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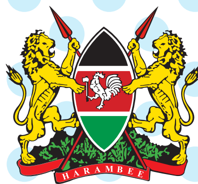

MINISTRY OF HEALTH

NATIONAL GUIDELINES FOR PROVISION OF ADOLESCENT AND YOUTH FRIENDLY SERVICES IN KENYA

Second Edition

2016

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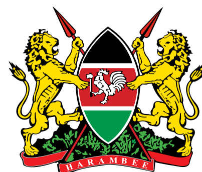

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NAIROBI

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The review of the National Guidelines for Provision of Adolescents and Youth Friendly Services in Kenya (2005) involved consultations with a wide range of stakeholders through consultative meetings, literature review, and reviews of the various drafts of the guidelines.

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FOREWORD

Adolescents and youth comprise 24% of Kenya's population. This youthful population has implications on the social, economic and political agenda of the country. A young population provides opportunities for the country's development if the right investments are made towards attainment of educational and health goals, including all round preparation for responsible adulthood. At the same time, a youthful population puts great demands on provision of health services, education, water and sanitation, housing and employment. The Government of Kenya recognises that the provision of comprehensive and high-quality reproductive health services to adolescents and youth requires a multi-sectoral integrated approach from all sectors of government, development partners and other stakeholders for the country to attain the Vision 2030, African Youth Charter (2006) and Post-2015 Development Agenda through Sustainable Development Goals (SDGs).

The first edition of the National Guidelines for provision of Youth friendly services in Kenya was developed in 2005. The review of these national guidelines was necessitated by significant changes that have been observed in the provision of adolescents and youth sexual reproductive health at the national and international levels. The Guideline were reviewed to align with the emerging SRHR realities including the National Adolescent and Sexual Reproductive Health (ASRH) Policy (2015), The World Health Organisation's Global Standards for Quality Health Care Services for Adolescents, the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), Sustainable Development Goals (SDGs) and the Constitution of Kenya (2010) with its attendant devolved governance structure.

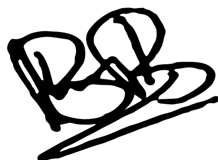
The transformational changes in the Kenyan Health System with the devolved governance structure provide a unique window of opportunity to address long standing inequalities and inefficiencies in the provision of adolescent and youth friendly services in the health sector. These guidelines provide a useful guidance for counties to set priorities relevant to their context and mobilize collective effort involving both levels of government, development partners, civil society and private sector to improve adolescent and youth health outcomes.

The development of this second edition of AYFS Guidelines together with the 2015 National Adolescent Sexual and Reproductive Health Policy, are clear proof of the Kenya government's desire and commitment to bring adolescent and youth sexual and reproductive health and rights issues into the country's mainstream health and development agenda. However, more focused effort is required to increase access to SRH information and services among adolescents and youth and improve health outcomes.

These AYFS guidelines, evolved through an extensive consultative process involving key adolescent and youth SRH stakeholders, Counties' Departments of Health, Ministry of Education, Science and Technology, Youth Serving Organisations among others. It outlines the standards for service provision of AYSRH services, the essential package of services, service delivery models and service delivery points that should be

implemented and scaled up at the counties to improve the health outcomes of adolescents and youth. All government sectors including education, law enforcement and protection agencies, transport and agriculture among others have an important role in planning and delivering sexual and reproductive health services to adolescents and youth. AYSRH needs are best met through involving adolescents and youth in every phase of action: from assessing their needs to designing programmes, to launching and implementing programmes and evaluating their impact

The Ministry of Health will enhance intergovernmental coordination mechanisms that ensure collective response from both levels of Government and development partners to rapidly improve the health status of adolescents and youth in Kenya.



Dr. Kigen Bartilol

Head, Reproductive Maternal Health Services Unit

ACRONYMS AND ABBREVIATIONS

AACSE	Age Appropriate Comprehensive Sexuality Education
AYFS	Adolescent and Youth Friendly Services
AYSRH	Adolescent and Youth friendly Sexual Reproductive Health Services
CHMT	County Health Management Teams
CPR	Contraceptive Prevalence Rate
CSE	Comprehensive Sexuality Education
FGM	Female Genital Mutilation
HIV	Human Immuno-deficiency Virus
HTC	HIV Testing and Counselling
HTS	HIV Testing Services Kits
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
JICC	Joint Interagency Coordinating Committee
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic and Health Survey
KSPA	Kenya Service Provision Assessment
MOEST	Ministry of Education, Science and Technology
MOH	Ministry of Health
NACADA	National Campaign against Alcohol and Drugs Abuse
NCPD	National Council for Population and Development
PAC	Post-Abortion Care
RMHSU	eproductive and Maternal Health Services Unit
RH-ICC	Reproductive Health – Inter Agency Coordinating Committee
SARAM	Service Availability and Readiness Assessment Mapping
SCHMT	Sub-county Health Management Team
SDG	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SRHR	Sexual Reproductive Health and Rights
TWG	Technical Working Group
WHO	World Health Organisation

DEFINITION OF TERMS

Abortion: The termination of pregnancy by the removal or expulsion from the uterus of a foetus or embryo before viability. An abortion can occur spontaneously, in which case it is often called a miscarriage; or it can be purposely induced. The term abortion most commonly refers to the induced abortion of a human pregnancy.

Adolescent: Any person aged between 10 and 19 years.

Adolescent and youth friendly services: Are Sexual and Reproductive Health services that are accessible, acceptable appropriate, effective and equitable for adolescents and youth.

Age appropriate: It is the suitability of information and services for people of a particular age, particularly in relation to adolescent development

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

Child: An individual who has not attained the age of eighteen years as per the Kenya constitution 2010.

Child Abuse: Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that results in actual or potential harm to the child's health, development or dignity. Within this broad definition, five sub-types can be distinguished — physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and exploitation

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.

Confidentiality: The right of an individual to privacy of personal information, including health-care records. This means that access to personal data and information is restricted to individuals who have a reason and permission for such access. The requirement to maintain confidentiality governs not only how data and information are collected (e.g. a private space in which to conduct a consultation), but also how the data are stored (e.g. without names and other identifiers) and how, if at all, the data are shared.

Female genital mutilation (FGM): Comprises all procedures involving partial or total removal of the female genitalia or any other injury to the female genital organs or any harmful procedure to the female genitalia, for non-medical reasons and includes: clitoridectomy, excision and infibulations; but does not include a sexual reassignment procedure or a medical procedure that has a genuine therapeutic purpose.

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

Humanitarian setting: A humanitarian setting is one in which an event or series of events has resulted in a critical threat to the health, safety, security or well-being of a community or other large group of people. The coping capacity of the affected community is overwhelmed and external assistance is required. This can be the result of events such as armed conflicts, natural disasters, epidemics or famine, and often involves population displacement. In these guidelines, the terms "humanitarian settings", "crisis settings" and "emergency settings" are used interchangeably.

Life Skills Education: A structured programme of needs- and outcomes-based participatory learning that aims to increase positive and adaptive behaviour by assisting individuals to develop and practice psycho – social skills that minimize risk factors and maximize protective factors. Life skills education programmes are theory and evidence-based, learner-focused, delivered by competent facilitators and appropriately evaluated to ensure continuous improvement of documented results.

Marginalized and Vulnerable adolescents and youth: These are adolescents and youth at high risk of lacking adequate care and protection. For the purpose of the Policy, the term includes orphans and street children as well as adolescents and youth with disabilities; adolescents and youth living with HIV and AIDS; adolescents and youth living in informal settlements; adolescents and youth in the labor market; adolescents and youth who are sexually exploited; adolescents and youth living below poverty line and children affected by disaster, civil unrest or war as well as those living as refugees.

Non State Actors: A non-state actors are entities that are not part of any state or a public institution. Non-state actors range from grassroots community organizations to non-governmental organizations, philanthropic foundations and academic institutions

Peer Education: The process whereby specially trained adolescents undertake informal or organized educational activities with their peers (those similar to themselves in age, background or interests). These activities, occurring over an extended period of time, are aimed at developing adolescents' knowledge, attitudes, beliefs and skills and at enabling them to be responsible for and to protect their own health.

