# Kisumu County Adolescent Stakeholders' Forum Report

Acacia Premier Hotel,Kisumu
23rd March, 2017

Family AIDS Care and Education Services

MINISTRY OF HEALTH

This report is based on presentations and discussions held during the 2nd Kisumu County Adolescent Stakeholders' forum, 23rd March 2017 in Kisumu, Kenya. The County Adolescent Stakeholders' forum owes its success to the willingness of the participants to share their experiences, knowledge and insights.

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**DISCLAIMER**

The views presented in this report are those of the authors and the Adolescent Stakeholders' Forum participants and DO NOT necessarily reflect the decisions, policies or views of FACES Program.

**Acknowledgements**

Heartfelt gratitude goes to the 75 stakeholders whose attendance and participation in the 2nd Kisumu County Adolescent Stakeholders Forum have contributed to this report.

**Very Special Thanks goes to:**

The County Government of Kisumu, Ministry of Health leadership, All Implementing Partners (IPs), County Education Managers, FACES Program, NASCOP, NACC, MoEST HQ, journalists, GPRT, All Implementing partners (UNICEF, EGPAF, AMPATH, APHIA Plus, KARP), religious leaders and civil society, youth organizations, PLHIV, people with special needs, educational institutions and all adolescents for their invaluable support and contributions to this report.

Thanks and God bless you always.

**Acronyms**

| | |
|---|---|
| **ACT:** | Accelerating Children's HIV/AIDS Treatment Initiative |
| **ART:** | Antiretroviral therapy |
| **ARV:** | Antiretroviral |
| **ASF:** | Adolescent Stakeholders Forum |
| **SRH:** | Sexual Reproductive Health |
| **CDC:** | Centers for Disease Control |
| **CHMT:** | County Health Management Team |
| **CIFF:** | Children's Investment Fund Foundation |
| **EGPAF:** | Elizabeth Glaser Pediatric AIDS Foundation |
| **FACES:** | Family AIDS Care and Education Services |
| **GPRT:** | Global Program Research and Training |
| **HTC:** | HIV testing and counselling |
| **HTS:** | HIV testing Services |
| **IPs:** | Implementing Partners |
| **KARP:** | Kenya AIDS Response Program |
| **MNCH:** | Maternal, newborn and child health |
| **MoEST HQ:** | Ministry of Education Science and Technology |
| **MOH –** | Ministry of Health |
| **NACC:** | National AIDS Control Council |
| **NASCOP:** | National AIDS and STI Control Program |
| **NCE:** | No Cost Extension |
| **PEPFAR:** | President's Emergency Plan for AIDS Relief |
| **PLHIV:** | Persons Living with HIV |
| **PMTCT:** | Prevention of Mother-To-Child Transmission of HIV |
| **PTA:** | Parent Teachers' Association |
| **OTZ:** | Operation Triple Zero |
| **SCHMT:** | Sub-County Health Management Team |
| **SGBV:** | Sexual and Gender based Violence |
| **UNAIDS:** | United Nations Joint Program on AIDS |
| **UNICEF:** | United Nations Children's Funds |
| **UCSF:** | University of California at San Francisco |
| **WHO:** | World Health Organization |

## 1.0 BACKGROUND

There are over **9.5 million adolescents aged 10-19 years in Kenya,** making up over 20% of the total population. Adolescents **face unique health challenges and barriers** to accessing health services. In Kenya, youth 15-24 years contribute 46% of new HIV infections every year 15% of women age 15-19 have already had at least one birth

***45% of mothers attending ANC were adolescents in Kisumu County between April and June 2016.***

*In order to reverse the trends by 2020;*
90% of all adolescents living with HIV should know their HIV status 90% of all adolescents with diagnosed HIV infection should receive sustained antiretroviral therapy
90% of all adolescents receiving antiretroviral therapy should have viral suppression

*In order to reverse the trends and re write the story in Kisumu County*;
Adolescent pregnancies MUST be prevented, those already pregnant supported through to safe skilled delivery and **All allowed** to continue with education irrespective of their HIV status or pregnancy outcomes.

**FACES** (Family AIDS Care and Education Services) Program in collaboration with **Ministry of Health Kisumu County, Ministry of Education and other partners** hosted an adolescent stakeholders' forum in Kisumu to build on the prior forum and advance the adolescent agenda.

## 2.0 OBJECTIVE OF THE FORUM

To review and discuss achievements following the April 2016 stakeholders' forum

1. To discuss key challenges in adolescent health and possible solutions in relation to the 90:90:90 strategy
2. To determine factors contributing to and ways of addressing adolescent pregnancies in Kisumu County
3. To come up with a post forum action plan to address adolescent health in Kisumu County

Theme: **Preventing Adolescent HIV and pregnancies in Kisumu County: *"Shame the Sponsors and Block the Anointers"***

## 3.0 ATTENDANCE

The forum brought together many members of the CHMT including; The CEC Health Kisumu County, County Director of Health Kisumu County; also present were political and community leaders, NASCOP, MOE officials both from national and county offices. A number of Implementing Partners such as CDC, FACES, EGPAF, UNICEF as well as different cadres of practicing health workers i.e. medical doctors, experienced clinical and nursing officers, community health workers who are actively involved in daily adolescent care and management, religious and civil society, youth organizations, KENEPOTE, people living with HIV, people with special needs, heads of education institutions and some selected leaders of adolescents.

**Health Minister's Remarks**

Passionately shared a story of her adolescence.
At the age of 12 years, she reminisced a statement from her mother who loved and cared so much about her ***''Do not sleep with boys"*** was a statement that disturbed her for so long. ***"My dad's temper was an enough contraceptive"***, she added as she recounted her adolescence.

She expressed her desire for a comprehensive adolescent health policy for Kisumu County, adding that it would go along way to address parent's desperation.

