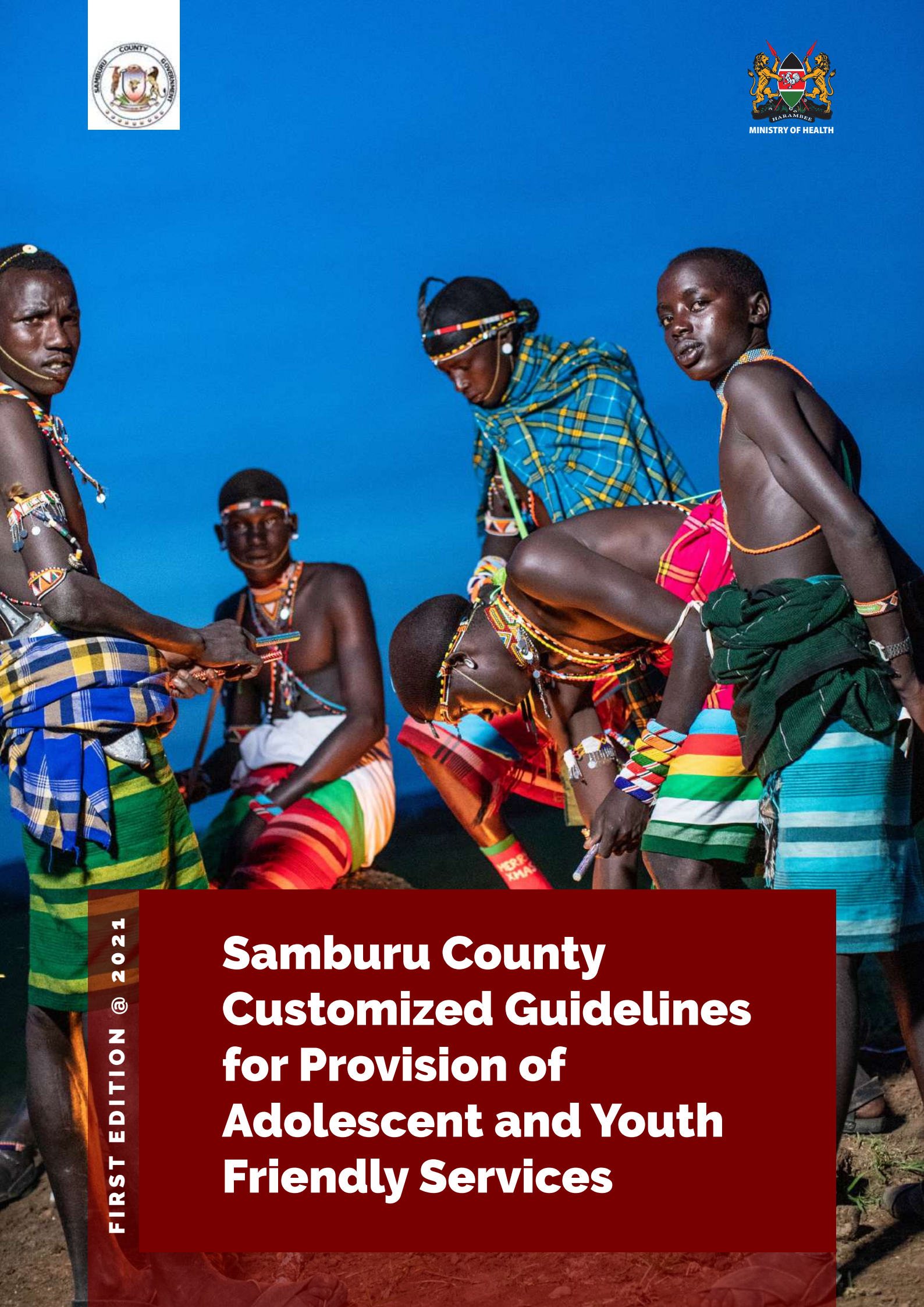

MINISTRY OF HEALTH

FIRST EDITION @ 2021

Samburu County Customized Guidelines for Provision of Adolescent and Youth Friendly Services

Recommended Citation: Samburu County Department of Medical Services, Public Health and Sanitation. 2021. Samburu County Customized Guidelines for Provision of Adolescent and Youth Friendly Services. First Edition. County Government of Samburu.

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Acknowledgement

This guideline has been customized from the existing National Guideline for provision of Adolescent and youth friendly Services guideline 2016. At the inception stages of devolution, it was challenging to reinforce the principle of meaningful public participation to achieve shared prosperity as a County. The diverse efforts to rearrange power relations of the community social structures and devolved government structures spurred participatory governance. In these efforts, AMREF Health Africa through Y-ACT (Youth in Action) project is highly appreciated for accelerating methodological capacities of youths through the Y-ACT advocacy curriculum with concrete expression of principles underpinning meaningful youth engagement. The departments of health services and culture, gender, social services, youth and sports are indebted by the immense support of Y-ACT through its local implementing partners, that is, Naretoi Development Initiative (NDI) and Network Empowering Samburu Transformation (NEST) in the formulation of these guidelines.

The department also recognizes the boundless efforts of youth representing diverse youth-led organizations for their concerted support in the entire formulation process. We are grateful for their commitment and immense contribution towards realization of this elaborate guideline for the provision of adolescent and youth-friendly services specific to Samburu County.

Samburu County Government would specifically like to thank Mr. Vincent Learaman (Chief Executive Committee Member Health), Dr. Andrea Ropilo Lanyasunya (Chief officcer Health), Dr. Martin Thuranira (Director Health), Mr. Christopher Lengusuranga (Director Health Planning and Administration) Mr. Simon Lemooge (Adolescent and Youth Coordinator), Mrs. Katra Lelesiit, (Reproductive Health Coordinator), Mrs Nasieku Letipila (Director Gender) Mr. Daniel Lempushuna (Deputy Director gender), Mr. Samson Leerte, (Reproductive Health coordinator Samburu Central,) Mr. Geoffrey Mukuria, (Monitoring and Evaluation Health) Mrs. Delphina Kaaman, (Head of Nutrition) Mr. Peter Lenchodor (Deputy Director Youths and Sports) and many more County officials for their invaluable inputs and guidance towards successful completion of the entire process.

We also wish to acknowledge contributions of the Youth Friendly Services (YFS) taskforce members who worked together with Samburu County Health Management Team (SCHMT) and adolescent and youth sexual and reproductive health stakeholders throughout the drafting process. The taskforce team included representatives from local implementing partners for Y-ACT (NDI and NEST), Samburu County Y-ACT Coalition members, youth advocates and representatives of SCHMT, UNICEF/CBCC Africa/Adolescent Biotisho Project and USAID NAWIRI Project.

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Foreword

The population of Samburu County according to 2009 and 2019 Kenya population and housing census reports was 223,894 and 310,327 respectively. This is expected to rise to 725,290 people in 2050. The population of Samburu County is quite youthful with half of the population (51 percent) being below age 35. The total proportion of adolescents and youth in the County aged 10-35 years is currently at 153,960 a percentage of 49.6%. In Kenya, proportion of adolescents stands at 24.5%. In Samburu County, the proportion of adolescents is higher than the country average with 27.9% being adolescents aged 10-19 years.

Samburu County has a high fertility of 6.3 children per woman which is higher than the national average of 3.5 according to the 2014 Kenya demographic health survey (KDHS). The high fertility rate is attributed to the fact that only 23% of married women in the County is using contraception. The proportion of deliveries who are attended by skilled health worker (29 percent) is much lower than the national average of 62 percent. Although a high proportion of children aged12-23 months has been fully vaccinated (64 percent), it is still lower than the national target. The County has a Primary School Net Enrolment Rate of 60 percent, and 25,956 primary school-aged children are out of school. Similarly, the Secondary School Net Enrolment Rate for the County is very low (15 percent) with as high as 24,124 secondary-age children being out of school. The Human Development Index (HDI) of 0.4264 is indicative of the County status in provision of quality education, improving life expectancy and income per capita. The value is lower than the national average of 0.520. This implies the County is performing dismally in providing for education, health and improving the economic status of its population. It is important for the County stakeholders to identify the critical potential areas for investment in the sectors of health, education, economic status and governance that will guarantee the County's economic growth.

The main health issues affecting adolescents and youths (A&Y) in the County are drug and substance abuse (DSA), teenage pregnancy, malnutrition, Moranism, beading, early marriages, female genital mutilation (FGM), sexually transmitted infections (STIs) including HIV and environmental factors. Most of these are attributed by social cultural practices.

The major challenges that inhibit A&Y from accessing sexual and reproductive health (SRH) services in the County are poor access to the health facilities due to poor roads, ridged terrain, long distances, social insecurity as well as poor access to information, poor communication, high cost of SRH services and fear of stigmatization and embarrassment by service providers.

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Acronyms

AACSE	Age-appropriate Comprehensive Sexuality Education
AIDS	Acquired Immune Deficiency Syndrome
AYFS	Adolescent and Youth Friendly Services
AY	Adolescents and Youth
AYLHIV	Adolescents and Youth living with HIV
AYLWD	Adolescents and Youth living with Disabilities
CCC	Comprehensive Care Centre
CHMT	County Health Management Team
CHEWs	Community Health Extension Workers
CHVs	Community Health Volunteers
CIDP	County Integrated Development Plan
CHVs	Community Health Volunteers
CSO	Civil Society Organization
DHIS	District Health Information Software
DSA	Drug and Substance Abuse
ECDE	Early Childhood Development Education
ESA	Eastern and Southern Africa
FBO	Faith Based Organization
FGM	Female Genital Mutilation
FP	Family Planning
HIV	Human Immunodeficiency Virus
HDI	Human Development Index
GBV	Gender Based Violence

GOK	Government of Kenya
ICT	Information Communication and Technology
IDUs	Injecting Drug Users
IEC	Information Education and Communication
ICPD	International Conference on Population and Development
KEPH	Kenya Essential Package for Health
KNBS	Kenya National Bureau of Statistics
MISP	Minimum Initial Service Package
MoEST	Ministry of Education, Science and Technology
MoH	Ministry of Health
NACC	National AIDS Control Council
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
PAC	Post Abortion Care
PEPFAR	President's Emergency Plan for AIDS Relief
SGBV	Sexual Gender-based Violence
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually Transmitted Infections
SWT	Samburu Women Trust
VYA	Very Young Adolescents
WHO	World Health Organization
BMI	Body Mass Index
GAM	Global Acute Malnutrition

Definition of Terms

Abortion: The deliberate termination of a pregnancy, usually before the embryo or fetus is capable of independent life. In medical context, this procedure is called an induced abortion and is distinguished from a spontaneous abortion (miscarriage) or stillbirth.

Adolescent and Youth-Friendly Services (AYFS): These are health services delivered in ways that are responsive to specific needs, vulnerabilities and desires of adolescents and youth. These services should be offered in a non-judgmental and confidential way that fully respects human dignity.

Adolescent: This is a person aged between 10 and 19 years. This shall be the working definition in the policy guideline.

Age-Appropriate Comprehensive Sexuality Education (AACSE): This is an age-appropriate, culturally relevant approach to teaching on sexuality and relationships by providing scientifically accurate, realistic and non-judgmental information. Sexuality education provides opportunities to explore one's own values and attitudes as well as build decision-making communication and risk reduction skills about many aspects of sexuality.

Age Appropriate: This is suitability of information and services for people of a particular age, and in the case of the policy guideline, particularly in relation to adolescent and youth development.

Child: This is an individual who has not attained the age of 18 years as per the constitution of Kenya 2010.