Peer Educator: An adolescent or youth who was specially trained to perform or reach their peers with targeted information/behavioural messages/ education.

Post-Abortion Care: The physical, social and psychological care and support given to a person after an abortion

Reproductive Health: 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.

Service delivery points: The designated place where the essential adolescents and youth friendly service package can be offered

Sexual, reproductive health and rights: The exercise of control over one's sexual and reproductive health linked to human rights and includes the right to:

- Reproductive health as a component of overall health, throughout the life cycle, for both men and women;
- Reproductive decision-making, including voluntary choice in marriage, family formation and determination of the number, timing and spacing of one's children and the right to have access to the information and means needed to exercise voluntary choice;
- Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender; and
- Sexual and reproductive 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: This violation of an individual's sexual health rights which includes defilement, rape, incest, sodomy, bestiality and any other offence prescribed in the Sexual Offences Act (2006).

Sexuality: A central aspect of being human 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, behaviours, practices, roles and relationships. While sexuality can include all of 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.

State Actors: These include government ministries, departments and agencies.

Young People: Any persons aged 10 – 24 years as defined by WHO

Youth: Any person aged between 15 – 24 years as defined by WHO

For the purposes of this guideline, the terms will be used according to these definitions, with the terms "adolescents and youth" and "young people" being used interchangeably

1. INTRODUCTION

1.1 BACKGROUND

According to the 2009 Kenya Population and Housing Census (KPHC), young people below the age of 25 constitute 66% of the total population in Kenya. Adolescents on the other hand make up 24% of the country's total population (9.2 million). Nonetheless, they experience some of the poorest reproductive health outcomes in the country.

Data from KDHS (2014) indicates that, one in every five teenage girls between the ages of 15-19 have begun child bearing; contraceptive prevalence rate among sexually active unmarried girls aged 15-19 years is 49% and 64% among those aged 20-24 years; the age of sexual debut has dropped with 12% of young women and 21% of young men aged between 15-24 years having had sexual intercourse before age 15, while 47% of young women and 55% of young men between the ages of 18-24 years have had sexual intercourse before age 18 years; comprehensive knowledge of HIV among youth stands at 57% for young women and 64% for young men. The rate of condom use is 61% and 75% among young men and young women respectively.

Additionally, about 20,000 girls seek care for abortion related complications each year, while unsafe abortion remains the leading cause of maternal mortality and morbidity especially among girls below 20 years. The National AIDS Control Council (NACC) further estimates that 29,000 youth aged between 15-24 years get infected with HIV every year while17% of all AIDS related deaths occur among adolescents and youth.

The negative health outcomes among adolescents and youth can be attributed to early sexual debut; risky sexual behaviors such as unprotected sex and multiple sexual partners; sexual and gender based violence; poverty; and harmful retrogressive cultural practices. Moreover, many young people lack comprehensive and correct information on their sexuality largely because of the embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers. Consequently, many are unlikely to seek health services and when they do, they don't get the required services either due to the judgmental nature of health care providers, concerns around privacy and confidentiality, or low capacities of the health care system.

1.1.1 Situation Analysis

Investing in adolescents and youth presents significant development and economic gains. The World Health Organization report, Health for the world's adolescents: A second chance in the second decade reiterates the need to transform how countries' health sectors respond to the health needs of adolescents. It emphasizes the development and implementation of quality standards and monitoring systems as a key action to achieve this transformation.

Adolescents and Youth-friendly services (AYFS) are meant to help young people overcome barriers to access to quality sexual and reproductive health care services. AYFS providers should be able to respond to the

needs of young people, remove their fears, respect their concerns, confidentiality and provide the services within an environment that suit their preferences.

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 young people from accessing these services.

These include:

- **Structural barriers,** such as laws and policies requiring parental or partner consent, distance from facilities, costs of services and/or transportation, long wait times for services, inconvenient hours, lack of necessary commodities at health facilities, and lack of privacy and confidentiality.
- **Socio cultural barriers,** such as restrictive norms and stigma around adolescent and youth sexuality; inequitable or harmful gender norms; and discrimination and judgment of adolescents by communities, families, partners, and providers.
- **Individual barriers,** such as young people's limited or incorrect knowledge of SRH, including myths and misconceptions around contraception; limited self-efficacy and individual agency; limited ability to navigate internalized social and gender norms; and limited information about what SRH services are available and where to seek services.

According to the Kenya Service Provision Assessment Survey (KASP, 2010), only 7 percent of all health facilities provide youth-friendly services. The limited coverage of AYFS can be attributed to: limited number of trained service providers on adolescents and youth friendly service provision; shortage of health personnel; inadequate infrastructure for provision of AYFS; and limited resources to support the establishment of adolescents and youth friendly facilities.

Provision of reproductive health services to young people continues to remain sensitive to a cross-section of the public; staff remains ambivalent about providing RH services to young people. Additionally, making reproductive health services adolescent and youth friendly requires additional training, staff time, and funds. Studies have shown that Adolescent and youth friendly services can increase young people's use of SRH services when they include three major components: (1) training for health care providers on youth-friendly service provision and core competencies for delivering adolescent reproductive health services (2) improvements in facilities to increase access and quality of services for young people e.g. lowering user fees, organizing services to improve client flow, and increasing privacy, (3) and community-based activities to cultivate an enabling environment and increase demand. Furthermore, young people themselves consistently prioritize privacy, confidentiality, and respectful treatment by providers as the most important attributes of quality health services.

1.1.2 Legal and Policy Context

These Adolescent and Youth friendly Services Guidelines are in line with 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, Programme of action of the International Conference on Population and Development (ICPD, 1994) and Ministerial Commitment on Comprehensive Sexuality Education and SRH services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013). The ICPD program of action makes emphasis on human rights based approach to the access of sexual and reproductive health especially among women and girls.

The Constitution of Kenya (2010) expressly recognises 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. In addition the country has enacted 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) policy provides a framework to enhance the SRH status of adolescents in Kenya towards realization of their full potential in national development. Other policies that support AYFS include: Kenya Vision 2030, National Reproductive Health Policy (2007), National Youth Policy (2007), Gender Policy in Education (2007), Kenya Health Policy (2012-2030), Kenya Health Sector Strategic and Investment Plan (2013-2017), The Education Sector Policy on HIV and AIDS (2013), and the National School Health Policy (2009).

Finally, the Sustainable Development Goals (SDGs) provides the impetus the country needs towards realization of AYFS over the next 15 years. The SDGs' transformative agenda positions the adolescents and youth at the centre of development as envisaged in goals 3, 4, and 5. These goals express good health and well-being; quality education and Gender equality respectively. In addition, the updated Global Strategy for Women's, Children's and Adolescent health (2016-2030) whose 3 main objectives are to survive, thrive and transform, does recognize adolescents' right to health, education, well-being and their full and equal participation in the society.

1.1.3 Rationale for Revision

Despite the existence of the National Guidelines for Provision of Adolescent Youth-Friendly Services (2005), coverage of AYFS has remained unacceptably low at 7% which has led to poor AYSRH indicators. This has been attributed to a number of factors including inadequate investment in: health infrastructure, training service providers on youth friendly service provision, deployment of service providers, commodities and supplies, awareness creation, monitoring and evaluation, as well as coordination.

These gaps, coupled with new developments brought about by the SDGs, Constitution of Kenya (2010), Vision 2030, Education Sector policy on HIV and AIDS (2013) and National ASRH Policy (2015) among others

informed the revision of the National guidelines for provision of Adolescent and Youth Friendly Services (2005).

The revised guidelines aim to provide a framework for the provision of comprehensive adolescents and youth friendly sexual and reproductive health services including services related to issues that impact on adolescents and youth have been included. It also outlines an implementation framework for coordination, monitoring and evaluation. It is envisaged that these guidelines will reach every institution with the mandate to facilitate or provide AYFS.