## 4.0 PRESENTATIONS

### *4.1. Adolescent HIV & Pregnancy Burden In Kisumu County*

Presenters: Eve Nailantei (RH Coordinator) and Leon Nyang'wara (Kisumu County Adolescent/ PMTCT focal person)

#### *4.1.1 Key Highlights*

- According to KDHS 2008-2009, median age at 1st sexual intercourse was 18.2yrs for women and 17.6 yrs. for men
- In 2012, 12% of girls and 22% of boys reported to have had sex by the age of 15
- Study on the incidence & magnitude of abortions showed that girls below the age of 19years accounted for 17% of all women seeking abortion care services and 45% of all severe abortion related admissions in Kenyan hospitals in 2012
- 15% of women aged 15-19 years have already had a birth while 18 percent have begun childbearing (had a live birth or are pregnant with their first child) KDHS 2014
- Sexual Gender Based Violence (SGBV) against adolescents is on the rise with registers a worrying trend with 46% of SGBV cases being adolescents 10-17years
- 13 (87%) survivors presenting with pregnancies after 4 weeks out of 15 SGBV survivors are adolescents
- Despite the need for family planning for this special group, , FP uptake among 10-14 year olds remains low (1%) compared to 9.4% in 15-19year olds

***Adolescents and HIV***

- National HIV prevalence among youth 15-24 years stands at 3.12% (268,588) young people living with HIV
- New HIV infections among < 15 yrs. account for 6% of all new infections
- Estimates show that150,000 adolescents between 10-19 years are living with HIV;( 9% of all people living with HIV in Kenya)
- The number of new infections among 15-24 year olds in 2015 – 268,588 (18% of all new infections)

*Source- Kenya HIV Estimates 2015*

**Table1: SGBV cases and FP coverage among adolescents**

| Sexual Gender Based Violence (SGBV) | | Total SGBV Cases |
|---|---|---|
| Within 72 hours 10-17 yrs. | 134 | 291 |
| Rape Pep 10-17yrs | 87 | 201 |
| Completed pep 10-17yrs | 36 | 77 |
| Survivors presenting with pregnancies after 4 weeks | 13 | 15 |
| Total FP coverage | | |
| Adolescents 10-14yrs receiving family planning | 1157 (1%) | FP Coverage= 113995 |
| Adolescents 15-19yrs receiving family planning | 10786 (9.4%) | |

**Table 2: Case scenarios shared during the Presentations**

| | |
|---|---|
| *R.A , a 14 year old lives with her grandparents, she is the second born in a family of 3*<br>*She was going for 'Kesha' to escape her violent grandfather She met a stranger who forced himself on her., it was her first sex debut*<br>*After 3/12, she felt uneasy as though she is constipated, her grandma , who happens to be a CHV took her for pregnancy test , the result was positive*<br>*She is now a mother of a baby boy*<br>*She has no idea who is the baby daddy*<br>*R.A would wish to be a tailor in future*<br>*HIV status-unknown* | *She is only 13years old, 4th born in a family of 8*<br>*She went visiting her sister during the December holiday.*<br>*Her brother in law forced himself in her when she took him lunch at the construction site where he was working, it was her first time, it was very painful.*<br>*She reported to her sister who chased her back to her parents.*<br>*She is currently 3 months pregnant*<br>*HIV status unknown* |

**Family testing approach to adolescent identification was emphasized**

- National HIV prevalence among children aged 18 months-14 years - 0.9% (101,000)
- Overall, only 16.4% of children aged 18months-4 years have ever been tested for HIV, as reported by their parents/guardians
- Among children who had an HIV-infected parent, < half (45.4%) had ever been tested for HIV
- **It was clarified that adolescents aged 15years and above could consent for HIV testing**

**Factors associated with adolescent pregnancies and HIV**

The presentations highlighted that many pregnancies occur in the context of human rights violation such as:

- **The 'Sponsor' Menace** – younger adolescent girls being exploited by older men who lure them into unprotected sex due to the adolescent' inability to negotiate for safer sex ***(intergenerational sex)***. Some reporting age gaps as high as 15 years
- Child marriage, coerced sex or sexual abuse, mostly by people they know
- **Inadequate reproductive health care services** for adolescents particularly lack of contraceptive education among married and unmarried adolescents
- Peer pressure
- Socio-economic factors such as poverty, lack of education and limited economic opportunities among girls

**Challenges faced by Adolescents**

- Disclosure
- Stigma and discrimination
- **School environment unresponsive** to adolescents living with HIV
- Some schools sending away pregnant adolescents as soon as pregnancy is diagnosed
- Access to care and treatment, adherence, personal and parental/guardian's health
- Loss and grief: Death of parents/guardians, poverty-nutrition

## 4.2 ACHIEVEMENTS FOLLOWING THE APRIL 2016 STAKEHOLDERS FORUM

***Presenters:***
Dr. Patrick Oyaro – Director FACES Program
Nicollate A. Okoko – Paediatric Adolescent Technical Lead

**4.2.1 Key Highlights**
**4.2.2 Kisumu County at the forefront: Making a difference in the lives of adolescents**
**4.2.3 Pregnancy and HIV burden among adolescents**
**4.2.4 Why we MUST talk about Adolescent pregnancies**
**4.2.5 Achievements: 1 year after the April 2016 stakeholders forum**

*Key facts: WHO 2016*

About 16 million girls aged 15-19 years and some 1 million girls <15 years give birth every year

