mainly target in- and out-of-school youth aged 10-24 years
- The main program approaches used to reach youth include peer education, edutainment, service delivery (including outreach services), youth support structures, mass media, ICT, edu-sports, life skills education, mentorship, adult influencers, and advocacy for policy review or change
- Four evidence-based approaches of AYSRH were identified but stakeholders felt there were more evidence based interventions than these. Those identified were:
    - Kenya Adolescent Reproductive Health Program (KARHP)
    - Friends of Youth (FOY)
    - Primary School Action for Better Health (PSABH)
    - Families Matter!

The situational analysis also found that:

- There is insufficient scale-up of evidence-based interventions
- There is insufficient involvement of youth and communities in youth activities and programs
- There is inadequate dissemination and utilization of policies and guidelines and coordination of AYSRH activities nationally
- Youth-friendly services (YFS) are poorly defined leading to various interpretations. Most facilities do not have YFS
- There is inadequate training and orientation of service providers to provide SRH services to youth

Following the results of the situational analysis, the DRH, FHI360, ASRH stakeholders and with support from USAID through the Kenya Youth and Adolescent Initiative Phase II, undertook to identify AYSRH evidence-based health care models or promising approaches within Kenya and beyond that can be initiated or scaled-up to meet the health needs of young people. The identified interventions would form part of an operational strategy that will comprise strategic interventions to guide implementation of information and services and be aligned to the National Reproductive Health Strategy 2009-2015. The ASRH TWG played a key role in phase II by forming a task force to work with the consultant in identifying, scoring and compiling AYSRH evidence-based interventions in Kenya.

Objectives:

1. Conduct a further in-depth analysis of available SRH approaches or interventions for young people in Kenya and identify more interventions/approaches both in-country and beyond
2. Prioritize evidence based interventions with known or documented positive outcomes using a standardized criterion
3. Develop an *Evidence-based ASRH Strategic Framework* to guide the implementation of youth/ASRH services at both national and county government levels. Where possible, provide service delivery component costs within this strategic framework.

The current report concentrates on objectives numbers 1 and 2 above. Objective #3 will be accomplished during the development of the DRH reproductive health operational strategy.

Methodology:

Request for submission of AYSRH potential evidence-based interventions (EBI) were sent to over 50 YSOs countrywide in June 2012. The request outlined key points to consider as organizations submitted interventions as potential AYSRH EBIs. The key points included evidence of replicability; sustainability; increased service utilization, behavior change and/or creation of demand; and an itemized cost of the intervention.

Nineteen organizations responded and submitted 54 potential EBIs. Two interventions were relatively new and with little information on implementation and no evaluation. These were therefore dropped from the data collection process. Twenty trained research assistants were sent out to collect detailed information on the submissions through in-depth interviews with intervention staff and management, visiting the implementation sites and interviewing beneficiaries to corroborate information received from intervention staff (see appendix for data collection forms). All sites were visited with the exception of interventions that were no longer in operation and in some cases the intervention staff were unable to organize field visits for the data collection team but these cases were very few. Data on the interventions was collected between 17th July and 2nd August 2012. The information was summarized for each submitted intervention into a matrix to enable the Task Force members review all the interventions and score them individually guided by the scoring criteria below.

The criteria for scoring the potential EBIs were adopted from the *Best Practices in Reproductive Health in Kenya (2009)* produced by the DRH as follows:

- Replicability (30 marks)
  - Has been replicated elsewhere within or outside the country
  - Using existing structures (health, education, community etc.)
- Sustainability (20 marks)
  - Using existing structures
  - Using local resources
  - Skilled human resources easily available
  - Evident participation of stakeholders
- Increased service utilization (40 marks)
  - Evidence-based upward trend of measured indicators
  - Creation of demand if behavior change intervention
  - Effect and benefit of intervention
- Cost of the intervention (10 marks)
  - Itemized cost

Task Force members individually scored the interventions and these individual scores were aggregated and an average score calculated per intervention. For an intervention to be considered evidence-based it had to score an average of 70 percent and above while to be considered a promising approach, it had to have scored an average score of between 50 and 69 percent. Those interventions that scored less than 50 percent were considered unsuccessful based on the information provided.

A summary of interventions in each category (evidence-based, promising approaches and those that did not qualify) is available in the Appendix. The list is organized by category and score level: the highest scoring intervention is listed first followed by the rest in descending order. Through this process, 19 interventions qualified as EBIs, 26 as promising approaches and seven did not qualify mainly because they had inadequate information or had not been evaluated. This report concentrates on describing in detail the first category of evidence-based interventions only. The promising approaches are listed in the appendix but are not described in this report. The description is organized according to table 1 below.

TABLE 1: LIST OF AYSRH EBIs BY CATEGORY AND SCORES

CATEGORY 1: EVIDENCE-BASED INTERVENTIONS (70% AND ABOVE)

Organization	EBIs for In-School Youth	Score (%)
PATH	Kenya Adolescent Reproductive Health Program (KARHP) - Tuko Pamoja	87
Kenya Girl Guides Association	Adolescent Reproductive Health (ARH) project with APHIA II Nairobi/Central	85
CSA	Youth for Youth	83
AMREF	Maanisha Project	81
I Choose Life	Towards a Holistic Response to Sexual and Reproductive Health and Rights in Kenyan Secondary Schools	77
Population Services International	*NimeChill* Campaign to Promote Abstinence among Urban Youth 10-14 Years	74
Organization	**EBIs for Out-of-School Youth**	**Score (%)**
Population Council	Strengthening the Delivery of Comprehensive RH Services through the Community Midwifery Model in Kenya (intervention tested among young people and women aged 15-49)	87
Family Health Options of Kenya (FHOK)	Young Men as Equal Partners	86
EGPAF	Families Matter! Program	85
Pathfinder International	Youth-Friendly Post-abortion Care Project (YFPAC)	84
Population Council	Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda	84
Population Council	Expanding Access to Comprehensive RH/FP & HIV Information and Services among Married Adolescent Girls in Nyanza Province	82
PATH	Magnet Theatre Plus	79
UNFPA	Migori Youth Empowerment Centre – Ministry of Youth and Sports	77
HIV Free Generation	Shuga	76
FHOK	Friends of Youth	75
FHI 360	Youth Friendly Services	71
Organization	**EBIs for Youth in Tertiary Institutions**	**Score (%)**
Pathfinder International	University-based Peer Education & RH Services Program	90
I Choose Life	A Comprehensive Strategic BCC for STI/HIV/AIDS, RH/FP Services in Institutions of Higher Learning	79

Through the EBI identification process, six EBIs targeting in-school youth, 11 targeting out-of-school youth and two targeting youth in tertiary institutions were identified. Chapter 3 of this report outlines EBIs targeting in-school youth; chapter 4 describes EBIs targeting out-of-school youth while chapter 5 is dedicated to EBIs focused on youth in tertiary institutions as listed in table 1 above. Most of the EBIs were targeting out-of-school youth with the least number of EBIs identified targeting youth in institutions of higher learning.

The description of interventions starts with a brief background and methodology of the intervention followed by achievements, replicability, sustainability, and intervention materials provided by submitting organizations. The cost component was left out as organizations provided this information in various formats made it hard to synchronize, synthesize and interpret. A number of interventions also did not provide this information.

Chapter 3: Evidence-based Interventions for In-School Youth

Interventions that emerged as AYSRH EBIs for in-school youth in descending order based on task force member scores are described below. These include:

- Kenya Adolescent Reproductive Health Program (KARHP) - Tuko Pamoja
- Adolescent Reproductive Health (ARH) project with APHIA II Nairobi/Central
- Youth for Youth
- Maanisha Project
- Towards a holistic Response to Sexual and Reproductive Health and Rights in Kenyan Secondary Schools
- *NimeChill* Campaign to Promote Abstinence among Urban Youth 10-14 Years

Kenya Adolescent Reproductive Health Program (KARHP) - Tuko Pamoja

Background and Methodology: This is a multi-sectoral, multi-pronged peer-based quasi-experimental intervention implemented by PATH in collaboration with Population Council, MOE, FHI360 in both primary and secondary schools targeting class 7 & 8 (12-14 years) in primary schools and all secondary school students (15-25 years) in rural and peri-urban areas.

Kenya Adolescent and Reproductive Health Program (KARHP) started as a pilot targeting 10-19 year olds in Western Kenya in 1999 to 2003 as collaboration between Population Council and PATH. It tested the effectiveness of changing sexual behavior among adolescents in schools through community, health facility and school interventions. It also involved working with MOE, MOH and Ministry of Social Services, schools, health facilities, parents and teachers. The program used peer education (community and school level), guidance and counseling in school and introduction of youth friendly services at health facility level. The program brought together line Ministries of Health, Education and Social Services; and schools, parents, teachers and community members.
The intervention has evolved into "Tuko Pamoja" after the pilot under PATH and was scaled up into APHIA I and II. It is currently being implemented as Tuko Pamoja Program under the auspices of APHIA Plus Zone 1 (APHIA Kamili) as a life skills education in more than 800 schools. KIE has approved it as a useful tool for life skills education in schools. It covers all components of RH pertinent to young people.

Two teachers per school are trained as peer referees and on how to use the Tuko Pamoja Guide and communicate with young people on RH issues. The trained teachers assist with forming health clubs in their schools and train the club members as peer educators using the Tuko Pamoja curriculum. They are trained on SRH issues, discussion of sexuality with

their peers, and to be role models in delaying sexual debut. It utilizes peer education, life skills education and mentorship (teachers) to reach youth.

Achievements: Evaluation results showed that knowledge of SRH increased among both boys and girls especially on contraception and STIs. Additionally, sexual initiation and activity reduced among both boys and girls with an increase in the proportion reporting being virgin at age 16. An increase in discussion of SRH issues with parents among adolescents also increased[4]. In addition, through the intervention 50% of the adult population (over 7,200) and over two-thirds of all 10-19 year olds, in and out of school (over 30,000) living in the intervention area, were reached through supporting the line ministries

Following the success of the pilot a capacity building activity was undertaken with funding from USAID/Kenya from 2003 to 2005 to facilitate the process of "adapting and institutionalizing" the reproductive health and HIV activities within the three ministries at the district level initially, and to create conditions for their replication in other districts, and ultimately in other provinces in the country. Replication of the intervention followed soon after (2005 to 2007) with a capacity building process still with funding from USAID/Kenya. During the scale-up phase, the project reached 177,945 people throughout the province, and trained 1,951 people across the three ministries as implementers of KARHP activities:

MOEST: 662 Guidance and Counseling teachers
MOEST: 662 Heads of schools
MGSCSS: 255 Ministry Officials
MOH: 372 Ministry of Health staff public health officers (all levels), clinical staff and nurses.

The intervention scale-up involves training; inter-ministerial coordination and advocacy; management information system; revision and production of materials; and technical support at the national level.

Replicability: The intervention started as a pilot and has been systematically replicated to almost all the provinces in the country through the APHIA II/APHIA Plus project with technical support from Population Council and PATH.

Sustainability: The intervention utilizes existing government ministries, health facilities and schools. In addition, Population Council and PATH ensure that implementers are trained before they replicate the intervention to ensure successful adoption.

Intervention Materials: The following intervention materials are available at DRH:

- Ministry of Education, Activity Summary Form;
- Tuko Pamoja: A Guide for Peer Educators;
- Kenya Adolescent Reproductive Health and Life Skills curriculum;
- Mainstreaming and Scaling up the Kenya Adolescent and Reproductive Health Project, 2007

[4] http://www.commitnit.com/hiv-aids-africa/node/295034

Adolescent Reproductive Health (ARH) Project with APHIA II Nairobi/Central

Background and Methodology: This is a peer-based non-formal intervention started in 2006 in Nairobi, Central, Rift Valley and Coast provinces among in-school 10-18 year old girls. It was implemented by Kenya Girl Guides Association (KGGA) with technical support from FHI360 and Pathfinder International through APHIA II (Coast/Rift Valley and Nairobi/Central respectively) and now through APHIA Plus Nairobi/Coast (managed by Pathfinder International). The intervention is supported financially by USAID and is implemented in collaboration with MOE and MOH.

