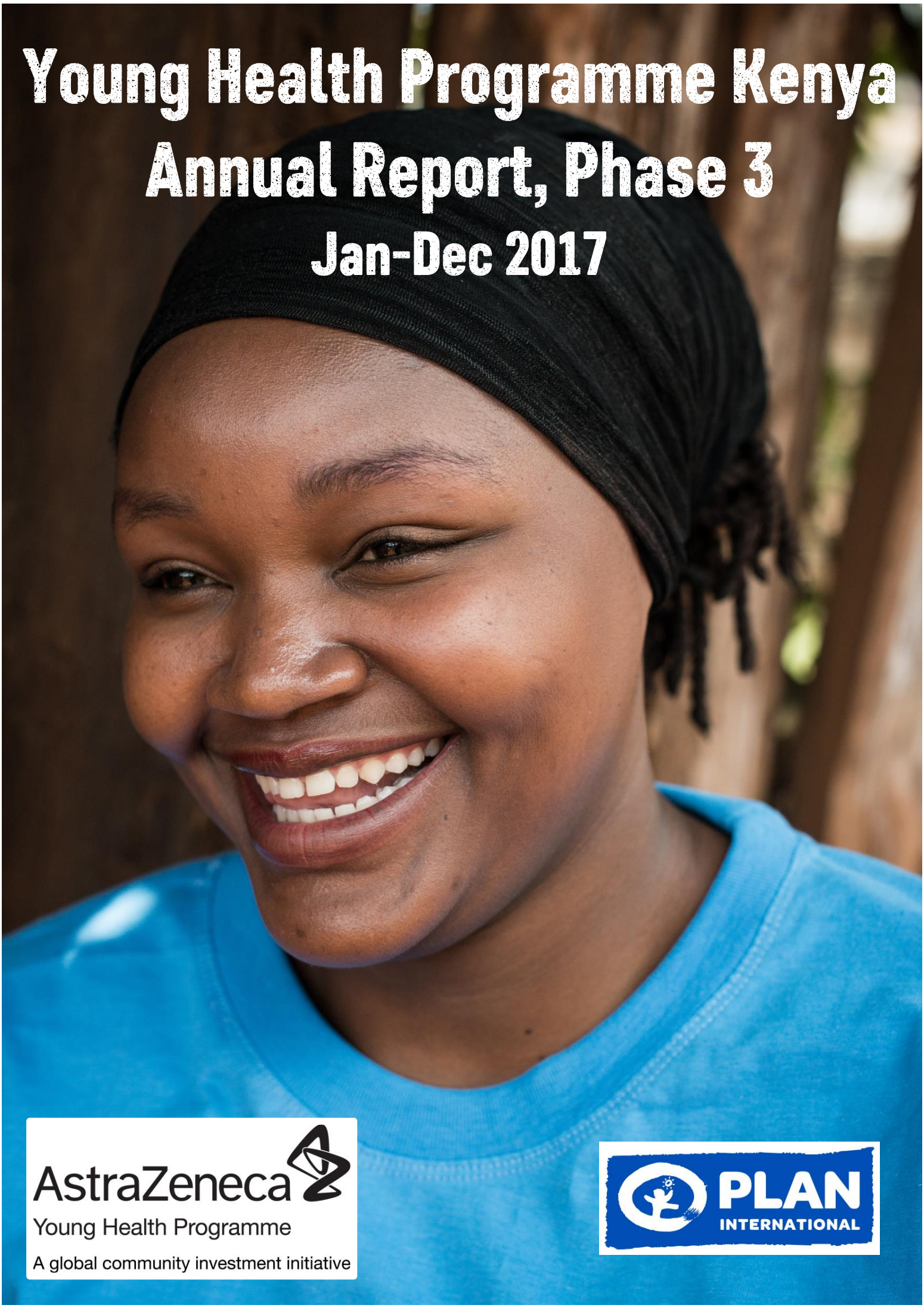
Young Health Programme Kenya Annual Report, Phase 3

Jan-Dec 2017



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Young Health Programme
A global community investment initiative

PLAN INTERNATIONAL

List of Acronyms

AGIK	Adolescent Girls Initiative Kibera
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behaviour Change Communications
CBO	Community Based Organisation
CFB	Carolina for Kibera
CHC	Community Health Committee
CHEW	Community Health Extension Worker
CHMT	County Health Management Team
CHS	Community Health Strategy
CHV	Community Health Volunteer
COYA	Coalition of Youth Advocates
CSA	Centre for the Study of Adolescence Kenya
CSO	Civil Society Organisation
DEK	Deaf Empowerment Kenya
FGD	Focus Group Discussion
IEC	Information, Education and Communication
JHPIEGO	Johns Hopkins Program for International Education in Gynaecology and Obstetrics
KMYA	Kenya Muslim Youth Alliance
KTN	Kenya Television Network
M&E	Monitoring and Evaluation
MoH	Ministry of Health
NAYA	Network of Adolescent and Youth of Africa
NCC	Nairobi City County
NCCK	National Council for Churches Kenya
NCD	Non Communicable Disease
NGO	Non-Governmental Organisation
OHERS	Organisation for Health Education and Research Services
PE	Peer Educator
PSI	Population Services International
SCCO	Sub-County Children's offices
SCHMT	Sub County Health Management Team
SRHR	Sexual and Reproductive Health and Rights
TNA	Training Needs Assessment
VVLP	Volunteer Village Liaison Persons
WHO	World Health Organization
YFS	Youth Friendly Services
YHP	Young Health Programme

YOUNG HEALTH PROGRAMME KENYA

Improving health and gender equality for young people in Nairobi

Annual Report, January-December 2017

Context

The Young Health Programme (YHP) in Kenya is tackling the significant threat of NCDs by aiming to reduce the associated risk behaviours of harmful use of alcohol, tobacco use, unhealthy diets and physical inactivity. In order to take a holistic approach to young people's health, the YHP also seeks to improve young people's SRHR and reduce gender inequality. The programme is engaging strategies including youth empowerment through peer education, community mobilisation, health service strengthening and local advocacy and influencing.

