MOMBASA COUNTY ADOLESCENT AND YOUNG PEOPLE STRATEGY ON HEALTH

2024 -2029

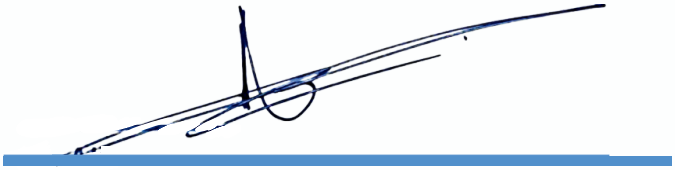
FORWARD

The African Union has acknowledged the importance of leveraging the demographic dividend as a means for African nations to overcome their development challenges. Central to this endeavour is the effective utilization of the potential of adolescents and young people (AYP). Implementing programs aimed at identifying and nurturing the capabilities of adolescents and young people is crucial for achieving developmental milestones within a country.

The Mombasa County Integrated Development Plan (CIDP) (2023 – 2027) underscores the imperative to empower adolescents and young people by fostering their skills and talents. The County Department of Health is pivotal in advancing the health objectives outlined in CIDP and this strategy.

Providing opportunities and environments for adolescents and young people to address adverse health outcomes and related illnesses is integral to this effort. The drafting team considered various national policies and County initiatives aimed at tackling these issues.

The successful execution of this 5-year strategy necessitates collaborative efforts from stakeholders across all sectors to ensure the needs of adolescents and young people are met and their rights are protected. I urge all stakeholders to adopt a unified and comprehensive approach to overcoming the challenges faced by adolescents and young people, thereby realizing the objectives of this strategy.



HE. Abdullswamad Sherrif Nassir,
Governor, Mombasa County

PREFACE

The Mombasa County Adolescent and Young People (AYP) strategy. The strategy will be implemented over five years (2024 – 2029). This is a second edition that will provide a holistic approach to addressing the needs of adolescents and young people in Mombasa County.

In developing this strategy, the County is cognizant of the critical role of adolescents and young people in achieving the County's development priorities. From the previous strategy, a significant improvement has been noted in terms of Service delivery to AYP. Establishment of comprehensive youth-friendly centers, meaningful involvement of AYPs in leadership, participation in health planning and programming, strengthening County leadership, and coordination of multisectoral engagement for AYP health and well-being.

Significant progress has been observed in the past strategy implementation, e.g. in the reporting and handling of gender-based violence cases involving adolescents and young people (AYP). Mental health has been integrated into adolescent health services within the County, incorporating evidence-based interventions mental health interventions such as MindSKILLZ, interpersonal group psychotherapies, brief interventions and referral and linkage for specialized care. Despite a rise in new HIV infections among AYP, numerous interventions have been implemented to mitigate and prevent further transmission. These initiatives include Undetectable = Untransmittable (U=U) campaigns, education on pre-exposure prophylaxis (PrEP) utilization, life skills training, socio-economic empowerment programs for youth, and the establishment of a sustainable harm reduction business plan for individuals who use and inject drugs.

The County has put in place bold steps to increase awareness and access to quality and affordable health services for all citizens, including AYP. To achieve this, the County recognizes the need for a multi-pronged and multi-layered approach in programming for AYP, requiring input from stakeholders across all sectors. This strategy has been developed to guide stakeholders who want to invest in and implement high-impact programmes with AYP in the County. All sectors (public and private) are invited to join us by creating opportunities for AYP, mainstreaming AYP in their policies, and investing in implementing this strategy.

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ACKNOWLEDGEMENT

The development of the Mombasa County Adolescent and Young People Strategy 2024-2029 was undertaken in a consultative and participatory series of meetings with external stakeholders and County officials. The process was initially started by collecting views of young people in all the sub-counties in Mombasa County (Public participation), engaging youth groups, monitoring & evaluation, and policy planning technical teams. The process involved a review of relevant documents and generating data from national policies and guidelines on various health issues.

Special thanks to H.E. the Governor Mombasa County, the Deputy Governor and County Executive Committee Member (CECM) Education, CECM Health, CECM Youth, Gender, Sports and Cultural Affairs, CECM Trade, Investment and Tourism, CECM Transport and Infrastructure, CECM Agriculture, Livestock and Fisheries, CECM Environment, Energy and Solid Waste Management, Office of the County Attorney and Sub-County Administration for providing county leadership and technical guidance during the development of this strategy.

Much appreciation goes to the adolescent health technical working group whose members were drawn from the Senior County Health Management Team, Sub-County Management Teams, our partners, Youth Advisory Champions of Health (YACH), youth lead organizations and youth representatives from all the County wards and civil society organizations. We want to thank SOS Children's Villages Kenya, USAID Stawisha Pwani, LVCT Health, AHF, NAYA Kenya, for funding the process.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

The strategy for Adolescents and Young People (AYP) in Mombasa County, Kenya, addresses the distinct health and well-being needs of AYP and is grounded in various global and national contexts. The strategy aligns with global standards for quality health services and the Sustainable Development Goals (SDGs), emphasizing health and well-being for all. In Kenya, over half of the population comprises AYP, necessitating a targeted approach to cater to their unique needs. The challenges faced by AYP include teen pregnancies, substance abuse, gender-based violence, and mental health issues, compelling the development of a comprehensive strategy. Moreover, the strategy adheres to constitutional mandates and aligns with national and county policies, integrating it into broader policy objectives.

The scope of the AYP strategy is comprehensive, encompassing various facets of health and well-being, including Sexual and Reproductive Health, Mental Health, HIV testing, Nutrition, Gender-Based Violence, and Drug & Substance Abuse. These interconnected areas form a holistic approach to AYP's well-being, recognizing that socio-economic factors are crucial in their lives. The strategy operates under guiding principles such as a rights-based approach, participatory engagement, responsiveness to AYP needs, the integration of information and services, and multi-sectoral collaboration. It acknowledges the fundamental rights and freedoms of AYP, the importance of their meaningful engagement, and the need for services and information to be responsive to their unique requirements. Multi-sectoral collaboration ensures a holistic approach to addressing AYP issues.

The vision of the AYP strategy is to cultivate a healthy, empowered, and productive AYP, with a mission to provide leadership and an enabling environment for implementing evidence-based health services while fostering meaningful engagement. The goal is to improve health and well-being among AYP, considering diversities such as key populations, gender and sexual minorities, vulnerable and marginalized groups, and special populations.

Globally, there is a growing recognition of the significance of targeted investments in adolescent health. The Global Strategy for Women's, Children, and Adolescents' Health (2016-2030) acknowledges the substantial contribution of such investments to the overall success of the 2030 agenda and the achievement of the SDGs.

In Mombasa County, AYP accounts for a substantial portion of the population. Their unique health and socio-economic challenges necessitate a dedicated strategy. The scope of the strategy is comprehensive, covering various dimensions of health and well-being. Guiding principles ensure that AYP's rights and freedoms are respected and that their voices are included in the decision-making process. The vision, mission, and goals emphasize the need for an empowered and productive AYP population.
This AYP strategy represents a vital step towards addressing the distinctive health and well-being needs of AYP in Mombasa County, ultimately contributing to their betterment and societal progress.

ACRONYMS

ADA	Alcohol and Drug Abuse
AFIDEP	Africa Institute for Development Policy
AGYW	Adolescent Girls and Young Women
ANC	Antenatal Care
ARV	Antiretroviral
ART	Antiretroviral Therapy
ASRH	Adolescent Sexual Reproductive Health
ATWG	Adolescent Technical Working Groups
AYP	Adolescents and Young People
AYPKP	Adolescent and Young People Key Population
AYPLHIV	Adolescents and Young People Living with HIV
CASCO	County AIDS and STI Coordinator
CBO	Community-Based Organization
CDH	County Department of Health
CECM	County Executive Committee Member
CHAs	Community Health Assistants
CHEWs	Community Health Extension Worker
CHMT	County Health Management Team
CHVs	Community Health Volunteers
CIDP	County Integrated Development Plan
CO	Chief Officer
CQI	Continuous Quality Improvement
DDIU	Data Demand and Information Use
DHIS	District Health Information System
DSD	Differentiated Service Delivery
EBIs	Evidence-Based Interventions
ECP	Emergency Contraceptive Pill
EMTCT	Elimination of Mother-to-Child Transmission
EPI	Expanded Programme on Immunization
FBO	Faith-Based Organization
FSW	Female Sex Workers
GBV	Gender-Based Violence
HCW	Health Care Workers
HEI	HIV Exposed Infants
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IDU	Intravenous Drug users
IEC	Information Education Communication
WHO	World Health Organization
KASF	Kenya AIDS Strategic Framework
KeHMIS	Kenya Health Management and Information System
KDHS	Kenya Demographic Health Survey
KENPHIA	Kenya Population-based HIV Impact Assessment
KEPH	Kenya Essential Package for Health
KICD	Kenya Institute of Curriculum Development
KNBS	Kenya National Bureau of Statistics
KMHAP	Kenya Mental Health Action Plan
MAT	Medically Assisted Therapy
MNS	Mental Health Neurological Issues and Substance Use
MoE	Ministry of Education

MoH	Ministry of Health
MoU	Memorandum of Understanding
MOV	Means of Verification
MSM	Men Having Sex with Men
MSW	Male Sex Workers
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NSDCC	National Syndemic Disease Control Council
NCD	Non-Communicable Diseases
NGO	Non-Governmental Organization
NSP	Needles and Syringes Programme
OSS	Organizational Systems Strengthening
OTZ	Operation Triple Zero
OVC	Orphans and Vulnerable Children
PAC	Post Abortive Care
PEP	Post -Exposure Prophylaxis
PNS	Partner Notification Services
PrEP	Pre-exposure Prophylaxis
PSS	Psychosocial Support
PTSD	Post-Traumatic Stress Disorder
PVC	Post-Violence Care
PWUD	People Who Use Drugs
PWID	People Who Inject Drugs
PWD	People with Disabilities
SCR	Social Corporate Responsibility
SDG	Sustainable Development Goals
SGBV	Sexual Gender-Based Violence
SRH	Sexually Transmitted Infection
STI	Tuberculosis
TB	Sexual Reproductive Health
UHC	Universal Health Coverage
U=U	Undetectable =Untransmittable
VMMC	Voluntary Medical Male Circumcision
YACH	Youth Advisory Champions of Health
YFC	Youth Friendly Centres
YCL	Young Care Leaver
YFS	Youth Friendly services

OPERATIONAL DEFINITION OF TERMS

Adolescent and Young People (AYP): Adolescents are individuals aged 10-19 years, while "Young People" encompasses 20-24 years. Both groups are in the phase of human growth and development that occurs between childhood and adulthood.