The aims of the intervention are i) to equip girls & young women in schools with life skills in ARH with an emphasis on abstinence and delay of sexual debut as delivered by Guide Leaders using a tailored curriculum; ii) to help girls and young women navigate the path from childhood through adolescence to young adulthood; and iii) to reach the youths both girls and boys with ARH messages and adopt healthy behaviors. The intervention utilizes peer education, edutainment, ICT, mass media, life skills education, mentorship and adult behavior influencers. It encompasses experiences and activities that girls and young women go through and learn as they grow older. It takes into account their needs and aspirations. It is based on Girl Guiding values and carried out using Girl Guide methodology. It integrates HIV & AIDS peer education, and behavior change communication (BCC) strategies (i.e. the SARA initiative).

Guide leaders are trained as peer educators and they in turn pass the information they have gained to their peers (club members) by taking them through a guided training. The aim is to develop young people's knowledge, attitudes, beliefs, and skills and to enable them to be responsible for, and protect their own health. The training utilizes a KGGA training manual on *Participatory Peer Education for HIV/AIDS and AIDS Prevention Life Skills and Peer Education*. Trained Guide and Patrol Leaders and school teachers reach the Girl Guide club members with prevention messages focusing on abstinence. The intervention trained 5,003 girls between 2008 to 2010 in 100 schools in Nairobi, and 97 schools in Central.

Achievements: An internal evaluation undertaken showed that the gap between knowledge and behavior identified at inception of the intervention had reduced significantly. The girls were able to make decisions regarding their RH; delayed sexual debut; increase in secondary abstinence; reduction in teenage pregnancy; increased knowledge on SRH and improved school performance.

Replicability: Since its inception in Nairobi the project has been replicated in Central, Coast, Rift Valley, Eastern regions.

Sustainability: The intervention is implemented in existing schools within existing KGGA structures within schools with volunteer teachers and students. Young people are also involved in its implementation.

Intervention Materials: The following intervention materials are available at DRH:

- A Life Skills Curriculum for Guide Leaders
- Peer Educators' Manual

- You, Your life, Your dreams
- Sara Comic books (A series of 8)
- Education Sector policy on HIV and AIDS
- A simplified version of the Sexual Offences Act 2006
- IEC posters and brochures
- Copies of Assessment tests
- Copies of M & E tools
- Badges – Life skills, Peer Educators, Alcohol prevention

Youth for Youth

Background and Methodology: In 2003, the Centre for the Study of Adolescence (CSA) in collaboration with SIMAVI Netherlands started the implementation of the Youth for Youth (Y4Y) intervention to promote ASRH and rights among young people in schools (10-24 years). It was first started on a pilot basis in selected districts in Western Province - Bungoma East and North districts and scaled up to Bungoma West district in 2008.

The objectives of the intervention are to:

- Raise young people's knowledge about HIV/AIDS and other sexuality related matters;
- Increase young people's sense of self-efficacy;
- Reduce the incidence of risky sexual behavior among youth;
- Reduce teenage pregnancies and STIs among youth; and
- Improve access to reproductive health services.

The intervention is peer-based designed to provide secondary school students with comprehensive youth SRH information with special emphasis on HIV/AIDS prevention. In addition to peer education, the intervention uses youth-friendly services, mentorship, youth support structures, life skills education and edutainment to reach youth with information and services. The main activities of the intervention include:

- Comprehensive YSRH training of school-based peer educators with special emphasis on HIV/AIDS;
- Sexuality education for out-of-school youth through community level structures such as youth groups;
- Mentorship and skills building in primary school by secondary school peer educators;
- Establishment of a network of adolescent-friendly health facilities; and
- Provision of services by peer educators at selected youth friendly health facilities.

At inception, Y4Y organizes peer educator elections in participating secondary schools and trains the elected students using a comprehensive YSRH and life skills curriculum. The peer educators are referred to as Peer Advocates for Life Skills (PALS) and are mandated to be peer educators to their fellow students in secondary schools and mentors to primary school pupils. The PALS are equipped with 'magic bags'[5] which contain all the necessary IEC materials to support them in training young people in both secondary and primary schools. At the same time, teachers are trained to provide support to the PALS to be mentors.

[5] See Y4Y curriculum for content of the magic bag available at DRH

Secondary schools are the main entry points: a secondary school is attached to two primary schools and a youth group within the community. These in turn are all linked to the nearest health facility. In addition, two youths (male and female) from the youth groups are trained as peer service providers to offer basic services to the youth at the designated youth friendly rooms at the health facilities. The four types of linked institutions are usually within 30 minutes walking distance of each other.

The intervention is implemented in collaboration with MOPHS, MOMS, MOE, MOYAS, Community leaders, Maseno University, Unite for Body Rights Alliance (AMREF, Great Lakes University of Kisumu (GLUK), Africa Life and SIMAVI Netherlands).

Achievements: The intervention has been evaluated to measure changes in knowledge about HIV/AIDS and other sexuality related matters; young people's sense of self-efficacy; incidence of risky sexual behavior; teenage pregnancies; STIs; and access to RH services. The evaluation results showed enhanced ASRH knowledge especially on HIV/AIDS, increased awareness of ASRH rights among both students and teachers; increased awareness and use of contraceptives – especially male condoms; increased utilization of SRH services; reduction in teenage pregnancies and related consequences; significant change in attitude towards early sexual debut; decrease in drug abuse; enhanced youth-parent communication and reduction in sexual violence. However, the increased knowledge in various aspects of SRH had not translated into behavior change with regard to risky sexual behavior as there was an increase in proportion of young people reporting ever having sex and having multiple partners and there was no change in age at sexual debut. At the same time, gender dynamics continue to influence decision making with fewer girls reporting condom use compared to boys.

Replicability: The intervention has been scaled up to the whole of Bungoma County.

Sustainability: The intervention uses beneficiaries (peer educators), existing schools and teachers, health facilities and community structures for implementation. The involvement of line ministries such as MOMS, MOPHS, MOYAS, and MOE contributes to its sustainability.

Intervention Materials: The following intervention materials are available at DRH.

- Manual for peer Advocates for Life Skills;
- Report on Achievements, challenges and lesson Learnt (2007-2009);
- Girls Decide: Choices on Sex and Pregnancy; Bungoma District data and program reports;
- Peer Provider's Referral Form; Youth Satisfaction Card;
- Peer Providers Register;
- Peer Educators (PALS) Outreach/Activity Register;
- List of Participants form - Outreach Activity;
- The Youth for Youth (Y4Y): End-Term Evaluation;
- Be the Best You can Be: Manual for Peer Advocates for Life Skills (PALS);
- Peer Advocates for Life Skills (PALS) Certificate of Training;
- VIDEO CD on Replication of the Intervention;
- Project establishment and development letters;

- Y4Y CD-ROM;
- Booklet - Voices of Violence;
- Brochure - Working with Others to Promote Quality HIV & Interventions;
- Brochure -Is the Risk worth it?
- HIV Prevention Information for Young People in School;
- Brochure - HIV ne AIDS Chokwadi kana Manyepo Ngatipaonei;
- Brochure - HIV & I: What's new?
- Brochure - Young 4 Real;
- Prevention of HIV and AIDS Infection;
- Multiple Concurrent Partnerships (MCPs): Know your HIV Risk research article-Community Norms about youth condom use in Western Kenya.

Maanisha Project

Background and Methodology: This is an intervention which started in 2010 as an operations research to offer youth-friendly services through civil society organizations (CSO) working with youth groups in Siaya District and Bondo District as a control district. It was implemented as part of the larger Maanisha Project which was a capacity building project for CSOs implemented by AMREF Kenya to strengthen the capacity of CSOs to manage and monitor HIV prevention activities. The operations research was a peer education-based, multi-pronged intervention (community, high schools and health facilities) designed after baseline survey results revealed that youth were receiving information on SRH from uninformed peers and parents who were not comfortable discussing SRH with their children.

At the same time, youths were not accessing available health services and were very busy with the school curriculum to have time for SRH issues. The intervention targeted youth aged 15-35 years within secondary schools and youth groups within the community. Four youth groups were identified in Nyanza to work with health facilities and schools to provide youth-friendly services. The Maanisha programme works in four provinces but the Youth Friendly intervention was implemented in northern Nyanza specifically Siaya District. Bondo district served as a control site for the operations research.

The intervention was implemented in conjunction with MOPHS, MOMS, MOYAS, Ministry of Social Services, District Development Committee (DDC), District Education Committee (DEC), DHSF, CSOs, and National AIDS Control Council (NACC) and Constituency AIDS Control Committee (CACC). USAID funded the intervention through the APHIA Plus Project. In addition, UKaid and SIDA also supported the intervention.

The main strategy in the intervention to reach youth with information and services on SRH including HIV/AIDS was peer education in conjunction with community outreach activities, magnet theatre, edu-sports, edutainment, HIV counseling and testing, e-books, video viewing, inter-generational forums and youth-friendly services. The youth were involved in the planning and designing of the intervention, as peer educators and in mobilization of

young people during youth clinic days. Service providers at health facilities in the catchment areas were also trained to provide youth-friendly services.

Achievements: An evaluation of the intervention to determine knowledge, attitude, practice and behavior (KAPB) on contraceptive use to avoid pregnancy and STI infections; abstinence; male circumcision; uptake of HTC; and pregnancy showed an increase in the proportion of young people seeking youth-friendly services at facilities. There was no significant difference in contraceptive use and abstinence between the intervention and control groups. Notably there was an increase in age at sexual debut, age at first marriage and uptake of voluntary male circumcision. The national Adolescent Sexual & Reproductive Health: A Trainers Manual for Health Service Providers was used to train service providers in ASRH and provision of youth-friendly services.

Replicability: The intervention was initiated in Siaya District but has now expanded to the whole of Nyanza, Eastern and Rift Valley provinces. In these provinces, the intervention is being implemented as part of the APHIA Plus Project.

Sustainability: The intervention uses existing structures such as schools, youth groups and MOH health facilities to implement the intervention. In addition, the youth groups engage in income generating activities to support themselves even as they participate in the intervention.

Intervention Materials: The following intervention materials are available at DRH:

- BCC/Peer Education /Community/School/Outreach Session Form
- Community-Based Program Activity Reporting (COBPAR) Form
- YFS Research Tool: FGD Guide for Parents
- The Effect of Implementing an ASRH Programme on Sexual Outcomes of Youth in Nyanza Province
- MAANISHA Monthly Monitoring Form-A
- YFS Household Survey Tool: Questionnaire
- Quarterly Reporting Form- Attachment to COBPAR Form
- Adolescent Sexual & Reproductive Health : A Trainers Manual for Health Service Providers
- ODSS Facilitators Manual - Final
- ODSS user's Guide - Final
- ASRH Participants Hand Out
- YFS Benefits

Towards a Holistic Response to Sexual and Reproductive Health and Rights in Kenyan Secondary Schools

Background and Methodology: This intervention is a high school version of the comprehensive Strategic BCC for STI/HIV/AIDS, RH/FP prevention Services in Institutions of Higher Learning. It was started in 2009 and is implemented by I Choose Life Africa (ICL) and supported financially by Swedish International Development Agency (SIDA) in Nairobi and

Walter Reed Foundation in Nandi. It is a 20-hour curriculum undertaken by small groups of secondary school students aged 15-18 years comprised of one-hour sessions during school club time. The students then form Behavior Change Communication Groups (BCCG) based on interest areas. It is currently operating in 45 and 100 schools in Nairobi province and Nandi district respectively. The intervention also trains teachers to support the students in schools. The alumni of the intervention give their time freely to facilitate training and discussion sessions and mentor the students.

The main strategies used in the intervention include peer education, edutainment (talent days, live music shows, sports etc.), life skills education, adult behavior influencers (teachers), and mentorship (alumni). The main focus of the intervention is abstinence.

The intervention is implemented in collaboration with MOE, MOPHS, SIDA, Swedish Mission Council, Navigator Partners and Walter Reed Foundation.

Achievements: An evaluation was done to determine the effectiveness of the intervention. Specifically, the evaluation measured changes in level of knowledge; attitudes and skills on HIV prevention; risk perception; self-efficacy; and intentions to change behavior. The results revealed that there was significant increase in knowledge of the methods of HIV transmission, methods of prevention of HIV infection and STIs among intervention students compared to non-intervention students. Students became more realistic about their risk of infection with HIV and had reported more accommodating attitudes toward people living with HIV and AIDS. However, the proportion that had ever had sex increased indicating a gap between knowledge and practice.