According to WHO, NCDs account for 27% of deaths, many premature, in Kenya. The Kenya STEPwise Survey 2015[1], also indicated that NCDs contribute over 50% of hospital inpatient admissions and 40% of hospital deaths in Kenya. Kenya's rapid rate of urbanisation has significantly increased risk behaviours, especially in urban informal settlements such as Kibera in Nairobi. The recently concluded baseline study by YHP Kenya found that 46% of young people in Kibera still smoked cigarettes, with 69.6% citing peer pressure as the main driver. 66.3% were current drinkers, with 1.5 occasions of heavy episodic drinking in the past 30 days. The majority (59.9%) of young people relied on carbohydrates (mainly chips) as their main dietary component (YHP Baseline, 2016).

The findings further revealed that while more than half (56.9%) of young people aged 10-24 years reported havign engaged in sexual intercourse, 47% felt it was the responsibility of their sexual partner(s) to suggest, provide and/or use condoms. Among those who were not married, 41.6% were currently engaged in sexual activity with multiple sexual partners, and 41.2% of girls and 12% of boys reported having been initiated into sex by an older partner. Despite the majority (75.2%) of young people being aware of the positive health effects of physical activity, many reported spending an average of nearly 3 hours just sitting on a typical day (YHP Baseline, 2016).

Programme Objectives

The overall objective of the programme is to contribute to improved health and gender equality of girls and boys between 10-24 years of age in the urban slum of Kibera, Nairobi. Specifically, it aims to achieve this by ensuring that adolescent girls and boys in Kibera are practising fewer risk behaviours due to an increased capacity to make informed choices and to protect their health, now and in the future.
To achieve this, the YHP is working to bring about three expected results:

- **Result 1:** Information and resources on prevention of NCDs and SRHR are accessed by adolescent girls and boys in Kibera
- **Result 2:** An enabling environment is in place at community level for protecting and promoting the health of adolescent boys and girls
- **Result 3:** Government services and policies are responsive to the health risks and rights of adolescent boys and girls

[1] http://aphrc.org/wp-content/uploads/2016/04/Steps-Report-NCD-2015.pdf (PDF)

A results framework is provided in appendix 1 of this report.

Target Beneficiaries

During this reporting period the following beneficiaries have been reached:

		Male	Female	Comments / assumptions
Direct beneficiaries	10-14 years	4,305	5,065	Direct beneficiaries include young people reached by Peer Educators (PE) through peer education outreaches in 41 schools and in 8 villages (They include those in and out of school), and also through Mentorship (5 weeks role modelling and mentorship sessions in the 4 clusters in the identified 8 villages in Kibera) and Community Dialogues by the Volunteer Village Liaison Persons (VVLP).
	15-19 years	4,954	5,717	
	20-24 years	5,072	4,901	
	Total direct beneficiaries	**14,331**	**15,683**	
Indirect beneficiaries	Under 18 years	12,429	11,909	Indirect beneficiaries include community members reached through mass awareness events such as tournaments, school gala, community dialogues and edutainment
	10-19 years	13,077	13,119	
	Total indirect beneficiaries	**20,548**	**17,803**	

EXECUTIVE SUMMARY

Reach

- Direct – 30,014 (15,683 girls and 14,331 boys)
- Indirect – 38,351 (17,803 females and 20,548 males)
- PEs trained – 39 (20 females and 19 males)
- Volunteer Village Liaison Persons (VVLP) trained – 8 (1 female and 7 males)

Sustainability

- YHP Kenya has actively involved the local MoH and CSOs in strengthening youth friendly services in various public and private health facilities. This has ensured that the duty bearers are held accountable for the provision of sustainable YFS beyond the project period.
- Involvement of school management and champion teachers has helped strengthen school health clubs. The strengthening of school lead peer educators has improved ownership of school interventions.
- Integrating YHP messages into the community health strategy, which is a Ministry of Health strategy, will ensure continuation beyond the project period.
- By building the capacity of peer educators, champion teachers, community leaders, youth advocates and community health volunteers through trainings, YHP ensures that the knowledge and general awareness raising on the four NCD risk behaviours, SRHR and gender equality will continue beyond the project phase.
- The creation and involvement of the local community structures – cluster coordination teams, volunteer village liaison persons, school health clubs and the Sub County health management team (CHMT) – in planning and execution has enhanced ownership and will ensure the interventions proceed with necessary support and supervision.
- YHP Kenya works in partnership and in collaboration with other stakeholders – CHMT, Coalition of Youth Advocates, Public Health Institute and others – especially on advocacy and influencing initiatives, creating sustainable synergy in advocacy strategies.