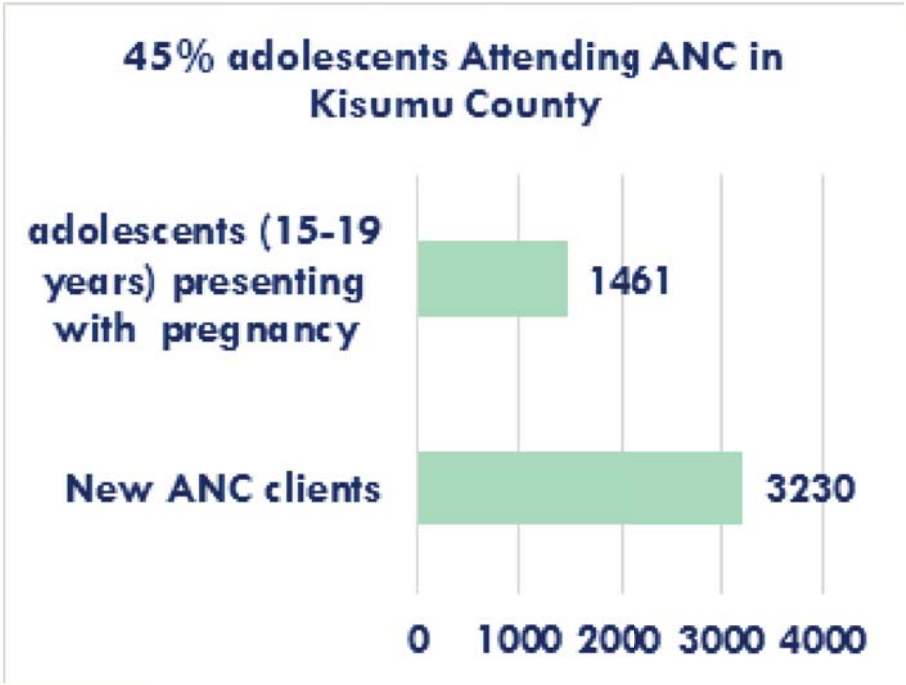
- Most are in low and middle-income countries

Complications during pregnancy and childbirth are the second cause of death for 15-19 year-old girls globally

- Every year, some 3 million girls aged 15 -19 undergo unsafe abortions

Babies born to adolescent mothers face a **substantially higher risk of dying** than those born to women aged 20 to 24

- Teenage pregnancy has remained a major health and social concern because it is highly ***associated with high maternal and child morbidity and mortality***
- In Kenya, teenage pregnancy is ***not only a reproductive health issue***, but is also an all rounded issue as it **directly affects the current and future socio-economic well-being of women**
- Childbearing during the teenage years affects ***female educational attainment,*** as young girls who become mothers in their teen period become more likely to curtail their education
- In Kisumu County, 45% of all first ante natal clinic attendance were adolescents as shown below:



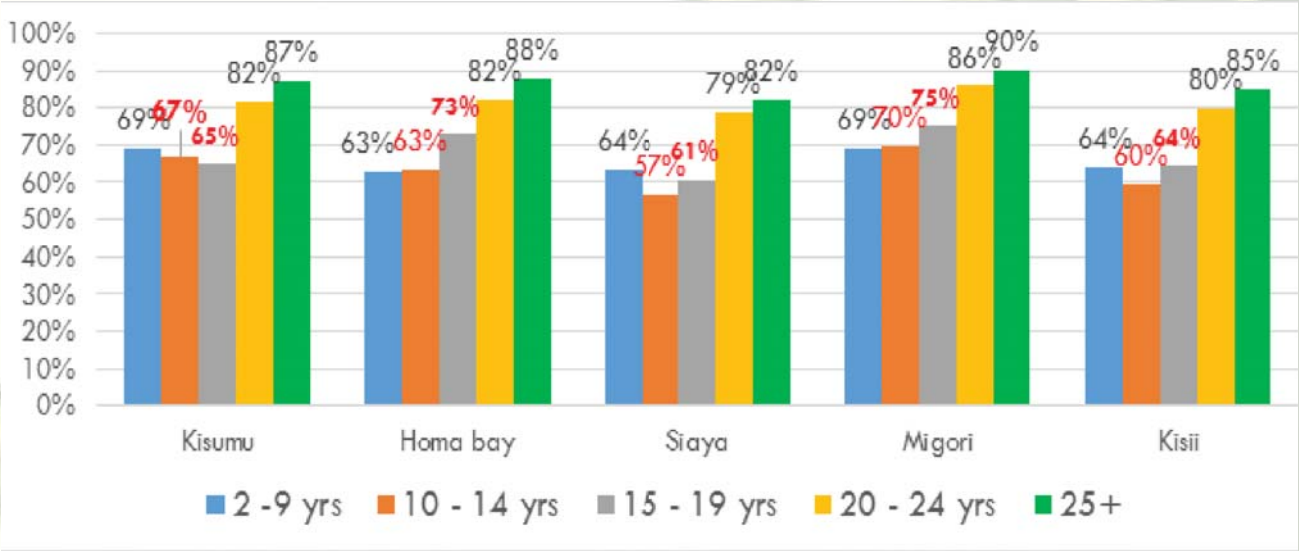

*Source: DHIS - APRIL –JUNE 2016*

**Table 2: Sub County Variations/Difference**

| SUBCOUNTY | KE | NYAKACH | NYANDO | MUH | KW |
|---|---|---|---|---|---|
| **New ANC clients** | 1757 | 510 | 440 | 248 | 275 |
| **Adolescents (15-19 years) presenting with pregnancy** | 496 | 339 | 341 | 190 | 95 |
| **Proportion** | 28.2% | 66.5% | 77.5% | 76.6% | 34.5% |

**Figure 2: Viral Load Suppression by County by Age group**

*Data source: NASOP VL website (Courtesy of CDC WK)*



**Kisumu County has made strides following the 1st Kisumu County Adolescent Stakeholders' Forum held in April 2016**

**Achievements**

- Teachers guide developed to facilitate support for Learners LHIV (MOE/MOH/FACES and Other IPs)
- Kisumu County Pediatric/adolescent TWG established and meeting regularly
- Embraced Family testing approach to identification of adolescents
- Adolescent specific clinic days at ART facilities
- Adolescent PSGs- peer support, buddy systems
- Kenya Secondary Schools Heads Association Conference (KESHA) / Kenya Primary Schools Heads Association (KEPSHA) Conferences attended in June/August 2016 respectively
- Held 24 FGDs with adolescents, caregivers and service providers in 8 health facilities
- 8 Play Stations installed
- Family testing registers, purple stickers purchased
- Printing of registers and adolescent friendly IEC materials recommended by NASCOP
- In the process of establishing 8 adolescent friendly centres at KCH, Masogo, Muhoroni, Lumumba, Nyando, Nyakach, Rabuor, Nyahera (Fully furnished)
- Conducted Four Adolescent Package of Care Trainings, one per sub county, a total of 116 trained between November 2016 and January 2017

## 4.3 MOE-POLICY ON ADOLESCENT AND SCHOOL HEALTH

***Presenters:***
Mrs. Susan T. Njau – Deputy Director Quality Assurance and Standards MoE (HQ)
John Ouma Otieno – PQASO MoE (HQ)

### 4.3.1 Key Highlights

The presenter challenged the men who were participants in the forum by asking this questions.