Replicability: The intervention was started in Nairobi but has now been replicated in Nandi District.

Sustainability: The intervention is implemented within existing schools in collaboration with MOE. Students as the peer educators and teachers support intervention implementation at the school level.

Intervention Materials: The following intervention materials are available at DRH:

- Baseline Study for Peer Education Program among High Schools in Nairobi, 2009-2010;
- High School Program Final Endline Report;
- ICL High School Final Study; and
- IEC Fliers and posters.

NimeChill Campaign to Promote Abstinence among Urban Youth 10-14 years

Background and Methodology: *Nimechill* (meaning "I have chilled" or "I am abstaining") is an abstinence promotion mass media campaign. *Nimechill's* aim was to change three perceptions correlated with abstinence: social norms, self-efficacy and behavioral intentions to remain abstinent. *Nimechill's* persuasion strategy was based on positive affect (messages

were optimistic and encouraging, rather than risk based) and positive deviance (messages featured older youth, aged 14-16, defying early teenage sex norms).

The national mass media campaign was conducted in two rounds from 2004 to 2010 by Population Service International in collaboration with DRH, NASCOP and Pathfinder International with funding from USAID. It targeted youth aged 10-14 years in urban and peri-urban and promoted abstinence as a "cool" choice for youth. The campaign ended in 2010 and was delivered through television, radio, print, billboards, posters, T-shirts and event sponsorship. There was also an in-school component introduced later in the intervention that assisted youth to build skills to enable them to abstain. The in-school curriculum addressed communication skills, cross-generational relationships, drug and substance abuse. The intervention utilized mentorship, edutainment, mass media, essay competitions, adult behaviour influencers, question boxes in schools and sharing forums to reach the youth with abstinence messages.

Achievements: An evaluation of the campaign found that there was high recall of the campaign messages among target youth. The proportion of youth reporting “never having sex” increased from 88% to 92%. Self-efficacy and intentions significantly increased over the seven month campaign period especially among youth who had high exposure or were exposed through multiple channels.

Replicability: The campaign has not been replicated elsewhere but as with all mass media campaigns it needs to be repeated regularly to have lasting impact.

Sustainability: The intervention is rather expensive as expected of mass media campaigns but worth investing in at a national level.

Intervention Materials:

- CHILL Media IPC Evaluation Presentation;
- Evaluation of *Nimechill* Campaign to Promote Abstinence among Youth 10-14;
- CHILL Club Curriculum;
- Photographs of the campaign

Chapter 4: Evidence-based Interventions for Out-of-School Youth

This chapter describes eleven EBIs used to reach out-of school youth with information and services on AYSRH. The interventions are listed in descending order of scores and include:

- Strengthening the Delivery of Comprehensive RH Services through the Community Midwifery Model in Kenya (intervention tested among young people and women aged 15-49
- Young Men as Equal Partners
- Families Matters! Program
- Youth-Friendly Post-abortion Care Project (YFPAC)
- Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda

- Expanding Access to Comprehensive RH/FP & HIV Information and Services among Married Adolescent Girls in Nyanza Province
- Magnet Theatre Plus
- Migori Youth Empowerment Centre – Ministry of Youth and Sports
- Shuga
- Friends of Youth
- Youth Friendly Services

Strengthening the delivery of comprehensive RH services through the community midwifery model in Kenya (intervention tested among young people and women aged 15-49)

Background and Methodology: Intervention was developed and implemented in 2002-2007 by Population Council in collaboration with APHIA II (Zone 1 – Nyanza and Western), DRH/MOPHS and MOMS with funding from USAID. It was implemented in Bungoma and Lugari Districts, Western Province. The main aim was to expand skilled delivery at the community level utilizing retired or out of formal employment nurses as community midwives (CM). It involved training of providers, revision of existing guidelines and protocols, provision of equipment and supplies and creating awareness on the use of community referral cards.

During the initial phase, the intervention had concentrated on improving skilled delivery services only. In 2009, the intervention focused on establishing a continuum of care to provision of community midwifery to include ANC; labor and delivery; postpartum care and family planning (especially long term methods e.g. IUCD and implants). It targets all women of reproductive age but 50% of the women served are aged 15-24 years

Achievements: This was an operations research intervention and specifically, wanted to: 1) assess the effect of a set of operations, content and quality of RH/FP/HIV services offered by CMs from the perspective of clients; and 2) conduct cost analysis and willingness to pay for various RH services provided by CMs. The results showed that the community midwifery model improved clients' access to a comprehensive package of RH/HIV including long term family planning methods. Specific findings showed that:

- Most of the health facilities recorded shortage of critical inputs that are key to service delivery such as staff, supplies and reproductive health commodities;
- The proportion of women who sought antenatal care during the last pregnancy the recommended four times modestly improved at the endline from 27% to 34%;
- Deliveries at the community midwives' homes significantly increased while the proportion of deliveries that occurred at a TBA's house or deliveries by relatives or neighbors significantly reduced at the endline;
- Management of labour and delivery related complications improved at the endline while referrals initiated by community midwives reduced from 22% at baseline to 7% at endline mainly due to improved skills of the midwife to deal with complications and services;

- Content and quality of targeted postpartum care services improved. For instance, the proportion of clients who had started using a contraceptive implant after the last delivery significantly increased from 5 to 21%;
- Cost-analysis showed that the services provided by community midwives are affordable. However, community midwives do under-charge or under-price their labour costs across all reproductive health services (antenatal care, essential obstetric care, postnatal care and family planning);
- The majority of clients were interested in receiving services although few were willing to pay for the services with price increases;
- Clients are willing to receive a package of reproductive health services from one midwife. More than 90% of the indicated interest in receiving a package of reproductive health services from a community midwife in future including ANC, delivery, PNC, and FP services.

Replicability: The DRH is in the process of expanding the implementation of this intervention to other districts within Western Province and to Nyanza, Rift Valley, Coast, Eastern and Central provinces.

Sustainability: The intervention used MOPHS structures to train, supervise and equip the community midwives. The intervention is continuing even after the pilot ended within Bungoma and Lugari districts. Once trained the community midwifery model is self-sustaining as women are able to pay for CM services.

Intervention Materials: The following intervention materials are available at DRH:

- Strengthening the delivery of Comprehensive RH services through the Community Midwifery Model in Kenya: Technical Report & PowerPoint presentation;
- APHIA2OR –Final Community Midwifery Report: The Technical Report;
- Community Midwifery Log Book;
- RH/MCH Monthly Summary Report;
- Community Midwifery Monthly Summary Reporting Form;
- National Guidelines on Community Midwifery Model; and
- Orientation Package.

Young Men as Equal Partners

Background and Methodology: Young Men as Equal Partners (YMEP) intervention was developed in Sweden and piloted in Choma District, Zambia and Shinyanga District, Tanzania in 2000 by IPPF affiliates – UMATI and Planned Parenthood Association of Zambia (PPAZ). It was developed by the Swedish Association of Sexual Reproductive Health Education (Swedish acronym RSFU) in response to recommendations of the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the United Nations Women's Conference in Beijing in 1995. Both conferences recommended the involvement and support of men in SRH if women were to effectively access services. The main aim was to develop an intervention that would enable women access services through the engendering of sexual and reproductive health.

YMEP was based on the belief that young men can play a major role in the promotion of safer sexual practices. This is due to the fact that in most African societies, men are in charge of decision making process. For example, it is often men who decide when and how to have sex – and whether or not a protective method should be used. It is also common for men to decide when to have children, and how many. For that reason, women's access to and use of SRH services often depend upon their husbands' knowledge and decisions.
Young men also have their own unmet needs for information, education and services when it comes to sexuality and reproductive health. If they are to make informed choices about their sexual behavior, they need to be well informed.

RFSU collaborated with International Planned Parenthood Association (IPPF) and IPPF affiliates in Tanzania (UMATI) and Planned Parenthood Association of Zambia (PPZA) to implement the pilot with funding support from Swedish International Development Agency (SIDA). The pilot demonstrated the importance of young men's involvement in SRH and gender issues. It also resulted in an increase in the demand for SRH education and services, improvement in spousal communication between young men and women, and a reduction in the prevalence of STIs and early pregnancies in the intervention areas.

This was followed by YMEP II in 2006 which was a scale up to include other districts in Tanzania, Zambia and expansion to districts in Kenya and Uganda with implementation still being managed by IPPF affiliates in these additional countries.

Currently, it is actively being implemented in Malawi only. As a result of the implementation of the intervention in Uganda, a Centre of Excellence was established as a learning centre to act as a model for programs that would want to replicate the intervention.

In Kenya, the intervention was implemented in Nyanza Province because of the high HIV prevalence rate at the time. A baseline survey was conducted by a local NGO, IMPACT - Rural Development Organisation (RDO), *Tuungane* Project, with technical support from Family Health International (now FHI360) to establish the level of male involvement in SRH before the commencement of the intervention.

It was implemented in the following areas divisions in Homa Bay, Bondo and Kisumu districts.

- West and Central Kanyamwa locations, Ndhiwa Division, Homa Bay District
- Central and West Yimbo locations, Usigu Division, Bondo District
- Chemelil and Muhoroni locations, Nyando Division, Kisumu District

The FHOK Kisumu office served as the coordination base for the all the three sites activities.

Regional TOTs trained in-country MOH, MOE and FHOK TOTs to undertake the training of teachers, service providers and peer educators for the intervention sites in Kenya. The intervention selected and trained two guidance and counseling teachers per participating school. Five health club members per school and 40 out-of-school youth per site were trained as peer educators. Forty schools were selected by MOE to participate in the intervention based on the reported level of early pregnancies. In total, the intervention selected 120 schools, trained 240 teachers, 600 in-school peer educators, and 120 out-of-school peer educators. During the course of the intervention, the number of schools

increased to 160 schools due to interschool transfer of teachers as trained transferred teachers took the intervention to their new schools. About 30 out-of-school peer educators were also trained in magnet theatre skills. Five parents from each school were trained on parent-child communication.

The intervention used talking compounds concept where varied SRH messages developed by health club members are painted on wooden plunks and fixed on trees all over the school. These messages generated discussions among students. Life skills education, suggestion boxes, magnet theatre, service provision through existing health facilities, moonlight VCT and adult behavior influencers were other strategies used to reach young people with information and services. It also developed locally acceptable IEC materials and job aids with the male peer educators to support the work of peer educators.

Achievements: An external evaluation was undertaken in 2009 to measure the impact of the intervention. It was a combined regional evaluation including Uganda, Tanzania and Zambia. The evaluation sought to measure the follow:

- Increased access to information and education on gender and sexual and reproductive health among young men and women
- Increased involvement and participation of young men in SRH promotion, including HIV/AIDS prevention
- Increased utilization of SRH services by young men and women
- Increased use of voluntary counseling and testing (VCT) services by young men and women
- Sustainable and integrated YMEP activities

The results show that there was:

- Increase in open discussion of sexuality and gender issues among men and women;
- Increase in knowledge and practice of safe sex practices among both men and women and open discussion of condom use;
- Increase in early detection and treatment of STIs among youth;
- Reduction in levels of substance abuse
- Increase in involvement of young men and boys in undertaking domestic chores;
- Improvement in attitudes about girls/young women with improved gender relations in schools;
- Reduction in reported unintended pregnancies and gender based violence among school girls
- Increase in the number of young people accessing VCT and family planning services;
- Inclusion of YMEP activities in school curriculum and district development plans
- Better parent- child communication on SRH issues

Replicability: Following the successful adoption of the intervention in Kenya, it has been expanded by FHOK and adopted by partners as follows:

- AMREF in Siaya district (Siaya Town and Ng'iya divisions);
- IMPACT-RDO Tuungane Project in Bondo district (Rarieda, Madiany and Ugunja divisions), Migori district (Nyatike and Rongo divisions), and Kisumu district (Nyakach and Nyando divisions);

- Pamoja Foundation Trust in Awasi division, Ahero division; and Mombasa district - Mombasa Island, Mtwapa and Ukunda divisions
- FHOK in Uasin Gishu district - Wareng division

Sustainability: The intervention utilizes existing schools and health facilities to undertake its activities. There is also community and youth involvement in the planning and implementation of the intervention. Out-of-school youth clubs graduated into fully fledged CBOs and continued to implement the intervention even after funding stopped. In addition, districts within intervention area incorporated YMEP activities within their annual district plans. However, in schools the intervention ended with the end of funding.