Local Advocacy and Youth Voices

- YHP Kenya completed a policy and legislative landscape analysis and produced two policy briefs. These briefs have helped inform the NCD Costed Implementation Plan for Nairobi County.
- YHP Kenya trained 47 (35 females and 12 males) youth advocates on NCD local advocacy. Some of the trained youth advocates have been invited to represent the voice of young people in different forums at the County and sub-County level.
- YHP facilitated five youth advocates' participation in the 1st "Urban Thinkers Campus" held at the United Nations Offices, where young people from Nairobi were involved in a 3 day youth conference on positive urban transformation.
- In collaboration with the County Health Services (NCD Unit) and JHPIEGO, YHP Kenya drafted an NCD costed implementation plan (CIP) for Nairobi County. The CIP is aimed at ensuring NCDs initiatives are planned for and allocated resources by the County Government of Nairobi.
- YHP also completed the policy briefs and landscape report on NCDs in Kenya and disseminated the findings and recommendations to stakeholders and policy makers at County and National levels.
- YHP also participated in the stakeholders review meeting for the Coalition of Youth Advocates and completed the development of a joint advocacy strategy with stakeholders. The draft copy is currently under review.
- In this reporting period, two YHP peer educators and one CHV participated in the One Young World Summit in Bogotá.
- In the dissemination workshops at County and National levels, YHP youth advocates and peer educators were actively represented and addressed stakeholders and policy makers, including young people living with NCDs.

ACTIVITIES AND OUTCOMES

RESULT 1: Information and resources on prevention of NCDs and SRH accessed by girls and boys

Key Baseline Findings

Tobacco use	Harmful use of Alcohol	Unhealthy Diets
• 46% of young people still smoke. • Higher prevalence rates for males (50%) than females (46.8%). • Regardless of gender, smoking prevalence is highest among ages 20 - 24 years (54%) & 15 - 19 years (33%). • Boys start smoking much earlier (at 8 years) than girls (at 11 years). • Mean age of initiation of smoking is approx. 14.8 years with boys being 14.85 years and girls, 14.5 years. • The average duration of smoking in the survey population was 4.27 years. • 69.6% young people cited peer pressure as the main reason for starting to smoke.	• 66.3 % of young people reported to be current drinkers (drank alcohol in the past 30 days). • Across gender, alcohol consumption among boys and girls stood at 62.5 % and 37.5% respectively. • Current drinkers averagely had 4.5 occasions, with at least one consistent drink in the past 30 days. • The current drinkers cited to have used 3.2 drinks per drinking occasion. • On average, current drinkers engaged in 1.5 occasions of heavy episodic drinking in the past 30 days.	• Majority of households (89.4%) used vegetable oil (liquid) for cooking compared with 9.5 % who used vegetable fat. • 70% generally understood balanced diet components i.e. proteins, vitamins and carbohydrates • 39.4% preferred their eating habits to comprise three dietary components. • Majority (59.9%) currently use carbohydrates (mainly chips) as the main dietary component; • Vitamins & proteins were cited among 19.8% and 18.5% respectively. • Variations by gender are only significant for carbohydrates, with 56.4% for boys and 63.8% for girls.

Baseline survey and formative research

Over this reporting period YHP Kenya completed both the baseline survey and formative research. The baseline survey collected detailed data on all project indicators for the purposes of targeting and monitoring. It also helped to realign the YHP results framework. The formative research identified the drivers of NCD risk behaviours among young people and analyzed the barriers preventing young people from making healthy lifestyle choices. This informed YHP Kenya's BCC strategies and appropriate messaging. Both the studies were disseminated to various stakeholders at National, County and Sub County levels. *(See boxes for key findings.)*

Both the baseline survey and formative research were conducted in the 8 YHP target villages namely: Makina, Laini Saba, Silanga, Lindi, Kisumu Ndogo, Gatwekera, Soweto West and Raila in Kibera. According to the baseline, only 28% of the community members and duty bearers had knowledge on NCD risk behaviours and health needs of young people; 16% of the community members and duty bearers reported to have promoted and protected the health and gender of young people and only 18% of young people reported improved health seeking behaviour attributable to improved quality and access to healthcare, effective government policies and community support.

The formative research (summary provided in Jan-June 2017 report) found out that young people mainly engaged in NCD risk behaviours due to peer pressure, among other factors. This finding informed the best type of activities to be carried out, what BCC strategies and messaging to be employed during implementation, and what

Findings con't..

Physical inactivity	Risky sexual behaviour
• Overall, 71.7% of the survey population fell into low physical activity category, 19.4 % moderate physical activity category and 8.9% high physical activity category. • Overall, males (69%) were found to have lower level of physical inactivity than females (75%). • Involvement in work-related vigorous physical activity increased with age (5% for 10 - 14 years, 10.5% for 15 - 19 years, and 13.7% for 20 - 24 years). • Despite majority (75.2%) being aware of the health effects of physical activity, many reported spending an average of 178 minutes just sitting on a typical day. • Respondents in the youngest age group (10 - 14 years) reported greater involvement in vigorous sports that the other age cohorts. • During an FGD and KII, respondents lamented a lack of sporting/recreational facilities such as playgrounds in Kibera.	• More than half (56.9%) of young people (10 - 24 years) reported ever engaging in sexual intercourse. • Regardless of gender, the mean age of sexual debut stood at 15.8 years. • Current sexual activity (in the past 3 months) was 51.1% among young people. • The prevalence of current sexual activity increased with age i.e. 59.6% among ages 20 - 24 years. • Nearly 95% of recent sexual activity happened among young people currently married or living together. • Among those who never married, 41.6% currently engaged in sexual activity with multiple sexual partners. • 47% of young people felt it was the responsibility of their sex partner(s) to suggest, provide and/or use condoms. • A higher proportion of boys (61.7%), than girls (51.6%), had ever engaged in sex. • Young people reported to have been initiated into sex by an older partner, with 41.2% being girls and 12% boys. • 22.8% of girls received a gift/favour or money in exchange for sex at the point of sexual initiation compared with only 3.3% of boys.

inputs were needed in order to effectively and sustainably impact young people in Kibera.