1.2 PURPOSE OF THE GUIDELINES

1.2.1 Goal

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

1.2.2 Objectives

1. To define the essential package of health services to be provided to adolescents and youth at service delivery points;
2. To standardize the provision of quality AYSRH Services at all levels;
3. To increase access to comprehensive sexual and reproductive health information and services among adolescents and youth;
4. To strengthen collection and utilization of age and sex disaggregated data on sexual and reproductive health among adolescents and youth.

1.3 THE INTENDED AUDIENCES AND TARGETED BENEFICIARIES

1.3.1 The Intended Audiences

The National 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 country. These groups include:

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

1.3.2 Targeted beneficiaries

In principle, all adolescents and youth in Kenya, 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 youth that are hard to reach, vulnerable and marginalised and may require special attention or considerations while providing AYFS, and these include:

- Rural adolescents and youth
- Out of school adolescents and youth
- Orphans and street children
- Young people with disability
- Young people living with HIV
- The very young adolescents 10-14 years of age
- Married adolescent girls
- Young first-time mothers
- Young people who have migrated to the urban centres to escape early marriage and/or seek employment i.e. including housemaids, houseboys
- Young people in humanitarian/emergency settings

1.4 THE GUIDING PRINCIPLES

The implementation of the National Adolescent and Youth Friendly Services Guidelines shall be guided by the following principles:

- 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;
- 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;
- 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;
- 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;
- 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;
- The participation of parents, community members and other stakeholders is crucial to sustainable adolescents and youth SRH services and programs;
- 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.

2. CHARACTERISTICS AND STANDARDS OF ADOLESCENT AND YOUTH FRIENDLY SERVICES

This chapter outlines the characteristics and standards required for the provision of quality adolescent and youth friendly services as described by the World Health Organisation.

2.1 CHARACTERISTICS OF ADOLESCENT AND YOUTH FRIENDLY SERVICES

For the services to be adolescent and youth friendly, certain basic factors should be put in place. The service providers should be non-judgemental 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. 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 should support the provision of health services to adolescents and youth. To ensure provision of quality AYFS, the following five characteristics should be considered.

NO.	CHARACTERISTIC AND DEFINITION	DETAILS
1.	**Equitable** All adolescents and youth, without discrimination, are able to obtain the health services they need.	All adolescents and youth including those living with HIV, those living with disability, sexually active, exploited adolescents, key populations, hard to reach adolescents and youth including those in emergencies/ humanitarian situations, resource constrained and those with any other characteristics that may put them at a disadvantage will receive the full range of health services they require.
2.	**Accessible** All adolescents and youth 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 weekend 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.	**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 and / 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-judgemental, considerate, and easy to relate to. 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.
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 referral linkages and networks. The services provided should meet the special needs of marginalized groups of adolescents and youth and those of the majority.
5.	**Effective** The right health services are provided in the right way and make a positive contribution to the health of adolescents and youth.	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.

2.2 STANDARDS FOR QUALITY ADOLESCENTS AND YOUTH FRIENDLY SERVICES

The eight standards outlined in the table 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. Measurable criteria of the standards can be found in Annex 1.

Adolescents'and youth health literacy	**Standard 1:** 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.
Stakeholder support	**Standard 2:** 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
Appropriate package of services	**Standard 3:** 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.
Providers' competencies	**Standard 4:** 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-judgemental attitude
Facility characteristics	**Standard 5:** 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.
Equity and non-discrimination	**Standard 6:** 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, disabilities or other characteristics. The service providers and points of service shall ensure human rights of adolescent and youth are upheld.

Data and quality improvement	**Standard 7:** 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.
Adolescents' participation	**Standard 8:** 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.

A checklist to assess standards and quality of AYFS service provision has been developed (See Annex 1).

3. STRATEGIES, APPROACHES AND SERVICE DELIVERY FOR ADOLESCENT AND YOUTH FRIENDLY SERVICES

3.0 INTRODUCTION

This section of the guidelines outlines the strategies, approaches and service delivery for adolescent and youth friendly services. It includes the action points that will guide operationalization of the strategies. The service delivery component entails approaches, models and service delivery points.

3.1 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)** 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

3.1.1 Capacity building to mainstream AYFS into service delivery at all levels

Health care providers and clinic staff play a key role in ensuring that adolescent and youth access health care services. Service providers' personal belief and negative attitudes of the service providers 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 service providers 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 and physical) which impact health
- Privacy and confidentiality

3.1.1.1 Appropriate, relevant infrastructure and technology

Establish appropriate, relevant infrastructure and technology for AYFS as per the checklist (see annex 2). This infrastructure should be able to accommodate persons living with disabilities.

3.1.1.2 Supply Chain Management System

Continuous supply of essential medical commodities is important in provision of Adolescent and Youth Friendly Services. Essential commodities that should be availed on the AYFS service delivery points include but not limited to:

- Supplies and medicines for Sexually Transmitted Infections management
- Pregnancy testing kits
- Contraceptives
- HIV Testing Services kits
- Condoms
- Post Abortal Care kits
- Sanitary pads
- Anti Retroviral drugs
- Post Rape Care kits

3.1.1.3 Institutional and legal framework development

Legal and regulatory changes and developments should be made to enable organisations, institutions and agencies 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.

Key Activities/actions:-

1. Orientate service providers on reproductive health commodity and logistics management
2. Support expansion and renovation of facilities to meet the standards of AYFS
3. Strengthen systems for effective commodity management and security
4. Train health care service providers on provision of AYFS including VCAT Training
5. Integrate AYFS training module in pre-service training curricular for all cadres of health service providers
6. Sensitize health care providers on WHO's Medical Eligibility Criteria for contraception, FP Guidelines and 2010 Constitutional provisions with regards to reproductive health
7. Sensitize other key stakeholders on the need for AYFS
8. Provide orientation to teachers on AYFS
9. Support special considerations for adolescents and youth living with disabilities as well as orphans and vulnerable/marginalized adolescents and youth.

3.1.2 Coordination

Provision of AYFS requires a multi-sectoral approach and therefore there is need for coordination at national and county levels 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.

Key activities/actions

1. Conduct quarterly ASRH TWG meetings
2. Participate in biannual RH-ICC and JICC meetings
3. Support the strengthening of the school health programmes
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 national and county level

7. Coordinate research, data management and dissemination
8. Resource mobilisation for AYFS

3.1.3 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, National and County governments, Parents, teachers, Civil Society Organization(CSOs), Professional bodies, Academic institutions, Religious leaders 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
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 communication strategies to publicize where, when and what adolescent and youth friendly services are available
5. Use of different media, channels and platforms to mobilise adolescents and youth and encourage parents to support access to SRH information and services

3.1.4 Networking, partnership and collaboration

In order to complement each other for effective service delivery, institutions and agencies should build strong 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

3.1.5 Advocacy and policy dialogue

Advocacy is critical to gaining institutional and political support both at the county and national level for AYFS. Efforts should be enhanced 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 national and county 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 and other stakeholders
5. Development, print and disseminate of AYFS policy briefs

3.1.6 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 programmes.

Key Activities/actions:

1. Engage adolescents and youth as partners in the design, planning, implementation and evaluation of AYFS programs
2. Involve adolescents and youth in health care worker 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 that will utilize 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

3.1.7 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 emphasised to ensure that key actors like youth, parents, community members 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/organisations etc.

3.1.8 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, drug and alcohol counselling) 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 utilisation of service delivery points and healthcare services cost effective. A good referral system should ensure adolescents and youth receive optimal care at the appropriate level; hospital facilities are utilised optimally and cost effectively; and specialized services can be accessed in a timely way. The role that the community outreach services, CHVs, CHEWs and schools could play in reaching the rural youth and the hard to reach adolescents and youth should not be underemphasized.

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 ; familiarizing 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; creating an effective two way communication system between the different service delivery points and popularizing the available types of SRH information and services to the adolescents and youth.

Key activities/actions:

1. Develop/ review and disseminate AYFS referral directory at national and county level
2. Strengthen a functional referral system for AYFS
3. Orientate service providers on effective referral mechanisms
4. Develop and implement system to monitor and evaluate the quality of the referral system

3.2 APPROACHES FOR SERVICE DELIVERY

Two broad categories of approaches have been identified.

a) Targeted Approach

The targeted approach refers to a situation where services are designed and planned for adolescents and youth alone and are offered in settings that meet only the needs of the adolescents and youth and do not include other groups. Such services may be clinical, non-clinical, or a combination of both.

b) Integrated/Mainstreamed Approach

A situation 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 primary health care facilities.