Intervention Materials: The following YMEP materials are available at DRH

- YMEP Project: Summary Implementation Report 2005-2010;
- YMEP Pregnancy Enrolment Information: Bondo District;
- YMEP Evaluation, 2009: A PowerPoint Presentation;
- Adolescent Sexual & Reproductive Health: A Trainers Manual for Health Service Providers;
- Draft Guidelines for Provision of Youth Friendly Services in Kenya, July 2004;
- Pop-Ed UNFPA Graphic Narrative Series Book 11, December 2010;
- Talking Compounds - Ndhiwa Primary School (Photos 1-6); and
- Wall Mural - Ndhiwa Primary School (Photo 7-9)

Families Matters! Program

Background and Methodology: This is an intervention that was originally developed in the USA by Center for Disease Control (CDC) as Parents Matter! and adopted in Kenya as Families Matter![6]. It is an intervention designed to improve parent-child communication about sexual risk reduction and parenting skills. Studies had shown that parents find it hard to talk to their children on SRH issues.

The aim of the intervention is to equip parents of pre-teens with protective parental skills and knowledge; and comfort and confidence to communicate with their children about sexual risk prevention before the onset of sexually risky behaviors. In 2001, parents of children 9-12 year-olds were recruited in Nyanza Province in western Kenya. Trained facilitators took small groups of 12-16 parents through five weekly 3-hour participatory sessions conducted at community venues. At the fifth week session children were invited to participate in a guided communication exercise with their parents.

The parents are train on STIs including HIV, growth and development, teenage pregnancy and safe sexual practices including abstinence. They are also trained on how to communicate with their children.

Currently, the intervention is being implemented by Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in collaboration with partners such as Catholic Relief Secretariat and

[6] Poulsen MN et al., (2010) Factors associate with parent-child communication about HIV/AIDS in United States and Kenya: a cross-cultural comparison. *AIDS and Behavior 14(5): 1083-1094*

with financial support from CDC and Kenya Medical Research Institute (KEMRI). EGPAF also collaborates with MOPHS and MOMS in the implementation of the project.

Achievements: An evaluation of the program found that parents' attitude regarding sexuality education changed positively after one year of intervention. Parenting skills were changed positively and there was an increase in parent-child communication about sexuality and sexual risk reduction[7].

Replicability: The program was piloted in Asembo, Nyanza province where it was first adapted and adopted to an African setting. It was then replicated in Uyoma and is now being implemented in the whole of Nyanza. It has also crossed the borders of Nyanza and is being implemented all over the country by various organizations such as FHI360 and replicated in other African countries such as Botswana.

Sustainability: The intervention uses existing community structures to train parents of adolescents. However, the initial investment to train parents is rather capital intensive. But the returns are worth it when parents are able to discuss with their children SRH issues and confidently guide and supervise their children.

Intervention Materials: The following intervention materials are available at DRH.

- Families Matters! Program Monitoring Tools Combined;
- Families Matter! Participant Manual;
- Participants Manual 2011;
- Participants Manual Kiswahili;
- Parent Manual Swahili - 1;
- Swahili Flipchart; and
- COP 2012 Planning template

Youth-Friendly Post-Abortion Care Project (YFPAC)

Background and Methodology: The intervention involves supporting health facilities and communities to offer youth friendly post-abortion care (YFPAC) services. It was started in 2007 on a pilot basis at Kenyatta National Hospital for 12 months then expanded to 5 public district hospitals in Central Province namely: Tigoni, Thika, Gatundu, Kerugoya and Karatina District hospitals. It involves training service providers and youth peer educators on YFPAC, ASRH, life skills education, community dialogue on post abortion (PAC) issues, referral linkages and training of CHWs in provision of community PAC services and referral. In 2009, it was expanded to Mbagathi District Hospital and Muteithania Maternity in Nairobi's Kawangware. In 2012 it was expanded to Mama Lucy Kibaki Hospital in Nairobi's Eastlands area.

The intervention was conceived by Pathfinder International as African Region intervention and implemented in eight sub-Saharan countries – Angola, Ethiopia, Ghana, Kenya, Mozambique, Nigeria, Tanzania and Uganda. The goal of the intervention was to increase

[7] Vandenhoudt H. et al., (2010) Evaluation of a US evidenced-based intervention in rural Western Kenya: from parents matter! To families matter! *AIDS Educ Prev. 22(4):328-43*

access to PAC services that are responsive to adolescent needs in sub-Saharan Africa. The intervention was initiated after Pathfinder realized through APHIA II that there were several relatively young clients who were seeking PAC services but the health facilities were ill-prepared to respond to this demand.

The intervention is both facility and community-based. APHIA Nairobi /Central undertook a facility assessment using a Pathfinder YPAC assessment tool and trained service providers within the intervention facilities in providing YPAC services. Following provider training, the facilities are supplied with equipment and supplies and renovated where necessary.

APHIA II Nairobi/Central also trained APHAI II supported peer educators and theatre groups on prevention of unintended pregnancies, unsafe abortion, STIs including HIV and familiarized them with where to access PAC services. Members of village health committees, local partners, and community leaders involved in community awareness-raising were trained to advocate for youth focused health needs, make referrals to APHIA II supported health facilities and to conduct activities to reduce abortion-related stigma in the community. The services provided at intervention facilities include YFPAC, FP, HIV testing and counseling, STI screening and treatment, and cervical cancer screening.

Achievements: Findings of an evaluation undertaken to measure whether the goal of the intervention had been met found that:

- There is increased community support for services and activities that prevent unintended pregnancy, decreased stigma around abortion and awareness of the issue of unsafe abortion among adolescents;
- Service providers are capable of delivering YPAC services; and
- There was increased number of adolescent clients who adopted a contraceptive method to prevent future unintended pregnancies.

Replicability: In Kenya, the intervention has been replicated in other district hospitals in Central and Nairobi provinces where APHIA Plus managed by Pathfinder is operational.

Sustainability: The intervention is implemented within existing health facilities and with community members and structures. Peer educators are volunteers supported by APHIA II to provide other services including YPAC.

Intervention Materials:

- ICFP_PAC 2011
- Youth Friendly PAC Assessment Tool
- Community Mobilization for YFPAC: Tigoni Report
- Community Mobilization for YFPAC: Thika Report
- Community Mobilization for YFPAC: Gatundu Report
- Saving Young Lives: Pathfinder International's YFPAC Project
- Assessment of YFPAC Services, 2008
- YFPAC Services in Africa, 2008
- Integrated Services for Women Seeking PAC in Kenya
- Facility Assessment Tool
- PAC Patient Daily Register

- PAC Indicators Monitoring Tool
- MOH 711A
- Youth-Friendly PAC Training Agenda
- Kenya YFPAC Training Report, August, 2010
- Kenya YFPAC Training Report, Nyeri, September 2010
- Kenya YFPAC Training Report, May, 2010
- Master Certificate
- YFPACY Training Plan Kenya-Revised
- Youth Friendly PAC Training Report-Draft
- PAC Booklet: Counseling Young Clients Nairobi
- PAC Booklet: Counseling Young Clients Central
- YF_PAC Technical Guidance on Youth-Friendly PAC
- Rights of the Client Nairobi
- Rights of the Client Central
- YFPAC Cue Cards Nairobi
- YFPAC Cue Cards Central
- Counseling Principles Nairobi
- Counseling Principles Central
- Counseling Techniques Nairobi
- Counseling Techniques Central
- Pain Management Central
- Pain Management Nairobi
- YPAC Global Assessment tool;
- 6 YFPAC job aids developed in collaboration with DRH/MOH (on Counseling principles, PAC Booklet, Pain Management, Rights of the Client, YPAC Cue Cards);
- YFPAC training curriculum;

Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda

Background and Methodology: This intervention is implemented in Kenya and Uganda and was started in Kenya on a pilot basis in 2008 within Kibera - an informal settlement in Nairobi. It seeks to economically empower vulnerable girls. It is implemented by Population Council in collaboration with Micro Save Consulting, and Micro Finance Institutions (K-Rep and Faulu Kenya) with funding support from Nike Foundation and Financial Education Fund. It was started after study results showed that financial issues contributed to adolescent girls' vulnerability to HIV infection and sexual risk behavior.

It provides individual savings accountants for adolescent girls aged 10-19 years along with financial education and social activities through "safe spaces" clubs, which are comprised of 25-30 girls. The clubs are led by female mentors (18-30 years). The groups meet once a week for two hours for an ideal programmatic dose of 208 hours at an average cost of US$ 0.29 per girl. The girls meet for savings activities as well as financial education and health training. No fees are required to deposit money; each girl has an individual savings account and the most frequent depositor and most active participant in each group is rewarded twice a year. The girls are trained on life skills, unintended pregnancy/HIV prevention,

recreation, leadership, and career development. They are also mentored by older girls. Various components of SRH are covered during the meetings.

Achievements: The pilot conducted measured financial literacy among the girls, the girls' saving (amount/frequency of saving), knowledge of HIV and RH and goals in life. Results revealed an increase in economic assets; reduction in feelings of worthlessness; setting of life goals; increased knowledge of HIV prevention and transmission; increased knowledge of methods of FP; improve school performance; and self-confidence and efficacy.

Replicability: Even though the intervention was initially piloted in Kibera slums, it has been expanded to other informal settlement areas in Nairobi, namely: Kawagware, Sinai and Lunga Lunga slums. Population Council is also in the process of replicating it in Zambia.

Sustainability: This is a community-based intervention and it is undertaken in collaboration with the private sector. It uses existing community structures for the club meetings and training.

Intervention Materials: The following intervention materials are available at DRH:

- The Cost of Reaching the most Disadvantaged Girls: Technical Report;
- Education Workbook for Girls- Ages 10-14 and Ages 15-19 years;
- Young Women: Your Future, Your Money;
- Tuko Pamoja: a Guide for Talking with Young People about their Reproductive Health;
- Girl-Centered Program Design;
- Financial Education Workbook for Girls- Ages 10-14;
- Financial Education Workbook for Girls- Ages 15-19;
- Young Women: Your Future, Your Money.

Expanding Access to Comprehensive RH/FP & HIV Information and Services among Married Adolescent Girls in Nyanza Province

Background and Methodology: This intervention was designed and implemented between 2010 to 2011 by Population Council and The Well Told Story Media. It targeted married adolescent girls (MAG) with SRH messages and services. It was implemented in Homa Bay and Rachuonyo districts in Nyanza Province to expand access by married adolescent girls (14-19 years) and their partners to comprehensive HIV and RH information and services. It is implemented in collaboration with MOH and Radio Lake Victoria. It was implemented as an operations research activity.

The aim of the intervention was to identify and design a set of interventions that promote the uptake of comprehensive RH/FP and HIV prevention services among MAG and assess combined effectiveness of the interventions on uptake of comprehensive RH/FP and HIV information and services among MAG and their partners. It used an interactive media campaign in form of a radio soap opera 'Chakruok' meaning 'New Beginning' revolving around a married adolescent girl (*Dayo*) and her health related challenges. The soap opera was integrated with topical discussions by experts and listeners interacted with SRH experts through text messages, call in and Face book to give their views, comments and ask

questions. There were also incentives for participating in the radio show with the best caller getting a prize.

In addition, 194 CHWs were trained to conduct regular home visits, and sensitize and educate married adolescent girls and their partners on health issues of adolescent girls and if necessary refer to health facilities for services. MAG and their spouses were encouraged to go to the health facility for FP, ANC and PNC services. IEC materials were developed and distributed within the community by the CHW.

Achievements: An evaluation at the end of the intervention measured the uptake of RH and HIV services by MAGs. It found an increase in uptake of short and long-acting methods of FP among male and female participants, and support to use RH services by male partners. There was also an increase in the proportion of girls making at least 4 ANC visits. The intervention reached married adolescent boys too.

Replicability: Care Kenya replicated the intervention in Western Kenya and DRH has requested and received the radio program and IEC materials.

Sustainability: The intervention used existing health facilities to reach youth with information and services. In addition, the service providers and CHWs were MOH staff. The community involvement supported the implementation of the intervention at the community level.