Both YHP baseline survey and formative research reports were successfully disseminated to various State and Non-State stakeholders including the Coalition of Youth Advocates (COYA) and the County and Sub County Health Management Teams. Others included AMREF, NCCG-CHO, HERAF, ICL, MSF Kenya, Stroke Association of Kenya, KRCS, Jhpiego and PS Kenya among others. The studies informed the development of the first ever draft 'Costed Implementation Plan for Nairobi County" and the development of "Joint NCD Advocacy and Influencing Strategy".

Contextualised gender sensitive behaviour change communications materials

During this reporting period, YHP Kenya has developed and distributed several behaviour change communication materials. The materials have been branded with age appropriate and gender sensitive messages on NCD risk behaviours, ASRH and gender equality. These were informed by both the baseline survey and formative research recommendations, taking a multi-stakeholder approach. They were then disaggregated into different IEC materials (t-shirts, pull up banners, wristbands, information booklets, notebooks, sports kits, caps and Kikois and school bags), which were produced and distributed to young people in Kibera. The behaviour change communication materials relay messages on NCD risk behaviours, ASRH and gender equality among young people and the entire community in Kibera. YHP has also established murals and talking walls at strategic spots in both schools and community. The BCC efforts have seen an increase in awareness of healthy lifestyle among in and out of school youth and the community in general.

Photo: A Community Talking Wall in Kibera

Photo: Young people wearing their YHP T-shirts during an outreach session

Promoting messaging via radio, television and social media

YHP messages on NCD risk behaviours, ASRH and gender equality were disseminated via radio shows, Twitter and Facebook

Photo: YHP Peer Educators, Danor and Dr Melany live on Ghetto Radio

Media communications responsive to the different needs of targeted adolescents

In 2017 YHP Kenya targeted young people and community members through themed radio talk shows. These shows were aired live using two popular local radio stations – Ghetto Radio and Pamoja FM. This is because both radio stations broadcast in ''sheng'', a language that effectively resonates with young people in informal settlements like Kibera. The YHP Kenya team, medical professionals from MoH, peer educators, CHVs/CHCs, Volunteer Village Liaison Persons and Youth advocates were selectively involved in discussing NCD risk behaviours, ASRH and gender equality live on radio. Over this reporting period YHP undertook a total of 17 radio talk shows in the two local radio stations, reaching more than approx. 1.5 million young boys and girls in Kibera and its environs. The stations also aired pre-recorded messages prior to, during and after the talk shows. The radio stations also engaged their audiences on social media (mainly Twitter and Facebook) while YHP Kenya has put in place a WhatsApp group for its different cohorts for information sharing. These have complemented YHP's sensitization efforts thus resulting in increased awareness among young people in Kibera.

Adolescent role modelling

During the reporting period, YHP identified and trained eight local role models (one male and one female per cluster). They were identified in collaboration with two local NGOs with interventions on role modelling and mentorship targeting young people in Kibera; Shining Hope for Communities (SHOFCO) and CFK (Carolina for Kibera). With support from peer educators, village liaison persons and selected guest speakers, the role models mobilized young people from their respective clusters and facilitated weekly structured role modelling and mentorship sessions targeting up to 50 young people per session with messages and change stories on the 4 NCD risk behaviours, ASRH and gender equality. In total, during this period of

Photo: Young people in one of the YHP Role Modelling and Mentorship sessions

reporting, 280 young people (162 boys and 118 girls) successfully completed the sessions. Those who completed have continued to support peer educators in outreaches and, by extension, in reaching their peers.

Capacity building of peer educators

The peer education approach is key to meeting YHP Kenya's objectives. During this reporting period, a total of 39 peer educators (19 male and 20 female) from the 8 target villages in Kibera underwent refresher training and continuous monthly mentorship sessions to further enhance their knowledge on NCD risk behaviours, ASRHR, BCC and gender equality, and better delivery of peer education outreaches.

Photo: YHP Peer Educators during team building activity held in Nairobi

In the same period, YHP Kenya conducted an annual capacity building and mentorship with 34 peer educators in form of a team building event. The topics covered were informed by the feedback received from PEs, gaps identified during assessments and support supervision and during quarterly review meetings with cluster coordination teams. This activity has in turn strengthed teamwork, communication, conflict resolution and self-awareness, among the peer educators. As a result, there has been improved working relationships among PEs and increased comitment to PE outreaches thus surpassing targets.

Supporting peer educators to carry out outreach

In this reporting period, 39 peer educators were supported to conduct peer education outreaches in the 8 villages and in 47 primary and secondary schools in Kibera. By December 2017, a total of 30,014 young people had been directly reached through peer education – through one on one sessions, small groups and school health clubs. They were provided with notebooks, pens, bags, reporting templates, and other materials. VVLPs, cluster coordination teams and lead peer educators also supported and constantly monitored peer educators' work thus boosting their reach. In 2017 the Peer Education Manual was also developed in this reporting period developed and will be rolled out from March 2018. This will further guide peer educators when undertaking their outreach sessions.