Adolescent psychosocial development: This concept refers to the quest for identity and answering the question of "Who am I?" between childhood and adulthood. Adolescents aim to accomplish four critical tasks on the path to becoming well-adjusted adults: 1) independence, 2) body image, 3) peer relations, and 4) identity.

Adolescent rights: This pertains to the rights of adolescents to receive quality and appropriate prevention, treatment, and care. It includes the right to treatment and services free of discrimination, irrespective of factors such as race, colour, sex, language, religion, political or other opinions, national, ethnic, or social origin, property, disability, birth, or other status of the adolescent or their parents or guardians.

Assent: Refers to a form of agreement or approval, typically given verbally or through actions, without necessarily implying complete understanding or legal consent. It may apply to situations where individuals, particularly minors or those lacking full capacity, express agreement without necessarily having the capacity to give informed consent.

Care leavers: A care leaver is anyone who spent time in alternative care as a child. Such care could be in foster care, institutional care (mainly children's homes), or other arrangements outside the immediate or extended family.

Charitable Children's Institution: A Charitable Children's Institution (CCI) is an institution established by a person, corporate or non-corporate, religious organization, NGO or PBO. Registered CCIs have been granted approval by NCCS to manage a programme for the care, protection, rehabilitation, or control of children. Non-registered CCIs offer similar services but have not been granted approval by NCCS.

Child: Any person under the age of 18 years.

Communicable diseases: These are diseases that can be transmitted from person to person through direct contact with an infected individual or indirect contact with the individual's bodily fluids.

Confidentiality: This involves the right of individuals to privacy of personal information, including health records. It dictates how data and information are collected, stored, and shared, restricting access to those with a legitimate need to know and permission from the client.

Consent: Refers to the agreement or permission to receive or provide services and applies to individuals above 18 years of age, per Kenyan laws. It signifies that all parties involved have agreed and given their permission.

Gender: Gender is a social and cultural construct rather than a biological one, and it is socially ascribed and assigned.

Gender-based violence: Refers to violence that targets individuals based on their gender, including acts that inflict physical, sexual, mental, psychological, emotional, and economic harm, as well as other harmful cultural practices.

Health care systems: These encompass the people, institutions, and resources organized in line with established policies to improve the population's health while meeting their expectations and protecting them against the cost of ill health.

Health provider: An individual trained to deliver preventive, curative, promotional, or rehabilitative health care services to individuals, families, or communities systematically.

Informed choice: Refers to a choice made by an adolescent regarding their care, treatment options, follow-up options, or refusal of service for care. It's based on having adequate, appropriate, and transparent information about the nature, risks, alternatives, and implications for the adolescent's health and life.

Key Populations (KP): This term is used to refer to young people whose sexual and other behaviours make them vulnerable to HIV and other sexually transmitted infections.

Marginalized AYP: Refers to adolescent and young people who are economically disadvantaged, have limited access to education and training, lack productive employment opportunities, and may be socially and economically marginalized.

Mental health: Mental health is a state of well-being in which individuals realize their potential, cope with life's stresses, work productively, and contribute to their community.

MindSKIILZ: An interactive, evidence-based program that creates simple and powerful connections between soccer and life. MindSKILLZ equips adolescents with the knowledge, skills, and encouragement to live happy and healthy lives and become leaders within the community.

Non-communicable diseases: These are medical conditions or diseases not caused by infectious agents, resulting in long-term health consequences that often require long-term treatment and care.

Persons with disability: Individuals with physical, sensory, mental, psychological, or other impairments, conditions, or illnesses that have, or are perceived by, a significant portion of the community to have a substantial or long-term effect on their ability to carry out daily activities. Safe spaces: These are physical, emotional, social, and imaginative environments that promote young people's ability to make healthy life choices and enhance their overall well- being.

Sexual Reproductive Health (SRH): SRH is a state of complete physical, mental, and social well-being concerning the reproductive system. It includes the ability to have a satisfying and safe sex life, reproductive choice, and protection from sexually transmitted infections.

This includes adolescents and young people who inject/use drugs, male and female sex workers, MSM, MSW, transgender, and intersex individuals.

Universal Health Coverage (UHC): UHC means that all people have access to a full range of quality health services they need without suffering financial hardship. It encompasses health promotion, prevention, treatment, rehabilitation, and palliative care.

Vulnerable adolescents and young people: These are AYPs identified as being at greater risk of experiencing physical or emotional harm or achieving poor outcomes due to various factors in their lives. This includes orphans, AYPs living on the streets, young care leavers, those living with HIV, those with disabilities, those in informal settlements, and those in the labour market.

Youth: Individuals in the age bracket of 18-35 years.

Youth-friendly Centers: These are venues designed to serve adolescents and young people.

Youth-friendly services: These are accessible and affordable services provided to young people in effective ways, respectful of their privacy and confidentiality, and meet their needs.

INTRODUCTION

Globally, the past decade has witnessed a growing acknowledgement of the pivotal significance of targeted investments in adolescent health. Such investments promise to deliver a triple dividend, benefiting not only adolescents themselves but also the immediate future adult population and generations to come (UNICEF, 2018). The Global Strategy for Women's, Children, and Adolescents' Health (2016-2030)[1] recognizes the substantial contribution of this investment to the overall success of the 2030 agenda, including the realisation of the Sustainable Development Goals (SDGs). The Global Accelerated Action for the Health of Adolescents Guidelines (2017)[2] further underscores the central role of investing in adolescent health due to its anticipated far-reaching benefits.[3]

In Kenya, there is a population of 11,631,929 adolescents aged between 10 and 19 years, constituting approximately 24% of the total population (KNBS, 2019).[4] This demographic underscores the urgent need for a comprehensive and integrated adolescent health strategy in the country.

Adolescence is a critical phase of human development, marked by significant physical, emotional, and intellectual changes. It is during this period that individuals undergo transformations that set the stage for their future lives. Adolescence is also a time when social roles and expectations are established, influencing one's life (NIH, 2019)[5]

It is during adolescence that individuals form patterns of behaviour that have a profound impact on both their health and the health of their communities. This includes areas such as physical exercise, sexual and reproductive health, nutrition, mental health, HIV/STI prevention, drug and substance abuse, and menstrual hygiene management, among other critical aspects of well-being. (J Adolescent Health. 2016)[6]

Recognizing the unique challenges and opportunities presented during this phase of life, the development and implementation of an integrated adolescent health strategy for Mombasa County is not just a response to the needs of the present adolescent population but also an investment in the County's future. By addressing the diverse health and well-being concerns of adolescents, this strategy can pave the way for healthier, more informed, and empowered individuals who will contribute positively to society and the achievement of the nation's development goals. It recognizes the potential for long-term social and economic benefits extending beyond the current generation, making it an imperative component of Kenya's public health and development.

1. Adolescent Health
2. The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)
3. https://apps.who.int/iris/bitstream/handle/10665/255415/9?sequence=1
4. 2019 Kenya Population and Housing Census Reports
5. Adolescent Development
6. Interventions for Adolescent Mental Health: An Overview of Systematic Reviews - ScienceDirect

LANDSCAPE ANALYSIS

GLOBAL AND SUB SAHARAN AFRICA

Communicable Diseases

The statistics on communicable diseases, especially HIV, present a critical public health challenge. According to the World Health Organization's (WHO) global statistics (2021)[7], 38.4 million people are living with HIV worldwide. New HIV infections in the same year numbered 2.5 million. Regionally, in East and South Africa, an alarming 20.6 million people are living with HIV. Among this staggering figure, there were approximately 1.7 million adolescents (aged 10–19 years) living with HIV in 2019, with a substantial 90% of them in the WHO African Region. Adolescents make up about 10% of new adult HIV infections, with a hefty burden among adolescent girls, who account for three-quarters of these infections.