*We cannot afford to ignore Male involvement if prevention of HIV and pregnancies in adolescents is to be achieved* - Madam Njau – Deputy Director Quality Assurance and Standards MoE

"If our school girls are getting pregnant and acquiring HIV/AIDS, aren't men who are much older than these girls also the major culprits?" "Men answer me", she added, saying that unless the source of the problem is addressed, we may be far from solving issues surrounding HIV and teen pregnancies.

**According to MoE, every child has a right to basic education**

- The right of every child to compulsory free basic education and basic nutrition, shelter and health care are anchored in Article 53(1) of the Kenya Constitution, 2010
- Basic Education act, 2013 also provides for the free and compulsory basic education to all children
- MoE has developed policies and strategies to provide not only education, but also emphasizes health, hygiene, safety and care for all learners who include adolescents


**Some of the objectives of school safety & healthy policy is to:**

- Impart knowledge, skills, practices and proper attitudes to learners in relation to health
- Promote and maintain good health practices among the learners.
- Monitor and appraise the health status of learners through health screening and examinations
- Provide first line emergency services to learners and teachers injured or taken ill
- Collaborate with health agencies, partners, parents and communities on issues relating to learners' health.
- Promote gender related issues in schools
- Counsel and give guidance to learners and parents on matters relating to health

**Standards and guidelines have been developed in the following areas to enhance child safety while at school:**

- Safety on School Grounds
- Health and Hygiene safety
- Safety against drugs and substance abuse
- Safety against child abuse
- Safe teaching and learning environment
- Socio-cultural environment of the school

**MoE is implementing some of the following key interventions:**

- School meals programme
- Establishing clubs and societies
- Provision of sanitary towels
- ***Integration of issues of HIV/AIDS in the curriculum***
- ***Establishing guidance and counseling in schools***
- ***Formation of school health co-ordination teams***

**In order to address pregnancies among school girls and to enable them to learn and complete education, MOE has adopted the following policy positions:**

| | |
|---|---|
| • Voluntary medical screening per term<br>• Pregnant girls are allowed to continue with classes as long as possible<br>• Counselling to the pregnant girl and parents to ensure safe delivery | • Girls are allowed to continue with education after delivery at the same or other school<br>• Non-ostracization of affected adolescent girls<br>• Re-joining school at the level she stopped<br>• Legal action taken where the girl is under 18years of age |

| Challenges | Way Forward |
|---|---|
| • Inadequate personnel to provide basic health care in schools<br>• Lack of specific guidelines to schools on handling conditions such as HIV/AIDS<br>• Lack of capacity on the part of teachers | • Ensuring the revision of teacher training and school curricula in order to include all aspects of school health education and strengthen Life Skills education<br>• Promoting and strengthening formation of health clubs in schools<br>• Involvement of learners/communities and partners to promote health in schools<br>• Provision of relevant health services especially to the adolescents<br>• Strengthening of counseling programs in schools through capacity building<br>• Strengthening and formation of health and other related clubs |

*Implementation and sustaining of comprehensive school health programmes requires* ***close partnership and networking*** *between all the players in order to realize the noble objective of 90:90:90*

**ADOLESCENT HEALTH: A PRIORITY FOR KENYAN SCHOOLS**

MOE has developed and distributed a "safety standards manual for schools in Kenya" which highlights expected school practices and specific roles of teachers in school safety and health of learners.

**To promote good health and hygiene among the learners, the schools are required to do the following**

- Provide skills based education on prevention of endemic conditions as well as care of the infected and affected, knowledge, attitudes and practices necessary to prevent exposure to the risk of STIs /HIV as well as Teenage pregnancies
- Collect and keep (accurate and up-to-date ) comprehensive medical data on every learner in the school
- Intensify campaign against HIV/AIDS: design special interventions to support those affected and infected: e.g. peer counselling to prevent discrimination and stigmatization

**The schools do the following**

- Have a teacher adequately trained on health education
- Boarding schools should have sanatoria (sick bay) equipped with first line medicines
- Conduct voluntary regular medical check-ups of learners for early detection and management of infectious diseases
- Develop instructions on conduct of other learners in case of a health related incidence in the school
- Avail and ensure first-aid kits are easily accessed in school for emergency care
- Undertake remedial emergency action in case of sudden illness or accidents and thereafter inform parents/guardians
- **Promote and encourage healthy habits through brochures, posters, bulletins etc. : such as healthy eating, reducing risky behaviors to enhance awareness on HIV/STI infections, teenage pregnancy, drug and substance abuse**
- Manage the environment to keep away insects and other vectors
- Ensure schools receive regular inspection of facilities by MoH and MoE

- *Provide adequate safe water and sanitation facilities sensitive to gender*
- *Undertake steps to close a school in case of threat of an epidemic outbreak*
- *Implement measures such as isolation, quarantine and vaccination*

Teachers have been guided and are able to look for the features that ensure learners are able to carry out routine learning activities in school and homework assignments without undue fatigue or emotional upset, participate regularly in PE and other physical activities in the school curriculum, ddemonstrate skills in games and basic body movements appropriate for the age, sex, and motor learning experiences

**Teacher capacity gaps in health related matters is still a major challenge**

- *Even though there has been remarkable progress since the last Adolescent Stakeholders Forum, teachers' main challenge remains lack of capacity* – Ouma JO - MoE

**NATIONAL AIDS CO NTROL COUNCIL (NACC)**

### 4.4 CLOSING THE PREVENTION GAP

Presenters: Ms. Caroline Kinoti – County Technical Coordinator – NACC HQ

#### 4.4.1 Key Highlights

To enhance SRH knowledge, tailor make information for in school and out of school adolescents and be willing to have open discussions with the adolescents and youth.