Intervention Materials: The following intervention materials are available at DRH:

- Monthly Reporting Form for CHWs for Married Adolescent Girls;
- Service Delivery Log Book for Married Adolescent Girls (14-19 only);
- Tracking Tool for Married Adolescent Girls (14-19);
- Expanding Access to Comprehensive RH and HIV information and Services for Married Adolescent Girls in Nyanza Province (evaluation report);
- CHAKRUOK CD-ROM;
- CHAKRUOK Leaflets
- Expanding Access to Comprehensive RH and HIV information and Services for Married Adolescent Girls in Nyanza Province

Magnet Theatre Plus

Background and Methodology: This is a peer-based, community-based behaviour change communication strategy that uses drama skits to reach the target population to increase awareness and uptake of SRH services. A trained group of 8 to 10 animators (troupe) educate their peers in their comfort zones otherwise known as “maskanis” or “hide-outs”. The animators are selected based on set criteria from the catchment community and trained on theatre skills (performance, scripting, content area -HIV/AIDS, TB, malaria etc.). They are also train on monitoring of magnate theatre activities. The troupes also engage the audience in guided discussions to capture their SRH needs and facilitate referral youths to SRH services at health facilities.

The intervention targets young people (15-24 years) with SRH messages and urges them to seek services. It was designed and implemented by PATH in 2001 under IMPACT Project and its implementation has continued through the APHIA I, APHIA II and APHIA Plus programs with funding from USAID/Kenya. It is currently being implemented by APHIA Kamili in Western and Nyanza. It is also being implemented in APHIA Plus in Coast, Nairobi and Rift Valley regions.

The main aim of the intervention is to link youth with health facilities to seek SRH services. It uses edutainment and peer education through youth animators to pass SRH messages on HIV/AIDS, early pregnancies, FP, sexual relationships and Gender issues. Service providers are oriented to be able to provide SRH services to young people who come to seek services as a result of the magnet theatre sessions at the community level.

Achievements: Since the inception of this intervention, an evaluation was undertaken by Family Health International (currently known as FHI360) at the end of the IMPACT project and another one done at the beginning of APHIA Plus. Both surveys showed there was significant increase in awareness of SRH issues and utilization of SRH services at health facilities.

Replicability: The intervention started in Western and Coast provinces under the IMPACT project. It is now a generally acceptable intervention for reaching young people with SRH information to increase utilization of services.

Sustainability: The intervention uses existing community structures and health facilities. The trained animators gain skills that enable the groups to generate income through performances at different functions other than the education of their peers.

Intervention Materials: The following intervention materials are available at DRH:

- Sectoral Response. AIDS and Fisheries: Impact of HIV/AIDS on Fishing Communities in Kenya and How the Ministry of Livestock and Fisheries Development can Respond (2004);
- 2003 KDHS. Youth in Kenya: Health and HIV;
- Electoral Commission of Kenya: Guidelines for Elections Security Officers (Police);
- Faith-based Leaders Action Guide on Population and Development;
- What can we tell our children?
- Ageing issues in Africa: A Summary;
- How do I protect my Child from getting HIV?
- All you need to know about the C-WORD;
- Community Health Volunteer Update, September 2011;
- Brochure - Everlasting Love
- Brochure - Tushirikishe Jamii Project
- Brochure - What you should know about VMMC
- Community Health Volunteer Update, September 2011
- Brochure - Kituo cha Sheria: Towards Equality and Equitable Land Ownership
- Poster - Jipange na Life. VCT Saves Lives

- Poster - KIK ILIN'G
- MTETEZI, Newsletter of Release Political Prisoners (RPP) Pressure Group, July 2002; and
- KenPop News, Vol. 4 Issue 3, December 2011.

Migori Youth Empowerment Centre - Ministry of Youth and Sports

Background and Methodology: The Migori Youth Centre is part of a countrywide strategy being undertaken by the Ministry of Youth and Sports (MOYAS) to establish youth empowerment centres (YEC) in each of the constituencies in Kenya. The centres are being established as part of the MOYAS youth empowerment program in line with Vision 2030, MDGs, the Kenya National Youth Policy 2007 and MOYAS Strategic Plan.

The Centre was the first to start operating in the country with the provision of VCT services. It is supported financially and technically by UNFPA. The centre was started in response to early marriages, unintended pregnancies, school drop-outs, gender-based violence and high prevalence HIV and other STIs in Migori District. It targets out-of-school youth 14-35 years with especial attention to vulnerable youth. It utilizes peer education, ICT training (at a fee), youth groups, youth-parent dialogue forums, edutainment and edu-sports to reach you with information on SRH.

Peer educators are trained to provide SRH information, services and referral to their peers in the community. They also encourage youth to use the youth centre where they are reached through various edutainment activities with SRH information and services. The young people are also trained in various skills to support them in starting income generating activities.

The intervention is implemented in collaboration with MOPHS, Ministry of Gender, National Coordinating Agency for Population and Development, Maendeleo ya Wanawake Organization, Judiciary, Kenya Police, Commission on Gender Equality, International Federation of Women Lawyers Kenya Chapter (FIDA), Migori Constituency Development Fund (CDF), Marie Stopes Kenya, International Medical Corps, MildMay, APHIA Plus, local CBOs, HIV Free Generation, religious leaders and the Prisons department.

Achievements: The intervention has not undergone an impact evaluation but process evaluation results show a reduction in early pregnancy rates and an increase in service utilization especially at the youth centre.

Replicability: MOYAS is in the process of replicating this model of youth empowerment centre to other constituencies countrywide. As of December 2010, 47 centres had been established and 32 were in the process of being established.

Sustainability: The intervention uses volunteer peer educators from the community who are also trained in other skills to enable them start income generating activities. It employs a multi-sectoral approach and fully involves the community in the implementation of the intervention.

Intervention Materials: The following are intervention materials available at DRH:

- Promotion of Youth-Adult/Parent/Guardian Dialogue on RH Issues: Facilitator's Registration Sheet
- Tracking of Youth Employability Mechanisms: Youth Scorecard on the Constituency Youth Empowerment Centres
- Facilitation Allowance to Facilitators during Capacity building of Youth Leaders on SRH&R and HIV Prevention
- Dissemination Workshop on Youth Dialogue tool
- Report on Migori District Youth's Workshop, 14-19 October, 2010
- Monitoring and Evaluation Reports: Minutes forwarded to MOYAS
- Report on Capacity Building Forum for Youth Programmes and Implementation Partners in BCC: Minutes
- Report on Community-based Campaign on HIV/AIDS and Stigma among Youth: Minutes, 2010
- Report on Migori District Youth's Workshop, 20-22 October, 2010
- Report on Migori District Youth's Workshop, 11-13 October, 2010
- Capacity Building of Youth Leaders as Peer Educators on SRH&R and HIV Prevention: Facilitation Registration Sheet
- Strategy Finding Forum for Youth Leaders and Other Opinion Shapers : Facilitation Allowance Payment Sheet
- Adolescent Reproductive Sexual Health (ASRH) Training Manual, 2012
- MOYAS Letter on UNFPA-Funded Activities
- Sticker - Advert against Drug Use

Shuga

Background and Methodology: Shuga is a 360° communication tool targeting 15-24 year olds and implemented by The Partnership for an HIV Free Generation (HFG). It is a TV drama series with messages on HIV prevention among the youth. The main characters in the drama series are young people. The intervention represents PEPFAR's on-going commitment to HIV prevention among youth as one of the first lines of defense in the fight against HIV. It is an innovative partnership resulting in a multi-media behavior change communication initiative targeting youth with HIV/AIDS prevention messages and linking them to essential services. The intervention was developed by a technical working group (TWG) under NASCOP and became operational in 2010. Members of the TWG include CDC, USAID, UNICEF, MTV Staying Alive, and other private sector and implementing partners (Hope worldwide-Kenya, NOPE, ICL, APHIA Plus and IMPACT-RDO.

It utilizes all media channels including print, television and radio. Discussion groups are formed to discuss the implication of the drama and provide support to one another to access HTC services. The discussion groups are facilitated by educators attached to the implementing partners such as Hope Worldwide-Kenya.

The intervention is a package consisting of a training guide, Shuga 1 and 2 drama series, radio and graphic novel. The campaign elements consisted of a 3-part TV drama series, a radio component, street teams disseminating information through a dedicated website and social media, peer education through a free educational toolkit and on the ground

marketing. The messages addressed a number of themes including reduction of multiple concurrent partnerships; use of condoms consistently and correctly; reduction of stigma and discrimination against PLWHA; parent/child communication; living positively with HIV; sexual assault; gender based violence; and uptake of HTC and voluntary medical male circumcision (VMMC).

Achievements: The intervention was evaluated to explore if youth were aware of the campaign, what they thought of it; and how they were affected by the campaign. The findings showed that about two thirds of the sampled youth had heard of the campaign and a similar proportion had watched the episodes. Exposure was high across age gender, educational and economic groups. A significant proportion of youth felt the campaign had an effect on their thinking about HIV, concurrent partnerships and stigma.

Replicability: The campaign had a national reach, (though the evaluation was undertaken in Nairobi only) and has been aired in 73 other countries by MTV Staying Alive.

Sustainability: The intervention has been embraced by youth prevention partners including local NGOs, CBOs, youth groups, colleges and universities hence it is facilitated within this structures. The drama series is readily available from HFG.

Intervention Materials: The following intervention materials are available at DRH:

- Shuga I and II DVDs;
- Shuga Radio spots;
- Shuga Graphic novel and the Shuga discussion Guide which can be accessed from www.g-pange.com/shuga;
- Shuga, Then, Now +Next;
- G-Pange Poster - Na-hustle ku-achieve Life Poa. Nipo!;
- G-Pange Poster - Nikijiamini Wengine Wataniamini;
- G-Pange Poster - Tunakam Mtaani;
- G-Pange Poster - Jijue Ubambishe Life!
- G-Pange Poster - Jijue Ujipange!
- G-Pange Sticker- G-JUE hali yako ya HIV;
- Chill Corner - Ni Poa Kuchill!
- Use Condom Sense - All You Need to Know about Condoms – brochure;
- What I Need to Know about STIs – brochure;
- Shuga CD-ROM
- Safe Guard-Unbeatable Germ Protection –brochure;
- Whitedent: Oral Care Tips – brochure;
- Nuru Project Commodities Distribution Form;
- Nuru Project Meeting Sign Up Sheet;
- Key Messages for Shuga II;
- MTV Evaluation Summary- Finland; and
- Mukuru on the Move: A Directory of Health Assets in Mukuru kwa Njenga, Kwa Reuben and LungaLunga-Three Communities in Nairobi, Kenya.

Friends of Youth

Background and Methodology: Family Health Options of Kenya (FHOK) in collaboration with Population Council started the Friends of Youth (FOY) intervention in Nyeri in 1994. FHOK implemented activities while Population Council undertook the evaluation and monitoring aspects of the intervention. The first phase was implemented from 1994 to 2001 with financial support from Rockefeller Foundation and the second phase from 2005 to 2010 with funding from CDC. The intervention was started after research results revealed that young people prefer to receive information on SRH from trusted parents or parent representatives in the community. At the same time, the research established that youth were unable to access quality SRH services due to cost of services and they did not access services at public health facilities due to confidentiality issues.

FOY is a community-based adult-mentoring model that involves training of a cadre of trusted adults (younger parents) in the community referred to as friends of youth (FOY). They were trained on gender-based violence, communication of sexuality issues to young people and provision of youth friendly services including VCT. After training, the FOYs target young people in the community (10-24 years old) including young people with special needs such as men who have sex with men, vulnerable girls, house helps and sex workers within an assigned geographical area with SRH information. They refer young people to designated private health facilities for HIV and SRH services they cannot provide depending on the young person's needs. The FOYs are selected by the community based on set criteria aided by a Project Advisory Committee. The Project Advisory Committee plays the role of ensuring the intervention is designed according to culturally and socially acceptable standards and this promotes acceptability and ownership.

One of the initial activities undertaken by the FOYs is to map the households, churches and schools within their area of operation. They collected information on the households including ages of household members.