Tuberculosis (TB) is another communicable disease that poses challenges for adolescents. About 1.8 million adolescents aged 10-24 years develop TB each year. However, the timely diagnosis, support, and successful completion of treatment remain significant barriers to addressing TB among adolescents. (WHO, 2021)

Adolescents aged 10-14 years are also vulnerable to diarrheal diseases, lower respiratory tract infections, and meningitis, which are among the top five causes of mortality in this age group (Unicef,2023)[8]. Most of these infectious diseases can be prevented through vaccination. Notably, community-acquired pneumonia is a significant cause of both inpatient and outpatient admissions for adolescents. The causative agents are typically bacteria and viruses, with susceptibility influenced by individual immune characteristics, social factors, and epidemiological characteristics of the community, as well as seasonal variations (Ngari m et al., 2021)[9]

In the specific context of Mombasa County, the prevalence of HIV is notably higher than the national average. The County's HIV prevalence in 2022 stood at 7.4%, compared to the national prevalence of 5.6%. Among females in Mombasa County, the prevalence was even higher, reaching 10.5%. Among those aged 15-19 years, it was 6%, and among those aged 20-24 years, it reached 10%. (HIV estimates, 2021)[10]

According to the national HIV estimates for 2022, Mombasa County has a total of 54,303 people living with HIV (PLHIV). Of this figure, 3% are male, while 5.4% are female. The number of new infections across all age groups was 1,243, and the mother-to-child transmission (MTCT) rate was 6.3%, with Prevention of Mother-to-Child Transmission (PMTCT) coverage at 101%. Among children aged 0-14 years, the number of PLHIV was 2,175, with 117 new infections. For adolescents aged 10-19 years, there were 3,490 PLHIV, and 211 new

7. Worldhealth statistics 2021: monitoring healthfor the SDGs, sustainable development goals
8. Youngpeople's health and well-being | UNICEF MiddleEast and North Africa RegionalOffice and Burnet Institute (2023)
9. Moítalityduíing and followinghospital admission amongschool-aged childíen: acohoít study
10. mombasa county- hiv & aids

infections were reported. Among young adults aged 15-24 years, there were 4,898 PLHIV, and 419 new infections occurred (NSDCC,2023)

It is crucial to highlight that a concerning 50% of new HIV infections happen among adolescents and young people (AYPs). This emphasizes the need for targeted and effective strategies to address HIV and other communicable diseases among this vulnerable demographic. Addressing these challenges requires a comprehensive and multi-pronged approach that includes prevention, treatment, education, and support to ensure the well-being of AYPs and the broader community.

Adolescent sexual and reproductive health

The global birth rate among adolescent girls aged 15 to 19 years is alarmingly high, standing at 41 births per 1,000. Pregnancy and neonatal outcomes in this age group are fraught with complications, underscoring the pressing concerns surrounding adolescent pregnancy. The consequences of adolescent pregnancy extend far beyond the physical challenges; they encompass susceptibility to violence, school drop-out, and reduced employment opportunities (WHO ,2022). It is important to note that any sexual activity with children below 18 years is legally defined as defilement, as per the Sexual Offences Act of 2006, marking it as a criminal offence (Sexual offences Act of 2006).[11]

In Kenya, the National Adolescent and Youth Friendly Services Guidelines (2016) have identified significant barriers that hinder young people's access to comprehensive Sexual and Reproductive Health and Rights (SRHR) services.[12]These barriers include structural obstacles, such as legal and policy requirements for parental or partner consent, the geographical distance from health facilities, the costs of services, transportation challenges, long waiting times, inconvenient service hours, the unavailability of necessary supplies at health facilities, and the lack of privacy and confidentiality (Youth friendly service guidelines 2016).[13]

According to the Population and Housing Census (KNBS, 2019), the female population in Kenya accounts for a significant portion, constituting 50.5% of the total population. As a result, a substantial number of women and girls in Kenya experience the challenges of menstruation every month. These challenges include inadequate, unsafe, and inappropriate sanitation and hygiene facilities. The situation worsens during menstruation, where access to private spaces for changing, washing, drying, and adequately disposing of menstrual items becomes crucial.[14]

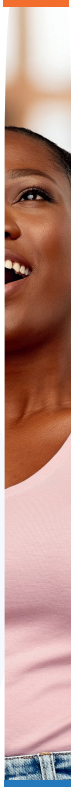
Teenage pregnancy is a prevalent issue in Kenya, with a staggering 18% prevalence rate. This translates to one in five adolescent girls either being pregnant or already having a child, resulting in approximately 330,000 teen pregnancies annually. The rate of teenage pregnancy increases significantly with age, rising from 3% among girls aged 15 to a concerning 40% among girls aged 19 (AFIDEP, 2016).[15]

11 https://nsdcc.go.ke/
12 Adolescent pregnancy
13. The Sexual Offences Act.
14. National Guidelines for Provision of Adolescence and Youth Friendly Services in Kenya
15. No Access - African Institute for Development Policy- AFIDEP

Unsafe abortion remains a leading cause of maternal morbidity and mortality in Kenya, with an estimated rate of 30 induced abortions per 100 live births (Centre for Reproductive Rights, 2020).[16] Studies have shown that adolescent mothers often receive inadequate antenatal care and skilled birthing assistance compared to adult women with similar backgrounds. The unmet contraceptive needs, early child marriage, and limited access to contraceptives serve as catalysts for adolescent pregnancies. (Mwaisaka, J. et al., 2021)[17]

In Mombasa County, numerous sociocultural and individual barriers compound the challenges related to adolescent sexual and reproductive health. Sociocultural barriers include restrictive norms and stigmas around adolescent and youth sexuality, inequitable or harmful gender norms, and discrimination and judgment of adolescents by communities, families, partners, and healthcare providers. Individual barriers encompass the limited or incorrect knowledge of sexual and reproductive health, including myths and misconceptions around contraception, limited self-efficacy and individual agency, and challenges in navigating internalized social and gender norms. Furthermore, many young people lack information about the availability of SRH services and where to access them.

Currently, only a limited number of health facilities in Mombasa County provide comprehensive adolescent and youth-friendly services, and there is a pressing need to expand access to these services, considering the diverse barriers and challenges faced by adolescents in the region.



Mental Health

Adolescence is a phase characterized by numerous changes, and mental health outcomes during this period are influenced by many factors. According to the World Health Organization Atlas 2020 (WHO), mental health issues impact approximately 10–20% of adolescents and young people (AYP) worldwide. It is noteworthy that half of these mental health issues manifest by the age of 14. Furthermore, mental health disorders contribute significantly to the overall disease burden among AYPs, accounting for approximately 16% of this burden.

Data regarding the prevalence of mental health, neurological issues, and substance use (MNS) in Kenya and Mombasa is limited.[18] However, the Kenyan National Commission of Human Rights has estimated that a considerable proportion of both outpatients (25%) and inpatients (40%) suffer from mental health conditions. Among these, the most frequently diagnosed mental illnesses in general hospital settings include depression, substance abuse, stress-related disorders, and anxiety disorders. (Kenya Mental Health Action Plan, 2021)[19]

Kenya was ranked fifth among African countries with a high incidence of depression cases. Globally, it is estimated that around two million Kenyans grapple with depression, and these numbers are steadily rising. Shockingly, approximately one in every four Kenyans is expected to experience a mental health disorder at some point in their lives (KANGO, 2019)[20]

16. Report: Lives at stake as more Kenyan women and girls opt for unsafe abortion despite constitutional protections
17. "Those are things for married people" exploring parents'/adults' and adolescents' perspectives on contraceptives in Narok and Homa Bay Counties, Kenya | Reproductive Health
18. Mental Health ATLAS 2020
19. Kenya Mental Health Action Plan 2021 – 2025
20. Mental Health Status in Kenya- KANCO

The prevalence of mental disorders among school-going children in Kenya is estimated to be as high as 37.5%. The most commonly reported forms of mental disorders in this demographic are somatic complaints (representing 29% of cases) and affective disorders constituting 14.1% of cases (Ndetei D et., al 2016).[21] A range of risk factors contribute to the development of mental disorders among adolescents. These include difficulties during the transition to school, instances of bullying, family instability due to divorce or separation, and households with unemployed heads. Moreover, the emerging issue of cyberbullying is a pervasive form of abuse that significantly impacts adolescents, further contributing to their mental health challenges.

Addressing mental health concerns among adolescents in Mombasa is essential, and it requires comprehensive strategies that encompass prevention, early intervention, and treatment. One key approach is to implement preventive and promotive evidence based mental health interventions for adolescents in the County e.g. MindSKILLZ, an interactive, evidence-based program that creates simple and powerful connections between soccer and life. MindSKILLZ equips adolescents with the knowledge, skills, and encouragement to live happy and healthy lives and become leaders within the community. The sport-based program uses a positive approach to mental health, focused on reinforcing and enhancing adolescents' strengths and skills to cope with life's stresses. It is vital to address the various risk factors and challenges that adolescents face to foster better mental health outcomes in this vulnerable population. (Memiah P et al.,[22] 2022)

Non-Communicable diseases

Non-communicable diseases are a significant public health concern, as they contribute to a staggering 71% of all global deaths. In Kenya, NCDs account for 27% of all deaths, and there is a 13% risk of premature death for individuals aged between 30-70 years. The impact of NCDs is substantial and multifaceted, with a wide range of risk factors contributing to their prevalence.