Photo: One of the YHP Peer Educators conducting a one on one peer education session in Kibera

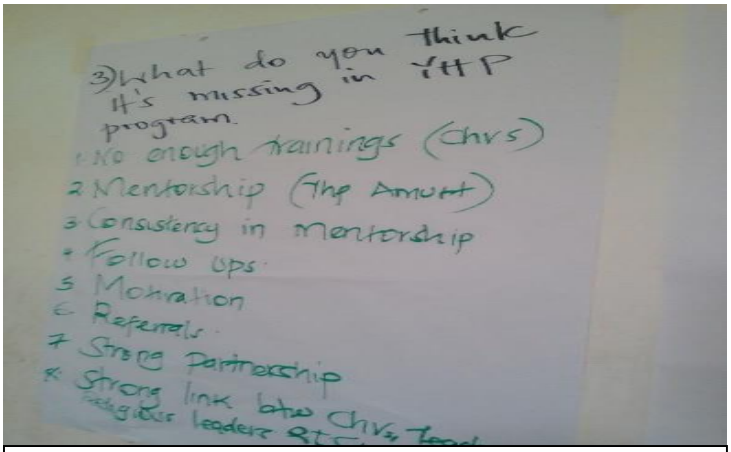

Photo: Some of the discussion points raised by YHP cohorts during quarterly review meeting held in Kibera

Supporting Peer Educators' monthly reporting and mentorship

During this reporting period YHP Kenya carried out a total of 12 monthly mentorship meetings with 39 peer educators. These meetings include one-on-one or group mentoring, support supervision (spot checks), and basic counselling when needed (work related and/or personal). This helps PEs to identify potential challenges, revise their monthly work plans and target appropriately. In addition, the peer educators also took part in monthly reporting and quarterly review meetings.

Sensitisation events

Over this reporting period there have been various mass awareness events and sensitisation of young people and the general community in Kibera on NCD risk behaviours, ASRH and gender equality. These took the form of through street theatres, football tournaments, fun days and school gala events. Up to December 2017, YHP has successfully reached over 1,587 girls and boys through annual football tournaments. More than 1,856 girls and boys have been reached through school gala events while approximately 8,000 young people have been reached through community

Photo: Young people from Kibera in action during the YHP Annual Football Tournament in 2017. Community members watch from the sidelines

fun days (edutainment). Indirectly, over 29,929 different community members participated in these mass community events in the period under review.

Monthly coordination meetings

During this reporting period YHP Kenya conducted monthly coordination meetings involving Plan Kenya, AMURT and CSA staff. During these meetings YHP representatives from different partners discussed matters integral to implementation of the YHP including joint review, planning, coordination, harmonization, strategies, sharing and learning. These meetings have also played a role in improving YHP's coordination and teamwork.

RESULT 2: An enabling environment in place at community level for protecting and promoting the health and gender equality of boys and girls

Community leader training

In order to promote an enabling environment at the community level, the YHP is working to build the capacity of community leaders and actively involve them in behaviour change initiatives. In this reporting period, YHP Kenya cumulatively trained 129 selected community leaders (79 males; 50 females) on NCD risk behaviours, ASRH and gender equality; representing 147% of the targeted community leaders. The training also focused on the concept of adolescent friendly services and the role of community leaders in supporting health service providers to introduce or strengthen adolescent and youth friendly services in Kibera. The community leaders were organized into three cohorts of **1)** administrators (chiefs, assistant chiefs, village elders, and selected gatekeepers), **2)** religious leaders and **3)** youth leaders. Since the training, YHP Kenya has witnessed trained community leaders being actively involved in various programme initiatives, including being part of cluster coordination teams and local advocacy groups. This contributes towards their buy-in and ownership of the programme. The leaders have also taken advantage of other existing forums for young people in Kibera to raise more awareness on NCD risk behaviours.

Photo: Selected Community leaders taking part in a 3 day training

Photo: A community dialogue session in progress

Community dialogues and events

In YHP Kenya, community dialogues are organized to bring people together to discuss issues related to NCD risk behaviours, gender equality and ASRH. In 2017, YHP Kenya organized both village and cluster-level community dialogues targeting 50 people per session. In some instances, YHP organized community dialogues targeting young people in schools. Over this reporting period a total of 1,642 people directly participated in the community dialogues. They comprised of mixed groups of young people (in and out of school), caregivers, parents, opinion leaders, community members etc. The dialogues were facilitated by the trained community leaders and community health volunteers, supported by peer educators and Volunteer Village Liaison Persons (VVLPs). Various practical solutions for addressing NCD risk behaviours were developed and organized into action plans which were later followed up by VVLPs and the lead peer educators. These dialogues have provided the young people with information on the existing support mechanisms for health issues, as well as help create robust referral system of various duty bearers, including where to access youth friendly services. An example of an issue that came up was that many parents do not have time for parenting as they are busy with work – as a result, community units have taken it upon themselves to ensure that young people are

Photo: A school dialogue session in progress

protected from risk behaviours especially tobacco use and harmful use of alcohol.