The intervention also identifies and trains private practitioners on provision of youth-friendly services. The referred youth are given a subsidized coupon by the FOY which when presented at participating private health facilities enables the youth to access services. FHOK then reimburses the actual cost of the services rendered by the facility to the young person. The health facilities are oriented on provision of youth-friendly services at a subsidized cost. Within schools, FOYs facilitate the formation of school health clubs and train peer educators.

Achievements: An evaluation conducted in 2004 showed an increase in discussion of sexual health issues between youth and parents or other adults; significant delay in sexual debut especially among young men; increase in sexual abstinence especially among sexually experienced young women; reduction in number of sexual partners especially among young women; and a significant increase in condom use especially among young men. There was also greater community participation and ownership; improved knowledge of STIs among youth; and improved health seeking behavior among youth[8].

[8] Erulkar et al., (2004) Behavior change evaluation of a culturally consistent reproductive health program for young Kenyans. *International Family Planning Perspectives* 30(2): 58-67

Replicability: The intervention has been scaled up in Nyahururu, Thika, Embu and Nairobi's informal settlement - Mathare Valley. The sites in Nyahururu, Thika and Embu are fully active even after the end of project funding. The Mathare site is however, more or less in active.

Sustainability: The intervention is community driven and owned. However, the subsidy system for cost of services at private facilities is expensive and is thus unsustainable.

Intervention Materials: These are the intervention materials available at DRH

- Client Register for YRH Information and Services
- Community Outreach Narrative Reporting Tool
- Community Outreach Tool
- Community Outreach Work
- Daily Activity Register Guidelines
- FHOK Data Entry
- New Daily Activity Register
- New Daily Summary Sheet
- Referral Tool
- Waiver Register Format
- PowerPoint presentation: Client Numbering System
- A Training Manual on Life Skills for Young People in Kenya
- Household Listing for Identification of Parents and Adolescents for YRH Information and Services
- Friends of the Youth: A Youth-adult HIV/AIDS BC Program for Urban Kenyan Youth
- Brochure - Plan your Family for Quality Life
- Brochure - Our Health, Our Choice: Answers to Questions Frequently asked by Youth on Relationships
- Brochure - Our Health, Our Choice: Facts on Sexuality and Female Circumcision
- Brochure - Our Health, Our Choice: Answers to Questions Frequently asked by Youth on Sexuality
- Picture - CDC

Youth Friendly Services

Background and Methodology: This multi-sectoral intervention was started in October 2010 by APHIA Plus (Nuru Ya Bonde) implemented by FHI360 in parts of Rift Valley Province with support from USAID. The aim is to make services friendly to youth at the Naivasha District Hospital. It targets youth aged 10-24 years, in and out-of school, in rural and urban settings. It also targets special population youth such as youth with disability, in the transport and those involved in drug abuse. The in-school component concentrates on life skills while the out-of-school component concentrates on the whole array of the intervention.

The intervention uses peer education and provision of youth friendly services to reach youth with information and services on SRH. The YFS are offered at an integrated youth specific

clinic within the facility where services such as HIV testing and counseling (HTC), family planning, and STIs diagnosis and treatment are provided. It also uses edutainment, life skills education, edu-sports and a youth centre as channels to reach the youth. Service providers also support peer educators technically during outreach to schools and community to pass SRH messages. The components of SRH addressed during training and peer education include puberty and relationships, sexuality, assertiveness and responsible parenting.

Several stakeholders are involved in the implementation of the intervention. The Ministry of Education (MOE) provides policy guidelines for SRH and life skills interventions in schools. The Ministry of Health (MOH) through service providers train peer educators and counsel youth on SRH issues within the health facility and during outreaches. The service providers also provide youth friendly services to youth who visit the facility. The Ministry of Youth Affairs and Sports (MOYAS) provide tools and aids for recreational activities within the youth centre. APHIA Plus trains the service providers on youth-friendly services, supplies necessary equipment for outreaches, facilitates the availability of supplies and commodities at the facility, and builds the capacity of youth to fully participate in the intervention.

Achievements: An internal evaluation was conducted to measure staff capacity to provide YFS; youth's satisfaction with services provided; and youth awareness of the existence of YFS within the facility. The results showed that youths were satisfied with the services at the facility. However, redeployment and transfers of providers trained on YFS affected the number of trained providers and the quality of services. In addition, policy guidelines on YFS were not readily available at the facility

Replicability: The intervention has been replicated in Nandi District Hospital and a number of other districts within Rift Valley.

Sustainability: The intervention is quite sustainable because it uses existing health facilities, schools, youth groups and youths to reach youth with information and services. The main inputs are training, service provision, outreaches and supervision.

Intervention Materials: The intervention materials available at the DRH include:

- National Guidelines for Provision of Youth-friendly Services in Kenya;
- Questions Adolescents Ask Most Frequently about pregnancy;
- Unsafe Abortion Brochure;
- A Simplified Version of Sexual Offenses Act 2006;
- Emergency Contraception (Health Provider Quick Reference Guide);
- A Teenage Guide to Sexuality and Reproductive Health Questions;
- One 2 One Girl Power; and
- Pop Ed (Saving the Woman).

Chapter 5: Evidence-based Interventions for Tertiary Institutions

There were only two interventions used to reach youth in tertiary institutions that qualified as EBIs. These were:

- University-based peer education & RH Services Program

- A Comprehensive Strategic BCC for STI/HIV/AIDS , RH/FP Services in Institutions of Higher Learning

A Comprehensive Strategic BCC for STI/HIV/AIDS, RH/FP Services in Institutions of Higher Learning

Background and Methodology: This is an intervention started by I Choose Life- Africa in 2002 at the University of Nairobi with financial support from the Department for International Development (DFID now UKaid). From 2004 to date the intervention has been supported financially by USAID through FHI360 and APHIA Plus. It has since expanded to various institutions of higher learning in Kenya. It has the support of Commission for Higher Education (CHE), MOH, University of Arizona and Alex Brown Partners. The intervention targets young people aged 18-25 years in institutions of higher learning.

Peer educators are selected from the student community each year and taken through 40-hour training on SRH with emphasis on prevention of HIV infection and unintended pregnancies. The training includes topics such as sexual responsibility, STIs, HTC, FP, male circumcision, substance abuse, gender issues and respect and value diversity. The training seeks to equip the peer educators with knowledge to influence their sexual behavior with regard to abstinence (**A**), being faithful to one partner (**B**), correct and consistent condom use (**C**) as well as to provide information to their peers.

The training further seeks to ensure that trainees are equipped with personal values, attitudes and life skills to prevent HIV infection and unintended pregnancy, be effective peer educators and empower young people to uphold an ABC lifestyle.

The trained peer educators are then paired up and required to recruit five students each and form a behavior change communication group (BCCG) of 10 students. The pair of peer educators facilitates discussions with group members on SRH and refers peers including non-group members for services at identified health facilities. The intervention has developed a list of health facilities near the institution as it was found students prefer to use other facilities for SRH issues rather than the institution's health services. The group members also encourage each other to go for HIV testing and counseling and other SRH services.

Thematic edutainment events are undertaken monthly to entertain students while at the same time educating them on SRH issues. The events include movie nights, fashion shows, rugby tournaments, mini Olympics etc.

Achievements: A process evaluation conducted by FHI360 in 2010 measured changes in knowledge of SRH issues and identified operational issues that may need to be addressed. The evaluation revealed that there was increase in knowledge on prevention of HIV and unintended pregnancies. However, the knowledge had not translated to behavior change and there was need to improve on supervision and coordination of the peer educators to improve on their effectiveness. Anecdotally, the intervention has also supported the institutions to develop HIV policies and strategies.

Replicability: The intervention has expanded from University of Nairobi (UON) main campus to all UON campuses, Egerton University, Kenyatta University, Kabarak University, Laikipia University College, Rift Valley Institute of Science and Technology Institute, Narok University College, Mt Kenya University, United States International University, Maseno University, Bondo University College, Kisii University College, Gusii Institute of Science and Technology, Masinde Muliro University of Science and Technology, Kisumu Polytechnic and Kibabii University College. ICL is also exploring opportunities of taking the intervention to Uganda and Rwanda.

Sustainability: The intervention is implemented within existing tertiary institutions, the peer educators are students, most institutions have provided funds and some have even taken over the implementation of the intervention within their institutions. ICL has oriented some members of staff of the institutions on the intervention to enable them to manage it even in the absence of the ICL.

Intervention Materials: The following intervention materials are available at DRH.

- Ministry of Health - NASCOP/NLTP: Community Client/Patient Referral Form;
- VCT Client Detail Form;
- Egerton University-Town Campus: Health Messages Data Sheet;
- APHIA Plus Rift Valley Meeting Registration Form;
- HC-2 Strategic Behavior Change Group Session Summary;
- ICL G-Jue VCT Summary: HTC Service Summary;
- I Choose Life-Africa: Help Line Daily Reporting Tool;
- PITC/DTC Daily Activity Sheet;
- HC-1 Strategic Behavior Change Group Attendance Register;
- Policy Brief 2009: The Maternal Health Challenge in Poor Urban Communities in Kenya;
- Youth Peer Educator's Activity Guide;
- Peer Educator Training Curriculum Checklist, Tertiary and high school;
- Peer Educator glossary of terms;
- Programme procedures; and
- Various intervention IEC fliers, posters and brochures

University-based Peer Education & RH Services Program

Background and Methodology: This is a university-based peer-based reproductive health education and services intervention. It was started in 1988 at Kenyatta University by Pathfinder International with funding from USAID. With dwindling donor funds for RH, Pathfinder used private funds for a period of time and later received USAID funding again through APHIA II and APHIA Plus to continue the implementation of the intervention. The intervention is implemented in collaboration with NASCOP and DRH (MOPHS, MOMS), Kenyatta National Hospital (KNH) VCT, ICL, and Planned Parenthood of N.Y. City.

The intervention trains first year students as peer educators and equips them with skills to reach out to their peers with HIV prevention and other SRH messages, life skills education, clinical services and mentorship as the main strategies.

In addition to peer education, the intervention supports the university health services to provide youth-friendly RH services. The primary target is university students and secondary beneficiaries include neighboring schools, communities, university faculty, staff on campus and their families.

Achievements: An external evaluation undertaken in 2000 sought to measure reduction in pregnancy rates; reduction in STIs and HIV; delayed student sexual debut; increased student access to RH services and life planning skills availed among students. The results indicated an increase in contraceptive use and number of students seeking services. There were decreases in pre-marital pregnancies, post-abortion care cases, pregnancy related college drop-outs; STI treatment and substance abuse. There was also increase in condom use and number students seeking VCT services.

Replicability: The intervention started in Kenyatta University in Nairobi and has been replicated at Egerton University; Dar es Salaam University (Tanzania), Jomo Kenyatta University of Agriculture and Technology (JKUAT), and Makerere University (Uganda) by ICL.

Sustainability: The intervention is implemented within existing institutions using existing structures. The students are recruited as volunteer peer educators. Institutional and surrounding health facilities are used for provision of services. Most University administrations have embraced the intervention and provide funds to support it.

Intervention Materials: The following intervention materials are available at DRH:

- Pathfinder Peer Counselors: A Study of Leadership, 2001
- Clothing the Emperor-Seeing and Meeting the RH Needs of the Youth: Lessons from Pathfinder Fertility Programs
- Changing Lives, Saving Lives: Family Planning Service Delivery Project Report
- Insights from Adolescents Project Experience, 1992-1997
- A Kenyan Programme of Family Life Education: Impact Analysis
- Adolescent University-based Project Evaluation at Kenyatta University
- African Research Studies in Population Information, Education and Communication
- Four Kenyan Universities: A Comparative experimental and Control Evaluation
- An Impact Evaluation of the Pathfinder Programme of RH Services Support to Kenyan Universities
- APHIA Plus News: Getting to Zero, Oct-Dec 2011
- Let's Talk
- Peer Magazine
- IEC Brochures and posters
- Kenyatta University Family Welfare and Counseling Project
- Kenyatta University Overview
- National Guidelines for Provision of Youth-friendly Services in Kenya
- Adolescent Reproductive Health & Development Policy, 2003
- Curriculum Guide and Resource Manual for Family Life Education
- Life Planning Skills: An Orientation Package for Institutions of Higher Learning

Chapter 6: Conclusion

In conclusion, this document marks the first attempt to capture AYSRH EBIs in Kenya. It forms a laundry list of proven interventions relevant for addressing SRH among in-school, out-of-school youths and young people in tertiary institutions. In addition, a number of the promising interventions identified are likely to graduate to the EBI list if more information on them is available and if evaluation results indicate positive outcomes. The same applies to a few of the intervention ranked as not meeting the selection criteria that may have the potential to graduate to promising or even EBIs if they enhance their submission to satisfy the criteria.