The top five risk factors for NCDs in Kenya are as follows:

- Unhealthy diet: Poor dietary habits play a significant role in the development of NCDs. The consumption of high-calorie, low-nutrient foods contributes to obesity, diabetes, and cardiovascular diseases.
- Tobacco use: Tobacco use, including smoking and smokeless tobacco, is a significant risk factor for NCDs, particularly respiratory conditions and cancers.
- Physical inactivity: A sedentary lifestyle and lack of regular physical activity are closely linked to NCDs like obesity, diabetes, and cardiovascular diseases.
- Harmful use of alcohol: Excessive alcohol consumption can lead to various NCDs, including liver diseases and cardiovascular conditions.
- Air pollution: Environmental factors like air pollution can also contribute to NCDs, especially respiratory diseases.

21 The prevalence of mental disorders among upper primary school children in Kenya | Request PDF

22 https://doi.org/10.3390%2Fijerph19095366

A study conducted across six countries in Africa, including Kenya, Namibia, Swaziland, Zambia, and Zimbabwe, revealed concerning statistics related to NCD risk factors. In this study,a prevalence of 12.6% for tobacco use in the past month, 6.6% for risky alcohol use, and 10.5% for illicit drug use was reported. These behaviors were associated with a range of adverse outcomes, including poor retention in school, suicidal ideation, poverty, and sleeping problems. This highlights the need for comprehensive strategies to address NCD risk factors, especially among the youth population.

Cancer is a particularly significant NCD in Kenya, ranking as the second leading cause of death among NCDs. The country experiences an incidence rate of 37,000 new cancer cases annually and a mortality rate of 28,000 deaths per year. Unfortunately, the survival rate for cancer in Kenya is notably lower, hovering around 20%, compared to high-income countries where it can reach 80%. This underscores the urgency of improving cancer prevention, early detection, and treatment efforts in Kenya to reduce the burden of this devastating disease.

To combat the rising prevalence of NCDs in Mombasa County, comprehensive public health strategies are needed, including health education, lifestyle interventions, early screening and diagnosis, and access to quality healthcare services. Addressing the risk factors associated with NCDs is crucial to prevent their further proliferation and protect the health and well-being of the population at a younger age.

Gender-Based Violence

Gender-based violence (GBV) is a deeply rooted and pervasive issue that affects individuals across the globe, transcending boundaries of age, gender, and socioeconomic status. It encompasses various forms of violence directed at individuals based on their gender, and it often has profound and long-lasting physical, emotional, and psychological consequences. In the context of childhood and adolescence, the impact of GBV can be particularly devastating, a significant portion of both females and males experience various forms of violence. Among females, 32% reported experiencing sexual violence during their childhood, while 18% of males also reported such experiences. Sexual violence can manifest in many forms, including sexual abuse, harassment, and assault. It often leads to severe emotional trauma and long-term psychological consequences. Physical violence is alarmingly common during childhood, with 66% of females and 73% of males reporting such experiences.

Physical violence can encompass acts such as physical abuse, hitting, or corporal punishment. It can result in physical injuries, emotional scars, and a lasting sense of vulnerability. A significant proportion of both females and males reported experiencing any form of violence during their childhood. This includes sexual and physical violence, emotional abuse, and any other violent acts. For females, 26% experienced violence, while for males, this figure stood at 32%. GBV during childhood and adolescence has profound and lasting effects on an individual's well-being and development. These consequences extend far beyond the immediate physical harm and can affect mental health, social relationships, and future life prospects. Survivors of GBV often grapple with psychological trauma, including symptoms of depression, anxiety, and post-traumatic stress disorder (PTSD). The emotional scars can hinder an adolescent's ability to form healthy relationships, trust others, and engage in their education and personal growth.

GBV can disrupt an adolescent's education, leading to school dropout or poor academic performance. The emotional distress and fear associated with violence can make it challenging for survivors to concentrate on their studies. Adolescents who experience GBV may withdraw from social activities and isolate themselves from their peers. The stigma and shame associated with being a survivor of violence can make it difficult for them to seek help or share their experiences with others. The physical and emotional consequences of GBV can have long-term health implications. Survivors may be at increased risk of engaging in risky behaviours, experiencing chronic health conditions, and facing challenges related to their sexual and reproductive health.

Addressing GBV is a complex and multifaceted endeavour that requires the involvement of communities, governments, healthcare providers, educators, and advocacy organizations. Implementing programs that educate adolescents about healthy relationships, consent, and violence prevention as well as promoting gender equality and challenging harmful gender norms is also essential.

Ensuring survivors have access to comprehensive support services, including counselling, legal assistance, and medical care and providing safe spaces and hotlines for reporting violence is crucial. Advocating for and enforcing laws and policies that protect adolescents from GBV includes legal measures against perpetrators and measures to empower survivors.

Engaging communities in discussions about GBV and its consequences, raising awareness and reducing stigma are vital components of addressing this issue.

In Mombasa, GBV is a deeply ingrained problem that affects individuals during childhood and adolescence, leaving profound physical and emotional scars. Addressing GBV requires a comprehensive and multifaceted approach encompassing prevention, support services, legal protections, and community engagement to ensure that adolescents grow and develop in a safe and supportive environment.

SITUATIONAL ANALYSIS

Strength	Weaknesses
Service Delivery	
• Youth Friendly Services have been instituted in MOH • Competency-based Curriculum – used for core adolescent messaging • Guidelines on child/adolescent-friendly services • The Constitution of Kenya prioritizes health for all • Support by development partners in the delivery of adolescent interventions • Existence of a community health service delivery policy and guideline	• Limited stand-alone Youth Friendly clinics. • Inadequate health workers trained in adolescent response • Operationalizing of the guidelines has yet to be optimized. • Limited meaningful engagement of parents in Adolescent programs • Gaps in the inclusion of services for disabled adolescents and those with other marginalization.
Health Workforce	
• Highly skilled health workforce • Community health promoters, child protection officers' /Peer educators who play a role in Primary health care	• Community health promoters have inadequate knowledge of responsive, youth-friendly services. • Inadequate knowledge and minimal investment in pre- and intra-service delivery
Medical products, Vaccines, and Technologies	
• Utilize technology for advocacy and messaging	• Global supply chain challenge
Health Information	
• Dissemination of available survey reports, policies, and guidelines to the lowest level to reach adolescents • Utilize school-based curriculum to enhance comprehensive access to information on health	• Data protection is weak, especially on consent issues • The lack of disaggregating epidemiological data to reflect specific health burdens of adolescents
Health Financing	
• County KeHMIS performance reports and Evidence building for resourcing of adolescent programs	• Inadequate resources, hence low prioritization of adolescent needs
Leadership and Governance	
• County Good will for implementing adolescent health interventions	• Low prioritization of adolescent needs

RATIONALE AND SCOPE

The Adolescent and Young People (AYP) strategy in Mombasa County is underpinned by a strong rationale and an expansive scope, affirming its pivotal role in addressing the distinctive health and well-being needs of this demographic. This comprehensive justification elucidates why this strategy is not merely necessary but a compelling imperative.

One fundamental rationale for the AYP strategy is its alignment with global standards for quality health services. These standards emphasize that adolescents and young people should possess knowledge about their health and be aware of where to access health services tailored to their unique needs. Consequently, the strategy facilitates increased awareness of and access to health services designed explicitly for AYP.

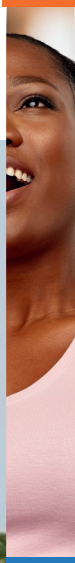
The United Nations Sustainable Development Goals (SDGs) are a universal blueprint for global development. Notably, SDG 3 (Good Health and Well-being), SDG 5 (Gender Inequality), SDG 10 (Reduced Inequalities), and SDG 17 (Partnerships for the Goals) collectively emphasize the imperative of enhancing health and well-being for all. The AYP strategy seamlessly aligns with these SDGs, thus contributing significantly to their attainment.

Kenya's demographic landscape reveals a compelling rationale for the AYP strategy. A remarkable 51.2% comprises young people aged 10-24 years. Within this age bracket, adolescents aged 10-19 years constitute 19.4% of the population. In Mombasa County, AYPs account for 29% of the total population. This demographic composition underscores the necessity for precisely targeted strategies to cater to their unique health and socio-cultural requirements. Although the distribution of AYP in Kenya is relatively balanced between males and females, there is a slightly higher proportion of females (51.3%) than males (48.7%).
This gender distribution highlights the significance of addressing gender- specific health concerns and promoting gender equality as an integral part of the strategy. The challenges faced by AYP in Kenya are multifaceted, encompassing high rates of teen pregnancies, drug and substance abuse, sexually transmitted infections, HIV infections and gender-based violence, elevated unemployment rates, and mental health issues. These challenges necessitate tailored and all-encompassing interventions that address their intricacies.

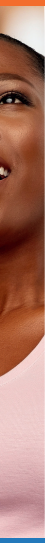
The Constitution of Kenya 2010, Article 43 (1) (a), unequivocally enshrines the right of every individual to attain the highest standard of health, including reproductive health care. The AYP strategy upholds this constitutional mandate, ensuring that this fundamental right is realized for the AYP demographic. The AYP strategy is in complete alignment with various national and county policies and plans, including the National Reproductive Health Policy (2022-2032), Mombasa County Integrated Development Plan (2023-2028), National Adolescent Sexual and Reproductive Health Policy (2015), Mombasa Gender-Based Violence Policy (2023-2028), and Kenya Health Policy (2012-2030). This alignment underscores the strategy's integration into broader policy objectives.