**Demography & HIV Indicators**

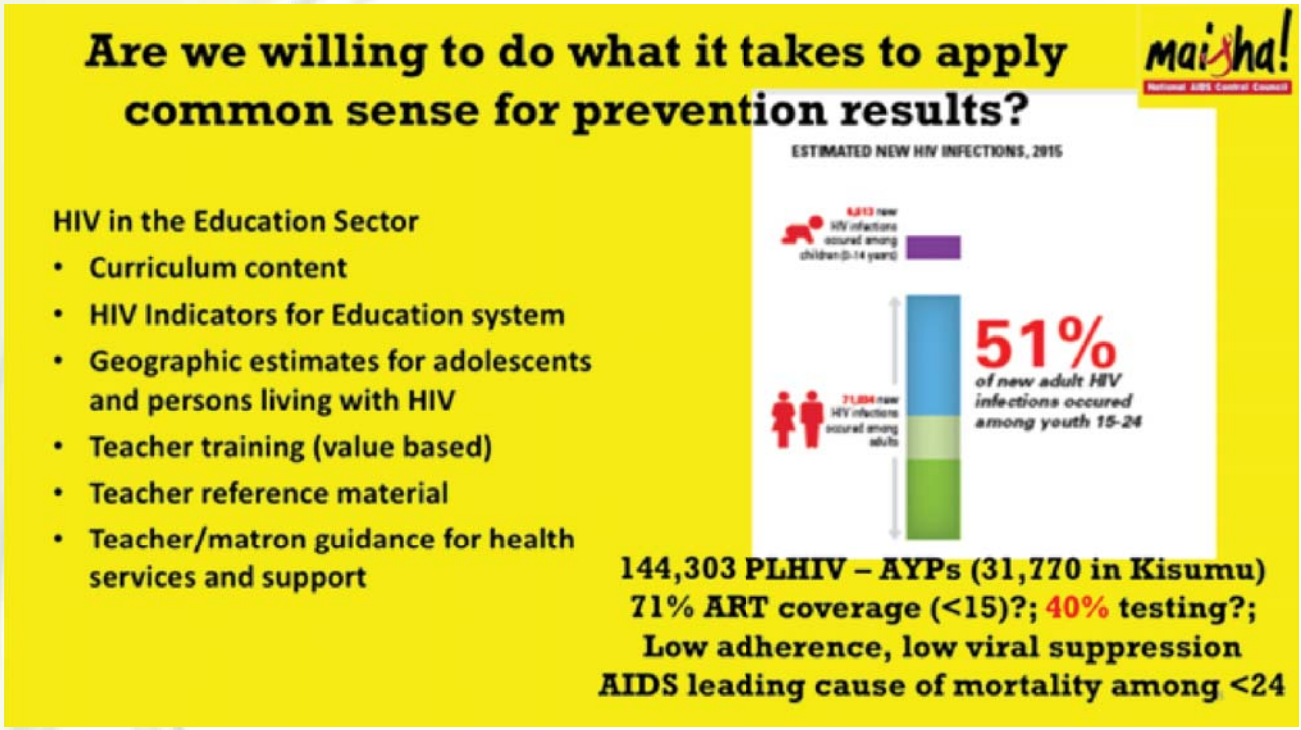
- 1,107,755 people
- 19.9% prevalence and 1.62% incidence rate
- 9,699 new infections in 2015 (an overall 23% reduction)
- 62% viral suppression & high MTCT – 19.7%

**Complex socio-structural norms as well as rural – urban correlation: Transactional sex; poverty; Alcohol**

**Programme Indicators**

- 89% coverage of ART
- Never tested – 10%
- Awareness of HIV – 99%, but Comprehensive knowledge – 65% (women)and 82% (men) among adolescents and young people
- Condom use – 40% (women), 48% (men)

*Sources: VACs, KDHS, HIV estimates*




**Reflections**


*In addition, capitalize on initiatives that have yielded results, like the Maisha League the saw* **59,000 young people knowing their status for the first time.**

**Other speakers**

*Change the tactics: Think about an online SRH consultative forum for adolescents and youth.*