The EBIs identified in this document display some common characteristics that are worth mentioning:

1. ***Utilization of similar approaches:*** Common approaches used by EBIs to reach youth with AYSRH information and services included peer educations, life skills education, youth friendly clinic and outreach services, edutainment, edu-sports, mass media, mentorship and adult behavior influencers.

2. ***Multi-sectoral Approach:*** The EBIs collaborated with and build the capacity of various line ministries and communities with the intervention catchment area. This enhanced ownership and sustainability of the intervention beyond the initial implementers.

3. ***Multi-pronged Approach:*** The EBIs employed various approaches simultaneously to the same target group to address the holistic SRH needs of youth and have maximum effect. For example an intervention would use peer educators, edutainment and provision of services. They also most often provided linkages to services they were not able to provide directly such microfinance or clinical services.

4. ***Utilization of Existing Structures:*** EBIs utilized schools, health facilities, youth centres in the implementation of the interventions instead of building completely new or stand-alone structures that would not be easily integrated in the existing program and communities. In most cases they trained implementers within the existing structures and strengthened systems to support the intervention.

5. ***Youth Involvement:*** Most of the EBIs ensured the involvement of youth and the community concern in the design and implementation of the intervention. This also facilitated ownership and sustainability of the intervention post-partner implementation period.

6. ***Data Capture:*** All the EBIs had good data capture and documentation systems that ensured they were able to monitor and evaluate the intervention and document processes, achievements, challenges and lessons learned.

7. ***Shared Information:*** The EBIs readily shared the intervention information with other stakeholders through reports, briefs and implementation materials. They also disseminated widely information on the outcomes of the interventions.

Economic empowerment linked interventions are increasingly gaining ground as approaches to addressing SRH issues of young people. These EBIs address factors that lead to vulnerability of young people to risky sexual behavior and consequently adverse SRH events such as early pregnancy, SGBV, abortion, early marriage and STIs. These EBIs provide a holistic approach to addressing SRH issues among youth.

Two AYSRH EBIs (*Nimechill Campaign to Promote Abstinence among Urban Youth 10-14 years* and *Shuga*) used a mass media campaign strategy to reach young people with information. None of the selected EBIs used information technology to reach youth though a number of promising approaches such as *AYSRH through Mobile Technology (MYSA SMS Counseling)* and *One 2 One Girl-Centered Interventions: One 2 One Girl Power and Imani Girls* did. With the rapid advance in technology, these are interventions to watch as they may easily move from promising approaches to EBIs.

AYSRH Stakeholders' Meeting

On 21st March 2013, the Division of Reproductive Health, with support from USAID through FHI 360 convened a national AYSRH stakeholders' meeting in Nairobi to:

1. Share and obtain feedback from stakeholders on the identified AYSRH EBIs;
2. Identify specific regional AYSRH issues not addressed and determine which EBIs to adapt and/or adopt to address them; and
3. Outline key inputs for finalization of the strategic framework.

The following presentations were made:

1. Overview of the AYSRH program in Kenya;
2. Implementation assessment report of the 2003 ASRH and Development Policy
3. The identified AYSRH EBIs.

Since the planned regional meetings were not conducted, after the presentations, the participants went into regional groups (formerly provincial units) to discuss the AYSRH issues in their regions, the EBIs they have used to address them and which other AYSRH EBIs they would consider adapting or adopting to address some of the issues highlighted/discussed. They were also asked to suggest ways in which the DRH can facilitate the adoption and adaptation of identified EBIs and any interventions they know of that in their opinion could be an EBI.

The commonly mentioned SRH issues affecting youth included:

- Early pregnancies and marriages
- Unsafe abortion
- Drug and substance abuse
- School drop outs
- Multiple sexual partnerships
- High prevalence rate of STI/HIV

- Poverty and unemployment (leading to transactional sex)
- Sexual and gender-based violence (SGBV)
- Sex work and child sex tourism
- Inadequate youth-friendly services
- Conservative religious and cultural practices and values
- Inadequate SRH information (IEC/BCC) for youth in- and out-of-school

The participants felt that almost all the EBIs could address the issues specific to their regions. They felt that the DRH should play a facilitative role in ensuring the EBIs are disseminated and adapted/adopted by counties throughout the country (within the new constitutional dispensation). The facilitative role of DRH should include but not be limited to:

- Sharing of success factors, lessons learned and challenges faced during implementation of the EBI with partners who would like to replicate the interventions;
- Resource mobilization for replication of the EBIs including provision of technical assistance by organizations that submitted the EBIs;
- Facilitation of multi-sectoral implementation of interventions;
- Linking EBI implementing partners with YSOs that would want to replicate the intervention for technical assistance; and
- Coordination of the AYSRH program.

In addition, it was suggested that the following interventions be considered for screening (to determine if they can be EBIs) when this report is revised to include emerging EBIs. The interventions suggested include:

- G-Pange including G-Jue, G-Fahamishe, G-Amini, G-Inue and G-Jenge (HIV Free Generation)
- Mobile School Caravans – DANIDA (to be replicated by APHIA Plus Imarisha)
- Youth Friendly Camel Caravan
- Ng'adakarin Bamocha SRH model – Turkana (AMREF/APHIA Plus Imarisha)
- 'Zuba Box' ICT in Remote Settings (AMREF/ APHIA Plus Imarisha)
- Dance for Life (Africa Alive)
- One 2 One Youth Hotline (LVCT)
- DICE – Drop-in Centre for most at risk populations

The stakeholders felt that with more information provided during a review of the EBI document the following interventions that are currently categorized as promising approaches could qualify as EBIs. Examples of such interventions are given below:

- Health Choices I and II (EGPAF)
- The World Starts With Me (CSA)

This is a dynamic document and the number of SRH EBIs for young people in Kenya will keep increasing over the years and the EBIs of today may drop off in the future. It therefore needs to be reviewed periodically to include emerging EBIs. However, this effort would be

less useful if the EBIs are not disseminated and utilized to address AYSRH in Kenya under the devolved system of government.

APPENDIX

EBI DATA COLLECTION FORMS

Kenya Youth and Adolescent Sexual and Reproductive Health Initiative
AYSRH EVIDENCE-BASED INTERVENTIONS
INTERVIEW GUIDE WITH ORGANIZATIONS

INFORMED CONSENT

Introduction

Hello my name is _____. My colleagues are _____ I am from the Division of Reproductive Health (DRH) at the Ministry of Public Health and Sanitation (MOPHS). Last year the DRH conducted a descriptive review of current adolescent and youth sexual and reproductive health (AYSRH) activities in the country. The review indicated that there were Evidence-Based Interventions (EBIs) being implemented that could be scaled-up but were still being implemented in a few areas of the country. As a result, DRH and other stakeholders would like to provide stakeholders with detailed information on AYSRH evidence-based interventions that are ready for replication and scale-up. We are aware that your organization has been implementing some AYSRH interventions. We would like to obtain detailed information on these interventions that will help in determining if they meet the criteria of evidence-based interventions or as promising approaches. The identified EBIs and/or promising approaches will inform the development of a national "strategic intervention framework" that will guide implementation and scale-up of AYSRH activities in Kenya.

We therefore ask you to provide information about your intervention including the costs incurred to carry out these activities. We are also asking you to allow us to visit some of your implementation sites to interact with the teams implementing the interventions as well as beneficiaries of project activities. Please note there is no risk to participating in this interview.

Your participation is voluntary and you can refuse to answer any question. You may stop the interview at any time and I will oblige. Your name will not appear in any of the study documents. The information you share will be kept confidential and will be shared only with the research team members for purposes of report writing. The discussions will take about 1 hour.

Even though my colleague(s) will be taking notes, we would also like to tape record our discussions so that we do not miss any important aspects. Do we have your permission to continue with the interview and tape record the discussions?

- ☐ Yes, continue with interview and tape record discussions
- ☐ Yes, continue with interview but do not tape record discussions
- ☐ No ***(Do not start the interview)***

Do you have any questions for me before we continue? If you have any further questions relating to this activity, you may call the lead consultant, **Ms. Maureen Kuyoh** on 0725729799 or **Jennifer Liku** on 0720460860.

Contact Information:
(Interviewer: Record the name of the lead contact person including telephone and email, and the organization's contact information).

Lead Contact

Name: _____

Cell phone: _____

Email: _____

Organization: _____

Physical &

Postal Address: _____

Telephone: _____

Intervention Title:

_____

_____

(In case an organization has more than one potential AYSRH EBI, complete the information below for each EBI and staple them together with page one above. Collect all training, Information, Education & Communication (IEC), data collection forms for monitoring and evaluation, and other intervention materials used in the implementation of the intervention.)

1. **Intervention objective and summary:**

1a. Please briefly describe the intervention?

1b. When was the intervention undertaken by your organization? ***(Interviewer: capture the start and end dates- month and year. If the intervention is on-going capture the start date)***

1c. What is/was the geographic coverage of the intervention? ***(Interviewer: Probe for country, region, district)***

1d. Which organizations/stakeholders were involved in the design and implementation of the intervention and how was each involved?

1e. How was the intervention financed? ***(Interviewer: Probe for donor, government, individual funding sources. These should include cost-share and in-kind contributions too.)***

2. Intervention activities:

2a. What prompted you to start the intervention?

2b. Which AYSRH strategies did you use in this intervention? ***(Interviewer: Probe for Others)***

Peer education
Edutainment (fashion shows, movie nights, musical events, drama etc)
Youth friendly Clinic and outreach services
Mass media (Radio, TV, print media)
Youth support structures (e.g. youth empowerment centres, youth groups)
ICT (e.g. social networks, mobile tele-communication)
Edu-sports
Life skills education
Mentorship
Adult behavior influencers (parents/guardians, community members, teachers, service providers)
Advocacy
Others_____

2c. Describe how you used the strategies you have mentioned in this intervention.

2d. Which one would you say is the **main strategy** the intervention used?

2e. What components of SRH does/did the intervention address?

2f. What was the target population ***(Interviewer: probe for age, gender, residence, school status and special populations e.g. youth with disability, or in sex work)?***

2g. How was the target population involved in the implementation of the intervention?

2h. Who implemented the activities and what was their role (e.g. peer educators, service providers etc)?

2i. Are some target population members available to interact with the interview team? Is it possible to talk with them?

2j. Are some of the intervention sites active? ***(Interviewer: If yes, request to visit a site)***

3. Contextual Factors:

3a. What factors have contributed to the success of the intervention? ***(Interviewer: Probe for information on environmental factors that affect the program such as policies, guidelines, economic, religious, geographical and socio-cultural)***

3b. What issues have hindered the success of the intervention? ***(Interviewer: Probe for information on environmental factors that affect the program such as policies, guidelines, economic, religious, geographical and socio-cultural)***

3c. Is this intervention based on an intervention from a different setting? Yes/ No
Please explain.

3d. Has this intervention been replicated/transferred to other settings? Yes/ No
Please explain

3e. Please discuss steps for replicating the intervention in similar settings.

3f. What would be your recommendations to other organizations who would like to replicate it?

4. Monitoring and Evaluation:

4a. Briefly describe which methods were used to monitor the intervention? ***(Interviewer: Probe for a monitoring system, evaluation framework, performance implementation plan etc.)***

4b. Briefly describe which methods were used to evaluate the intervention

4c. If an evaluation was conducted, was it an internal or external evaluation?

4d. Who conducted the evaluation?

4e. Was the evaluation qualitative or quantitative or mixed method(s)? Please explain the method(s) used.

4f. In your evaluation, what did you measure?

4g. What did you get (findings)? ***(Interviewer: Probe for increase in knowledge, delayed sexual debut, reduction in rate of early pregnancies, increase in utilization of services etc)***

4h. What were/are the lessons learned? ***(Interviewer: Probe for success factors, barriers/gaps to success)***

4i. What were/are the recommendations?