Child beading: Girl-child beading (Nkishooroto e saen) is a cultural practice among the Samburu community which sanctions a non-marital sexual relationship between Samburu men in the 'warrior' age group and young Samburu girls who are not yet eligible for marriage. It involves Samburu warriors (or Morans as they are commonly referred to) giving specialized beads (nkishooroto e saen e lmuran) to an uncircumcised girl to signify the commencement of a sexual relationship. Girls may be as young as nine years old when they are beaded. The process begins with negotiations between the Moran and the girl's mother, as well as the girl's brothers, who often also are Morans. Once the relationship is agreed, the girl's mother builds a hut for the couple called a 'singira' where the Moran will have access to the girl for sexual intercourse. – SWT child beading research 2016**.**

Child Marriage: This is a situation where marriage, cohabitation or any arrangement is made for such marriage or cohabitation with someone below the age of 18 years**.**

Health: This is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Lang'ata: This is a person's regular male companion with whom they have a romantic or sexual relationship according to Samburu Culture.

Layieni: This is an uncircumcised Samburu male adolescent.

Launoni (Launok-*plural*): This is a Samburu clan-based age set president secretly elected by the *mpiroi* from specific royal families and believed to be culturally pure.

Lmancheu: This is a Samburu traditional circular-shaped hairstyle for young uncircumcised boys designed on crown section of the head for decoration and in preparation for initiation rites.

Lorora (lororani-*plural*): This is a large Samburu temporary homestead of more than one family and clan that is purposefully created for ceremonial and occasional security purposes.

Lpayian (lpayiani- *plural*): This is a Samburu male adult who is married or unmarried but has transitioned from warriorhood and has the power to curse or bless.

Ltau (Heat): This is a piece of meat from the bossom section of the cow that is cooked and prepared for uncircumcised boys among the Samburu community.

Mbolore: This is a nocturnal sexual practice done by Samburu uncircumcised male adolescents to their female counterparts (while they are mostly asleep) with the intention to satisfy themselves sexually.

Mpiroi: This is a Samburu inter-ageset group of elders who are designated a role to govern both boys and Morans of a specific ageset.

Moran: He is a newly initiated Samburu young man who assumes the role of the community defender for period of 12-15 years of active community defense.

Naapo: This is a Samburu culturally centralized fenced within a Lorora where elders meet for prayers, announcements and for decision making.

Persons with Disability (PWD): Any person with physical, sensory, mental, psychological or any other impairment, condition or illness that has, or is perceived by significant sectors of the community to have a substantial or long-term effect on their ability to carry out ordinary day-today activities.

Post-Abortion Care (PAC): Is the physical (medical), social and psychological care and support given to a person after an abortion. It is accommodated within the adolescent and youth health policy

Reproductive Health (RH): This is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all **matters relating to the reproductive system, its functions and processes.** Reproductive health is a component of overall health, throughout life cycle, for both men and women; Reproductive health involves decision-making, including voluntary choice in marriage, family formation, determination of the number, timing and spacing of one's children, right to access information and means needed to exercise **voluntary choice.** It also encompasses sexual and reproductive health security, including freedom from sexual violence and coercion, and the right to **privacy.**

Sexual Health: A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual Offence: Acts of defilement, rape, incest, sodomy, bestiality and any other offence prescribed in the Sexual Offences Act (2006).

Sexual, Reproductive Health and Rights (SRHR): The exercise of control over one's sexual and reproductive health linked to human rights and includes the right to sexuality.

Sexuality: It is a central aspect throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors', practices, roles and relationships. While sexuality can include all these dimensions, not all of them are always experienced or expressed. Sexuality

is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.

Shanga girl: This is a young Samburu illiterate girl who is yet to be married and majorly characterized by bead jewelry.

Sintani (concubine): This is a woman with whom a man cohabits without being married **(**It's an extra-marital affair by a married person in Samburu)

Singira: This is a Samburu traditional house purposefully built by the girls' mother for girls and mostly used to separate girls from their parents.

Unsafe Abortion: A procedure for terminating pregnancy performed by persons lacking the necessary skills or in an environment that is not in conformity with minimal medical standards or both.

Youth: This is a person aged between 10-34. This shall be the working definition in the policy guideline.

1. Introduction

1.1. Background

Samburu County lies in the heartland of Kenya, within the arid and semi-arid northern region; it encompasses an area of roughly 21,000 km^2 and is the 10^{th} largest of Kenya's 47 counties, in terms of geographical size. The counties bordering Samburu include Marsabit to the North & Northeast, Isiolo to the Southeast and South, Turkana to the Northwest, Baringo to the Southwest and Laikipia to the South. The County is divided into three sub counties that are Samburu North, Central and East with Maralal being the capital town. Administratively, the County has 15 wards and 108 villages.

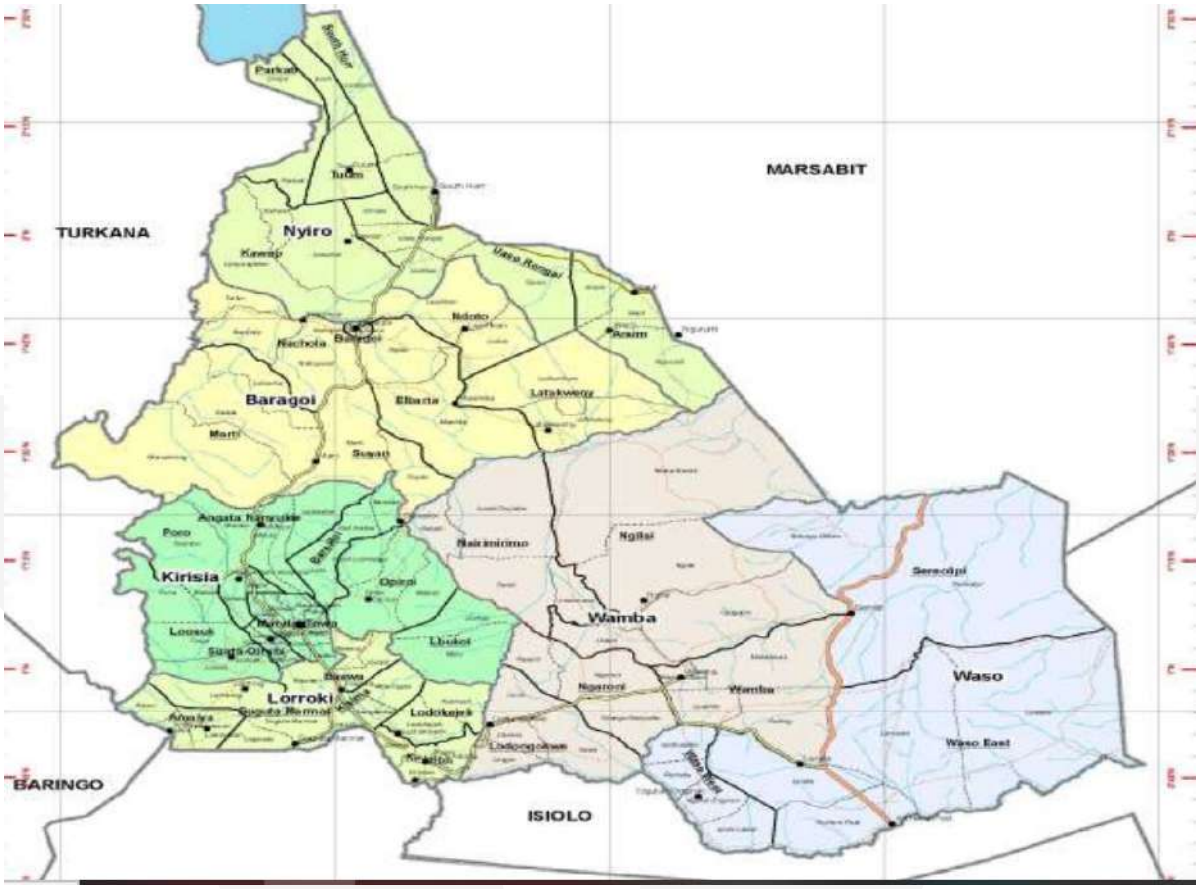
Samburu community has three main livelihoods that include pastoral (57%) mainly in Samburu East and North, agro pastoral (37%) and casual waged labor (6%). It is the third poorest County in the country with a poverty index of 75.8% (KNBS 2015) and among the highest in child poverty incidence (3-6 dimensions) at 78% giving an indication of high vulnerability compared to children from other counties.

According to the 2019 Population and Housing Census, the population of Samburu County was 310,327 with 51% of young people aged 35 years and below, adolescents and youth aged10-19 at 26% (approximately 80,686). The 2019 census report indicates literacy among the youth is 41.6 percent though this rate is expected to increase due to County government policies in free primary education and early childhood education (ECDE). Adolescent and youth rural to urban migration is increasing in Maralal, Baragoi, Wamba and Archers Post due to pursuit for education, social economical activities and other social amenities. It is estimated that 85 percent of youth live in disadvantaged rural settings that bear several challenges including poor access to clean drinking water, good health care, education, good housing, economic empowerment and political representation. There has been an increase in social crimes, drug and substance abuse, unplanned pregnancies and STIs among the AY. According to 2020 DHIS County statistics, teenage pregnancies have risen to 3,500, loosely translated to a pregnancy rate of 28% among girls compared to 26% in 2019. A 2019 UNICEF funded adolescent nutrition study conducted in two wards in Samburu Central Sub County revealed that about 22.7% of adolescents aged 10-19 years were underweight with a GAM (<-2SD), which is a measure of moderate malnutrition.

Samburu County has a rich heritage of cultural norms and practices, some which are positive while others are inhibitive predisposing AY to various health challenges. Some of the inhibitive cultural practices include FGM, mbolore, lororani, early sexual debut, child marriages and reliance on indigenous herbs resulting in poor health seeking behavior. There is male dominance in most community matters and decision making, meaning the girls and women play subservient roles and have less decision-making power in the community and household levels.

Figure 1: The location of Samburu County in the map of Kenya. Source: Samburu County Administration

Figure 2: The administrative map of Samburu County. Source: Samburu County CIDP 2018-2022



1.2. Situation analysis

Investing in adolescents and youth in Samburu County gives a significant opportunity for household, community and County development and economic strengthening. Adolescents and youth friendly services (AYFS) are meant to help young people overcome barriers concerning access to quality SRH care services. The 2019 youth friendly services (YFS) baseline survey was conducted to document youth experiences in the community and to determine the skills and competencies of the health care providers in provision of health care services to the youth. It also aimed to increase opportunities for policy guidelines and inform programmatic implementation addressing youth affairs.

The baseline report carried out in October 2020 indicated that among the 124 youths interviewed from various parts of the County, 102 (82.2%) confirmed that they had visited a health facility within the last 12 months from the time of the interview. The few that had not visited health facilities cited being unaware of services offered. A few noted they had never been sick and hence did not have any need of visiting a facility. While some of the youths were self-motivated to go to facilities, others sought services after a recommendation by a nurse, community health volunteer (CHV), friends, parents or relatives. Unfortunately, there is currently no youth friendly centers in the County and public facilities were seen as being not friendly to AY. The 2019 nutrition smart survey also depicted that most of the nutrition services offered in health facilities are not youth-targeted but geared towards addressing malnutrition among the under-fives and the pregnant and lactating women.