The AYP strategy aims to address an array of health issues, including Sexual and Reproductive Health, Mental Health, HIV testing and counselling, Nutrition, Gender-Based Violence, and Drug & Substance Abuse. By addressing these interconnected facets of health, the strategy embraces a holistic approach to enhancing the well-being of AYP. Beyond health, the strategy recognizes the vital importance of addressing socio-economic factors that influence the lives of AYP. Empowering them with opportunities and resources is paramount for their holistic development and well-being. A central tenet of the strategy is meaningful and inclusive youth participation.

Engaging AYP in the design, implementation, and evaluation of interventions is vital for a holistic response to their health needs. Mombasa County's AYP strategy is well-justified by demographic realities, global and national goals, and the pressing health and social challenges this population faces. By providing a targeted and comprehensive approach, the strategy aims to improve the health, well-being, and prospects of AYP, ensuring they have the opportunity to thrive and contribute positively to society.



VISION	Healthy, empowered and productive adolescents and young people
MISSION	To provide leadership and an enabling environment for implementing evidence-based health services and foster meaningful engagement in adolescents and young people.
GOAL	To contribute to improved health and well-being of adolescents and young people in their diversity in Mombasa County
STRATEGIC OBJECTIVES	1. To improve health outcomes for adolescents and young people 2. To improve the social and economic status of adolescents and young people 3. To strengthen adolescent and young people participation and leadership in health planning and programming at all levels. 4. To strengthen county leadership and coordination of multi-sectoral partners' engagement for adolescent and young people health and well-being



GUIDING PRINCIPLES

Youth-responsive programming: AYP programmes should be responsive to the needs of AYP and also consider the sociocultural context of AYP and the role of digital health.

Meaningful and responsive involvement of AYP: AYP should be involved in the initiation, development, implementation, and evaluation of the policies and interventions targeting or affecting them. This will ensure that policies and interventions are AYP-friendly.

Evidence-informed programming: Interventions should be informed by relevant information and data on the size, location, and characteristics (e.g., sex, age, education level, socio- economic background, marital status, schooling status, sexual diversity*, and drug use) of AYP.
Note: *diversities - key population, gender and sexual minorities, vulnerable and marginalized, special populations

Multi-sectorial collaboration: All relevant AYP stakeholders from all sectors should collaborate on the design, planning, implementation, and evaluation of AYP programmes.

Integrated service delivery: AYP services should be integrated and linked to all services and service delivery points to increase access.

Gender-responsive programming: Based on gender analysis, AYP programmes should consider gender equality concerns and address the needs in their design, implementation, and evaluation.

STANDARDS FOR QUALITY ADOLESCENTS AND YOUTH- FRIENDLY SERVICES

The eight standards outlined below define the required level of quality in delivering services for adolescents and young people. Each standard reflects an essential facet of quality services to meet the needs of adolescents and young people. These standards are defined under the National Guidelines for providing Adolescent and Youth Friendly services in Kenya.

Standard 1. Adolescents and youth health literacy: The service delivery point implements systems to ensure that adolescents and youth are knowledgeable about their health and that they know where and when to obtain health services.

Standard 2. Stakeholder support: The service delivery point implements systems to ensure that stakeholders recognize the value of providing health services to adolescents and support such provision and the utilization of services by adolescents and youth.

Standard 3. Appropriate package of services: The service delivery point provides information, counselling, diagnostic, treatment, care services and referral linkage that fulfil the needs of all adolescents and youth. Services are provided in the facility through referral linkages, networks and outreach, including in humanitarian settings.

Standard 4. Providers' competencies: Healthcare providers demonstrate the technical competence to provide effective health services to adolescents and youth. Both healthcare providers and support staff respect, protect and fulfil adolescents' and youth's rights to information, privacy, confidentiality, non-discrimination, and non-judgmental attitude

Standard 5. Facility characteristics: The service delivery point has convenient operating hours, a welcoming and clean environment and maintains privacy and confidentiality. It has the appropriate and relevant equipment, medicines, supplies and technology to ensure effective service provision to adolescents and youth.

Standard 6. Equity and non-discrimination: The health service providers and delivery point provide quality services to all adolescents and youth irrespective of their ability to pay, age, sex, marital status, education level, ethnic origin, social status, cultural background, sexual orientation, gender identity, disabilities or other characteristics. The service providers and points of service shall ensure that the human rights of adolescents and youth are upheld.

Standard 7. Data and quality improvement: The service delivery point collects analyses and uses data on service utilization and quality of care, disaggregated by age and sex, to support quality improvement. The service providers are supported to participate in continuous quality improvement. This data should be captured in the MoH Health information system/tools, including uploading data into DHIS as appropriate.

Standard 8. Adolescents' participation: Adolescents and youth are involved in the planning, monitoring and evaluating health services and decisions regarding their care, as well as in certain appropriate aspects of service provision.

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
SO1: To improve health outcomes for adolescents and young people					
Specific objective 1.1: To Improve HIV/AIDS outcomes among adolescents and young people	Increase awareness on HIV/AIDS prevention and management	Training youth champions on HIV preventive measures. Utilization of social and mass media platforms for HIV/AIDS messages Youth Focused Peer Education Programs Implementation of Evidence based prevention programs e.g. DREAMS, OVC	Number of Youth champions trained on HIV/AIDS key messages Number of messages posted Number of AYP enrolled in Evidence based prevention programs	Increased awareness on HIV/AIDS prevention and management	Records and attendance registers for training sessions on HIV preventive measures Social and mass media analytics
	Improve availability and use of HIV prevention interventions	Marketing and provision of various products of prevention of HIV	Number of condoms distributed Number of AYP reached with PrEP services	Improved availability and accessibility of HIV prevention products	Reports and records of provisions of various products for the prevention of HIV

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
			Number of AYP provided with VMMC Number of self-testing kits distributed Number of lubricants distributed Number of AYP reached with other prevention interventions.		
	Improve 95-95-95 outcomes	Timely case identification, linkage and viral suppression (care and treatment).	% of AYPLHIV identified timely % of AYPLHIV linked to treatment % of AYPLHIV virally supressed	Improved 95-95-95 outcomes.	MOH data summaries with HIV testing, ART uptake and viral load

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
	Comprehensive AYP HIV care continuum	Routine monitoring and follow-up of AYPs living with HIV Provision of youth friendly health facility directories	Number of health facilities providing routine monitoring and follow-up for AYPLHIV Number of AYPLHIV receiving routine monitoring and follow-up	Improved Health Outcomes and quality of life for AYPs living with HIV.	Health Records and clinical data. MOH data summaries with HIV care and treatment indicators
	Improve adherence to treatment among a mong AYPLHIV	Strengthen service integration for AYPLHIV *-Incorporate U=U messages* *-Peer to peer counselling sessions Involve them in treatment sessions -- Enrol into OTZ and AYP clubs* *-Create safe spaces in the community* *-Have youth friendly services in public facilities* *-Involve them in decision making* *-Give them priority to choose preferred DSD*	No of sites with integrated youth friendly services Number of AYPLHIV engaged in various psychosocial support groups Number of AYPLHIV suppressed Number of AYPLHIV participating in youth forums and groups	Improved adherence to treatment among AYPLHIV Reduced morbidity and mortality Active participation in the youth forums where their voices are heard	Reports on AYPLHIV engaged in peer-to-peer support, case management, OTZ clubs, DSD model Reports on AYPLHIV engaged in youth forums Reports on AYPLHIV suppressed

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
		-Involve them in youth forums and events and let them participate	Number of AYPLHIV enrolled in any of the DSD models (facility, Community)		
	Increase access to ANC and Maternal child services for AYPLHIV	Specific clinic days for AYPLHIV Services including ANC clinics Targeted messaging for AYPLHIV on maternal child health (FANC, partner testing, Prep, danger signs in pregnancy, Nutrition, neonatal care, FP, safe delivery, post-delivery care, and immunization schedule) Health education sessions on U=U, Nishauri, Ushauri, and continuity in treatment	Number of AYPLHIV identified and accessing ANC services Number of AYP or their sexual partners are accessing various PrEP options Number of AYPLHIV that delivered safely and HEI received immunization at 6 weeks Number of AYPLHIV whose babies were screened and	• Health babies delivered in hospital • Reduced infant and maternal morbidity and mortality • HIV free children born from AYPLHIV • Reduced HIV transmission among AYPLHIV	Reports on AYPLHIV attending ANC clinics Reports on HEI infants delivered, put on prophylaxis, done PCR Reports on HEI outcomes at 18Months

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
			tested for HIV at 6 weeks PCR Number of HEI that received prophylaxis Number of HEI that turned HIV negative and AYPLHIV received results Number of HEI turned positive and were linked to ART Number of HEI that died and audits done Number of HEI from AYPLHIV that have final HIV negative results and have been discharged		
Specific Objective 1.2: To Improve Sexual and reproductive health outcomes among	Increase access to comprehensive age appropriate	Conduct community awareness campaigns through local and national mass media,	Percentage increase in awareness on Sexual reproductive	Increased awareness and understanding of SRH issues among community members.	Pre- and post-campaign surveys, focus group discussions, and

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
adolescents and young people.	SRH information and services.	social media, community forums and Information educational materials.	health among AYPs.		community feedback mechanisms. Service provider records
	Comprehensive needs Assessment for SRH services	Increase availability and accessibility SRH services	Proportion of AYP that need SRH services	Increased access and utilization of SRH services.	Documentation Surveys. Feedback.
	Youth-Friendly SRH Health Centres	Establish and strengthen Youth-Friendly Health Centres that offer comprehensive SRH services.	Number of Youth-Friendly Health Centres established and equipped with comprehensive SRH services. Number of integrated community-level outreaches conducted. Number of vulnerable AYPs accessing SRH services by type	Increased access to SRH services by young people. Percentage increase in the utilization of Age-Appropriate SRH services.	Health centre records. Client satisfaction surveys. Documentation of client feedback mechanism. MOH data summaries with SRH indicators.
	Youth-Friendly SRH services training and capacity building	Capacity strengthening of HCP on how to deliver youth-friendly SRH services.	Number of HCP trained and providing youth friendly SRH services	Improved knowledge and skills of HCP. Improved service uptake	Training attendance records. Feedback. Surveys. MOH data summaries with SRH indicators.