3.3 SERVICE DELIVERY FOR ADOLESCENTS AND YOUTH

Reaching all adolescents and youth with SRH services and information demands availing a wide range of SRH 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 SRH 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.

Adolescents and youth are a heterogeneous group with different characteristics that influence their SRH needs. A one-size-fits-all service delivery model may not be 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. The establishment of appropriate and effective referral systems and linkages between the different service delivery points ensures that adolescents and youth access a wide range of different promotive, preventive, curative and rehabilitative services rendered at the different service delivery points.

3.3.1 Essential package

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

1. Counselling on Sexual Reproductive Health, including growth and development, relationships, and sexuality
2. Information and education on SRH for adolescent and youth including links to reliable online information and SMS hotlines

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 anaemia
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, 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 ART for eligible adolescents and youth
14. Nutritional counselling and Screening 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. Mental health services as appropriate
18. Counselling on Drugs and Substance Abuse including alcohol and tobacco use and abuse
19. Stress management
20. Referral, linkages and follow-up.

3.3.2 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 adolescent and youth population.

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, 15-19, 20-24; 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 a 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, refugee, 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, slums, 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.

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 centres, outreaches, churches, youth groups, community based groups, support groups, peer-mentorship.
- **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 centres 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.

Adolescent and Youth Friendly Information and services that can be offered at the different service delivery models

Community Based Model	Clinic Based Model	School Based Model	Virtual based Model
1. Counselling services - Sexuality - Growth and development - Relationships - Prevention of unintended pregnancy - Abstinence - Post abortion care - STI, HIV and AIDs - Drug and substance use and abuse - Contraception - Career - Financial awareness and planning - Relationship skills (listening, conflict resolution, etc) - Nutrition - Parenting skills - Importance of male involvement - Ante natal and postnatal care - Sexual and Gender Based Violence prevention and management - Stress management - HPV Vaccine - Safer sex - Voluntary Medical Male Circumcision - Pre-conception counselling	**1. Counselling services** - Sexuality - Growth and development - Relationships - Prevention of unintended pregnancy - Abstinence - Post abortion care - STI, HIV and AIDS - Drugs and substance use and abuse - Contraception - Career - Financial awareness and planning - Relationship skills (listening, conflict resolution, etc) - Sexual and gender based violence management - Nutrition - Parenting skills - Male involvement in RH - Ante natal and postnatal care - Stress management - HPV Vaccine - Voluntary Medical Male Circumcision - Safer sex - Pre-conception counselling	**1. Life skills training on;** - Goal setting - Decision making - Negotiation skills - Moral values - Assertiveness - Communication skills - Self esteem and self awareness - Financial literacy and planning and investing - Relationship skills (listening, conflict resolution, etc) **2. Counselling services on;** - Sexuality - Growth and development - Relationships - Prevention of pregnancy - Delay of first pregnancy - Abstinence - Unsafe abortion - STI, HIV and AIDS - Drugs and substance use and abuse - Contraception - Career - Sexual and gender based violence - Nutrition - Parenting - Male involvement in RH - Personal hygiene and sanitation	**1. Information and counselling on;** - Sexuality - Growth and development - Relationships - Prevention of unintended pregnancy - Delay of first pregnancy - Abstinence - Post abortion care - STI, HIV and AIDs - Drug and substance use and abuse - Contraception - Career - Financial literacy and planning - Relationship skills (listening, conflict resolution, etc) - Nutrition - Parenting skills - Importance of male involvement - Ante natal and postnatal care - Sexual and Gender Based Violence prevention and management - Stress management - HPV Vaccine - Safer sex - Voluntary Medical Male Circumcision - Pre-conception counselling - Personal hygiene and sanitation

Community Based Model	Clinic Based Model	School Based Model	Virtual based Model
2. Screening and treatment of Reproductive tract infections including UTIs	2. Screening and treatment of Reproductive tract infections including UTIs	**3. School health talks/ education sessions** - Personal hygiene - Sexuality - Growth and development - STI and HIV Prevention, care and treatment - SGBV including Rape - Communication skills - HIV Stigma and Discrimination reduction - Other RH and HIV issues	2 .Referral to HIV Testing services sites/locations
3. HIV Testing and counselling, management and referral including eMTC	3. HIV Testing and counselling, management and referral including eMTC	**4. School health services** - Vitamin A supplementation - Deworming - Immunisation - Personal hygiene and sanitation - HIV Testing services outreach - HPV Vaccination	3. Provision of IEC materials
4. Information and education on SRH and HIV	4. Information and education on SRH and HIV	5. SGBV counselling and referral	4. Information and education on SRH and HIV
5. Provision of IEC Materials	5. Provision of IEC Materials	6. Training on Sexual Reproductive Health Rights	5. Referral for Comprehensive SGBV services
6. Antenatal care including linkage for skilled delivery	6. Antenatal care including linkage for skilled delivery	7. Recreational facilities (in and outdoor)	6. Mobilisation for outreach activities
7. Post-natal care	7. Post-natal care	8. Host outreach activities	7. Referal to curative services
8. Post- Abortal Care	8. Post- Abortal Care	9. Sensitization of parents, guardians of adolescents on what to expect in the second decade, adolescent growth and development, SRH needs of adolescents and the need for parents to help young people access services	8.Training in livelihoods
9. Screening services; Breast, cervical cancer screening,	9. Screening services; Breast, cervical cancer screening,		9. Training on Sexual Reproductive Health Rights
10. Comprehensive SGBV services	10. Comprehensive SGBV services		10.Referral to Antenatal and post natal care service delivery points including linkage for skilled delivery
11. Provision of contraceptives	11. Provision of contraceptives		11. Referral to mental health service delivery points
12. Conduct community and school based outreach activities	12. Conduct community and school based outreach activities		12. Sensitization of parents, guardians of adolescents on what to expect in the second decade, adolescent growth and development, SRH needs of adolescents and the need for parents to help young people access services
13. Recreational facilities (In and outdoor)	13. Recreational facilities (In and outdoor)		
14. Curative services for minor illnesses	14. Curative services for minor illnesses		

Community Based Model	Clinic Based Model	School Based Model	Virtual based Model
15. Training in livelihoods	15. Training in livelihoods	10. Referral, linkage and follow up to clinical based and community based and virtual models	13. Referral, linkage and follow up to clinical based and community based and virtual models
16. Training on Life Skills	16. Training on Life Skills		
17. Psychosocial Support groups	17. Psychosocial Support groups		
18. Mental Health Services as appropriate	18. Mental Health Services as appropriate		
19. Sensitization of parents, guardians of adolescents on what to expect in the second decade, adolescent growth and development, SRH needs of adolescents and the need for parents to help young people access services	19. Sensitization of parents, guardians of adolescents on what to expect in the second decade, adolescent growth and development, SRH needs of adolescents and the need for parents to help young people access services		
20. Training on Sexual Reproductive Health Rights	20. Training on Sexual Reproductive Health Rights		
21. Referral, linkage and follow up to school based, clinical based and virtual models	21. Referral, linkage and follow up to school based, clinical based and virtual models		

3.3.3 Service delivery points

Adolescent and Youth services can be offered at various service delivery points. These include but not limited to:

- **Static delivery points:** - Health facilities, pharmacies and drug stores, standalone clinics (public or private), Comprehensive Care Centers (CCCs), Youth Centres, clinics in institutions of higher learning, Huduma Centres, Religious Institutions, youth empowerment centres 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).
- **Digital Platforms**: - Help lines, social media, web based platforms, call centres.
- **Community Based delivery points:**- Community units, peer support groups, organized youth groups, youth clubs, households and other community outlets.
- **Other non-health settings:** - 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.