This depicts a clear gap in prioritization of health and nutritional needs among the adolescents and youth. While access and use of high-quality and comprehensive SRH services could prevent or mitigate many of the poor health outcomes experienced among adolescents and youth, a wide range of barriers prevent these young people from accessing these services. These include:

- **Cultural factors** such as lamurano, child beading, infidelity, mbolore, FGM, lororani, cultural night dances, child marriages
- **Social factors** including GBV, rural to urban migration, drug and substance abuse, unprotected sex, risky sexual behaviors, insecurity, peer influence, low-literacy levels, early sexual debut, unemployment, poverty, lack of comprehensive sexuality education, and multiple sexual partners
- Political factors such as lack of political representation, inadequate resource allocation, inadequate meaningful youth engagement in decision making
- **Climate factors** especially droughts and famine, flooding, soil erosion, and rough terrain in most parts of the County
- **Economic factors** such as restricted use of family properties, lack of diversification of income generating activities, attitudes towards occupations, illiteracy which leads to inaccessibility to formal employment
- **Religious factors** including negative perceptions towards the use contraception like family planning,
- **Knowledge gaps** such as lack of comprehensive and correct information regarding to young people and their challenges
- The current support structure of the health and nutrition systems is mainly designed to provide health and nutritional information and services to women (pregnant and lactating) and children under 5 years

1.3. Legal and policy context

This customized Adolescent and Youth Friendly Services Guideline is in line with Samburu County, national, regional and international legal instruments and commitments. Kenya is signatory to a number of regional and global commitments including Maputo Plan of Action 2007-2010, Program of action of the International Conference on Population and Development (ICPD, 2020) Young People in Eastern and Southern Africa (ESA, 2013), Ministerial Commitment on Comprehensive Sexuality Education and SRH services for Adolescents. The Constitution of Kenya (2010) expressly recognizes in article 43 (1) that, "every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Children's Act 2001, Prohibition of FGM Act (2011) Person with Disability Act (2003), HIV and AIDS Prevention and Control Act (2006), Marriage Act (2014) all which provide the legal framework to support provision of AYFS. The National Adolescent Sexual and Reproductive Health Policy (2015) National Youth Policy (2007), Gender Policy in Education (2007), Kenya Health Policy (2012- 2030), Kenya Health Sector Strategic and Investment Plan (2018-2023), The Education Sector Policy on HIV and AIDS (2013), and the National School Health Policy (2009), Samburu County adolescents integrated nutrition social behavior change and communication strategy (2021-2023).

1.4. Rationale for guideline customization

Adolescents and youth (10 – 19 years) account for 26% (80 686) of the population of Samburu County (nutritional smart survey, 2018). Their health and well-being is therefore an asset in the development of the County. Evidence has demonstrated that this population also contributes greatly to high teenage pregnancy

and STIs. Adolescents and youth present a myriad of challenges including high rates drugs and substance abuse, sexual and gender-based violence, high rates of unemployment among others. Underneath these challenges are harmful cultural and religious practices that impede efforts to address them. Reproductive health is an essential priority in the Kenya Essential Package for Health (KEPH) system. This strategy captures the spirit of the Constitution of Kenya, National Adolescent sexual reproductive health policy, Kenya SRH policy and County Integrated Development Plan (2018 – 2022). This strategy addresses HIV response on testing, care and treatment and services for sexual reproductive health needs including STIs, GBV and Contraceptives and the rest. In addition, it proposes possible interventions to be implemented and stipulates the roles of different stakeholders in the County. There is great emphasis of County leadership to achieve the success of this strategy.

The Adolescents and Youth Friendly Services guideline will be useful for the County government in planning, programming, budgeting and implementing the policy responsive to SRH and Nutrition services among adolescents. The guideline will hold the service providers to account and responsibility for the execution of the guideline. There is a greater call for a multi- sectoral and multi-pronged approach to holistically respond to the needs of adolescents and young people while addressing the social determinants like job and business opportunities, retention in school among other.

2. Purpose of the Guidelines

Goal

The goal of the guidelines is to improve availability, accessibility, acceptability and use of quality sexual and reproductive health as well as Nutrition services by adolescents and youth seeking services in Samburu County.

Objectives

1. To define the essential package of health services to be provided to adolescents and youth at service delivery points in Samburu County context.
2. To increase access to comprehensive sexual and reproductive health information and services among adolescents, youth, health care providers and community members in Samburu County.
3. To guide on research and documentation of cultural factors undermining provision of AYSRH services in Samburu County.
4. To guide on budgetary allocation and programming of AYSRH services in all sectors in Samburu County.
5. To improve the social and economic status of adolescents and young people
6. To provide Health and Nutrition interventions for prevention and management of malnutrition among the Youths and Adolescents.
7. To increase access to Health and Nutrition information among the Youths and Adolescents
8. To strengthen AY participation and leadership in SRH planning and programming at all levels
9. To strengthen County leadership and coordination of multi-sectoral partner's engagement for AY health and well-being

2.1. Intended audiences and targeted beneficiaries

2.1.1. The intended audiences

The Customized Samburu County AYFS guidelines have been developed to provide information and guidelines on youth sexual and reproductive health related services to those working for the betterment of the health and well-being of youth in the County. These groups include:

- Youth advocates.
- Policy makers
- Service providers
- Program managers
- Educators
- State Actors
- Non state actors including local and international NGO's, faith and community-based organizations

2.1.2. Targeted beneficiaries

In principle, all adolescents and youth in Samburu County, living both in rural and urban areas, in and out of school should benefit from any Sexual and Reproductive Health (SRH) programs and interventions. However, as described in the National ASRH Policy (2015), there are certain groups of adolescents and youths who

are hard to reach, vulnerable and marginalized and may require special attention or considerations while providing AYFS and these include:

- Morans.
- Shanga girls.
- Youth living with disabilities.
- Teenage mothers.
- Teenage fathers.
- Out of school adolescents and youth
- Orphans and street children
- Young people living with HIV
- The very young adolescents 10-14 years of age.
- Married adolescent girls.
- Young girls in rescue centers.
- Young people in insecure locations in Samburu County.

2.2. The guiding principles

The implementation of the customized Samburu County AYFS Guidelines shall be guided by the following principles:

10. Every young person is unique and belongs to a heterogeneous group with different needs, for health information and services based on a range of factors that include their age, race, sex, gender, culture, life experiences, social situation, religion etc.
11. Reproductive health services are the basic human rights for all people and adolescents and youth have inherent sexual and reproductive rights, including the right to a full range of reproductive health information and services.
12. Nutrition is a constitutional right and Kenya SDG number 4 states that Hunger of all forms should be ended, this then form a basis on the importance of Prioritizing Nutrition in AYFS.
13. Gender inequities and differences that characterize the social, cultural and economic lives of the young people influence their health and development. Thus, adolescents and youth friendly reproductive and sexual health services must promote gender equality and equity.
14. The health needs of the young people are best addressed by a holistic approach that takes into consideration their physical, mental and social well-being.
15. The management of the needs of young people SRH includes the promotion of healthy sexual development, the prevention and treatment of SRH problems, as well as the response to specific SRH needs.
16. The participation of parents, community members and other stakeholders is crucial to sustainable adolescents and youth SRH services and programs.
17. The meaningful participation of adolescents and youth in the Planning, Implementation, Monitoring and Evaluation of SRH services and programs meant to address their SRH needs is essential to ensure that their needs are addressed fully and in an appropriate manner
18. Multi-sectoral – through clarification on the roles of each sector in achieving a healthy generation of adolescents and youth in Samburu County who are free to make choice regarding their health.
19. Evidence based programming – services and information targeting adolescents and youth in Samburu County should be informed by evidence generated at all levels.

3. AYFS Characteristics and Standards

Major challenges that inhibit young people from accessing these health information and services were reported to be poor access to the facilities; poor road infrastructure, few and distant health facilities, insecurity due to cattle rustling high cost of services, perceived fear and embarrassment from service providers, poor communication with service providers, ignorance and lack of knowledge about the available services, and perceived myths and misconceptions about contraceptives. The group of marginalized youth including those living with disabilities reported that the facilities are far, the roads are poor, they were faced with stigma while accessing the services and that there were no facilities in the County that m their needs.

The suggested changes by the AY for improved access to available AYFS include improved road infrastructure and security, increased number of health facilities that are adequately equipped to serve the needs of nomadic youth including those with special needs. Other suggestions for improved services include capacity building of CHVs to provide health services to adolescents and youth in remote areas, increased access to water and irrigation facilities to increase food production in the County, health education and promotion (nutrition, hygiene, disease prevention, SRH), enforcement of anti-FGM Act, Children's Act and Education Policy for all to retain young people in school.

This chapter outlines the characteristics and standards required for the provision of quality AYFS as described by the World Health Organization.

3.1. Characteristics of adolescent and youth friendly services

A characteristic is a feature or quality belonging to a person, place or thing. It is a typical and noticeable quality.

The Samburu County Department of Health recognizes that adolescence is a period of rapid physical, biological, psychological, emotional and social growth. However, there is a group that stagnates and is at risk of developing personality disorders and also at risk of abuse. These developmental changes create challenges and special requirements for the specific needs of the adolescents compared to children and adults. Adolescence is also a period when one becomes sexually active, therefore reaching them with health interventions in general that is comprehensive, responsive adolescent and youth health services, HIV prevention, care and treatment services and others is critical for their wellbeing.

Adolescents and youth are a complex and heterogeneous population with different characteristics that influence their needs and vulnerabilities, including but not limited to: age e.g. 10-14 Years(Early adolescence), 15-17 Years (Middle adolescence),18-21 Years(Late Adolescence) 22-24Years (early adulthood); sex; life stage e.g. unmarried, married, parenting; type of relationship e.g. casual serial partnerships, multiple concurrent partnerships, monogamous marriage, polygamous marriage; behaviours that might make them key population for HIV e.g. young men who have sex with men, young injecting drug users ; health status e.g., young people living with HIV; education level, schooling status (in or out of school); employment status; vulnerability status (e.g. living with a disability, street-based/ homeless, illiterate); access and control over financial resources; household composition (e.g., living with both parents, single parent household, orphans, adolescent-headed household); geographic local (urban, rural, peri-urban). However, all adolescents share common neurobiological and psychological characteristics including cognitive/brain development lagging behind physiological development, "hot" emotions and challenges in projecting future outcomes and anticipating consequences. Life stage does not accelerate these developmental processes (e.g., marriage

does not accelerate cognitive development). These characteristics make young people less likely to receive services such as FP than their older counterparts—even if they are married, or parents.

For the services to be adolescent and youth friendly, certain basic factors should be in place. The service providers should be non-judgmental and considerate in their dealings with adolescents and youth and deliver the services in the right way. The service delivery point should provide and enable adolescents and youth to obtain the health services they need. These services should be appealing to adolescents and Youth and respectful of them. Especially in Samburu culture where these services are viewed as immoral or a taboo. Adolescents and youth should be aware of what services are being provided and feel able and willing to obtain the health services they need. Community members like elders and church leaders, even those who are of low-literacy should also support the provision of the health services to adolescents and youth.

Cognizant of the circumstances and challenges that adolescent and youth face in Samburu County, and in the endeavor to successfully meet the unique needs of adolescents, Samburu County health department policy development and implementation will be guided by the following key characterizations of AYFS as guided by the WHO.

3.1.1. Equitable and Non-discriminative

The health service providers and service delivery point should provide quality services to all adolescents and youth irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, social status, cultural background, and sexual orientation, gender identity, in and out of school, disabilities or other characteristics in Samburu County. The service providers and service delivery points shall ensure human rights of adolescent and Youth are upheld. All AY, without discrimination, are able to obtain the health services they need regardless of gender and age including those living with HIV, those living with disability, sexually active, exploited adolescents, key populations, hard to reach adolescents and youth both in school and out of school including those in the most rural part of the County and those with any other characteristics that may put them at a disadvantage e.g. Morans and shanga girls will receive the full range of health services at their convenient time.