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
	Youth-Focused SRH Referral Systems.	Establish referral systems that link AYP to appropriate SRH services.	Number of AYPs referred. Number of vulnerable AYP accessing and utilizing services. Number of effective referrals	Improved access and utilization of SRH services.	Referral records Feedback Surveys Feedback from healthcare providers. MOH data summaries with SRH indicators.
Specific objective 1.3: To improve mental health outcomes among adolescents and young people.	Capacity building for Health care providers on mental health services for AYP.	Capacity building of healthcare providers on how to identify and respond to mental health issues among AYP.	Number of health Care providers supporting AYP on mental health issues	Improved mental health services.	Training records.
	Integration of Mental health	Integrate mental health services in the existing health services delivery point.	Number of health facilities that have integrated mental health in other service delivery points.	Increased uptake of mental health services among AYPs.	Health facility records
	Establish peer support groups for mental health.	Create and strengthen peer support groups to provide a safe and supportive environment for AYPs.	Number of peer support groups established. Number of AYPs enrolled within the	Increased uptake of mental health services among AYPs.	Records of peer support groups established Health facility records

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
			established peer support groups.		
	Referral and linkage for mental health services	Establish and/or enhance referral mechanisms that link young people to specialized mental health services	Number of young people referred for specialized mental health services. Number of AYPs accessing services	Improved and strengthened referral mechanisms.	Referral records.
	Enhance community and school-based mental health awareness campaigns.	Conduct mental health awareness campaigns through schools, local and national mass and social media, community forums and IEC materials	Number of mental health awareness campaigns conducted.	Increased awareness on mental health issues and services.	Reports of mental health awareness campaigns.
	Mental Health Communication Strategy	Develop and implement mental health communication strategy	Number of community members reached through communication strategy.	Developed mental health communication strategy.	social media analytics, radio, television, print media, and Records on community meetings held.
Specific objective 1.4: To improve menstrual hygiene management among adolescents' and young girls.	Increase awareness on Menstrual Hygiene management	Sensitization on menstrual hygiene focusing in and out of school targeting adolescents' and young	Number of adolescents' and young girls sensitized on menstrual hygiene	Increased awareness on Menstrual Hygiene management among adolescents and young girls	Implementation report, Participants lists, Community reports

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
		girls according to National MHM guidelines Community awareness on menstrual hygiene management targeting parents with adolescents' and young girls	Number of community forums conducted where menstrual hygiene management was discussed		
		Sensitization sessions with Male AYPs on menstrual hygiene management.	Number of boys sensitized Number of parents sensitized	Reduced period stigma and increased support from male AYPs and parents to enable girls manage their menstrual hygiene.	Attendance Registers, Program reports
	Increase access to affordable, acceptable and safe menstrual Hygiene products for adolescents' and young girls.	Mobilize MHM products and coordinated distribution to adolescents' and young girls. Distribution of dignity packs to schools.	Number of schools supporting adolescents' and young girls with MHM products Number of adolescents' and young girls receiving MHM products through	Increased access to affordable, acceptable and safe menstrual Hygiene products for adolescents' and young girls.	Distribution lists

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
			different programmes Number of AGYW reached with dignity kits		
	Establishment of MHM products distribution committee.	Establish a committee to coordinate the distribution of MHM products	MHM Coordinating committees established at different levels	Improved coordination of MHM products distribution	ToR for the MHM coordinating committee
	Support innovations on MHM products	Promote innovations of locally made MHM products	Number of innovative , affordable MHM products available in the market	Increased access to affordable, acceptable and safe menstrual Hygiene products for AGYW	Program Reports
Specific objective 1.5: To improve GBV prevention and management among adolescents and young people	Increase knowledge and information on GBV among AYPs and vulnerable population in the community	Conduct awareness sessions targeting AYP, community members, and institution using GBV toolkit. Conduct community awareness campaigns through local and national mass media, social media, community forums and	Number of people reached with GBV information Number of sessions conducted Number of GBV cases reported	Increased awareness on GBV issues and services at community level Increased awareness and understanding of GBV prevention and response	Meeting reports Participants lists

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
		Information educational materials.			
	Increase Knowledge and skills of Health care workers on AYP responsive post GBV care .	Train and mentor Health Care Workers on AYP responsive post-GBV care.	Number of healthcare workers trained and mentored on AYP responsive post GBV care management Number of health care workers who apply AYP responsive post GBV care/management	Increased knowledge and skills on AYP responsive post GBV care management among Health Care Workers Increased awareness and understanding of GBV prevention and response	Training reports, KHIS GBV registers
	Enhance quality of post GBV care to AYPs	Increase PEP completion rate among AYPs survivors initiated	Number of AYP survivors completing PEP after initiation	Increased number of AYPs completing PEP after initiation	Health records
	Increase access to post GBV care by AYPs	Integrate GBV services in youth friendly clinic with clear referral linkage	Number of youth friendly clinics providing	Availability of GBV services and information in Youth friendly clinics	Health records

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
			information and services on GBV		
	Improve access to post violence trauma services to AYPs	Provide a toll-free counselling line for tele-counselling	Number of AYPs receiving post violence trauma counselling	Improved access to trauma therapy	Health Reports Number of phone calls received
	Establish and/or strengthen referral pathway to increase the number of AYP GBV survivors accessing care within 72hrs	Map and sensitize GBV responders on the importance of AYP survivors reaching health facilities within 72hours Establish referral mechanisms to ensure referrals are done on time Enhance existing referral mechanism to ensure referrals are done on time	Number of referral mechanisms established Number of AYP referred for GBV services Number of AYP survivors seen within 72hours Number of referral mechanism established	Increased health service uptake within 72hours by AYP survivors	KHIS GBV register and mapping reports
	Conduct best practice forums	Sharing and exchanging best practice on GBV with stakeholders	Number of best practice forum meetings held	Increased innovations to improve GBV services	Meeting reports Presentation done during the meetings

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
Specific objective 1.6: To Improve Alcohol and Drug abuse prevention and management among adolescents and young people	Advocacy on available prevention and treatment intervention for drugs and substance use disorders.	Create awareness through local and nation mass media, social media, community forums, and youth engagement forums.	Number of people reached with the messages Number of community forums conducted and alcohol and drug abuse prevention and management topics discussed	Increased uptake of substance abuse prevention and treatment by AYPs.	Facility reports Community reports Social or mass media analytics
	Capacity building for service providers and Youth champions on alcohol and drug abuse prevention and management for the AYP	Establish AYP friendly service providers to offer alcohol and drug abuse prevention and management for AYPs at facility level	Number of service providers trained Number of Youth Champions trained	Increased uptake of substance abuse prevention and treatment by AYPs.	Facility reports
	Integrate alcohol and drug abuse prevention and management for AYP within existing rehabilitation centres	Integrate and strengthen rehabilitation and treatment centres to be responsive to AYP needs	Number of rehabilitation and treatment centres responsive to AYP needs	Increased uptake of substance abuse prevention and treatment by AYPs.	Facility reports

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
	Established or/and enhanced referrals and linkage mechanisms for alcohol and drug abuse prevention and management	Establish referral mechanisms for alcohol and drug abuse prevention and management Enhance referral mechanisms for alcohol and drug abuse prevention and management	Number of referral mechanisms established Number of AYPs referred for alcohol and drug abuse prevention and management services Number of AYPs accessing services	Increased uptake of substance abuse prevention and treatment by AYPs.	Facility reports
Specific objective 1.7: To Improve nutrition outcomes among adolescents and young people	Comprehensive information, education, and access to nutritious services to AYPs.	Integrate responsive nutritional services responsive to AYP needs Create awareness of nutrition among AYPs	Number of health facilities offering nutrition services for AYP	Increase integration of nutrition services in health facilities	KHIS and Facility registers
	Nutrition need assessment.	Conduct AYP nutrition assessment through in reaches and outreaches	Number of AYPS assessed for nutrition services	Improved nutrition status among AYPs through seeking health support.	Facility reports KHIS
Specific Objective 1.8: To Enhance TB prevention and outcomes amongst Adolescents and Young people	Increase awareness on TB information amongst AYP	Conduct targeted AYP sensitization Conduct public mass media and social media campaigns	Number of AYP Sensitization forums conducted Number of spots and posts done	Increased number of AYPs reached with information on TB	Forum reports and Participants list Mass and social media analytics