3.3.4 Recommendations for reaching vulnerable sub-populations of young people

This section provides some additional recommendations and considerations for reaching specific vulnerable sub-populations of adolescents and youth. The selection of AYFS delivery model(s) must be made with the consideration of the desired health outcomes and behaviours as well as the specific sub-population of adolescents and youth that the AYFS are aiming to reach and serve. The vulnerable sub-populations of young people considered in these guidelines are: young first-time parents and young married couples/girls; Young people living with HIV (YPLHIV); Very young adolescents (VYAs); Young people living with disability; and Adolescents and Youth in Humanitarian settings. In addition, this section also presents the Minimum Initial Service Package (MISP) for Reproductive Health in Humanitarian/emergency situations.

(i) Young first - time parents and young married couples/girls

Young first- time parents or young women who are pregnant or mothers for the first time and their partners are often overlooked yet, they have important SRH needs, particularly for maternal health services and for contraceptive services to delay or limit subsequent pregnancies. They face social

and gender barriers in accessing facility-based services, including high opportunity costs i.e. their household responsibilities may prevent them from seeking services, limitations on their mobility, and inability to negotiate with partners and/or in-laws to allow them the time and resources to seek health services.

Early marriage greatly increases vulnerability of adolescent girls, and teenage pregnancy increases risk of maternal morbidity and mortality, GBV, and has a known negative impact on newborn and child health. SRH interventions should emphasize the importance of delaying first pregnancy until the age of 18, and in case of pregnancy, delaying second pregnancy

To make RH services more "friendly" to young first-time parents and young married couples/girls several strategies may be used to reach them: These include but not limited to;

- Services brought to the community level through community-based service delivery points, CHVs and community based distribution of contraception may be more accessible to first time parents given limitations on the mobility of young mothers, and also allow for engagement with couples and fathers on their new parenting roles and responsibilities.
- Integrate AYFS into maternal health services to increase contraception counselling during antenatal care and postpartum contraception counselling and provision for young mothers. Antenatal and postpartum visits often provide the best opportunity to discuss family planning. Research has demonstrated the importance of providing family planning counseling to the mother during pregnancy and in the early postpartum period, as well as ensuring access to contraception, including long-acting and reversible contraceptive methods, as part of developing a life-long reproductive plan. Maternal health services can be an entry point for reaching young married women and girls in a way that is not threatening to other family members.
- 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 groups for young parents can be formed and held throughout the pregnancy and through the first year of their parenthood to help them overcome their isolation, and share information
- Support young mothers' opportunities to stay in or return to school after marriage and/or childbearing

- Involve and work directly with parents, in-laws, and other family gatekeepers to support reproductive health decision making among first-time parents. Parents play an important role in influencing the timing of marriage and childbearing among their children and daughters- and sons-in-law. Support and conduct outreach activities to mothers-in-law about the health and well-being of young mothers, as these older women have great influence on the reproductive lives of young wives
- Strengthen referral and linkage of pregnant adolescents and first-time parents to reproductive health services. Many married first-time parents are isolated within their homes and communities and face multiple barriers to accessing facility-based services. This makes targeted community-based outreach and home visits, especially in the postpartum period, important strategies for reaching first-time parents and linking them with contraceptive services.
- Community-based education should be done to reach both members of the couple and their families. Where feasible, outreach efforts should include education for and advocacy with community leaders.

(ii) Young people living with HIV (YPLHIV)

With increasing access to treatment, a large number of children born with HIV is now entering adolescence. Adolescents and youth continue to bear a high incidence of new HIV infections. In addition, YPLHIV face various challenges including stigma and discrimination from their peers and the community that hinder them from accessing RH services and other health services. With the population of perinatally and horizontally infected adolescents and youth growing rapidly, there is an urgent need to address the comprehensive SRH and psychosocial needs of YPLHIV, including counselling on contraception and healthy pregnancy.

When considering provision of services for YPLHIV, the clinical - based and community -based models with integrated AYFS may be appropriate as they allow young people to receive comprehensive and integrated services, including HIV treatment, care, and support as well as other SRH services. In addition, the following strategies may be employed as appropriate;

- Service provider capacity building to address the needs of YPLHIV
- Linkages Psychosocial support groups and legal services
- Management and treatment of HIV related infections

(iii) Very young adolescents (VYAs)

There is growing recognition that the period of early adolescence (10-14 years) offers a window of opportunity to form more equitable gender norms before inequitable norms are cemented, prevent early and forced marriages, and improve health information and linkages with services before their first sexual

experiences or at the age when they are having initial sexual experiences. To support healthy growth and development, all VYAs, both those who have experienced sex and those who have not, need comprehensive and age-appropriate sexuality education, including information on their bodies and puberty. Some VYAs also need SRH services ranging from counselling and treatment for irregular or painful menstruations to a full range of contraceptive and maternal health services for those at risk of unintended pregnancy or who are pregnant and at risk of maternal morbidities and mortality.

Studies have shown that VYAs do not access services easily through most of the AYFS models or service delivery points. In addition, VYAs face additional barriers to seeking services that current AYFS models and delivery points are not addressing, including an inability to travel alone to a clinic, challenges with providers or policies related to the their ability to consent to services and/or policies that require parental or spousal consent, laws and policies around age of consent for sex, and additional fear and stigma surrounding sexual activity at an early age.

It is important to consider the context and needs of VYAs when determining the health outcomes and target population for the provision of AYFS. The following strategies to reach VYAs may be used depending on their context.

- Community-based service delivery for newly married girls;
- Linking services with existing programs for VYAs, such as girls' groups/ safe spaces programs, literacy programs, or other recreational programs for VYAs;
- Service delivery at schools or close referral systems with accompaniment for the VYA to services;
- Supporting a routine health visit for young girls (e.g. the 12-year-old check up) to address a range of health issues, including vaccinations, menstrual health and hygiene;
- Engaging with male parents and other influencers who shape VYAs health and development;
- Building the capacity of service providers to deliver ASRH information and services.

(iv) Young people living with disability

Young people with disabilities (YPWD) have distinct health needs as well as socio-economic challenges. These YPWD often have an unmet need for SRH services, as a result of exclusion from SRH programming, negative attitudes of service providers, lack of capacity of health providers to meet their needs, long queues at health facilities, distant health facilities, high costs of services involved, unfriendly physical structures and often (mis)perceived as not being sexually active.

The YPWD are as sexually active as young people without disabilities, but they are three times more likely to experience sexual violence, putting them at increased risk of unwanted pregnancy, STIs and HIV. YPWD have less access to health (including mental health and psychosocial support) and legal services. Adolescents with disabilities are at increased risk of other human rights violations such as sexual violence and exploitation,

forced sterilization, forced abortion and forced marriage.

Addressing the SRH needs of YPWD through provision of AYFS and VCAT training of health service providers to change their attitudes, religious and traditional value systems are among the common strategies used to improve and increase access to good quality and comprehensive SRH services among the YPWD.

The following strategies to increase access to disability friendly SRH services and information may be used depending on their context.

- 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
- Peer approaches - Have peers who can accompany disabled youth to SRH service delivery points
- Provision of SRH services to YPWD in service delivery points with disability friendly infrastructure (e.g. ramps or locations at ground floor) and disability-friendly services
- Strengthen referral mechanisms for YPWD
- Utilisation of Evidence - based interventions to meet the SRH needs of YPWD.

(v) Adolescents and Youth in Humanitarian settings

In humanitarian/emergency settings or in crisis situations, adolescents and youth are vulnerable sexual violence and exploitation. Some adolescents, including younger ones, may resort to selling sex to meet their own or their families' needs. The crisis situation may leave adolescents and youth without access to health care including SRH information and services. These circumstances expose them to increased risk of sexual exploitation and abuse, unwanted pregnancies, unsafe abortion, mental health and psychosocial problems, STIs and HIV infection.

The sub-groups of adolescents that are at particularly high risk and require special attention in emergency situation include;

- The very young adolescents (10 – 14 years)
- Pregnant adolescents, and/or marginalized adolescents
- Adolescents separated from their families (parents or spouses)
- Adolescent heads of household
- Survivors of sexual gender-based violence (SGBV)
- Adolescent girls selling sex.