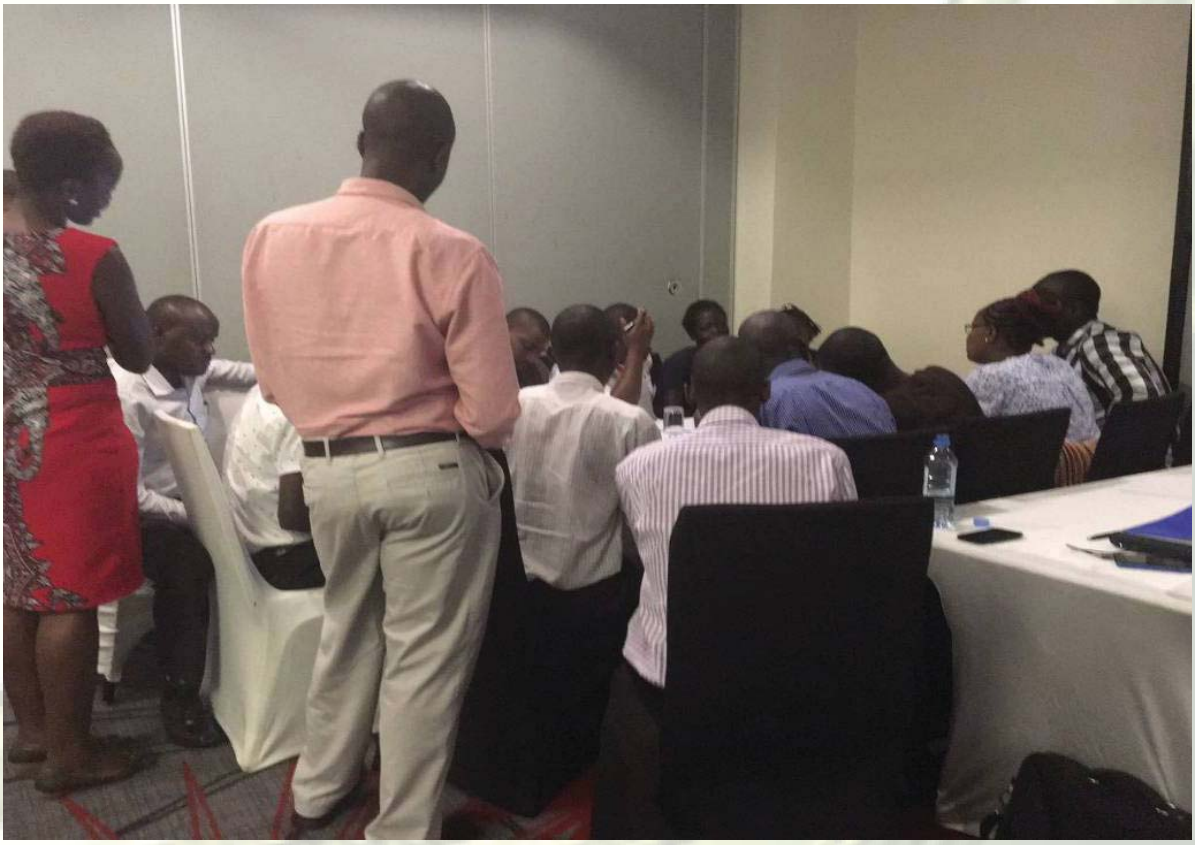
*Testimonies and Experience Sharing*

**Two adolescents gave their testimonies.**

*"I only knew about my HIV status when I went to the ANC for the pregnancy I got while still in school. The man who made me pregnant was 15 years older than myself." She has since delivered, managed to do her exams and attained a mean grade of C – (minus), her viral load is undetectable. The baby is now 11 months old and dong well, she is happy about the baby's PCR results which was Negative. "It is my prayer that my child stays negative" she said as she concluded.*

*"I also got pregnant while in school but lost my baby to a HIV related illness" she recounted. She however didn't go back to school due to school fees constrains. She has since moved on despite the stigma from her peers, for having been pregnant in school and having HIV at the same time. I believe that some day, with God, I will overcome.*

**Group Breakout Sessions**



The team was divided into 4 core teams and each was mandated to discuss solutions to the challenges echoed by various presenters

1. Education group
2. Health group
3. Community group
4. Adolescent group

**Key highlights during the Group Presentations**

"Empower them to see us as girls" the adolescents remarked.

"If our school girls are getting pregnant and acquiring HIV/AIDS, aren't men who are much older than these girls also the major culprits?" MoE Official

"For a lasting solution, target the sponsors" Adolescents

Targeting men was a recurrent theme as highlighted below:

| Education Group | Health Group* | Community Group | Adolescent Group |
|---|---|---|---|
| **Proposed Solutions** | **Proposed Solutions** | **Proposed Solutions** | **Proposed Solutions** |
| Indicate in the calling letter the chronic care point person<br><br>Address policy to practice gaps (CSE has been existence since 2003 and has undergone revisions with very minimal implementation.<br><br>Qualified nurse in school preferably with mental health experience<br><br>Address GBV<br><br>Deal with institutional conflict when handling GBV cases (Police , school, etc)<br>***Conduct an opinion survey before creation and setting and equipping of sanatoria***<br>***Re examine feasibility of SRH in schools***<br><br>Health coordination teams to revive health clubs in schools | Use existing structures to support adolescent<br><br>Map schools within CUs<br><br>Consider engaging adolescent CHWs<br><br>Offer adolescent youth friendly services that ensure confidentiality is up held<br><br>***Identify the drivers of HIV and adolescent pregnancies e.g. boda boda riders***<br><br>HCW/Parents' training<br><br>***Conduct a survey on adolescent/youth health needs***<br><br>Consider all adolescent friendly service models:<br>1.Community based<br>2.Clinic based<br>3.School based<br>4.Virtual based | Address economic vulnerabilities<br><br>Empower parents<br><br>Periodic stakeholder engagement | Target sponsors, engage them and get champions who will advocate for girls and girl child education.<br><br>***"Empower them to see us as girls" the adolescents remarked.***<br><br>Engagement during school holidays<br><br>Policy on contraception in schools<br><br>Guidance and counseling teacher training to enhance competence<br>Flexible clinic times<br><br>Friendly providers<br><br>SRH Corners in health facilities<br>***MOE/MOH to work together to create AFC in schools***<br><br>AFC in the communities<br><br>***Make life skills education examinable***<br><br>Consider walk in adolescent centers outside health facilities |

## 5.0 NEXT STEPS

**Emerging Issues**

- Teenage pregnancies -38% of all ANC clients
- New HIV infections among adolescents
- Desperation among parents
- Responsiveness of health information systems to Adolescents and young people
- School based health/HIV interventions

| Level | Action Points |
|---|---|
| **National** | 1. Continue with the engagement with the Education sector- MOE on Comprehensive Sexuality Education/Family Life Education<br>2. Continue with the engagement with Faith sector and their leadership<br>3. Support MoE in developing technical capacity of teachers on health, HIV and sexuality education<br>4. Review policies on Contraceptives for adolescents |
| **County** | 1. Address Adolescent health in a broader sense – Come up with Kisumu County Adolescent health policy<br>2. County level legislation on adolescent health, SGBV, adolescent pregnancies<br>3. Create platforms/forums to talk to adolescents, their engagement, mentorship etc.<br>4. Identify and engage the 'sponsors'<br>5. Package health research findings in a language that's helpful to policy makers<br>6. Strengthen Public Private Partnership in Kisumu County (Private health facilities, chemists etc.)<br>7. Implement and closely monitor Kisumu County AIDS Strategic Plan (KASP)<br>8. Operationalize Youth Friendly Centers as per national guidelines<br>9. Ensure Health Information responsiveness to adolescents: (Age disaggregated data)<br>10. Mapping of schools around community units and utilize the CUs for adolescent service provision (SRH, HIV education) |
| **Ministry of Education County/Sub county** | 1. In collaboration with MoH, establish adolescent friendly centres in schools<br>2. In collaboration with MoH, conduct a needs assessment among adolescents in schools on ASRH prior to establishment of the centres<br>3. Strengthen health clubs in schools<br>4. In collaboration with MoH, engage PTAs in discussing Comprehensive Sexuality Education (CSE)<br>5. Engage Religious /Faith sector<br>6. Link up with programs to reach out to young people in institutions of higher learning, colleges, high schools with prevention services<br>7. Implement the return-to-school policy for Adolescent mothers<br>8. Implement Comprehensive Sexuality Education (CSE) in schools as soon as the curriculum reforms are concluded<br>• Commence age appropriate sexuality education early, preferably in primary schools |