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
			through mass or social media		
	Intensify early identification of TB infection among AYPs	Conduct TB screening and testing activities targeting adolescents and young people	Number of AYPs screened and tested for TB	Increased TB screening and testing among AYPs	Facility Reports TB register
	Monitoring on TB treatment adherence and retention among AYPs	Enrol AYP identified with TB to PSS clubs Conduct peer-led defaulter tracing	Number of AYP enrolled into PSS clubs Number of AYP defaulters traced back for treatment Number of AYP on TB treatment that complete treatment	Improved TB treatment outcomes	Facility reports
	Capacity building of AYP TB champions	Train adolescents and young people as TB champions	Number of adolescents and young people trained as TB champions	AYP trained as TB champions AYP championing TB management.	Participants list
SO2: To improve the social and economic status of adolescents and young people					
To improve the social and economic status of adolescents and young people	Conduct thorough needs assessments to understand the	Mapping of AYPs in need of economic and social support	Number of AYP in need of socio-economic support	AYP in need of socio-economic support mapped	Mapping report/Database

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
	specific needs, interests, and aspirations of AYP in the target population	Mapping of institutions with Socio-Economic opportunities within the county.	Number of institutions providing socio-economic opportunities	Presence of a database of institutions providing socio-economic opportunities to AYP	Database of service providers
	Creating awareness and linkage to economic opportunities for adolescents and young people .	Conduct joint consultative meetings between AYPs and socio-economic institutions opportunity providers within the County	Number of meetings held	Improved collaborations between AYPs and Socio-economic institutions.	Participant list Minutes of the meetings
	Referrals and Linkages for socio-economic opportunities	Facilitate linkages of AYP to socio-economic opportunities	Number of AYPs referred and linked to the facilities	Number of AYPs linked for economic empowerment and livelihood.	Records of the number of young people linked
	Integrate interventions that provide empowerment to AYP within main-stream programming within the county	Capacity building of other programs on the need to integrate AYP Socio-economic empowerment interventions	Number of programs sensitized on AYP socio-economic empowerment programs	Number of AYPs linked for socio-economic empowerment and livelihood through other programs	Records of the number of young people linked
SO3: To strengthen adolescent and young people participation and leadership in health planning and programming at all levels.					
To strengthen AYP participation and	Create avenues for meaningful youth	Engage youths in decision-making	Number of AYPs involved in health	Increased AYP involved in decision-making	Records i.e. activity reports, meeting reports,

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
leadership in health planning and programming at all levels	participation in decision-making processes related to health policy and programming	processes related to health policy and programming.	policy formulation and decision making.	processes related to health policies and programming	and attendance lists of youth participation in decision-making processes related to health policy and programming.
		Conduct capacity-building activities to empower AYP on policies, developments and programming, advocacy, and leadership skills.	Number of AYP trained	Increased number of AYPs empowered on health policies, programming and leadership skills.	Training reports Periodic reports
		Create platforms for youths to provide feedback and input on health policies and programs, such as through surveys, focus group discussions, or public participation.	Number of youths who provide feedback and input on health policies and programs.	Improved feedback mechanism on health policies and programs on the platforms created.	Surveys or interviews
		Establish inclusive youth advisory committees to provide guidance and recommendations on health policy and programming.	Number of established youth-led advisory committees.	Establishment of inclusive youth advisory committees	ToR of the Youth Advisory committees Minutes of advisory committee meetings

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
	Strengthen the capacity of youth-led organizations to participate in health planning and programming.	Conduct a needs assessment to identify the capacity gaps of youth-led organizations related to health planning and programming and support addressing of the gaps identified	Number of youth-led organizations assessed on their organizational capacity for health planning and programming. Number of youth-led organisations trained on organizational systems strengthening. Number of Youth-led organizations able to write grants that are successful and receive funding to develop and implement health-related projects.	Improved capacity of youth led organisations to develop proposals that attract funding hence support in implementation of the youth programming.	Records of youth-led organisations involved in health planning and programming. Training reports M&E Reports.
	Collaboration and partnerships.	Create networking opportunities for youth-led organisations with partners, government agencies, health institutions and other	Number of exhibitions held Number of best practices sharing and learning exchange forums	Increased linkage to opportunities and funding to enable successful implementation of	Exhibition activity reports Documentation of best practices

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
		stakeholders to share best practices and learn from each other's experiences in health planning and programming.		health/ advocacy strategies.	Documented Advocacy /health strategies implemented in collaboration with other partners. Surveys or interviews with youth-led organizations'
	Develop and implement mentorship programs that enable young people to take on leadership roles in health programming.	Identify experienced mentors and interested mentees and roll out a mentorship programme including training, meetings, and opportunities for practice	Number of young people who are participating in mentorship programs related to health programming.	Youth are empowered in health programs through mentorship.	Records of the mentorship program Database of mentors and mentees.
	Promote innovations in youth-friendly health services programming.	Support youth to develop innovative and youth-friendly approaches to health planning and programming.	Number of AYP-led innovations in AYP health programming Number of youths reached through innovative approaches in AYP programming	Increased utilization of AYP innovations and creativity in designing health services	Documented innovations of the youth-friendly approaches

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
	Policy dissemination and implementation	Training and Sensitization of AYPs and stakeholders on existing policies, programs, advocacy and leadership	Number of AYPs and stakeholders sensitized and trained on health policies, advocacy and leadership	Increased awareness among AYP and stakeholders on existing polices	Training reports, attendance, surveys.
	Utilization of youth as human resources based on their skills and competencies	Establish a database for all trainings conducted targeting AYP by partners and the County	Number of trainings and youth included in the data base	Database created for all trainings conducted targeting AYP.	Updated Database
		Prioritise youth as human resource in health centres and set up conducive volunteering environment	Number of youths attached to health facilities Number of youths volunteering in government health facilities	Skilled youth engaged in various occupations in the health system	Facility/SC/County HR records
	Inter-generational dialogues	Sensitization forums for community gatekeepers on all AYP programmes	Number of gatekeepers sensitized	Increased support for AYP involvement, participation and leadership by the community gatekeepers	Activity reports

	Interventions	Indicators	Expected Outcomes	Means of Verification
	Ensuring representation of marginalised groups in YACH (Young Key Populations, Young people with disabilities, Young street population, AYPLHIV, Young care leavers, Young people in Institutions etc.) Development of YACH structure operational guidelines	Number of marginalized groups represented in YACH	Increased representation of marginalised groups in youth leadership and health programming	YACH ToR
	Development and verification of reporting and feedback tools Set up of a committee to review complaints and feedback from youth and champion their implementation	Number of complaints and feedback mechanisms set up Number of complaints received and addressed	Improved AYP health programs	Documentation of feedback on AYP programming
coordination of multi-sectorial partners' engagement for AYP health and well-being				

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
To strengthen county leadership and coordination of multi-sectoral partners' engagement for AYP health and well-being	To increase understanding of the county-level AYP health strategy including key health priorities and approaches to achieving them across sectors and among partners.	Disseminate the strategy to key stakeholders, including state and non-state actors, community members, and AYPs themselves.	Number of stakeholders reached in the dissemination sessions. Number of strategy dissemination sessions conducted Number of copies of the AYP strategy printed	All key stakeholders are aware of the strategy, understand their role in its implementation, and provide feedback.	Records of the dissemination sessions of the strategy to key stakeholders.
	Strengthen inter-sectoral collaboration between health, education, social services, and other relevant government sectors to improve AYP health outcomes.	Develop a stakeholder engagement plan to facilitate communication and collaboration between sectors.	Number of sector representatives included in the stakeholder engagement plan	Stakeholder engagement plan developed	Stakeholder engagement plan
		Develop joint programs and initiatives that address the health needs of AYPs across sectors.	Number of joint programs and initiatives developed and implemented.	Programs and initiatives address the needs of AYP across multiple sectors	Work Plans that reflect joint programs and initiatives
	Strengthen multi-stakeholder coordination and collaboration	Strengthen AYP Technical Working Group.	Number of stakeholders engaged regularly in the AYP TWG.	Enhanced accountability, synergy and collaboration among AYP programme	Terms of Reference for AYP TWG Meeting minutes

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
	(county government and non-governmental implementing partners).			stakeholders at all levels	
		Strengthen AYP leadership and coordination of youth groups in an inclusive way.	Number of Youth Advisory champions for Health selected and trained Number of coordination meeting held by YACH Number of marginalized groups represented in YACH	Youth leadership is formalised, operationalised and reflects inclusion	YACH ToR
		Develop entry and exit -strategies and handover plans for all time-bound partner-funded AYP programmes	Number of projects implemented that are successfully handed over to the county government or other partners	Sustainability of efforts achieved through AYP programmes	Baseline surveys Mid-term evaluations End of project reports Impact assessments
	Co-planning and co-creation of AYP programmes.	Involve AYP and other stakeholders in annual planning, AWP	Number of stakeholders involved in annual planning and TWG	Enhanced output through integration and synergy	Meeting reports

Objectives	Strategies:	Interventions	Indicators	Expected Outcomes	Means of Verification
		Joint supervision. (DOH & Implementing partners)	Number of joint supervision activities conducted		Periodic reports
	Strengthen Resource Mobilization efforts	Allocate for ring-fencing funds for AYP program.	Amount of money allocated for AYP programme at County and facility levels	Increased access to resources with which to carry out AYP programme activities	Budget allocation for AYP programme
		Capacity build organized AYP groups in RM & IGA	Amount of money raised by AYP for AYP health activities		AYP initiatives funded through AYP groups

IMPLEMENTATION STRUCTURE

The County Department of Health Services GBV/AYP unit shall provide leadership and coordination roles for smooth strategy implementation and monitoring.

