

# 2020

### KISUMUCOUNTY POLICY BRIEF

ENHANCING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR), SERVICES AND INFORMATION BY THE YOUTH AND ADOLESCENTS BY 2021.



## KISUMU COUNTY POLICY BRIEF

#### INTRODUCTION

According to the latest United Nations estimates of the world's population, in 2019 youth numbered 1.2 billion persons between ages 15-24 years, or around one in every six persons worldwide. Kisumu County is estimated to host a 15% rate of teenage pregnancy and 30% of Antenatal visits in 2018 were made up of adolescents between 10-19 years1. This is in the backdrop of a 16.3% population prevalence rate of HIV which is way higher than the national prevalence of 4.9% and incidence of 6.3 per 1000 population every year where 2% of this is adolescents and young people2. Young people and adolescents still bear the highest burden of death from HIV-related conditions because of the burden of stigma that comes with that age category. It is arguable that the other driver of teenage pregnancy in Kisumu county is sexual and gender-based violence where 1,114 cases of the same were reported in 2018.

#### METHODOLOGY

This policy brief was developed after conducting a desk-based review of relevant documents and sought opinions of youth leaders and other stakeholders in the SRHR space within Kisumu county.

#### **BRIEF BACKGROUND**

Kenya's Adolescent Sexual Reproductive Health Policy 2015 has the country listed among the countries with laws and regulations guaranteeing full and equal access to sexual and reproductive health care information and education among women and men aged 15 years and above. Currently, health is a devolved function, and failure by the county governments, Kisumu County being one of them, to domesticate and implement the policy together with other national regulations hinders the realization of the gains envisaged in the 2015 policy. The National Adolescents and Youth Survey of 2015 indicates that the youth in Kisumu County suffer five severe health threats namely, Sexually Transmitted Infections, HIV/AIDS, Drugs and Substance Abuse, Teenage Pregnancy and Sexual and Gender-Based Violence3. These demonstrate the risks associated with inadequate access to sexual health care services which jeopardizes progressive growth and maturity of the youth and adolescents in Kisumu, like other counties contributing to these statistics.

#### **JUSTIFICATION**

Article 43(a) of the constitution of Kenya 2010, sets aside the highest attainable standards for health to all citizens4. This includes the right to quality healthcare services in which reproductive healthcare among adolescents and youth should be attained. Below are graphs showing the status of teenage pregnancy, contraceptive uptake and sexual gender based violence among the youth and adolescents.

#### **KEY ISSUES NOTED**

- i. **Budget Deficits:** In Kisumu County, the Department of Health has allocated, in the fiscal year 2020/21, KES 60,125,645 for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) combined5. No specific amount allocated for SRH. 57 million goes towards recurrent expenditure.
- ii. Non-Youth and Adolescent Specific Policies: Other than the National Adolescent Sexual and Reproductive Health Policy, 2015, the existing sub-national laws and regulations such as the County Government of Kisumu Sexual and Reproductive Health Strategy (KCSRHS) 2019-2024 are largely general provisions without a clear focus on the adolescents and the youth. The same format is followed in the budgeting process in which the county allocates a lump sum fiscal budget for RMNCAH without specific amounts for sexual and reproductive health demands;
- iii. Short-term Plans and Overdependence on NGO and Donor funded programs: The AU contends that Youth-friendly reproductive health services often remain in pilot form, or dependent on the participation of non-governmental partners with the public sector failing to consistently scale-up this services6. In Kisumu County, 95.8% (57,625,645) of the KES 60,125,645 allocated to RMNCAH in the new budget 2020/21 is marked as grants. Thus the county government is directly committing only KES 2,500,000 of its money to reproductive maternal, neonatal, and adolescent health for a full year7. In the long-run, the county government of Kisumu does not have a health sector plan with details on serving the adolescents and youths SRHR and needs with matching budgetary projections.
- iv. Adolescents living in Rural and Informal Settlements: Rampant cases of transactional sex and exploitation among poor adolescents living in rural areas and informal settlements coupled with stigma, lack of information, delayed reporting, and filling of P3 forms have compromised adolescents and young people's rights on sexual and reproductive health greatly catalyzing incidences of GBV, HIV and STIs infection8. Research findings according to UNFPA (2015) shows that comprehensive sexuality education has positive effects on knowledge and behaviors and can contribute to delayed initiation of sexual activity, reduced risk-taking, and more gender-equitable attitudes;

#### KEY ISSUES AND GAPS FROM THIS POLICY BRIEF

- The Kisumu County health bill 2019 framework mentions SRHR in passing limiting its full realization:
- Kisumu County lacks a costed implementation plan for SRHR to inform the financing of SRHR program;
- To date, the County Government of Kisumu has not launched the costed family planning (CFP) that was developed in 2019;
- Inadequate adolescents and youth-friendly centers (11 centers) that are not fully equipped and staffed to offer services to youth.



- 1 KDHS, 2014, KHIS 2 NASCOP,2018)
- 3 2015 Kenya National Adolescent and Youth Surveys (NAYS) (Nairobi, Kenya: NCPD).
- 4 Constitution of Kenya 2010 (UN 2019)
- 5 County Government of Kisumu Draft Budget 2020/21
- 6 Draft Policy Brief for the International Conference on Maternal, New-born, and Child Health (MNCH) in Africa. 2013, African Union
- 7 County Government of Kisumu Draft Budget 2020/21
- 8 Effects-of-COVID-19-on-sexual-reproductive-health-and-rights-srh-among-young-people-in-Africa Duke Centre for reproductive health (<u>www.dukecenterforglobalreproductivehealth.org</u>)

#### POLICY RECOMMENDATIONS/ CALL TO ACTION

- i. The County government of Kisumu should consider increasing its allocations for reproductive health from 4.2% to 10%. It should also invest in it instead of leaving it to grants and donor contributions
- ii. The County Department of Health should develop a clear policy provision for Adolescents and Youth friendly SRH services. A starting point would be training of CHWs on the provision of Youth Friendly services.
- iii. The county department of health to fast track domestication and implementation of existing policies like the adolescent and youth policy 2015;
- iv. The County Government of Kisumu, in collaboration with the state department of youth affairs and other stakeholders, needs to establish a strong operating network of Youth Empowerment Centres (YECs) and spaces, which would effectively offer youth friendly services;
- v. To be responsive to the sexual and reproductive health needs of adolescents, there is need to involve a range of public-sector stakeholders including Ministries of Health, Education, Youth, Gender, Communication, Planning, Finance, various NGOs and Media outlets. They should work together and recognize what each sector has to offer to support young people;
- vi. The county government to promote inclusion of men and boys in SRHR empowerment or sensitization programmes and interventions;
- vii. Line ministries to involve youth and adolescents, especially young women and girls, in planning drafting and implementation of SRHR interventions and policies. This can be done through utilizing existing youth structures in the community.
- viii. The county government should plan to undertake a health survey to identify existing youth SRHR needs and gaps.ix. There is need to support development of county specific SRHR data that is specific to Kisumu county. This will enable planning based on context.

#### LIST OF COALITION MEMBERS:

- Kisumu Progressive Youth Organization
- 2. Dream Alive
- 3. Women Volunteers for Peace
- 4. East Seme Empowerment Youth Group
- 5. Amazon Theatrix6. Sustainable Rural
- Sister to Sister Health Counsellings.
- Lagnet Cric10. Boda Boda Youth Group