Regardless of the source of their vulnerability, all at-risk sub-groups of adolescents and youth require particular attention and targeted interventions to ensure that their SRH needs are met during times of

crisis. Special considerations should be made when providing SRH information and services in emergency settings as most of the existing service delivery models may not be suitable for emergencies. However, they can be adapted to the emergency context. The Special considerations for provision of AYSRH include; protecting adolescents and youth rights to reproductive health (RH) information and services; providing protection from discrimination, abuse and exploitation. Local, national and international laws should be followed to the maximum extent possible. In all situations, however, it is important that the best interests of the adolescents and youth are prioritized.

To reach adolescents and youth during emergency situations, RH interventions must take innovative approaches to make services acceptable, accessible and appropriate for adolescents and youth, taking cultural sensitivity and diversity into consideration. It is imperative to develop and use health and humanitarian risk assessment approach to identify priority needs and subsequent target the interventions. Community members and parents should be involved in AYSRH interventions to ensure success and sustainability of the programs.

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 Health

4. IMPLEMENTATION FRAMEWORK

4.1 INTRODUCTION

The implementation of these guidelines takes into account that the country is now under a devolved system of governance. However it shall 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 Ministry of Health (MoH). 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.

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

4.2 STAKEHOLDERS

- National Government-Ministry of Health (including NACC and NASCOP)
- County Government (Department of Health & Department of youth)
- Training & Research institutions (Universities, training colleges & KEMRI)
- Ministry of Education, Science & Technology (MoEST)
- Ministry of Devolution & Planning (Including the NYS, NYC, NCPD and Youth & Gender Directorates)
- Ministry of Public Service, Youth and Gender
- Ministry of Interior and Coordination of National Government (NACADA & prisons services department including Borstal institutions)

- Ministry of Transport and Infrastructure
- Ministry of Labour, Social Security and Services (National Council for Children Services, Directorate of Children Services, National Council for Persons with Disability)
- Ministry of Information, Communication and Technology
- Service delivery points management teams including KNH and MTRH
- Service providers
- Development partners
- NGOs, FBOs, CBOs and private sector
- Community-Families, adolescents & youths
- Media

4.3 ROLES AND RESPONSIBILITIES OF THE STAKEHOLDERS

A multi-sectoral approach will be embraced in the rolling out of these guidelines in-line with the sectors core functions. The roles of some of these sectors have been highlighted below;

4.3.1 The Ministry of Health at national level, shall;

- Oversee and facilitate the implementation of this guidelines at National and County levels
- Support availability of adequate capacity in terms of equipment and commodities
- Develop/review the standardised training materials for provision of adolescent and youth friendly services
- Finance, regulate and co-ordinate AYFS training, information sharing & service delivery
- Disseminate policies, guidelines and standard operating procedures (SOPs) for provision of adolescent and youth friendly services
- Develop IEC Materials for adolescents and youth SRH
- Mobilize and allocate resources for provision of adolescent and youth friendly services
- Play an oversight role on AYFS provided and supported by stakeholders such as development and implementing partners
- Coordinate and disseminate research and innovation findings related to adolescent and Youth Friendly Services

- Develop and revise the national policies and guidelines that guide the YFS provision as appropriate to county managers and request county level action
- Develop or review as appropriate the norms, standards and SOPs and make them known and available in the counties
- Advocate with county managers to ensure ownership support of key policies
- Establish and coordinate inter linkages among development partners and other stakeholders
- Ensure sustainability of the provision of adolescent and youth friendly services
- Collating, analysing and archiving national data to stimulate local action
- Monitoring and evaluation of AYFS provision
- Document and disseminate best lessons learnt and best practices
- Develop or review as appropriate checklists for basic amenities, drugs, supplies and technology
- Work with counties to determine needs in drugs, supply and technology and ensure the needs are met
- Advocate with counties to ensure equitable use of the drugs, supplies and technologies in the care of the adolescents.

The Ministry of Health shall collaborate closely with the MoEST for in-school adolescents who form the largest proportion of adolescents. The Joint Interagency Coordinating Committee (JICC) shall be the key mechanism for involving other ministries and development partners in coordinating resource mobilization and allocation.

4.3.2 The Department of Health at county level shall;

Health is a devolved function and the County governments are responsible for health service delivery at the county level. Within the devolved governance structure, the county governments shall allocate resources towards implementation of the AYFS Guidelines. In addition the county governments shall;

- Adapt and implement the guidelines for provision of adolescent and youth friendly services
- Ensure decision support tools (guidelines, protocols , algorithms and job aids) are available in health care facilities and providers know how to use them
- Advocate with facilities managers to ensure ownerships and support for key policies
- Support facility managers to implement key policies and translate them into facilities SOPs
- Ensure that there is adequate capacity in terms of staffing, infrastructure and supplies for provision

of adolescent and youth friendly services

- Train service providers on provision of adolescent and youth friendly services
- Mobilize and allocate resources towards provision of adolescent and youth friendly services
- Plan, coordinate, implement and provide supportive supervision all adolescent and youth friendly services.
- Allocate funds for the provision of a comprehensive package of services in adolescents work plan
- Ensure provision of equitable, accessible, acceptable, appropriate and effective adolescent and youth friendly services
- Ensure availability of IEC materials
- Establish mechanisms for coordination of AYFS at the county level e.g. through establishing and or strengthening TWGs
- Provide avenues for partnership and public participation in adolescent and youth friendly services
- Ensure collaboration with key departments within and outside the department of health and encourage relevant agencies to mainstream adolescent and youth friendly services in their core functions
- Facilitate generation and provision for disaggregated data for decision making
- Conduct data synthesis and monitoring and evaluation activities at County level and use national and county data to stimulate local action
- Document best lessons learnt and best practices.

4.3.3. The Ministry of Education, Science & Technology (MoEST) shall;

- Integrate or include Comprehensive Sexuality and Life Skills Education in the education curriculum
- Ensure that the National ASRH policy and guidelines are factored in during curriculum review
- Build the capacity of teachers in provision AYFS including CSE and harmonize with the health service providers
- Build linkages with the Ministry of Health for school based health talks and service provision
- Ensure provision of the adolescent and youth friendly services within the institutions and create linkages and referral as appropriate
- Mainstreaming adolescents and youth sexual reproductive health and rights in all learning institutions
- Mobilize the stakeholders in education sector to ensure provision of AYFS

- Sensitize learners to access and utilize adolescent and youth friendly services
- Strengthen the school health programmes.

4.3.4 The Ministry of Public service, Youth and Gender Affairs shall;

- Mobilization of out-of-school youth to access these adolescent and youth friendly services
- Support provision of adolescent and youth friendly services at different levels, including youth empowerment centres and other youth empowerment platforms
- Advocate for resource allocation at all levels   to ensure provision of adolescent & Youth Friendly Service
- Strengthen youth empowerment platforms to effectively respond to AYSRH needs.

4.3.5 The Ministry of Interior and National Government Coordination (NACADA, Prisons Services Department) shall;

- Provide age and sex disaggregated data on drug & substance among adolescents and youth
- Develop and distribute IEC materials in the service delivery points
- Integration of AYFS into the prisons health services.

4.3.6 The Ministry of Labour, Social Security and Services (National Council for Children Services, Directorate of Children Services, National Council for Persons with Disability) shall;

- Protect adolescents against harmful/unlawful practices e.g. child marriages, FGM and child labor
- Protect adolescents against child marriages and trafficking
- Create mechanisms for collaboration and linkages for AYFS provision
- Ensure greater livelihood opportunities for adolescents in line with existing laws.

4.3.7 The Ministry of Transport and Infrastructure

- Create awareness of SRH issues among motorcyclists (Boda Boda) and public transport/Matatu industry
- Create mechanisms for collaboration and linkages with AYFS centers or Youth empowerment centers
- Protect adolescents and youth against drugs and substance abuse.

4.3.8 The Ministry of Information, Communication and Technology

- Support utilization of ICT in delivery of ASRH information
- Regulate media content on sexual and reproductive health information.