| | |
|---|---|
| **Facility/Community** | 1. Engagement with parents- skilful parenting etc.<br>2. Utilize Parents-Teachers Associations meetings as sensitization meetings<br>3. Engage adolescent peers leads (same age group)<br>4. Forums on ASRH during school holidays<br>5. Strengthen referral and linkages<br>6. Harmonization of Implementing partners' activities at the community level |
| **Ministry Of Gender** | 1. Establish rescue centers as part of addressing to address SGBV<br>2. Promote child protection and HIV-Sensitive social protection |
| **FACES and other Implementing Partners** | In collaboration with MoH<br>1. Launch the Adolescent Friendly Centres<br>2. Operationalize the Adolescent Friendly Centres<br>3. Utilize the play stations to improve uptake of HTS<br>4. Follow up on recommendations made at the 2nd stakeholders forum<br>5. Pilot Operation Triple Zero (OTZ) initiative in 8 health facilities<br>6. Support adolescent health initiatives aimed at prevention of HIV and pregnancy |
| **MoEST HQ** | 1. Invite the MoH and IP representatives to participate in the on going curriculum reforms<br>2. Ensure CSE is adequately addressed in the on going curriculum reform (Responsive curriculum)<br>3. Organize for an appointment with the Cabinet Secretary of Education to discuss the magnitude of HIV among adolescents and the need for enhanced school engagement – County Health Team representative/CDC representative/FACES representative<br>4. Enforce implementation of the return-to-school policy for Adolescent mothers |

**CLOSURE**

***Remarks by Professor Boaz Nyunya, CDC***

*Applauded the Ministry of Education for the candid presentation for the very first time.*

*Emphasized on the need to prioritize not only the adolescents but the youth as well citing under 25 years as being at risk of HIV infection.*

***Remarks by Mr. John Ouma, MoE HQ***

*"Policy burden appears to be the biggest problem in Kenya, making adherence to the policies and implementation a nightmare. Harmonization and integration is therefore warranted to facilitate implementation, this way, the gap between policy formulation and implementation will be substantially reduced." He said.*

*He congratulated Kisumu County Leadership and urged the stakeholders to move on with the advancements.*

*He declared the meeting officially closed.*

## Annexes

### Annex 1

| Event Time Table<br><br>Kisumu County Adolescent Stakeholders Forum | | |
|---|---|---|
| **Venue: ACACIA Premier Hotel<br>Date: 23rd March 2017<br>Overall forum contact person:<br>Mr. Nyang'wara Leon (DCASCO/Adolescent Lead)** | | |
| **Time** | **Discussion Item** | **Facilitator/Speaker** |
| 8.30am - 9.00 am | Arrival and registration of participants | Christine Oyuga<br>Lilian Ageng'o<br>Irene Ogolla - FACES |
| 9.00am- 9.15am | Prayer/Introductions | Samuel Ndolo |
| 9.15 am - 10.00 am | Opening remarks<br>Official forum opening | 1. Dr. Dickens Onyango - CDH<br>2. Dr. Ojwang' Lusi –Chief Officer of Health<br>• Partners Representative-Dr.Oyaro Patrick<br>• CDYGA –Kajwang' Nyakwamba<br>• MoE – Ms. Susan Njau<br>• Head NASCOP – Dr. Sirengo<br>• Head NACC – Dr. Nduku Kilonzo<br>3. Dr. Elizabeth Ogaja - CEC Kisumu County |
| 10.00 am- 10.20 am | Adolescent HIV burden/<br>Teen pregnancy in Kisumu county | Nyang'wara Leon<br>Dr. Obara |
| 10.20 am- 10.35 am | Achievements following the April 2016 stakeholders forum | Dr. Patrick Oyaro - Country Director FACES |
| 10.35 am-10.45 am | MoE's policy on adolescent and school health | Ms. Susan Njau - MoEST Directorate - National |
| 10.45 am -11.15 am | Tea break | All |
| **FACES** | | |
| 11.15 am-11.35am | Testimony and experience sharing | Adolescent - Kisumu County |
| 11.35 am -11.50 am | MOE's Adolescent Health Institutional Practices | Mr. John O. Otieno - MoE Directorate - National |
| 11.50am - 12.30pm | Group break out session: | Dr. Julie Kadima - FACES |
| 12.30 - 1.00pm | Plenary | Mr. Nyang'wara Leon - MOH<br>Lindah Otieno - FACES |
| 1.00 - 2.00pm | Lunch | All |
| 2.00 - 3.00pm | Next steps | Jack Onyando – UNICEF<br>Michael Omollo - FACES |
| 3.00pm - 3.30pm | Way Forward for Kisumu County | Dr. Okal Charles |
| 3.50pm - 4.00pm | Closing remarks | Dr. Dickens Onyango |
| 4.00pm - 4.30pm | Tea and Departure | All |