5. Cost of the intervention:

5a. What was the cost of the intervention broken down by the components of the intervention? ***(Interviewer: These should include costs of service delivery, demand creation or IEC,***

training, staff salaries, advocacy, infrastructure development etc. depending on the structure of the intervention.)

5b. In your opinion, how cost effective was this intervention?

6. Wrap up

6a. What youth policies and guidelines did you use to inform your intervention?

6b. What are the three major benefits of this intervention ***(Interviewer: Probe to the target group, local community, to health and for the government)***

6c. In closing would you please give us any journal articles ***(soft copy preferred)***, program publications, website references and intervention materials that can be shared with those who would want to replicate your intervention? ***(Interviewer: Note all materials received on this intervention)***

6d. Do you have any questions for us?

Thank you for your time!

KENYA YOUTH AND ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH INITIATIVE
AYSRH EVIDENCE-BASED INTERVENTIONS
IN-DEPTH INTERVIEW GUIDE WITH TARGET POPULATION

INFORMED CONSENT

Hello my name is _____. I am from the Division of Reproductive Health (DRH) at the Ministry of Public Health and Sanitation (MOPHS). We are in the process of collecting information on sexual and reproductive health (SRH) intervention/projects that target young people (10-24 years) and that have positive effect on SRH outcomes among the target population. The purpose of the assessment is to provide information which other organizations can use to replicate these intervention/projects in other areas of the country. You participated/are participating in the (name of) project and we would like to ask you a few questions related to your experience with the project.

Your participation is voluntary and you can refuse to answer any question. You may stop the interview at any time and I will oblige. Your name will not appear in any of the study documents. The information you share will be kept confidential and will be shared only with the research team members for purposes of report writing.

We will take about 30 minutes of your time and we would like to tape record the interview with you to ensure we have the accurate information and do not misquote your perceptions. You will receive Ksh.300 as transport reimbursement.

Do we have your permission to continue with the interview and tape record the discussions?

Yes, continue with interview and tape record discussions
Yes, continue with interview but do not tape record discussions
No ***(Do not start the interview)***

Do you have any questions for me before we continue? If you have any further questions relating to this activity, you may call the lead consultant, **Ms. Maureen Kuyoh** on 0725729799 or **Jennifer Liku** on 0720460860.

1. How old are you? _____ years ***(Record age in complete years)***
Je, una miaka mingapi?

2. ***Observe:*** ☐ Male ☐ Female

3. ***Observe location of intervention/project:***
☐ Urban ☐ Peri-Urban ☐ Rural

4. What is the highest level of education completed?
Je, ni kiwango kipi cha juu cha elimu ulichokamilisha?

5. Are you still in school? ☐ Yes ☐ No
Je, kwa sasa bado uko shule?

6. If not in school, what are you doing currently?
Unafanya nini kwa sasa iwapo hauko shule?
_____

7. What is your marital status?
_____
Je, umeoa/umeolewa?

8. What is your role or how have you participated in the (name of intervention/project)?
Jukumu lako ni lipi/unajihusisha vipi na mradi huu?
_____

9. How long have you participated in this intervention/project?
Umejihusisha na mradi huu kwa muda gain?
1. _____ Months
2. _____ Years

10. What activities have you participated/are participating in the intervention/project?
Umejihusisha/Unajihusisha na shughuli gani katika mradi huu?
_____

11. What services have you received/are you receiving from the intervention/project?
Ni huduma/habari gani ulizopata kutoka kwa mradi huu?
_____
_____

12. How have the services you received (are you receiving) affected your life?
Je, huduma ulizopata/unazopata zimeathiri vipi maisha yako?
_____

13. Do you pay for any of the services you receive?
☐ Yes ☐ No – *Skip to Q14*
Je, huwa unalipia huduma zozote unazopata?

14. If yes, which services and how much do you pay for each?
Iwapo ndiyo, ni huduma zipi na unalipa pesa ngapi kwa kila huduma?

Services	Amount paid (Kshs.)

15. What have you liked/did you like about the intervention/project?
Ni nini umependa/ulipenda kuhusu mradi huu?

_____

_____

16. (a) What have you not liked/did you not like about the intervention/project?
Ni nini haukupenda/hujapenda kuhusu mradi huu?

_____

_____

17. (b) What, in your opinion, should have been done differently?
Kwa maoni yako, ni mambo gani yangefanywa tofauti?

_____

_____

18. Apart from yourself, who else do you think would benefit from participating in this intervention/project? Why?
(Interviewer: Probe for other young people their age, younger or older, parents, teachers, other significant adults etc)
Kando na wewe, unadhani ni nani mwingine anaweza kufaidika kwa kujihusisha na mradi huu? Kwa nini wasema hivyo?

_____

_____

19. If you had the opportunity to advise an organization that wants to implement this intervention/project in another part of the country, what would you recommend to be taken into consideration as they plan and implement the intervention/project?
Iwapo ungepata nafasi ya kushauri shirika linalotaka kuanzisha mradi kama huu kwingine nchini, ni nini ungependekeza kitiliwe maanani wakati wa kupanga na kutekeleza mradi huo?

_____

_____

20. Do you have any other information you would like to add/share or questions you would like to ask?
Je, una habari ingine ungependa kuongezea/swali lolote ungependa kuuliza?

_____

_____

Thank you for your time!
Asante kwa wakati wako!

Kenya Youth and Adolescent Sexual and Reproductive Health Initiative
AYSRH EVIDENCE-BASED INTERVENTIONS
IMPLEMENTATION SITE OBSERVATION GUIDE

Intervention Site Contact Information:
(Interviewer: Record the name of the lead contact person including telephone number and email address, and the organization's contact information).

Contact Name: _____
Cellphone: _____
Email: _____
Organization: _____
Physical &
Postal Address: _____
Telephone: _____
Intervention Title: _____
Intervention Site: _____

Interviewer: Find out from the contact person the following:

1. How long have you implemented the intervention?
2. Who do you target with the intervention? ***(Probe for age, residence, gender, school status, special youth population)***
3. How is the intervention being implemented?
4. What have been the achievements of the intervention?
5. What challenges have you faced as you implemented the intervention?
6. How did you overcome them?
7. What lessons have you learnt as you implemented the intervention?
8. Would you recommend that the intervention be scaled up or replicated? Why?
9. What recommendations do you have for an organization that would like to replicate your intervention?

Interviewer Observation:

10. Is the intervention being implemented as described during the interview?
11. Are young people provided with the services and/or information the intervention intended to provide?
12. Was the target population actively involved in the planning/design?
13. Was/Is the target population involved in the implementation of the intervention?
14. Is the intervention reaching the intended target population?
15. Who else is involved in the designing, planning and implementation of the intervention? ***(Probe: Are parents, teachers, community leaders, religious leaders, local administration involved, etc?)***
16. How are they involved?
17. What differences exist, if any, between the information gathered during the interview and what is observed on the ground? ***(Interviewer: Pay attention to intervention components and activities being implemented; who is implementing; involvement of target population etc.)***
18. Which intervention materials are available? Are they being used by the intended users? ***(Collect materials you may not have collected during the organization interview)***
19. Are there systems in place for collection of intervention data? ***(Collect samples of data collection tools e.g. registration forms, service delivery register, etc)***
20. Indicate:
    a. If there are buildings/structures for meetings and/or provision of services.
    b. If there are designated areas for:

i. Service provision (e.g. counseling, VCT, antenatal care, FP, STI diagnosis and treatment)
ii. Recreation facilities – pool table, computer-based games, out-door games

LIST OF SUBMITTED INTERVENTIONS BY CATEGORY AND IN ORDER OF SCORES

CATEGORY 1: EVIDENCE-BASED INTERVENTIONS (70% AND ABOVE)

Organization	EBIs for In-School Youth	Score (%)
PATH	Kenya Adolescent Reproductive Health Program (KARHP) - Tuko Pamoja	87
Kenya Girl Guides Association	Adolescent Reproductive Health (ARH) project with APHIA II Nairobi/Central	85
CSA	Youth for Youth	83
AMREF	Maanisha Project	81
I Choose Life	Towards a Holistic Response to Sexual and Reproductive Health and Rights in Kenyan Secondary Schools	77
Population Services International	*NimeChill* Campaign to Promote Abstinence among Urban Youth 10-14 Years	74
Organization	**EBI for Out-of-School Youth**	**Score (%)**
Population Council	Strengthening the Delivery of Comprehensive RH Services through the Community Midwifery Model in Kenya (intervention tested among young people and women aged 15-49)	87
Family Health Options of Kenya (FHOK)	Young Men as Equal Partners	86
EGPAF	Families Matter! Program	85
Pathfinder International	Youth-Friendly Post-abortion Care Project (YFPAC)	84
Population Council	Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda	84
Population Council	Expanding Access to Comprehensive RH/FP & HIV Information and Services among Married Adolescent Girls in Nyanza Province	82
PATH	Magnet Theatre Plus	79
UNFPA	Migori Youth Empowerment Centre – Ministry of Youth and Sports	77
HIV Free Generation	Shuga	76
FHOK	Friends of Youth	75
FHI 360	Youth Friendly Services	71
Organization	**EBIs for Youth in Tertiary Institutions**	**Score (%)**
Pathfinder International	University-based Peer Education & RH Services program	90
I Choose Life	A comprehensive Strategic BCC for STI/HIV/AIDS, RH/FP Services in Institutions of Higher Learning	79

CATEGORY 2: PROMISING INTERVENTIONS (50-69%)

Organization	EBIs for In-school Youth	Score (%)
LISP	An Integrated Life skills Approach to behavior Change	69
AMREF	Unite for Body Rights	63
GIZ	Personal Hygiene and Sanitation Education (PHASE) Programme	63
PATH	NIKE Scouting Gender-equity Badge	57
CSA	The World Starts with Me	55
GIZ	Increasing Access to RH Information and Services to Young Girls particularly those from Disadvantaged backgrounds - Starehe Girls	53
EGPAF	Healthy Choices for Better Future 1 (10-14 year olds) and II (13-17 year olds)	50
PATH	Scouting for Solutions (SfS) Activity Packs	50
Organization	**EBI for Out-of-School Youth**	**Score (%)**
DSW	Youth to youth	68
PATH	Splash Inside Out	67
PATH	Peer families (no site visit as there is no active site)	67
GIZ	Addressing SRH and rights for youth with visual Impairments	65
MYSA	AYSRH through Sports	65
MYSA	AYSRH through Theatre (Haba Na Haba)	65
PSI	C-Word SBCC Campaign	62
PSI	Nakufeel and Trust SBCC Campaign	61
LVCT	One 2 One Girl-Centered Interventions: One 2 One Girl Power and Imani Girls	59
MSK	Mainstreaming of HIV/AIDS services into MSK service delivery activities	59
PPFA	Youth Peer Provider Model for ASRH implemented by Carolina for Kibera	59
MSK	A comprehensive Approach to Reaching those most at Risk and affected by HIV and AIDS	56
AMREF	Dagoretti Child in Need Project	55
GIZ	Join-in-circuit (at MYSA)	55
GIZ	Empowering disadvantaged girls through life skills and football- Development through sports	52
UNFPA	Mumias Muslim Program	52
MYSA	AYSRH through Mobile Technology (MYSA SMS Counseling)	50
NOPE	Ambassadors of Change	50

CATEGORY 3: INTERVENTIONS THAT DID NOT MEET SELECTION CRITERIA (49% AND BELOW)

Organization	EBI for In-School Youth	Score (%)
Tanari	Creating Positive Relationships	45
Organization	**EBI for Out-of-School Youth**	**Score (%)**
PATH	Married Adolescents Dialogue Groups	49
LVCT	One 2 One Youth Hotline	47
AMREF	Increasing access to gendered sexual and reproductive health, rights (SRHR) & services for youth, women and girls in marginalized communities in E.A. – a vital link in poverty reduction	38
EGPAF	Community Health Volunteer Manual (18-24 year olds)	37
FHI 360	Youth Friendly Services - Integration of MNCH for under 24 year olds (APHIA Plus Nuru Ya Bonde)	34
MSK	Youth Peer Education and FP Service Provision	22

AYSRH LIST OF PARTICIPANTS

NATIONAL STAKEHOLDERS' MEETING - PANAFRIC HOTEL

Thursday, 21st March 2013

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