4.3.9 The Service Delivery Points Management shall;

- Communicate national laws and policies, SOPs and latest revisions to service delivery point staff
- Identify AYFS Advocates
- Identify community resources and build partnerships for advocacy and service provision for adolescents and youth
- Advocate with service delivery point staff, other sector services and the wide community to ensure their ownership and support for the implementation of key Adolescent SRH and AYFS policies
- Develop and adapt as appropriate local SOPS to implement key policies
- Supply staff with information and training materials, practice guidelines and other decision support tools
- Ensure an adolescent and youth health focus on facility reports
- Monitor and evaluate the implementation of quality standards in the service delivery point and use data to stimulate action
- Plan capacity building activities for facility staff
- Ensure staff participation and continuous professional education in adolescent & youth health care and in supportive supervision
- Inform CHMT about facility needs to enable funds allocation for key activities
- Put in place a procurement system to ensure availability of commodities for delivery of required package of services
- Mainstream interventions that address the needs of the persons with disabilities and other marginalized/ vulnerable populations.

4.3.10 The Service Providers shall;

- Provide adolescent and youth friendly service in line with the guidelines
- Provide feedback on provision of adolescent and youth friendly services

- Collect and report on age & sex disaggregated data for adolescent and youth friendly services provision
- Participate in M&E and research around AYFS
- Create awareness of adolescent and youth friendly services.

4.3.11 The Adolescent and Youth shall;

- Champion adolescent and youth health interests through existing relevant structures at all levels
- Participate meaningfully in research and programme implementation for adolescent and youth friendly services
- Participate in decision making and planning processes of AYFS provision
- Participate meaningfully in creating awareness for adolescent and youth friendly services
- Access and utilize the adolescent and youth friendly services
- Provide feedback on adolescent and youth friendly service provision

4.3.12 Communities, Families and Individuals shall;

- 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 M & E of AYFS provision at all levels.

4.3.13 The Development Partners shall;

- Support the provision of adolescent and youth friendly services
- Support the capacity development of adolescent and youth friendly service providers
- Support dissemination of the guidelines for the provision of adolescent and youth friendly services
- Meaningfully involve adolescents and youth in the implementation of the AYFS guidelines
- Advocate and mobilize resources for implementation of the AYFS guidelines
- Provide technical assistance for the implementation of the AYFS guidelines.

4.3.14 Training and Research Institutions

- Enhance adolescent content in nursing and medical curricula at both pre- and in-service levels Conduct continuous research on AYFS and generate information for decision making including guidelines/ policies revision and/or development.

4.3.15 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 program seeking to empower adolescents and youth
- Meaningfully involve adolescents and youth in policy formulation, program design, implementation, research and M&E
- Advocate and mobilize resources for AYFS guidelines dissemination and implementation
- Support special and targeted interventions aimed at empowering marginalised and vulnerable adolescents and youth
- Support capacity building of service providers on provision of AYFS
- Support establishment of AYF service delivery points.

4.3.16 Media

- Advocate and create public awareness on matters related to AYFS
- Regulate media content for adolescents and Youth.

4.4 MONITORING AND EVALUATION

Monitoring and evaluation should form an integral part of Adolescent and Youth Friendly Service provision. The Ministry of Health (MOH) shall provide overall strategic leadership in monitoring and evaluating the implementation of these guidelines with technical assistance from a technical working group. MOH in collaboration with the county governments and other stakeholders will work in a coordinated manner to ensure effective monitoring and evaluation of the AYFS provision. In addition, the national and county level health management teams will ensure that the data collection tools for AYSRH services are available and used appropriately.

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 also helps 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 youth and adolescent who are the ultimate consumers of AYFS meaningfully participate in the implementation of the guidelines. Key feedback mechanisms shall be established to the ensure interests of adolescent and youths are well taken care of.

The M & E processes will capture the heterogeneity of adolescents and youths and track the indicators along the following variables;

- Age (10-14yrs, 15-19yrs, 20-24yrs)
- Sex (Male, Female)
- Location
- Type of client (New, Revisit)
- Service sought
- Service rendered
- Service referred
- Commodities provided.

Monitoring and evaluation plan of these guidelines shall be guided by the indicators and targets below;

Indicator		Baseline		Target		Source of Data
		2015	2020	2025	2030	
1.	% Service delivery points offering AYFS	10.0 SARAM 2013	30.0	50.0	70.0	SARAM
2.	% of Teenage pregnancy among adolescent women aged (15-19 yrs)	18.0 (KDHS 2014)	15.0	12.0	9.0	KDHS
3.	Current use of any contraceptive among adolescent women (15-19 years) (%)	40.2 (KDHS 2014)	50.0	55.0	60.0	KDHS
4.	Current use of any contraceptive method among married adolescent women (20-24 years) (%)	53.5 (KDHS 2014)	57.0	63.0	70.0	KDHS
5.	Comprehensive knowledge about HIV among 10-14 year olds (percent)	17.4 (KAIS 2012)	25.0	30.0	50.0	KAIS
6.	Knowledge of HIV prevention among adolescent girls and boys 15-19 year olds (percent)	Girls 49.0 Boys 57.7 (KDHS 2014)	65.0	75.0	90.0	KDHS
7.	HIV incidence among 15-19 year olds (percent)	0.9 (KAIS 2012)	0.7	0.5	0.1	KAIS
8.	SGBV among adolescent women 15-19 yrs (percent)	4.2 (KDHS 2014)	3.0	2.0	1.0	KDHS
9.	Age at sexual debut among 10-14 years olds	(KDHS 2014)	14.0	16.0	18.0	KDHS

ANNEXES

1. Checklist for Standard and Quality of Provision of Adolescents and Youth-Friendly Services

Indicate yes or no for the following components with clear explanations on why in the comments column. This can be filled by observation, interview or examination.

CHARACTERISTIC **Equitable**	YES	NO	COMMENT
Policies and procedures that ensure services are offered to all adolescent and youth clients without discrimination in place			
Service providers administer the same level of care and consideration to all adolescent and youth clients without discrimination			
Accessible			
Cost of services are free or affordable			
Services are available and provided at convenient hours for all adolescent and youth clients			
Community informed on the benefits and availability of adolescents and youth friendly services			
Signage available and visible at the point of service delivery with range of services and operating hours			
Adolescents well-informed about the range of available services and how to obtain them.			
Facilities are conveniently located for ease of access to adolescent and youth clients			
Acceptable			
Adolescents and youth are able to consult with service providers at short notice, whether or not they have a formal appointment.			
Service provider spend adequate time with adolescent and youth clients			
Service providers are respectful and non-judgmental to adolescent and youth clients			
Referral and follow-up done in short and reasonable time frame			

CHARACTERISTIC	YES	NO	COMMENT
Materials provided in a familiar language, are easy to understand, eye-catching and responsive to different disabilities and other needs of adolescent and youth clients.			
Policies and procedures are in place that guarantee adolescent and youth client of privacy and confidentiality.			
Service delivery point is appealing and clean			
Adolescents and youth are actively involved in designing, assessing and providing services.			
Adolescents and Youth involved in decision making on youth friendly services provision			
Service providers are friendly and responsive to adolescent and youth clients			
Service providers ensures privacy and confidentiality to adolescent and youth clients			
Appropriate			
Package that fulfils the needs of adolescents and youth clients available			
Referral, linkages and follow-up systems and procedures available			
Effective			
Service providers have the required competencies to work with and provide adolescent and youth with all the services required and address any other concerns and needs			
Service providers are trained to provide adolescent and youth friendly services			
Service delivery point has the relevant and appropriate equipment, supplies and technology to provide services.			
Service providers use evidence-based protocols and guidelines to provide services.			

2. Checklist for appropriate and relevant infrastructure and technology for Provision of Adolescents and Youth-Friendly Services

- Adequate/separate space, comfortable, secure surrounding.
- Should be attractive to young people
- Should offer auditory and visual privacy (a door that closes, or music to cover sound)
- Should be thermally neutral (not too hot or cold)
- Should be clean
- Should have proper lighting
- Should have access to soap and clean water
- Should have a mirror
- Should have clean toilet facilities and a shower if possible
- Should have a table and a desk
- Should have seats
- IT section, to include computers, internet connectivity and IEC materials
- Should have a call number that can be use by young people to reach the facility.