3.1.2. Accessible

The County Department of Health shall ensure that AY services are delivered in ways that are responsive to specific needs, vulnerabilities and desires of AY in public, private, school health facilities and within community structures. The services shall be offered in a non-judgmental and confidential manner that full respects human dignity. All AY are able to obtain the health services that are provided. All Adolescents and Youth should be able to receive health services free of charge or are able to afford any charges that might be in place. Health services should be available to all Adolescents and Youth during convenient hours, after school or work hours, during weekends and holidays where applicable. The physical infrastructure should be user-friendly. Adolescents and Youth should be aware of what health services are being provided, where they are provided and how to obtain them. The location of the facility should be such that young people find it easily and feel free to get there.

3.1.3. Acceptable

Health services are provided in ways that meet the diverse expectations of adolescents and youth clients. Policies and procedures should be in place that maintain adolescents and Youth Privacy and confidentiality at all times except where staff are obliged by legal and medical requirements with consultation with the Adolescent or Youth. At the point of service, policies and procedures will address registration, consultation, record-keeping, and disclosure of information. Service providers should be non-judgmental, considerate, and easy to relate to and attentive to adolescent and youth needs.

Adolescents and Youth should be able to consult within short notice, whether or not they have a formal appointment. Referrals should take place within a short and reasonable time frame. Information that is relevant to the health of Adolescents and Youth should be available in a variety of channels and in different formats. Materials should be presented in a familiar language, easy to understand, eye-catching and responsive to different disabilities and other needs. Options for delaying pelvic examinations and blood tests until the Adolescent and Youth are psychologically prepared should be created. Adolescents and Youth should be given the opportunity to share their experiences in obtaining health services and to express their needs and preferences. They should be involved in appropriate aspects of health service provision e.g. Morans, Shanga Girls as CHVs.

3.1.4. Appropriate

Health services that Adolescents and Youth need are provided. The health needs and issues of all Adolescents and Youth will be addressed by the health service package provided at the point of health service delivery or through effective referrals, linkages, networks and outreach. The services provided should meet the special needs of marginalized groups' vulnerable marginalized group- VMGs, social poor, people living with disabilities of Adolescents and Youth and those of majority.

3.1.5. Effective

The right health services are provided in the right way and make a positive contribution to the health of Adolescents and Youth. And they should not take advantage of the illiteracy of Adolescent and Youth in Samburu County to give them low quality services or ineffective medication or advice. The points of service delivery should incorporate appropriate innovative strategies to deliver the required health services. Health-care providers should have the required competencies to work with Adolescents and Youth and provide them with the required health services. Health service provision should be based on protocols and guidelines that are technically sound and of proven usefulness.

Building capacity of health-care providers to provide Adolescent and Youth Friendly Services through in service, on job training, mentorship and continuous medical education. Advocate for integration of Adolescent and Youth package of care training into pre-service curriculum in all medical training institutions. Ensure quality assurance through routine support, supervision and mentorship at all levels to provide adolescent and Youth Health Services.Effectiveness includes sustainable AYFS whereby there must be an implementation, monitoring and evaluation system that could measure its objectives.

3.2. Adolescent Archetypes

This section describes the typical character, actions, motivations and environment that represent the primary audience of adolescent boys and girls. The archetype helps to create a better understanding of the audience so that the services directed to them are relevant and effective in planning and programming.

3.2.1. Female Audiences

Nasieku, 10–14 years, rural

Nasieku is unmarried and is not yet in school. Her main domestic chores include fetching water, firewood and herding. She enjoys playing (skipping rope), beadwork, singing, chatting with friends and sharing stories and being in public spaces such as markets. She also likes perfumes and anything that is colourful (particularly, red) and bright. She dislikes undergoing FGM, forced marriages, being beaded by a man she does not like, herding cattle and being restricted from doing activities she enjoys such as dances and singing.

Her aspirations are to go to school, to be a mother and have children, and to be married to a rich young man who has many cows.

Typical day: She wakes up by 6.00 am to help her mother prepare morning tea. She will drink milk and then go on to herd goats either alone or with a sibling/friend. As she herds, she will also be chatting with her friends, or socializing with male herders, or beading. In the evening, her main activities will include milking and sorting the animals (young from the older ones). Her dinner will mainly comprise of milk, ugali, meat and porridge. After dinner, she will enjoy night music around the boma because she is not circumcised. She will typically sleep in her grandmother's house where she may enjoy folk stories from her grandmother before sleeping.

Naserian, 15–19 years, rural

Naserian, a 19-year-old young woman, is married with two children. She is a primary school dropout. Naserian likes beadwork, singing, socializing with female friends and sniffing tobacco. She dislikes forced marriage (because she went through the experience), being in a polygamous marriage (she is the third wife), drunkenness and being restricted from doing what she desires. Her main fears revolve around divorce or being separated from her husband, physical violence from her spouse and the risk of HIV infection. She aspires to have a stable family with many children that are successful in what they do. She also desires to have many animals, which symbolizes wealth in her community.

Typical day: Naserian wakes up by 6.00 am in readiness for the numerous household chores that are her responsibility to include: lighting the fire, preparing tea and serving her family, sorting the animals, escorting the animals outside the home (to be herded by the young boys/girls in the homestead), cleaning the compound and shelter for the goats, fetching water and going to the market to try sell her beadwork. She occasionally joins her female friends to sing to tourists when the opportunity arises. This allows her to make a little money. She will also ensure she has fetched firewood for cooking the evening meal. In the early evening, she will go home to settle the young goats in their sleeping areas, milk the goats/cows/camels, prepare supper and clean the calabashes for milking the next morning before she sleeps at around 10.00 pm.

Naisula, 10-14 years, urban

Naisula, who is 13 years old, is not married and is currently in upper primary school. She lives in Maralal and has not undergone FGM or beaded. She enjoys chatting and playing with friends, watching TV and movies, listening to music, playing video games, nature walk and fun activities such as dancing and singing. She also likes accompanying her parents to community events, going for leisure walks, visiting neighbours, socializing with boys. She fears punishment and being found doing wrong things. Naisula dislikes certain cultures like FGM and forced marriages, being restricted from fun activities, labour-intensive and time-consuming activities. She has key aspirations which are advancing to high school, finishing school and getting good white-collar jobs.

Typical day: Naisula is likely to be woken up early in the morning (5.30am / 6.00am) to go to school. She comes back in the evening, freshens up, eats, goes to play near the house. She also does her homework, watches TV or listens to radio, uses her parent's phone to search social media for current events and stores and sleeps by 9pm. During school holidays or weekends, she wakes up late unless she is woken up by her mother. She sometimes helps with house chores such as taking care of her siblings while the parents are running errands. She will also clean the house, run errands and perhaps support the parents' business such as kiosk attendance She also may go for social events accompanied by parents. She will eat at least three main meals (breakfast, lunch and dinner) prepared mostly by her mother or househelp.

Sepina, 15-19 years, urban

Sepina is a 17-year-old girl who lives in Maralal town. She goes to a local secondary school and is neither married nor circumcised. She enjoys many things including chatting with friends physically and virtually on phone (SMS and WhatsApp). She enjoys activities like dancing and going out and attending social events. She also likes personal grooming because she is very particular about her looks and appearance and hygiene. She enjoys adventure and experimenting with new things. She likes to eat fast foods from the local restaurants. She favours social recognition, freedom and responsibility while still being secretive especially to people in authority such as her parents and teachers. She believes she knows what she wants for her life and is easily angered and can easily get emotional when hurt.

Sepina dislikes being confined or controlled and can easily be rebellious. She also dislikes routine, specific traditional meals, some cultural practices (beading, FGM, early marriages). She is easily embarrassed especially in public. She sometimes dislikes schoolwork, some chores such as herding cattle or bead work. She does not like being left out of activities or feeling like she does not belong. She fears rejection, being hurt physically or emotionally and STIs like HIV.

Sepina aspires to have a good family, to be independent and financially stable. She would love to advance in her social status, to be a future leader in her community, to drive her own car, be a role model to other, to succeed like the celebrities who are her role models and to explore the world.

Typical Day: She wakes up early by either 5.00am or 5.30am to help with house chores. She then prepares to go to school if she is not in boarding school. While in school, she interacts with her teachers and also her friends in-between classes. In the evening, she walks home, freshens up, does her homework and/or relaxes with her neighbouring friends. She then retreats to her room and if she has access to a phone, she will chat with her friends or be in various social media platforms until late in the evening. Over the weekends or school holidays, she wakes up late, helps with household chores, visits friends and goes for walks with them. She attends events in the company of her friends, not her parents. She then returns home and retreats to her room. She will eat meals in between her activities though she does not focus much on what she eats or snacks on.

3.2.2. Male Audiences

Losieku, 10–19 years, rural

Losieku is not married and he is a primary school dropout. He has not yet undergone the circumcision ritual, but he looks forward to being a Moran to gain community respect. He enjoys participating in cultural ceremonies and bonding with peers in social groups within manyattas. He also likes singing and listening to cultural music on his smart phone radio. He loves personal grooming- to be clean and smart. He does not like any restrictions on his life. He fears being HIV infected and the effects of drought on his family. His typical days are dominated with herding livestock for long periods of time. Subsequently, his access to any health information and services is very limited.

Lemaiyan, 15-19 years

Lemaiyan is a Moran. He is unmarried but has beaded one of the girls in his community. In his community, he is highly valued, almost as a 'demigod' because of the protective role he plays in his community. He is held in high regard, probably more than his peers who are educated or school going. Lemaiyan likes the recognition and status he has in the community and he is keen to retain the heroism that comes with being a Moran. Subsequently, he does not like ill-health as it depicts weakness. He takes a lot of herbs to sustain

his strength and words off any disease. Some of the other things Lemaiyan does not like include being demeaned, failure, restrictions, lack of control and hardship. He hates famine as it contributes to the loss of animals which symbolize loss of wealth; and also, it heightens the risk of death of the very community he seeks to protect. He does not enjoy farming as it takes up valuable time and makes him dirty. He also fears to be beaten by fellow morans in case of misbahavior.

He is very conscious of his image and this is evidenced by how he carries himself with pride and walks with an identifiable poise. He seems to have a sense of entitlement over everything desirable. He enjoys several things including: being clean and smart, wearing brightly coloured regalia and body perfumes, mobile technology (he owns a smart phone and several memory cards that allow him to download movies, photos and music by local/other contemporary artists, etc.) and wealth and materialism. He has a deep value for his community's culture and is bound by its expectations over his life. He however somewhat embraces modernization as depicted by his consumption of digital media information. He enjoys flirting and socializing with women but has a domineering attitude towards the female fraternity over all aspects of their life due to the culturally accepted superiority.

Lemaiyan has fears including impregnating a girl, which goes against cultural norms, losing in war, poverty and death. He aspires to be wealthy, marry many wives, have many life adventures, and to acquire physical skills that help him to build wealth.

Typical day during the dry season: He takes on the role of provider for the household. He wakes up at 5am, scans the surrounding community area to ensure it is secure against potential enemies/hazards and mitigates, if necessary. He then goes to herd the livestock, during which time, he chats with his age set peers, flirts with girls, waters and milks the animals, composes and sings songs and charts his life plans. Lemaiyan and his peers cook one meal in a day where they mix blood, milk and maize flour.

Typical day during the rainy season: Lemaiyan and his fellow Morans go back to the manyatta since there is now plenty of pasture and water for the livestock. Their days are comprised of the following activities: relaxing, bathing, chewing miraa, focusing on their body hygiene and image, flirting with girls and young married women, engaging in any business ventures e.g., being a tour guide, visits to the towns, and participating in evening dances. During this time, they are highly predisposed to risky sexual behaviour, drug and substance abuse, banditry etc as their interactions with girls/women is more based on the recreational activities. He desires to go to a traditional feeding camp for young morans.