| LIST OF PARTICIPANTS | | | |
|---|---|---|---|
| 1. | Dr. Elizabeth Ogaja | CEC - Health | MOH |
| 2. | Dr. Dickens Onyango | County Director of Health – Kisumu | MOH |
| 3. | Dr. Charles Okal | CASCO | MOH |
| 4. | Dr. Rosemary Obara | CRH | MOH |
| 5. | Nyang'wara Leon | DCASCO | MOH |
| 6. | Mrs. Susan Njau | Deputy Director Quality Assurance and Standards | MoEST HQ (Nairobi) |
| 7. | John Ouma Otieno | Principal Quality Assurance and Standards Officer | MoEST HQ (Nairobi) |
| 8. | Caroline Kinoti | County NACC TA | NACC HQ (Nairobi) |
| 9. | Kajwang' T. Nyakwamba | Assistant County Director Youth and Gender Affairs | Ministry of Public Service, Youth and Gender Affairs |
| 10. | Mr. Samson Owino | Assistant County Director Youth and Gender – Kisii | Ministry Youth and Gender |
| 11. | Dr. Said Khyzra | SCMOH – Kisumu West | MOH |
| 12. | Dr. Ken Otieno | SCMOH – Kisumu East and Central | MOH |
| 13. | Dr. Nicolus Pule | SCMOH – Seme | MOH |
| 14. | Dr. Lisa Amuya | SCMOH – Nyakach | MOH |
| 15. | Dr. Mwachui Mwanajaa | SCMOH– Nyando | MOH |
| 16. | Dr. Amihanda Rosebella | SCMOH – Muhoroni | MOH |
| 17. | Raburu Jane | CNO | MOH |
| 18. | Flen Abonyo | SCASCO – Kisumu West | MOH |
| 19. | Ephraim Liech | County Coordinator | MOH |
| 20. | Eunice Kinywa | SCASCO – Seme | MOH |
| 21. | Yuanita Hongo | SCASCO – Nyakach | MOH |
| 22. | Judy Ruto | SCCO – Nyando | MOH |
| 23. | Nailantei Kileku | SCRHC- West | MOH |
| 24. | Eva Tenai | SCRHC - Nyando | MOH |
| 25. | Grace Adur | SCRHC - Nyakach | MOH |
| 26. | Jack Okeyo | SCRHC - Muhoroni | MOH |
| 27. | Sylvia Olal | SCRHC - Seme | MOH |
| 28. | Dr. Lenna Nyabiage | Pediatric Care and Treatment Advisor | CDC |
| 29. | Dr. Boaz Nyunya | PMTCT TA | CDC |
| 30. | Dr. Patrick Oyaro | Director | FACES Program |
| 31. | Michael Omollo | Adolescent PO | FACES Program |
| 32. | Dr. Julie Kadima | Technical Advisor Care and Treatment | FACES Program |
| 33. | Nicollate A. Okoko | Paediatric Adolescent Technical Lead | FACES Program |
| 34. | Lilian Ageng'o | Adolescent PO | FACES Program |
| 35. | Philip Ojuola | District Program Coordinator | FACES Program |
| 36. | Cirilus Ogolla | District Program Coordinator | FACES Program |
| 37. | Irene Ogolla | MNCH Coordinator | FACES Program |
| 38. | Samuel Ndolo | Technical Advisor Social Science | FACES Program |
| 39. | Lindah Otieno | PMTCT Technical Advisor | FACES Program |

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| 40. | Christine Osula, | DCCLO - Kisumu E/W | FACES Program |
| 41. | Benter Aloo | DCCLO – Nyando | FACES Program |
| 42. | Daisy Eugene Anyango | DCCLO - Muhoroni | FACES Program |
| 43. | Jannes Kodero | DCCLO - Nyakach | FACES Program |
| 44. | Sabastian Ouma | Administrator | FACES Program |
| 45. | Dr. Patricia Ong'wen | Glocal fellow | KEMRI |
| 46. | Simon Ouma | Adolescent Peer Lead (Lumumba) | Adolescent |
| 47. | Jill Agnes | Adolescent Peer Lead (Lumumba) | Adolescent |
| 48. | Everlyne Achieng | Adolescent (Nyahera) | Adolescent |
| 49. | Miriam Awinja Otieno | Adolescent (Lumumba) | Adolescent |
| 50. | Violet Akoth Mboji | Adolescent (Katito) | Adolescent |
| 51. | Daniel Owino Omondi | Adolescent (Muhoroni) | Adolescent |
| 52. | Seline Auma Ouma | Adolescent (Nyando) | Adolescent |
| 53. | Elsha Aluoch Ochieng' | Nyakach | Parent |
| 54. | David Oude | Nyando | Parent |
| 55. | Consolata Ajwang' | Muhoroni | Parent |
| 56. | Edwin Lwanya | NACC Coordinator | NACC |
| 57. | Aroni Sabina Kwamboka | County Director of Education | Ministry of Education |
| 58. | Mrs. Beatrice Owiti | Head Teacher – Kisumu Girls High School | Ministry of Education |
| 59. | Mr. Samuel Odhiambo | Head Teacher – Alero Primary School | Ministry of Education |
| 60. | Nancy Yienya | Project Coordinator | Sun Burst Project |
| 61. | Berdard Sigunga | Mobilizer | Sub Burst Project |
| 62. | Jack Onyando | HIV Officer – UNICEF | UNICEF |
| 63. | Christine Oyuga, | CDH secretary | MOH |
| 64. | Edmond Kodero | Technical Advisor-EJAF | EGPAF |
| 65. | Dr. Dave Muthama | Director - EJAF | EGPAF |
| 66. | Tabitha Ojwang' | PO | EGPAF |
| 67. | Ouko Okusa | Journalist – NTV | Media |
| 68. | Pinto Shukuru | Clinical Mentor | LVCT |
| 69. | Esther Vurigwa | Paediatric Adolescent Lead | KARP |
| 70. | James Otieno | CHRIO | MOH |
| 71. | Emily Mikwa | Representative | MCSP |
| 72. | Immelda Maka | Lecturer | KMTC |
| 73. | Grace Otieno | CCO | Media |
| 74. | Mary Onyango | Representative | MOH |
| 75. | Apollo Oduor Otieno | Representative | Media |