3. 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 centres. - Promote the use of dual protection (prevention of pregnancy and prevention of STIs, including HIV)
Gender-Based Violence (GBV)	- Coordinate and ensure health sector prevention of sexual violence - Provide clinical care for survivors 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	- Expand medical, psychological, social and legal care for survivors - Prevent and address other forms of GBV, including domestic violence, forced/early marriage, female genital cutting, trafficking, etc. - 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

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-retrovirals (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

REFERENCES

Ambresin A, D M, Bennett K, et al. (2013). "Assessment of Youth-Friendly Health Care: A Systematic Review of Indicators Drawn From Young People's Perspectives," J. Adolesc. Health (2013) 52(6):670–681.

Callie Simon, Regina Benevides, Gwyn Hainsworth, Gwendolyn Morgan, and Katie Chau (2015). Thinking outside the separate space: A decision making tool for designing youth-friendly services (Washington, DC: Evidence to Action Project/Pathfinder International).

Chandra-Mouli, Venkatraman, Chatterjee, Subidita, & Bose, Krishna. (2016). Do efforts to standardize, assess and improve the quality of health service provision to adolescents by government-run health services in low and middle income countries, lead to improvements in service-quality and service-utilization by adolescents? Reproductive Health, 13(1), 1-8.

Chandra-Mouli V, Lane C, and Wong S. (2015). What does not work in adolescent sexual and reproductive health: A review of evidence on interventions commonly accepted as best practices. 2015; Global Health Science and Practice. http://www.ghspjournal.org/content/early/recent

Chandra-Mouli V, McCarraher D,. R, Phillips S.,J, Williamson NE, Hainsworth G. (2014). Contraception for adolescents in low and middle income countries: needs, barriers, and access. Reprod Health. 11(1):1.

Chandra-Mouli V, Mapella E, John T, Gibbs S, Hanna C, Kampatibe N, et al.(2013). Standardizing and scaling up quality adolescent friendly health services in Tanzania. BMC Public Health. 13:579.

Chandra-Mouli, Venkatraman, Gibbs, Susannah, Badiani, Rita, Quinhas, Fernandes, & Svanemyr, Joar. (2015). Programa Geração Biz, Mozambique: how did this adolescent health initiative grow from a pilot to a national programme, and what did it achieve? Reproductive Health, 12(1), 1-12.

Denno, Donna M., Hoopes, Andrea J., & Chandra-Mouli, Venkatraman. (2014). Effective Strategies to Provide Adolescent Sexual and Reproductive Health Services and to Increase Demand and Community Support. Journal of Adolescent Health, 56(1), S22-S41.

Dick B, Ferguson J, Chandra-Mouli V, Brabi L, Chatterjee S, Ross D. (2006). "Review of the evidence for interventions to increase young people's use of heath services in developing countries," in Preventing HIV/AIDS in Young People: A systematic review of the evidence from developing countries, eds. Ross D, Dick B, Ferguson J (Geneva: UNAIDS Intragency Task Team on HIV and Young People) .

Dulli, Lisa S, Eichleay, Marga, Rademacher, Kate, Sortijas, Steve, & Nsengiyumva, Théophile. (2016). Meeting Postpartum Women's Family Planning Needs through Integrated Family Planning and Immunization Services: Results of a Cluster-Randomized Controlled Trial in Rwanda. Global Health: Science and Practice. doi: 10.9745/ghsp-d-15-00291

Erulkar AS, Onoka CJ, Phiri A. (2005). "What is youth-friendly? Adolescents' preferences for reproductive health services in Kenya and Zimbabwe," Afr. J. Reprod. Health (2005) 9(3):51–8.

Glinski A, Sexton M, Petroni S. Adolescent and family planning: what the evidence shows. Washington, DC: International Center for Research on Women; 2014.

Godia, Pamela M., Olenja, Joyce M., Hofman, Jan J., & van den Broek, Nynke. (2014). Young people's perception of sexual and reproductive health services in Kenya. BMC Health Services Research, 14(1), 1-13.

Godia, Pamela M., Olenja, Joyce M., Lavussa, Joyce A.,Quinney, Deborah., Hofman, Jan J., & van den Broek, Nynke. (2013). Sexual reproductive health service provision to young people in Kenya; health service providers' experiences. BMC Health Services Research, 13:476

Gottschalk LB, Ortayli N.(2014). Interventions to improve adolescents' contraceptive behaviors in low- and middle-income countries: a review of the evidence base. Contraception 90(3):211-225.

Greene ME, Gay J, Morgan G, Benevides R, Fikree F. (2014). Literature review: reaching young first-time parents for the healthy spacing of second and subsequent pregnancies. Washington, DC: Pathfinder International, Evidence to Action Project; 2014.

High-Impact Practices in Family Planning (HIPs). Adolescent-friendly contraceptive services: mainstreaming adolescent-friendly elements into existing contraceptive services. Washington (DC): USAID; 2015. Available from: https://www.fphighimpactpractices.org/afcs

Kesterton, Amy J., and Cabral de Mello, Meena. (2010). Generating demand and community support for sexual and reproductive health services for young people: A review of the Literature and Programs. Reproductive Health, 7(1), 1-12. doi: 10.1186/1742-4755-7-25

Mavdezenge SN, Luecke E, Ross DA. (2013). Effectiveness of HIV Prevention, Treatment and Care Interventions Among Adolescents: A Systematic Review of Systematic Reviews (New York, NY).

Napierala Mavedzenge SM, Doyle AM, Ross D. (2011). "HIV prevention in young people in sub-Saharan Africa: a systematic review," J. Adolesc. Health (2011) 49(6):568–86.

Santhya,K.G and Jejeebhoy, S.J.(2015). Sexual and reproductive health and rights of adolescent girls: Evidence from low- and middle-income countries.Global Public Health, 10(2), 189–221.

Senderowitz J. (1999). Making Reproductive Health Services Youth Friendly (Washington, DC: Focus on Young Adults Pathfinder International, 1999).

Tylee A, Haller DM, Graham T, Churchill R, Sanci L. (2007). "Youth-friendly primary-care services: how are we doing and what more needs to be done?," Lancet 369(9572):1565–73.

UNICEF (2013). Towards an AIDS-Free Generation - Children and AIDS: Sixth Stocktaking Report (New York; 2013).

UNFPA. (2008). Making Reproductive Rights and Sexual and Reproductive Health a Reality for All: Reproductive Rights and Sexual and Reproductive Health Framework. UNFPA, 2008.

Williamson LM, Parkes A, Wight D, Petticrew M, Hart GJ. (2009). "Limits to modern contraceptive use among young women in developing countries: a systematic review of qualitative research," Reprod. Health (2009) 6:3. Accessed February 5, 2016

World Health Organisation (2015a). Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 1: Standards and criteria http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/

World Health Organisation (2015b). Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 2: Implementation guide http://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/

World Health Organisation (2015c). Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 3: Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards. http://www.who.int/maternal_child_adolescent/documents/global-standards- adolescent-care/en/

World Health Organisation (2015d). Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents. Volume 4: Scoring sheets for data analysis. http://www.who.int/maternal_child_adolescent/documents/global-standards - adolescent-care/en/

World Health Organization (WHO) (2014). Health for the world's adolescents: A second chance in the second decade (Geneva: 2014)

World Health Organization (WHO) (2014). Health for the world's adolescents: A second chance in the second decade, (Geneva: 2014). Available at: http://apps.who.int/adolescent/second-decade/.

World Health Organisation (WHO) (2012).Making health services adolescent friendly: developing national quality standards for adolescent friendly health services.

WHO, UNFPA, UNHCR. (2009). Inter-agency Field Manual on Reproductive Health in Humanitarian Settings. Chapter 2, "Minimum Initial Service Package for Reproductive Health," 2009.

WHO and UNFPA. Preventing Early Pregnancy And Poor Reproductive Outcomes Among Adolescents In Developing Countries: What The Evidence Says. 2012. Available at: http://whqlibdoc.who.int/hq/2012/WHO_FWC_MCA_12_02.pdf.

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