Loshami, 10-14 years, urban

The 12-year-old Lemaiyan lives in Maralal town, is unmarried and is currently in primary school and has not undergone circumcision. He enjoys watching movies and football, playing video games and football. He loves listening to both local genge and western music. He enjoys bonding with his peers, eating and snacking on favourite foods. He is very competitive. Sometimes he ventures into risky behaviours such as drinking alcohol, smoking and using other readily available drugs. He is very selective regarding whom he associates with or befriends. He dislikes being controlled or overly supervised. Lemaiyan has aspirations to finish schooling, pursue a professional career, own his own home and car, and be successful like key role models such as football players, musicians and celebrities. On a typical day, Lemaiyan wakes up late, sometimes helps in house chores, does some personal grooming, eats his breakfast of tea and bread before joining his neighbouring friends to bond, play football and have fun until evening when he watches TV or uses his parents' phone to look at current information on social media. He sleeps late.

Loramat, 15-19 years, urban

Lerte lives in Maralal town, is unmarried, is currently in secondary school and has undergone circumcision. His positive likes are watching movies and football, playing video games such as playstation, playing football with peers in the neighbourhood or school compound, listening to genge music and other western music on radio or using his smartphone. He enjoys relaxing and having fun with his peers. He also enjoys flirting with girls and is interested in being fashionable. His negative interests are drinking alcohol, smoking and using other illicit drugs, betting, watching pornography on the internet, and stealing to have a fancy life.

He dislikes responsibilities and being controlled by people in authority in his life. He fears failure and punishment. Leerte aspires to finish schooling, pursue a professional career, own his own home and car, and be successful like key role models such as football players, musicians and celebrities. In addition, these archetypes have distinguishable characteristics that can be deduced as follows;

Table 1: Samburu AY archetypes

	Archetypes		Activities	
Moran	**Lpurkel (rural)**	**Ldonyoo (urban/ peri-urban)**	**Lpurkel (rural)**	**Ldonyoo (urban/peri-urban)**
	» Eats meat in the Loikar (secluded dining centres/points in the bush or wild) » Has high level of respect » Doesn't smoke bhang/sniffs tobacco » Doesn't sell charcoal » Beads girls » Do not seek medical attention when sick unless critical or advised and uses local herbs » Little knowledge on ARHS » Traditional circumcision	» Eats food from the mother's house » Moderate level of respect » Chews Miraa and consumes alcohol » They like flirting with girls and multiple sexual partners » Circumcise in hospitals	» Hunting and gathering » Looking after livestock » Provides security » Search for water points, green pastures » Singing and dancing at nights and during traditional ceremonies » Draws water from deep well	» Cultivation » Engage in business activities like buying and selling goats and cows, riding bodaboda » Sell charcoal » Like loitering in town centers and move from rural to urban » Like sporting activities/ watching games in DSTV joints » Some voluntarily visit health facilities for medical attention and medications
Layieni	» No sexual relationships with circumcised girls and women » Do not decorate with red ochre » Not circumcised » Eat food from the mother's house » Eats 'Ngoo' /Itau » Has a special hairstyle where the entire head is shaved leaving hair at the crown of the head locally known as Lmancheeu » Individual orientation » Perceived as a child by the community members » Wear green beaded necklace » Before and during initiation, they wear a black skin smeared with sheep oils » Has great hopes to be a future Moran » They respect and are disciplined by lmuran		» Looking after livestock » Fetching firewood and water » Milking cattle » Mboloree » Honey gathering » Hunting	

3.3. Standards for quality adolescents and youth friendly services

The eight standards outlined below define the required level of quality in the delivery of services for adolescents and youth. Each standard reflects an important facet of quality services and in order to meet the needs of adolescents and youth all standards need to be met. These standards are defined under the National standards and guidelines on delivery of Youth Friendly services.

Table 2: Standards for quality adolescents and youth friendly services

Standard	Description
Standard 1: Adolescents and youth health literacy	The service delivery point implements systems to ensure that adolescents and youth are knowledgeable about their own health, and they know where and when to obtain health services.
Standard 2: Stakeholder support	The service delivery point implements systems to ensure that stakeholders recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents and youth Adolescents' and youth health literacy Stakeholder support.
Standard 3: Appropriate package of services	The service delivery point provides a package of information, counselling, diagnostic, treatment and care services that fulfil the needs of all adolescents and youth. Services are provided in the facility, through referral linkages, networks and outreach including in humanitarian settings.
Standard 4: Provider's competencies	Health-care providers demonstrate the technical competence required to provide effective health services to adolescents and youth. Both healthcare providers and support staff respect, protect and fulfil adolescents' and youth rights to information, privacy, confidentiality, non-discrimination, and non-judgmental attitude Providers' competencies.
Standard 5: Facility characteristics	The service delivery point has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the appropriate and relevant equipment, medicines, supplies and technology needed to ensure effective service provision to adolescents and youth.
Standard 6: Equity and nondiscrimination	The health service providers and delivery point provides quality services to all adolescents and youth irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, social status, cultural background, sexual orientation, gender identity, disabilities or other characteristics. The service providers and points of service shall ensure human rights of adolescent and youth are upheld.
Standard 7 Data and quality improvement	The service delivery point collects, analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. The service providers are supported to participate in continuous quality improvement. This data should be captured in the MoH Health information system/tools including uploading data into DHIS as is appropriate.
Standard 8: Adolescents' participation	Adolescents and youth are involved in the planning, monitoring and evaluation of health services and in decisions regarding their own care, as well as in certain appropriate aspects of service provision. Nominate an adolescent as part of facility committee to enable regular quality facility improvement and enhance accountability and linkage

4. AYFS Strategies, Approaches and Delivery

4.1. Introduction

This section of the guidelines outlines the strategies, approaches and service delivery for AYFS in the County. It includes the action points that will guide operationalization of the strategies. The service delivery component entails approaches, models and service delivery points. The strategies outlined in this section are supported by the monitoring and evaluation framework in chapter nine of this guideline. The monitoring and evaluation framework provides all related indicators for the strategies outlined.

4.2. Strategies and actions

The strategies for the implementation of these guidelines have been identified as;

a. Capacity building to mainstream AYFS into service delivery at all levels
b. Multi-sectoral coordination
c. Social mobilization
d. Networking, partnership and collaboration
e. Advocacy and policy dialogue
f. Meaningful adolescent and youth involvement
g. Parents and community involvement in provision of AYFS
h. Referral, linkage and follow-up
i. Utilization of indigenous structures.

4.2.1. Capacity building to mainstream AYFS into service delivery at all levels

Health care providers, clinic staff and teachers play a key role in ensuring that adolescent and youth access health care services, it was evident from Samburu Youth Baseline Survey 2020 that only 27% of health care providers have been trained on provision of youth friendly services. The survey also found out that service providers' personal belief and negative attitudes may hinder young people from accessing health care services. In addition, the health care providers may lack knowledge and skills needed to attend to young people. Health service providers report being torn between personal feelings, cultural and religious values and beliefs and their wish to respect young people's rights to accessing and obtaining SRH services.

Training of service providers should address service provider attitudes and beliefs, and improve provider knowledge of normal adolescent development and special characteristics of adolescent clients and skills both clinical and counselling. Health and nutrition service providers and teachers should receive both pre- and in-service training on but not limited to:

- Essential package for AYFS
- Value clarification and attitude transformation (VCAT) training on adolescent and youth sexuality and provision of services such as contraception
- Characteristics of adolescent growth and development (including neurobiological, developmental, physical, cultural and social) which impact health.
- Privacy and confidentiality
- Basic psychosocial support
- Sensitize teachers with information on hygiene practices, AYF services rendered both at schools and health facility

- Sensitization of teachers on nutrition screening and assessment
- Appropriate, relevant infrastructure and technology

The survey also noted that there were no operational youth friendly structures across the County (Samburu Youth Baseline Survey 2020).

Key Activities/actions

1. Establish appropriate, relevant infrastructure for AYFS as per the national checklist (NYFS see annex2).
2. There also should be mobile youth friendly structures to provide services at hard-to-reach areas. This infrastructure should be able to accommodate persons living with disabilities.
3. Offer Adolescents and Youth Friendly services in Schools.

4.2.1.1. Supply Chain Management System

Continuous supply of essential medical and nutrition commodities is important in provision of Adolescent and Youth Friendly Services. Essential commodities should be availed on the AYFS service delivery points. Samburu County has poor road network which makes health facilities inaccessible, therefore, there is a need to have an appropriate, effective and efficient supply chain system. This system should ensures accesibility of the critical commodities and services that include, but not limited to;

- Adequate supplies and medicines for STI management
- Pregnancy testing kits
- Contraceptives
- HIV Testing Services kits
- Condoms
- Post-abortion care kits
- Sanitary towels
- Anti-retroviral drugs
- Post rape care kits
- Pre and post-exposure prophylaxis services
- Nutrition screening to detect malnutrition for prompt management
- Adequate nutrition supplies

4.2.1.2. Institutional and legal framework development

Legal and regulatory changes and developments should be made to enable organizations, institutions, agencies County government departments and service providers at all levels and in all sectors to enhance their capacities in the provision of adolescent and youth friendly sexual and reproductive health information and services: Child Protection Act, Reproductive Health Act 2012,Sexual Offences Act 2006,Anti-FGM Act 2003,Nutritionist and Dieticians Act 2007 (Cap.253B),National Youth Council Act 2009.

Key Activities/actions

- Orientate service providers on reproductive health commodity and logistics management
- Support establishment, expansion and renovation of facilities to meet the standards of AYFS and should consider the Samburu way of life e.g separate waiting bays for Moran's, shanga girls and women

- Strengthen systems for effective commodity management and security
- Train health care service providers on provision of AYFS including Value Clarification and Attitude Adjustment Training.
- Integrate AYFS training module in pre-service training curricular for all cadres of health service providers
- Sensitize health care providers on WHO's Medical Eligibility Criteria for contraception, FP Guidelines and 2010 Constitutional provisions with regards to reproductive health
- Sensitize other key stakeholders on the need for AYFS
- Support and Re- introduction of school health programs and provide orientation to teachers on AYFS to suit the learners coping with YFS.
- Support special considerations for adolescents and youth living with disabilities as well as orphans and vulnerable/marginalized adolescents and youth.

4.2.2. Multi-sectoral coordination

Provision of AYFS requires a multi-sectoral approach and therefore there is need for coordination at national, sub- County, ward and village within the County several departments like health, education, finance, department of Gender culture social services youth and sports for effective service delivery. This shall be achieved through the ASRH TWGs and Reproductive Health – Inter Agency Coordinating Committee (RH-ICC). The MOH shall collaborate with MoEST for in-school adolescents through Joint Interagency Coordinating Committee (JICC). Reproductive and maternal health services unit (RMHSU) shall provide leadership in implementation of these guidelines, as per the ASRH policy. At the County level, planning and coordination of AYFS will be integrated in the County health plans and as agenda during MSP meetings

Key activities/actions

1. Conduct quarterly ASRH TWG meetings
2. Incorporate AY matters in the multisector coordination platforms
3. Support the strengthening of the school health programs
4. Oversee and facilitate implementation of the guidelines at national and County levels
5. Regulate and coordinate AYSRH training, information sharing and service delivery
6. Coordination of Monitoring and evaluation activities at , County and sub-County level
7. Coordinate research, data management and dissemination
8. Resource mobilization for AYFS

4.2.3. Social mobilization

Initiatives to create awareness about and generate demand for AYFS should be put in place in order to increase access and utilization of reproductive health information and services. This will target all stakeholders including the adolescents and youth, health service providers, County and sub-County governments, Parents, teachers, Civil Society Organization (CSOs), Professional bodies, Academic institutions, religious leaders, Samburu indigenous cultural setups among others.