Roles and responsibilities:

National government

The national government will develop policies and guidelines for AYP health services. This includes offering pre-and in-service training on responsive youth service provision and related opportunities.

Mombasa County departments

County departments will provide a conducive environment for the healthy growth of adolescents and young people, advocating for their well-being. The County Department of Health will lead the dissemination, implementation, and monitoring of the strategy's performance. Additionally, they will allocate funds and facilitate resource mobilization for the strategy's implementation, strengthen the capacity of the health workforce and infrastructure, and enhance AYP engagement at all stages.

Other Mombasa County departments

Additional county departments will provide opportunities and link AYPs to skills development and employment opportunities by advocating for supportive policies within AYP programs.

Adolescents and young people

Youth Advisory Champions for Health (YACH) will coordinate youth champions in collaboration with county leadership to ensure the strategy's implementation and the inclusivity of all adolescents and young people in Mombasa County. YACH and county leadership will establish and strengthen youth networks across the sub-counties, promoting health interventions among their peers through peer-to-peer and other AYP-responsive approaches. AYPs will actively participate in research, policy, planning, design, dissemination, implementation, monitoring, and evaluation, with YACH playing a pivotal role in structuring its operations.

Development partners

The Department of Health Services will collaborate with development partners to support the strategy's implementation, formalizing this collaboration through Memoranda of Understanding (MoU).

NGOs, CBOs, FBOs, and the Private sector

Civil Society organizations play a crucial role in providing services and information. These non-state actors will work alongside the Department of Health Services to enhance access and utilization of health services for AYPs. They are encouraged to participate at all levels in

the design, financing, dissemination, implementation, monitoring, and evaluation of interventions. Non-state actors should also provide technical support to enhance the skills of county staff, allocate resources to underfunded program areas, and document and share best practices through forums organized by the Department of Health. Furthermore, non-state actors are expected to ensure equity in service provision.

Parastatals and corporates

Parastatals and corporate entities will support resource mobilization, corporate social responsibility, and the integration of AYP-responsive policies in the workplace. They will create opportunities for employment, including scholarships, internships, and mentorships that AYPs can access.

Youth groups/Organizations

Youth groups and organizations will advocate for the strategy's implementation and explore innovative methods to reach AYPs, increasing access to health information and services through art, social media platforms, and other innovative approaches.

Communities, families, and individuals

Communities, families, and individuals will actively participate in planning, implementation, and resource mobilization, such as allocating safe spaces. They will also create a supportive environment for adolescent health programming and contribute to the strategy's successful implementation.

Other corporate institutions

Other corporate institutions will raise awareness and provide resources for the AYP strategy's implementation. They will also connect adolescents and young people to various opportunities.

FINANCING AND RESOURCE MOBILIZATION

In Kenya health is critical to the welfare and prosperity of its people and health service provision is a fundamental right enshrined in Kenya's constitution, which asserts that the right to health is a fundamental human right. Article 43 (1) (a) of the Constitution provides 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. These highest standards cannot be attained without financial investment in health resources, including human resources, infrastructure, medical supplies, and commodities, among others.

Kenya runs a devolved government structure where counties are mandated to plan, prioritize, implement, monitor, and allocate resources and budgets for programmes and interventions Mobilizing more domestic funds is key in helping to ensure the sustainability of health programmes in the wake of reduced donor funding. Resource mobilization becomes an active role of all sectors in ensuring this strategy is adequately funded.

The county government will develop a costed plan for this strategy that will inform development partners, implementing partners, and other investors on areas of investment. Annually, the county will review the resources allocated and used to implement activities
under each strategic objective and review the costed plan for the following year.

STRATEGIC OBJECTIVE	2024/25 (KES)	2025/26 (KES)	2026/27 (KES)	2027/28 (KES)	2028/29 (KES)	TOTAL (KES)
To improve health outcome for adolescents and young people	119,430,000	126,116,300	139,627,160	142,135,259	238,989,369	**766,298,088**
To improve the social and economic status of adolescents and young people	1,932,000	1,800,700	1,800,700	1,800,700	1,800,700	**9,134,800**
To strengthen AYP participation and leadership in health planning and programming at all levels	1,553,000	1,692,770	1,828,192	1,974,447	2,132,403	**9,180,811**
To strengthen county leadership and coordination of multi-sectoral partners' engagement for AYP health and well-being	8,054,000	4,491,500	7,001,500	4,299,000	6,401,500	**30,247,500**
TOTAL COSTS	**130,969,000**	**134,101,270**	**150,257,552**	**150,209,406**	**249,323,972**	**814,861,199**

COMMUNICATIONS AND ADVOCACY

This section emphasises the need for communication and advocacy for the successful implementation of this AYP strategy among key stakeholders. The communication of this strategy to the relevant stakeholders will be key in getting buy-in and support for all the components captured within the scope of this AYP strategy. Dissemination will help increase the knowledge of the county citizens on the needs of AYP and their roles in the implementation of the strategy. In addition, communication will help enhance positive attitudes towards AYP seeking health services and information thus addressing stigma and discrimination that can impede uptake of services. The advocacy component will galvanise duty bearers to bring changes in order to support the goal of the strategy, i.e. to improve health outcomes for all adolescents and young people of Mombasa County.

Key components in communicating this strategy will include:

- HIV, SRH, Mental Health, TB, cervical cancer, Disabilities, Drug and Substance Abuse and nutrition statistics of all AYP from ward, sub-county to county level.
- Gaps in service delivery and information such as IEC material for the disabled AYPs.
- Approaches in responding to health needs of AYP, including; marginalized and vulnerable AYP.
- Use of ICT in reaching AYP e.g. social media platforms, hotlines, digital health promotion.
- Role of different stakeholders in responding to the needs of AYP, youth advisory champions for health, youth groups and organizations.
- County leadership in HIV/SRH, Mental Health, Disabilities, NCDs, drug and substance abuse prevention and treatment, gender based violence, teen pregnancy prevention measures.

Audience	Communication Needs
Implement robust and sustainable resource allocation plan.	• Generate and provide evidence to justify resource allocation to AYP health programs. • Developing county and sub-county level resource gap analysis to inform resource needs. • Engage county healthand finance committees to prioritize and allocate funds for AYP health interventions. • Establish mechanisms for resource mobilization including Public Private Partnerships • Enhance efficiency and accountability in resource allocation and utilization • Monitor utilization of funds allocated for AYP interventions. • Coordinate and harmonize donor support for AYP healthprograms.
Audience	**Communication Needs**
Healthcare workers, researchers, implementing partners	Awareness of AYP health needs, proposed interventions and strategies, roles of stakeholders, funding gaps, engagement and accountability frameworks, strategies to reduce stigma and discrimination.
Community gatekeepers such as Village Elders, Chiefs, Religious leaders, Parents / Guardians and Teachers etc.	Awareness of AYP health needs, proposed interventions, their roles in dissemination of AYP related information.
Youth led organizations and partners	Proposed interventions and strategies, roles of AYPs, engagement channels, referral and reporting pathways
Donors	Proposed interventions and strategies, fundinggaps
National government	Update on progress and technical support required to implement the strategy, Integration of AYP strategy into National Health Policies
Audience	**Communication Needs**
CHMT, County Government Departments	Awareness of AYP health needs, proposed interventions and strategies, roles of each department, enhance collaboration between inter-related departments, funding gaps, accountability system

Documentation of success stories and testimonies witnessing challenges are key in communicating the impact of this strategy. The communications team at county level will be responsible for training stakeholders on how to document stories of hardship and change and establish a mechanism for disseminating the stories using different platforms like blogging, social media engagements among others. In addition, all communication efforts will be linked to county ICT systems for accountability and visibility. The ICT team at county level will also support AYP to develop and implement digital and innovative communication approaches.

The success or failure of this strategy will be determined by advocacy work undertaken at community, facility, countyand national level.AYP individuals, youth groups and organisations will be instrumental in aggressively advocating at grass root level with opinionleaders, MCAs, religious groups, facilities among others to reduce stigma and discrimination towards AYP seeking to access HIV/SRH services and other health services. In addition, they will be able to influence resource allocation and investment in AYP wellbeing. Concerted advocacy through youth advisory councils and other organised groups will amplify the voice of AYP in the relevant advocacyplatforms. Channels for advocacy by AYP shouldbe created at all levels to ensure feedback is provided on services and information received.

Innovative approaches will be utilised by AYP to advocate for issues pertinent to their health at different levels. The use of different mobilisation strategies, including art and talents, media use, etc., will be used at the grassroots level to garner support. Community dialogues will be conducted through a peer-led approach, which will be used to address AYP-related challenges, create demand and improve uptake of health information and services. The County Department of Health will be able to advocate for the allocation of resources and funds for HIV/SRH, Mental Health, Disabilities, NCDs, drug and substance abuse prevention and treatment, Gender violence, and teen pregnancy prevention measures. The county will be able to use this strategy to incorporate AYP components into a sub-programme in the health department, plan activities, create work plans, prepare budgets and approach donors for funding support. Implementing partners will use this strategy to advocate for the provision of quality services and improved service standards across the board

ANNEX

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