Teachers and champions of change

In order to strengthen the school health program in Kibera schools in 2017, YHP Kenya reached 19 new champion teachers (15 male, 4 female) with training on NCD risk behaviours, ASRH and gender equality. Consequently, YHP was able to initiate and/or strengthen school health clubs in 47 primary and secondary schools across the 8 target villages in Kibera. The trained champion teachers have continued to actively support peer educators, including school lead peer educators, in planning and conducting school outreaches. The teachers have also been incorporated in the various cluster coordination teams charged with supporting planning and implementation of YHP activities in their various villages/clusters. The champion teachers have also ensured the smooth running of school-based dialogues targeting school-going young people. The involvement of teachers in the programme has enhanced YHP's presence in schools and ensured recognition from both primary and secondary schools. This has also attracted tremendous support of teachers in YHP's school and community mass events, such as school galas, fun days and football tournaments.

Photo: A School Health Club session supported by a champion teacher

Training community-based health workers/volunteers

Community Health Volunteers (CHVs) have been major players in the implementation of primary healthcare in Kenya, and still continue to play a critical role in mobilizing communities to take care of their health and providing basic healthcare at community level. The original target was to train 20 CHVs over 4 years – 80 in total – however in 2017 YHP Kenya trained a total of 54 CHVs/CHCs (20 male, 34 female) from Kibera Health Units on NCDs, risk behaviours, ASRH and gender equality.

The 3-day training has empowered CHVs to identify, screen and refer children, women, and the elderly, and promote healthy lifestyles to reduce related NCDs, particularly among young people in Kibera. The CHVs developed activity plans which were integrated into their work with households in the respective community units. They also enhanced mainstreaming of YHP messages within the MoH's community health strategy and aided in the dissemination of YHP IEC materials to households in Kibera. CHVs have also been actively represented in YHP's cluster coordination teams; supporting planning and implementation of other YHP initiatives.

The Government of Kenya, through County and Sub County Health Services Units, is committed to supporting community health initiatives and continues to work closely with YHP Kenya in capacity building of CHVs, support supervision, and conducting outreaches in Kibera. In the regular training of CHVs they learn a lot about the medical side of NCDs but the additional training from the YHP (in which the Peer Education manual will be very useful from 2018) provides them with knowledge and skills on the preventative and health promotion side, which compliments the government's training very well.

Introducing adolescent friendly services in existing health facilities

During this reporting period, YHP Kenya, in collaboration with Sub-County Health Management Team (SCHMT) conducted a joint Youth Friendly Services needs assessment in 13 (6 private and 7 GoK) health facilities in Kibera, specifically:

- Makina Beyond Zero
- MACODEP Clinic
- Ushirika Medical Clinic and Maternity Services

- Silanga Dispensary
- Gatwekera Beyond Zero
- Tabitha Clinic
- Kianda 42 Beyond Zero
- Soweto West Beyond Zero Clinic
- Raila Beyond Zero Clinic
- Mercillin Clinic
- Karanja Beyond Zero Clinic
- Lindi Community Clinic
- Kibera Amref Health Centre

The assessment resulted in cluster-level action plans on the following intervention areas;

1. needs assessment,
2. capacity building of health service providers,
3. train and assign volunteers, PEs & CHVs to the respective facilities,
4. provide health facilities with relevant IEC materials,
5. sensitization of young people on access to youth friendly services,
6. facilities to provide YFS on youth days e.g. procuring snacks, refreshment, drinking water,
7. support learning forums, review meetings & stakeholders meetings at the Sub County level,
8. train selected young people and stakeholders/SCHMT on score carding and enable them to conduct quarterly support supervision,
9. provide technical support to health facilities on YFS delivery and help arrange exchange visits within NCC, and
10. collaborate with stakeholders on joint activities relevant to ASRH, NCD and gender equality.

The above process will be complimented by the score-carding exercise in which the quality and youth-friendliness of health facilities will be assessed by the users themselves – the young people. YHP is currently processing MOUs with the respective facilities in order to kick off strengthening and youth-led score-carding of their YFS in March 2018. The findings of both assessments will inform action plans to address the identified issues which will be discussed with the management of the facilities and the Sub-County Health Management Team.

RESULT 3: Government services and policies are responsive to the health risks and rights of boys and girls

Photo: Policy landscape report on NCDs in Kenya

Review of policies and policy implementation

In collaboration with CSA and PHI, YHP Kenya conducted a review of Kenya's NCD related policies and legislative landscape. This exercise resulted in the generation of two informative policy briefs and a policy landscape report on NCDs in Kenya. The policy briefs were successfully disseminated to stakeholders and policy makers at National, County and Sub County level. The findings and recommendations informed the advocacy and influencing initiatives proposed by the Coalition of Youth Advocates (COYA) in their C4C 2 grant. These findings also informed the drafting of the NCD Costed Implementation Plan for Nairobi County, which is currently undergoing peer review. The recommendations have also formed the basis for the recent draft joint advocacy strategy, which is also under peer review.

Training youth advocates

In this reporting period, YHP Kenya identified young people from selected vocal youth groups in Kibera to be youth advocates. Some were also drawn from the team of peer educators, especially the lead peer educators, while others were from the already trained cohorts. Selection was based on age, availability, being able to express and influence change, and being part of an already existing youth group working towards influencing positive change in Kibera. In total, YHP Kenya conducted advocacy training to 47 selected youth advocates (12 male, 35 female) in Kibera. The youth advocates have been enabled to attend various local and international NCD advocacy forums to voice out their concerns and influence policy decisions. Five youth advocates participated in the first 3-day urban transformation youth conference named "Urban Thinkers Campus"[2] held at UN Offices.