Key Activities/actions

1. Develop, print and disseminate culturally, disability- friendly and age-appropriate IEC materials with key health messages for adolescent and youth contextual to Samburu County
2. Develop, print and disseminate IEC materials with key messages for parents and guardians of

adolescents and youth to support young people to access services and tips on how to communicate effectively with young people

3. Sensitize all stakeholders on AYFS
4. Develop and implement communication strategies to publicize where, when and what adolescent and youth friendly services are available
5. Use of different media channels and platforms, carry out radio talks, organize awareness walks and campaigns on calendar days, to mobilize adolescents and youth and encourage parents to support access to SRH information and service.
6. Recruit CHVs from appropriate age groups e.g. Moran's, Layiok, shanga girls
7. Conduct community SBCC on AYSHR including HIV prevention and ART adherence including knowledge of rights and responsibilities by both youth and service providers
8. Utilization of indigenous figureheads e.g. Launok,lpayiani and Mpiroi to create awareness and sensitization on the importance of AYSRH in the community.
9. Scale up nutrition education targeting key nutrients for adolescents

4.2.4. Networking, partnership and collaboration

In order to complement each other for effective service delivery, institutions and agencies should build networks at all levels to mobilize support for adolescent and youth friendly services. Organizations need to recruit and train local youth groups to provide outreach IEC support services and mobilize youth and the public in support of adolescent and youth friendly services. Organizations should collaborate in sharing best practices and building effective referral systems and linkages for AYFS.

Key activities/actions

1. Mapping of partners supporting AYFS
2. Strengthen linkage and networking between partners
3. Strengthen public-private partnership to support the provision of AYFS
4. Documentation and sharing of best practices and lessons learnt
5. strengthen indigenous cultural setups on matters concerning AYFS
6. Use of youth champions and CHVs.
7. Link communities and schools with agriculture extension officer (Crop specialist) enhanced skills in kitchen gardening
8. Integration of community outreaches with AYSRH services.
9. Samburu County government to offer cost-effective youth friendly services through integration of SRH into universal health coverage.
10. Work with church-based and community based institutions to minimize stigma and discrimination of young people with mental disabilities.

4.2.5. Advocacy and policy dialogue

Advocacy is critical to gaining institutional and political support at the County departmental level for AYFS. Efforts should be made to enhance to mobilize resource allocation towards AYFS and supporting policies towards enhancement of AYFS. There is need to conduct policy dialogue among stakeholders on emerging issues to AYFS from time to time. Policy dialogues shall bring diverse groups together for evidence-based discussions on regulatory policy and planning issues and attempt to find practical solutions to complex issues.

Key activities/actions

1. Advocate for increased resource allocation for AYFS at the County departmental level
2. Support engagement of communities, civil society organization and the private sector in the implementation of AYFS
3. Strengthen integration of the AYFS in existing health programs
4. Engage with policy makers, partners, community and other stakeholders
5. Development, print and disseminate AYFS policy briefs
6. Samburu County department of health should train County youth networks in youth leadership, project management, and advocacy to increase the number of youth leaders/advocates for YFHS

4.2.6. Meaningful adolescent and youth involvement

With strong involvement of adolescents and youth in the AYFS, we are able to improve ownership and sustainability of the programs.

Key Activities/actions

1. Engage adolescents and youth as partners in the design, planning, implementation and evaluation of AYFS programs
2. Include Samburu County adolescents and youth lived experiences to customize health care worker's trainings
3. Support networks of adolescents and youth health peer educators and champions
4. Identify and involve marginalized and vulnerable adolescents and youth on AYFS
5. Develop dialogue platforms for adolescents and youth using both indigenous structures and the utilization of current technological advancements
6. Engage young people, as appropriate, in service delivery, including: as facility-based adolescent client-advocates, HIV care coordinators working with young patients, CHVs, and appointing youth and adolescent members of Health Facility Committees

4.2.7. Parents and Community involvement in provision of AYFS

The involvement and participation of parents and community members in the provision of AYFS ensures sustainability of AYFS programs in their respective localities. Creation of referral and linkage mechanisms should be emphasized to ensure that key actors like youth, parents, community members, CHVs, community administrative units and health service providers work together in the provision of AYFS. The representation of parents and community leaders could be drawn from community groups or associations like parent/teachers' associations, prominent individuals, religious groups/organizations.

Key activities/actions

1. Sensitization of parents, guardians and community leaders on SRH and AYFHS.
2. Develop, print and disseminate IEC materials with key messages for parents and guardians of adolescents and youth to support young people to access services and tips on how to communicate effectively with young people

4.2.8. Referrals, linkages and follow-up

Referrals, linkages and follow up are key in ensuring that adolescents and youth access holistic health services in a timely manner. This is necessitated by situations where service delivery point is not able to

offer comprehensive AYFS (e.g., mental health services, drugs and alcohol counselling, nutrition and GBV) and hence the need for referral and other linkages. An effective referral system will ensure adolescents and youth get the best possible care closest to them. It also makes utilization of service delivery points and healthcare services cost effective . Creating an effective referral system and linkage between the various service delivery points that provide SRH services to the adolescents and youth require putting various components in place for instance availing the essential services and commodities at different service delivery points.

Key activities/actions

1. Develop/ review and disseminate AYFS referral directory at County level
2. Strengthen a functional referral system for AYFS
3. Orientate service providers on effective referral mechanisms
4. Develop strong Linkages between health facility ANC and TBAs for skilled attendance to pregnant adolescents
5. Develop and implement system to monitor and evaluate the quality of the referral system
6. Familiarize the service providers at various service delivery points with the standard operating procedures to guide their decisions and actions in referring and receiving adolescent and youth clients in Samburu County.
7. Create an effective two-way communication system between the different service delivery points and popularize the available types of health and nutrition information and services to the adolescents and youth.

4.2.9. Improved HIV/SRH outcomes for adolescents and young people

Many adolescents and young people do not have access to quality HIV and SRH services. Poor sexual reproductive health and HIV have shared drivers such as lack of correct and comprehensive HIV/SRH information, gender based violence, harmful cultural and religious practices, gender and economic inequalities among others. Integrating HIV and SRH services is a health and community systems response that can improve access and uptake of services, increase coverage and reduce costs to users and services that can ultimately improve the health outcomes of AYs. Strong and robust health and community systems are an integral part of achieving universal health coverage. The Kenya Health Sector Strategic and Investment Plan 2014 – 2030 (KHSSP) documented that the Kenya health care system is characterized by lack of adequate and trained personnel, uneven distribution of health care workers, poor leadership, low staff morale, uncoordinated linkages and referrals, weak collaboration between and across public and private sector health systems, data analysis, monitoring, data demand for decision making, unclear indicators, lack of M&E tools at community level and inadequate financing. This strategy aims to build robust and sustainable health and community systems to enable effectiveness and efficiency in delivery of HIV/SRH information and services.

This section describes strategies for improving HIV & SRH outcomes for the different sub-categories of the AY. By utilizing an ecological model, the focus is on high impact strategies that can be employed at individual, family and community levels to support the affected individuals realize improved health

Key activities /actions

1. Provide age appropriate information to increase awareness on HIV/SRH and related services. Use appropriate channels for delivery of information by use of technology: social media, small group discussions in and out of school settings, audiovisual materials.
2. Deliver HIV/SRH services in conducive and responsive settings such as youth friendly centers, safe spaces or days/hours favorable to AY.

3. Integration of NCDs, nutrition, TB, mental health and alcohol and substance abuse services into HIV/SRH interventions.
4. Sensitization of the education sector stakeholders in HIV/SRH interventions for the AY for integration in school health programs.
5. Incorporating of HIV/SRH messages and activities during ministry of education calendar events e.g. drama and music festivals, sports.
6. Scale up training and sensitization of AY mentors and champions for in and out of school HIV/SRH interventions.
7. Promote use of technologies like self-testing, Prep and other innovative interventions for HIV prevention.
8. Empowerment of AY on abstinence (delayed sexual debut or secondary virginity) until they are able to make healthy choices on sexual activities.

5. Approaches for Service Delivery

Two broad categories of approaches have been identified for AYFS delivery to include targeted approach and integrated/mainstreamed approaches. A description of these approaches has been provided in this section.

5.1. Targeted Approach

The targeted approach refers to a situation where services are designed and planned for AY alone and are offered in settings that meet the needs of these population group and do not include other groups. Such services may be clinical, non-clinical, or a combination of both. In Samburu County, AY will be reached through their social places for service delivery i.e. dances, watering and bathing points, grazing fields, lororani, among others.

5.2. Integrated/Mainstreamed Approach

This is where adolescents and youth receive services as part of the general public, but special arrangements are made to make the services more acceptable to them and all service providers are sensitized on adapting service delivery to adolescents' and youth needs as part of their definition of quality care. This mainstreamed approach can be adapted at any level of health facility, including within primary health care facilities.

5.3. Service delivery for adolescents and youth

Reaching all AY with health services and information demands availing a wide range of services and information at different service delivery points and making the existing formal and informal service delivery points adolescent and youth friendly. The type of health services and information intended to be provided varies and involves different service delivery points both within and outside the public health system. This section outlines the essential package of services and information that should be provided at the different service delivery points. Different service models should be identified and used according to the context and the targeted sub- population(s) of young people living in Samburu County.

5.3.1. Essential package

The essential package for adolescent and youth friendly service provision has been identified as;

1. Counselling on SRH, including growth and development, relationships, and sexuality
2. Information and education on SRH for adolescent and youth including links to reliable online information, SMS hotlines and talking-books.
3. Pregnancy testing
4. Sexually Transmitted Infections (STIs) counselling, screening and treatment
5. Reproductive and urinary tract infection testing and treatment
6. Contraception counselling and provision of full range of contraceptive methods, including long-acting reversible methods
7. Counselling and treatment of irregular or painful menstruation, screening for anemia
8. Post Abortion Care (PAC)
9. Sexual and gender-based violence (SGBV) counselling, services, and referrals to additional multi-sectoral response services
10. Antenatal and post-natal care

11. Screening services e.g. breast, cervical cancer screening
12. Other reproductive health services e.g. prenatal counselling, Human Papillomavirus (HPV) screening and vaccination and HIV services e.g. prevention of mother to child transmission of HIV services, voluntary medical male circumcision (VMMC), etc.
13. HIV counselling and testing, linkages to care and support; and initiation of Antiretroviral therapy (ART) for eligible adolescents and youth
14. Nutritional, counselling, screening and management services including advice on physical activity
15. Personal hygiene and sanitation
16. Life skills, values clarification, goal setting, communication skills, decision making skills, and financial literacy
17. Provide integrated and responsive health and mental health and social support.
18. Counselling on drugs and substance abuse including alcohol and tobacco use and abuse
19. Stress management
20. Referrals, linkages and follow-up

5.4. Service delivery models

There is growing recognition, most notably in the WHO's 2014 report, Health for the world's adolescents, that it is time to shift from small-scale AYFS initiatives and mainstream to adolescent-responsive health systems. To move in this direction requires a shift in the way AYFS are conceptualized and designed from a one-size-fits-all AYFS model to a highly adapted and contextualized model of AYFS that is appropriate to the systems of a country and the needs of its diverse AY population. The characteristics of young people makes them less likely to receive services such as Family Planning (FP) than their older counterparts—even if they are married, or parents. A one-size-fits-all AYFS delivery model is rarely able to serve all cohorts and sub-populations of adolescents and youth, so different service models should be identified and used according to the context and the targeted sub- population(s) of young people but all health services can be improved when adolescent sensitive approaches are used when a provider finds him/herself with a young client.

There are four service delivery models identified in these guidelines.

- **Community based**: Services and information are offered to adolescents and youth within the community/non-medical settings e.g. in youth centers, community social halls, outreaches, churches, youth groups, community based groups, support groups, peer-mentorship, indigenous cultural community setups, age-set, loikar, naapo, singing venues, youth sporting points, Moonlight services.
- **Clinical based:** Services and information are offered to adolescent and youth within/based on health facility setting. This includes; public, private, social franchise, faith-based, and NGO health facilities. Institutions of higher learning e.g. universities, colleges and vocational training centers that have clinics within their setting can adapt clinical based model.
- **School based:** Services and information are offered to adolescents and youth within the school setting.
- **Virtual based:** Services and information are offered to adolescents and youth within the virtual space or digital platforms e.g. in eHealth, mHealth, tele-medicine, warm/ hotlines. These AYFS guidelines outlines and recommends the services and information that can be offered through a variety of service delivery models namely, clinical based, community based, school based and virtual based models.

5.5. Service delivery points

AYFS can be offered at various service delivery points. These include but not limited to:

- **Static delivery points**: Health facilities, pharmacies, schools and drug stores, standalone clinics (public or private), Comprehensive Care Centers (CCCs), youth centers, clinics in institutions of higher learning, huduma centers, religious institutions, youth empowerment centers and school clinics.
- **Mobile outreach delivery points:** Mobile clinics (i.e., a full range of services offered in a specially equipped van/bus); satellite clinics (i.e., a full range of services offered in an existing non-health space/tent on a routine basis); and other non-routine outreach events (e.g., immunization days in communities, community dialogue days, maternal and child health days, laleta, lkurot, bathing points, grazing fields, moonlight services).
- **Digital platforms:** Help lines, social media, web based platforms, call centers, Digisomo© talking books, toll free numbers, mass and print media.
- **Community based delivery points:** Community units, peer support groups, organized youth groups, youth clubs, households and other community outlets. E.g. lororaa, Naapo
- **Other non-health settings:** These vary from place to place to reach large population of young people where they are and reach some of the most vulnerable adolescents and youth in society. These include schools, workplaces, churches, prisons, military facilities, areas where young injecting drug users (IDUs) gather, or areas where young sex workers live or work.

5.6. Recommendations for reaching vulnerable sub-populations of young people

This section provides some additional recommendations and considerations for reaching AY. The selection of AYFS delivery model(s) must be made with the consideration of the desired health outcomes and behaviors as well as the specific sub-population of adolescents and youth that the AYFS are aiming to reach and serve. In addition, this section also presents the Minimum Initial Service Package (MISP) for Reproductive Health in Humanitarian/emergency situations.

- Morans and shanga girls should be trained and hired as CHVs and all other CHVs to be trained on AYFS.
- Morans and shanga girls should be sensitized on the availability and utilization of healthcare services that are provided at the community and health care facilities during their visits.
- CHVs should be provided with some monthly stipend for their voluntary engagements with the community in order to motivate them and also to cover their daily transport expenses.
- Samburu County Government should set aside private rooms or unit for the provision of healthcare services to the youth.
- The decision makers should involve youth, both illiterate and literate in the design and implementation of healthcare services specifically designed for youth consumption. The government should also initiate policies for the provision of youth friendly services and platforms for meaningful youth engagement.
- Healthcare services should be made accessible and friendly to adolescents and youths.
- The healthcare providers and decision makers in the department of health care services should separate men and women waiting benches as people are waiting for services.
- Youth friendly services to be available on all health facilities and community units.

- All health facilities should employ personnel who can provide youth friendly services.
- Intensifying monitoring and evaluation visits on the utilization of youth friendly services by youth in the County and address the identified gaps immediately.
- Acceleration of programs to effect sensitization of the community on the need of youth-friendly services and sexual reproductive health needs for adolescents and youths.
- Supporting youth champions/leaders/grassroots youth-led organizations in the community who work voluntarily to ensure that there are youth friendly services at community level and other capacity building programs for youth, girls and young women.
- Adolescents to receive adequate nutrition information to help them make informed choices.
- Information regarding youth friendly services should be shared through social media and radio stations.
- Samburu local language translators should be in every health facility to assist the local illiterate people for easier communication purposes and for effective and efficient delivery of healthcare services.
- Creating awareness campaigns for the youth to register and acquire NHIF Cards.
- Plan, organize and coordinate training of youth on sexual and reproductive health issues
- Healthcare providers should handle youth related issues with uttermost privacy.
- The government to initiate a budget line in their financial year budgets for community sensitization on Youth-friendly services targeting youth, healthcare workers and community members.
- Provision of free medical healthcare services to the adolescent youth to avoid deviations from using the services due to financial constraints.
- The youth should be provided with IEC materials such as small portable books, pictorials and much more reference materials wherever they visit the healthcare facilities so that they can share with others during their interactive avenues with others.
- Reception points, waiting bays and lounges should assume the design of a bank. The services provided should be invisible as he/she serves the clients as it is in the banks.
- Integrate family planning services into child health care services especially immunization services to reduce missed opportunities among these young women and their partners. A child health visit could be an important opportunity to screen young women or couples for SRH needs. Capitalizing on their presence within the health care facility to offer family planning information and a method of their choice reduces their chances of an unintended, closely spaced pregnancy. Evidence shows that when service providers help adolescent mothers discuss FP and the importance of delaying pregnancy with their husbands and in-laws the FP uptake is higher.
- Support young mothers by giving opportunities to stay in or return to school after marriage and/or childbearing
- Service delivery at schools or close referral systems with accompaniment for the VYA to services;
- Support a routine health visit for young girls (e.g. the 12-year-old checkup) to address a range of health issues, including vaccinations, menstrual health and hygiene;
- Provision of SRHR information that is disability friendly, easily accessible and acceptable for the different kinds of disabilities (e.g. Braille, audio formats or qualified interpreters) and information where they can access services.
- Provision of SRH services to AYLWD in service delivery points with disability friendly infrastructure (e.g. ramps or locations at ground floor) and disability-friendly services
- Develop innovative programs such as peer nutrition champions, mentor groups, health clubs to reach adolescents with information

5.6.1. The Minimum Initial Service Package (MISP) for Reproductive Health

The Minimum Initial Service Package for Reproductive Health is a set of priority interventions that is designed to reduce mortality, morbidity and disability among populations affected by crises, particularly women and girls.

The MISP contains guidelines for providing coordinated RH services during the earliest phases of an emergency (natural disaster or man-made) and guides the planning for comprehensive RH services when the situation has stabilized.

The MISP has five objectives:

- To ensure SRH coordination;
- To prevent and manage the consequences of sexual violence;
- To prevent excess newborn and maternal morbidity and mortality;
- To reduce HIV transmission;
- To plan for the provision of comprehensive SRH services.

The implementation of the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations requires coordination among humanitarian actors at the local, regional, national and international levels. Effective coordination will help to ensure that resources are used efficiently, that services are distributed equally without gap or duplication, and that information is shared among all of the actors involved.

See **Annex** 3 for the Minimum Initial Service Package (MISP) for Reproductive Healths

6. Implementation Framework

This section includes the County-level institutional framework for implementing the AYFS guidelines, the range of stakeholders in health service delivery and the mechanisms for intergovernmental relations.

6.1. Management and coordination

The customized AYFS guidelines for Samburu County will be implemented in line with existing national policies and strategies through a multi-sectoral approach that includes collaboration and partnerships with state and non-state actors including adolescents. Specific functions have been assigned between national and County governments drawing from the fourth schedule of the Constitution of Kenya to facilitate progressive realization by all to the right to health. The implementation of the guidelines shall be managed and coordinated by the Samburu County Government department of medical services, public health and sanitation. At the County, sub-County and community levels, management and coordination shall be done by:

- County Health Management Teams (CHMT)
- Sub-County Health Management Teams (SCHMT)
- County Hospital Management Teams
- Primary Care Facility Management Teams
- Community Units (Community Health Extension Workers, CHVs and Community Health Committees)

Collaboration and partnerships shall be realized through the Joint Interagency Coordinating Committee (JICC); Health Sector Coordinating Committees including Interagency Coordinating Committees (ICCs) and Technical Working Groups (TWGs); County Health Stakeholders' Forum; Sub-County Health Stakeholders' Forum and Community Health Committees.

6.2. Stakeholders

The list of key County stakeholders who will participate in the execution and monitoring of the AYFS guidelines towards the realization of its objectives include, but are not limited to the following:

1. Department of culture, gender, social services, youth and sports
2. Department of transport and public works
3. Department of medical services, public health and sanitation
4. Department of finance, economic planning and ICT
5. Department of education and vocational training
6. Ministry of interior and national government coordination
7. Research institutions
8. Adolescent and youth through multiple platforms including youth-led organizations, community groups and school forums
9. Communities, families and individuals
10. Faith Based Organizations (FBOs), Non-Government Organizations (NGOs) and Community Based Organizations (CBOs)
11. Media

6.3. Roles and responsibilities

The County Government of Samburu

- Allocate financial resources for implementation of the guidelines
- Improve fiscal responsibility

Department of medical services, public health and sanitation

- Adapt and implement the AYFS guidelines
- Build youth friendly centers at sub-County and ward levels
- Support the implementation of the beading policy through existing health systems (facility-based health workers, community health workers, CHVs, other health practitioners and teachers) to educate the community on the health implications related to the beading practice
- Establish a position for two youth health champions (male and female) who will educate, guide and promote good health among the Morans (young warriors) and girls at the community level
- Provide appropriate support tools to the health facilities and to the CHVs for effective service delivery by enhancing reachability
- Recruit and build capacity of Morans and shanga girls as CHVs to reach out to their counterparts
- Conduct surveys on AYFS uptake specifically by Morans and shanga girls

Department of culture, social services, gender, sports and youth affairs.

- Support and implement the beading policy
- Support civic education of shanga girls on their menstrual hygiene management
- Support the provision of both sophisticated and reusable sanitary towels to the school-going and shanga girls
- Support women empowerment programs to make reusable sanitary towels to be sold to shanga girls at cheaper prices
- Support traditional and modern sporting activities to reach out to rural youths
- Support Morans and shanga girls targeted programs on youth friendly services
- Adopt and domesticate youth policy which is responsive to AYSRH
- Support and initiate behavioral change programs on teen pregnancies, child beading, child marriages, FGM and GBV
- Create a strong liaison and be an avenue where youth-led initiatives share ideas, support and collaborate in programs
- Support and implement the gender policy
- Mobilization of out-of-school youth to access these AYFS
- Support provision of AYFS at different levels, including at youth empowerment centers and other youth empowerment platforms
- Advocate for resource allocation at all levels to ensure provision of AYFS
- Strengthen youth empowerment platforms to effectively respond to AYSRH needs
- Build safe places and rescue centers at County and sub-County levels to respond to GBV and other social or health related abuses

Department of education and vocational training.

- Necessitate establishment of health clubs in learning institutions
- Support, allow and schedule AYSRH mentorship programs in learning institutions
- Implement community health support programs to low literacy youths e.g., by vocational training centers
- Reintroduce SRH education in schools
- Give reliable information to the department of health, children's office and other relevant actors on school dropouts caused by social health related implications

Ministry of interior and national government coordination.