Photo: YHP Kenya youth advocates with other OYW delegates in Bogotá

Three youth advocates (2 females and 1 male) were also enabled by AZ and YHP Kenya to participate in the One Young World Forum (OYW) that was held in Colombia as a platform to exchange ideas and learn from fellow advocates from different parts of the world. Approx. five youth advocates also participated in the public hearing for county budgeting and pushed for consideration of NCD budget allocation in the Nairobi County budget.

[2] https://unhabitat.org/urban-thinkers-campus/

Joint advocacy strategy

During this reporting period YHP was able to mobilize various National, County and Sub County state and non-state stakeholders to a 3-day Joint Advocacy and Influencing Strategy Development Workshop. Those represented were CSA, OHERS, Media Advocate, SCCO/SCQFP, KMYA, DEK, DSW, JHPIEGO, MoH, NCCK, NAYA, and SCHMT. The workshop involved a review of the findings and recommendations from the policy briefs and landscape report, prioritization of the advocacy areas, and developing a strategy for advocacy and influencing. Along with stakeholders, YHP Kenya developed a draft Joint Advocacy and Influencing Strategy, including its costed implementation plan. The draft is currently undergoing peer review and will be shared within this quarter.

Advocate for government to reduce risks and promote adolescent health

In 2017, YHP Kenya has actively participated in and/or facilitated various NCD forums – including an NCD technical working group coordinated by the County, quarterly NCD stakeholder meetings usually convened by the County MoH department of NCDs with support from stakeholders and the Coalition of Youth Advocates (COYA), among others.

In addition, the policy briefs and landscape reports were disseminated to policy makers and other stakeholders.

Photo: YHP Manager, Mr. Danor Ajwang', making his presentation during dissemination of policy briefs to policy makers and stakeholders held in Nairobi.

YHP Kenya, in collaboration with JHPIEGO and the County Department of NCDs, spearheaded and provided technical support in the drafting of the NCD Costed Implementation Plan for Nairobi County – currently under final review. This plan will inform the county department of NCD and stakeholders on the amount of resources required for NCD interventions. It will also support stakeholders and the NCD department to jointly lobby the County Assembly to allocate a specified amount of resources to NCD interventions. Once finalised, it will also provide a framework for NCD programming in Nairobi County.

YHP also participated in the stakeholders review meeting for the Coalition of Youth Advocates.

CHALLENGES AND RECOMMENDATIONS

Challenges	Actions taken and recommendations
Political instability and violence in the project implementation area due to the Kenya general election in August 2017.	• YHP Kenya revised implementation plans and decreased the number of activities during this time. The project also worked with community leaders and local security agencies when required to access the project area. YHP also carried out more activities within the schools as opposed to community venues. • YHP Kenya was able to analyze Q2 plans and fast-tracked activities as soon as the electioneering period ended. This enabled the programme to stay on course.
High turnover of YHP peer educators and champion teachers between informal schools in Kibera.	• For peer educators, YHP Kenya recruited new ones to replace the ones who were transferred. YHP also increased mentorship and team building for peer educators in order to maintain motivation. • As for teachers, YHP strengthened school health clubs and identified school lead peer educators in order to continue with school sessions even when champion teachers transferred. The programme also followed up with the transferred teachers in order to establish school health clubs in their new schools.
Inadequate coordination among partners implementing NCD initiatives.	• YHP Kenya strengthened its collaboration with local stakeholders, including SCHMT. YHP Kenya also supported quarterly coordination meetings at County and Sub County levels.

SUSTAINABILITY AND COORDINATION

The Young Health Programme in Kenya continues to build sustainability at multiple levels. By building the capacity of peer educators, champion teachers, community leaders, youth advocates and community health volunteers through trainings, knowledge and general awareness raising of the four NCD risk behaviours, SRHR and gender equality will remain with the cohorts beyond the project lifetime.

The creation and involvement of the local community structures – cluster coordination teams, volunteer village liaison persons, school health clubs and Sub County health management teams (SCHMT) – in planning and execution has enhanced ownership and will ensure the interventions proceed with necessary support supervision.

Integrating YHP messages into the community health strategy, which is a Ministry of Health strategy, will ensure continuation of messaging beyond the project period. YHP Kenya also works in partnership and in collaboration with other stakeholders – CHMT, Coalition of Youth Advocates, Public Health Institute, among others – especially on advocacy and policy change initiatives, and this in turn creates sustainable synergy with the programme objectives and messages.

EXPENDITURE

In the project to date YHP Kenya has managed an overall spend rate of 96% (see Annex 2). This was due to the acceleration of activities in Oct-Dec 2017. The introduction of eight Volunteer Village Liaison Persons (1 per village) was instrumental in ensuring concurrency, quality and acceleration of YHP activities which

resulted in a 96% expenditure rate. Overall, YHP Kenya is on track with no significant concerns on expenditures.

In order to ensure value for money in the YHP, the following strategies have been applied;

- YHP has been able to achieve more results for the same/less resources – capacity building initiatives have reached double or triple the targeted cohorts.
- YHP utilised resources from existing CSOs and community contributions to co-fund and plan for mass activities.
- YHP monitored activities against costs and alongside results.
- YHP ensured that cohorts engaged in its implementation has interest in the success of the project, has proven capacity and influence in their respective villages.

UPCOMING ACTIVITIES

YHP Kenya plans to undertake the following activities in the next project year (Year 3, 2018);

- Conclude the risk, sustainability, gender and child rights assessment.
- Finalization and dissemination of the joint advocacy and influencing strategy.
- Finalize, validate and disseminate NCD costed implementation plan for Nairobi County.
- Conduct annual football tournaments, annual fun days and school gala events.
- Finalize, produce and roll out the YHP peer education manual.
- Hold review meetings with various cohorts and stakeholders.
- Produce more and distribute IEC/BCC materials, including speaking walls in schools.
- Conduct community and school peer education outreach sessions.
- Undertake public private partnership
- Continue to advocate for Government to reduce NCD risks and promote ASRH informed by the joint advocacy and influencing strategy.
- Training of new teachers and champions of change on NCDS, ASRH and gender equality.
- Refresher training of youth advocates on Advocacy, NCDs, ASRH and Gender Equality.
- Training of service providers and roll out the support for strengthening YFS.
- Conduct mid-term evaluation.
- Undertake staff capacity development initiatives and participate in Global NCD events in UK.

ASTRAZENECA COLLABORATION

In the reporting period, there was no significant engagement with the AstraZeneca Kenya Country Office. Plans are however underway to contact AZ Kenya and schedule a meeting in February 2018.

Appendix 1

Progress against output indicators (updated)

OBJECTIVE/GOAL	ACTIVITY (per proposal)	OUTPUT INDICATORS	TARGET			ACHIEVEMENTS				
			Male	Female	Total	Year 1	Year 2	Year 3	Total	% achieved
Result 1: Information and resources on prevention of NCDs and SRH accessed by adolescent girls and boys in Kibera	Conduct a gender sensitive asset mapping	Asset mapping report compiled and shared	1		1	1	0	0	1	100%
		# of service providers/stakeholders reached during asset mapping	45	44	89	89	0	0	89	100%
		# of villages identified for YHP interventions	8		8	8	0	0	8	100%
	Conduct gender sensitive formative research	Final formative research report compiled and shared	1		1	0	1	0	1	100%
	Design contextualised gender sensitive behaviour change communications materials	# of BCC materials developed	7		7	0	7	0	7	100%
		# of adolescents and community members receiving BCC materials	1000	1000	2000	0	150	912	1062	53%
	Develop and implement media communications responsive to the different needs of targeted adolescents	# of radio shows conducted	32		32	0	12	4	16	50%
		# of people reached with SMS communications	10000	10000	20000	0	0	0	0	0%
		# of TV infomercials produced	4		4	0	0	0	0	0%
	Adolescent role modelling	# of adolescent role models engaged	4	4	8	0	8	0	8	100%
		# of young people reached directly by adolescent role models	360	440	800	0	167	113	280	35%
	Capacity building of peer educators	# of peer educators trained	18	22	40	40	0	39	79	198%
		# of peer educators trainings conducted	5		5	1	0	0	1	20%
	Support peer educators to carry out outreach	# of peer educators supported to carry out outreaches	18	22	40	35	0	39	74	185%
		# of outreaches conducted	720		720	0	96	46	142	20%
		# of young people reached through peer educators outreaches (Directly)	37,180	45,768	82,948	0	22196	11212	33408	40%

		# of people indirectly reached through peer educators outreaches	150,492	135,798	286,290	0	28106	11192	39298	14%
	Conduct risk sustainability, gender and child rights assessment	# of risk sustainability, gender and child rights assessment conducted	1		1	0	0	0	0	0%
Result 2: An enabling environment in place at community level for protecting and promoting the health and gender of adolescent boys and girls	Conduct a training needs assessment	# of community members assessed	16	14	30	107	0	0	107	357%
		Needs assessment report compiled and shared	1		1	1	0	0	1	100%
	Conduct training with selected community leaders	# of community leaders trained	46	42	88	0	106	23	129	147%
		# of trainings conducted	12		12	0	3	1	4	33%
	Conduct community dialogues and event days	# of event days conducted	40		40	0	4	0	4	10%
		# of people reached through community dialogues and events	2200	1800	4000	0	730	912	1642	41%
	Conduct a training needs assessment for service providers	# of service providers assessed	8		8	0	8	12	20	250%
		# of service providers trained	16	19	35	0	11	12	23	66%
		# of trainings conducted (one off)	1		1	0	0	1	1	100%
	Teachers and champions of change	# of teachers and champions assessed	14	13	27	27	0	0	27	100%
		# of teachers and champions trained	110	114	224	0	19	0	19	8%
	Train community-based health workers/volunteers	# of community-based health workers/volunteers assessed	50	50	100	0	19	35	54	54%
		# of community health workers/volunteers trained	50	50	100	0	19	35	54	54%
	Introduce adolescent friendly services in existing health facilities	# of peer educators trained in monitoring health facilities and score carding	18	22	40	0	0	0	0	0%
		# of health facilities offering adolescent friendly services	8		8	0	8	12	20	250%
Result 3: Government services and policies responsive to the health risks and rights of adolescent boys and girls	Review of policies and policy implementation	# of policy review meetings/sessions held with stakeholders/policy makers	16		16	0	4	0	4	25%
		# of policy issues identified	3		3	3	0	0	3	100%
		# of policy recommendations taken into consideration by policy makers	3		3	0	0	0	0	0%
	Training youth advocates	# of youth advocates trained	14	36	50	0	47	0	47	94%
		# of trainings conducted	3		3	0	1	0	1	33%
	Develop a joint advocacy strategy	Joint advocacy strategy document compiled and shared	1		1	0	0	0	0	0%