- Provide security in conflict prone areas
- Reinforce the implementation of the beading policy, FGM, gender and other policies in line with their mandate
- Establish reliable reporting systems on GBV, perpetrators of teenage pregnancies, child beading, early marriages, FGM, and other sexual exploitation and abuse practices

Department of roads, transport and public works

- Create awareness of SRH issues among motorcyclists and public transport industry
- Create mechanisms for collaboration and linkages with AYFS centers or youth empowerment centers
- Construct, renovate and maintain roads connecting villages with health facilities
- Protect AY against drugs and substance abuse by displaying information, education and communication (IEC) materials at public vehicles and designated points

Finance, Economic Planning and ICT

- Support utilization of ICT in delivery of AYSRH information
- Regulate media content on sexual and reproductive health information
- Create ICT hubs at ward levels for youths and deploy mentors at each hub to facilitate utilization of digital learning platforms for SRH

County assembly

- Legislative authority in the enactment of the AYFS policy
- Support meaningful engagement of adolescents and youths (educated and low literacy) in public participation activities on policy and budget development
- Approve the budget and expenditure of the AYFS guideline implementation
- Lobby for the fiscal allocations to enable implementation of the AYFS guideline
- Enact laws to enable adolescents and young people to perform their social responsibilities

Media

- Advocate and create public awareness on matters related to AYFS
- Regulate media content for adolescents and youth
- Carry out workshops to sensitize the locals on the need for and importance of having AYFS in the County
- Provide radio airtime and avenues for youths, policy makers, decision makers and SRH experts for dialogues

NGOs, CSOs, FBOs, CBOs and Private sector

- Support provision of AYFS and information to adolescents and communities
- Support research and AYFS policy formulation and dissemination
- Support sustainable programs seeking to empower adolescents and youth
- Meaningfully involve adolescents and youth in policy formulation, program design, implementation, research and monitoring and evaluation
- Advocate and mobilize resources for AYFS guidelines dissemination and implementation.
- Support special and targeted interventions aimed at empowering marginalized and vulnerable adolescents and youth
- Support capacity building of service providers on provision of AYFS
- Support establishment of AYF service delivery points

Adolescents and youth

- Champion adolescent and youth health interests through existing relevant structures at all levels
- Participate meaningfully in research and program implementation of AYFS
- Participate in decision making and planning processes of AYFS provision
- Participate meaningfully in creating awareness for AYFS
- Access and utilize the AYFS
- Provide feedback on AYFS provision
- Participate meaningfully in public participation to advocate for budgetary allocation for AYFS guideline implementation.

Communities, families and individuals

- Create awareness on AYFS availability for youth and adolescents
- Support youth and adolescents in accessing and utilizing of AYFS
- Resource mobilization for AYFS support
- Participate in planning, implementation and monitoring and evaluation of AYFS provision at all levels
- Effective parental guidance to adolescents and youths about their sexuality
- Involve Morans and shanga girls in decision making at the community level

Training and research institutions

- Develop skills and competencies for youth through trainings to enable them access information on YFS, economic empowerment and
- Integrate YFS in their training curriculums.
- Meaningfully engage youth in research on YFS and other of their mandate.
- Generate information for decision making including guidelines/policies revision and or development.

7. Monitoring and Evaluation

Monitoring and evaluation should form an integral part of AYFS provision. The Samburu County Department of Health shall provide overall strategic leadership in monitoring and evaluating the implementation of these policy guidelines with technical assistance from a designated technical working group. Department of Health in collaboration with the county government and other stakeholders will work in a coordinated manner to ensure effective monitoring and evaluation of the AYFS provision. The Samburu County Integrated Development Plans and county government annual work-plans will be developed to inform the budgeting of the activities outlined in the AYFS guidelines

A well- designed monitoring system has the potential to assist the management to improve and sustain the quality of services for adolescents and youth. It will also help to keep the program on course. An M&E framework for assessing the implementation and impact of these guidelines shall be established based on the goals, objectives and strategies set. The indicators identified shall be used by service providers to monitor and assess the delivery of services to adolescents and youth. The M & E processes at all levels will ensure that the youth and adolescents who are the ultimate consumers of AYFS meaningfully participate in the implementation of the guidelines. Key feedback mechanisms shall be established to ensure interests of adolescents and youths are well taken care of.

The M & E processes will seek to reach the county adolescents and youths and track key indicators along the following variables:

1. Age (10-14yrs, 15-19yrs, 20-24yrs)
2. Sex (Male, Female)
3. Location
4. Type of client (New, Revisit)
5. Services sought
6. Services rendered
7. Services referred
8. Commodities provided
9. Youth complaints addressed

The monitoring and evaluation plan for these AYFS policy guidelines shall be guided by the indicators and targets below

8. Annexes

Annex 1

Checklist for appropriate and relevant infrastructure and technology for AYFS

1. Adequate/separate space, comfortable, secure surrounding.
2. Should be attractive to young people
3. Should offer auditory and visual privacy (a door that closes, or music to cover sound)
4. Should be thermally neutral (not too hot or cold)
5. Should beclean
6. Should have proper lighting
7. Should have access to soap and clean water
8. Should have a mirror
9. Should have clean toilet facilities and a shower if possible
10. Should have a table and a desk
11. Should haveseats
12. IT section, to include computers, internet connectivity and IEC materials
13. Should have a call number that can be use by young people to reach the facility.

	Indicator	Baseline	Target			Data Source
		2015	2020	2025	2030	
1	% Service delivery points offering AYFS	0	0	50	100	Service Charter
2	% Of Teenage pregnancy among adolescent women aged (15-19 yrs)	21 (KDHS 2014)	15	10	5	KDHS and service delivery
3	Current use of any contraceptive among adolescent Women (15-19 years) (%)	26 (KDHS 2014)	35	45	50	KDHS and service delivery
4	Current use of any contraceptive method among married adolescent women (20- 24 years) (%)	22.7 (KDHS 2014)	24	30	50	KDHS and service delivery
5	Comprehensive knowledge about HIV among 10–14-year-olds (percent)	97 (KDHS 2014)	100	100	100	KDHS and service delivery
6	SGBV among adolescent women 15-19 Yrs. (percent)	6.5 (KDHS 2014)	4	2	0	KDHS and service delivery
7	Age at sexual debut among 15-19 years old (%).	10 (KDHS 2014)	5	3	0	KDHS and service delivery
8	Female Genital Cut (0-14) years (Percentage)	12.8 (KDHS 2014)	10	5	0	KDHS and service delivery

Annex 2:
The Minimum Initial Service Package (MISP) for Reproductive Health

MISP SERVICES FOR REPRODUCTIVE HEALTH		
Focus Area	**MISP SRH Services**	**Planning for Comprehensive SRH Services**
Family planning and contraception	» Source and procure contraceptive supplies. » Ensure contraceptives are available for any demand. » Health staff should be aware that adolescents requesting contraceptives have a right to receive these services, regardless of age or marital status.	» Establish comprehensive family planning programming to ensure that a broad mix of free FP methods is available » Provide community IEC materials directed toward adolescents and youth » Involve adolescents, parents and community leaders in development of IEC strategy for FP in the community » Train staff in adolescent and youth-friendly FP service provision » Train CHVs in Community Based Distribution CBD for FP education, condom and oral contraceptive pill (OCP) distribution and referrals to health centers.
GBV	» Provide clinical care for survivors of sexual violence » Coordinate and ensure health sector prevention of sexual violence » Provide adolescent and youth-friendly care for survivors » of sexual violence at health facilities » Identify and network with other multi-sectoral » referral networks for young survivors of GBV » Encourage adolescent participation GBV prevention » Increase awareness in community about the problem of sexual violence, strategies for prevention, and care available for survivors » Engage CHVs to link young survivors of sexual violence to health services	» Prevent and address other forms of GBV, including domestic violence, forced/early marriage, female genital cutting, trafficking, etc. » Expand medical, psychological, social and legal care for survivors » Provide community education on prevention of GBV » Involve adolescent leaders, parents and community leaders in the development of strategies to prevent GBV in the community » Raise awareness in community about the problem of GBV, strategies for prevention, and help available for survivors » Sensitize uniformed men about GBV and its consequences » Establish peer support groups

MISP SERVICES FOR REPRODUCTIVE HEALTH

Focus Area	MISP SRH Services	Planning for Comprehensive SRH Services
Maternal and Newborn Care	» Establish 24/7 referral system for obstetric emergencies » Provide midwife delivery supplies, including newborn resuscitation supplies » Provide clean delivery packages » Provide adolescent-friendly services at health facilities » Coordinate with sectors to identify pregnant adolescents in the community and link them to health services » Engage CHVs to link » young mothers to health services » Encourage facility-based delivery for all adolescent mothers	» Provide antenatal care » Provide postnatal care » Train skilled attendants (midwives, nurses and doctors) in performing Emergency Obstetric and Newborn Care (EmONC) » Increase Access to basic and comprehensive EmONC » Raise community awareness about the risks of early motherhood and the importance of skilled attendant (facility) delivery » Integrate mental health and psychosocial support services for adolescent mothers
STIs, including HIV Prevention and Treatment	» Provide access to free condoms » Ensure adherence to standard precautions » Assure safe and rational blood transfusions » Provide syndromic treatment » available for clients presenting for care as part of routine clinical services » make treatment available for patients already taking anti-retroviral (ARVs) including for prevention of mother-to-child transmission » (PMTCT) as soon as possible. » Ensure that adolescent-friendly health services are available » for adolescents presenting to facilities with symptoms of STI	» Establish comprehensive STI prevention and treatment services, including STI surveillance systems » Collaborate in establishing comprehensive HIV services as appropriate » Raise awareness of prevention, care and treatment services for STIs, including HIV among adolescents and youth » Train staff to provide adolescent-friendly STI and HIV-related services » Train CHVs in CBD for distribution of condoms, to provide education on STI/HIV prevention and testing and treatment services available and to provide referrals for services » Establish programs, including peer education, to adolescents most-at-risk for acquiring and transmitting HIV

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10. Taskforce Members

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Delphina Kaaman	Head of nutrition, Samburu County Government
Samson Leerte	Reproductive Health Coordinator, Samburu Central sub-county
Geoffrey Mukuria	Monitoring and evaluation officer, Samburu County Government
Daniel Lempushuna	Deputy director gender, Samburu County Government
Samuel Abraham Lemanyishoe	AMREF Health Africa-
Lamech Okello	CBCC Africa (UNICEF/Adolescent Biotisho Project)
Gabriel Lerantilei	CBCC Africa (UNICEF/Adolescent Biotisho Project)
Samuel Lesiamito	Naretoi Development Initiative
Sylvana Lesuuda	Network Empowering Samburu Transformation (NEST)
Erisen Lengerded	Empower Pastoralist Organization of Kenya
Brian Leleruk	Samburu Wellbeing Initiative for All
Frank Leseketeti	Nkopiro Foundation
Thomas Lekaasula	Northern Youth for Peace
Veronica Ingolan Lokidongoi	Marti Light of the society
Michael Gatnwa	NEST
Hirima Naisiae Lempushuna	Community Safety Initiative
Eric Lengees	Samburu University Students Association
Sabina Lelemoyog	Bright Future Foundation
Felix Lekurchalan	Peace Museums Organization
Frank Lanyasunya	NEST
External Reviewers	**Designation, Organization**
Vania Kibui	Policy Specialist AMREF Health Africa
Esther Wamai Kariuki	Senior Programme Manager, CBCC Africa (UNICEF/Adolescent Biotisho Project)

Table 3: Partner Logos

	
	
	
	
	
	
	
	

MINISTRY OF HEALTH