REPORT CARD
HIV PREVENTION FOR GIRLS AND YOUNG WOMEN

KENYA

COUNTRY CONTEXT:

Size of population (2006 estimate):	34,707,817[1]
Life expectancy at birth (2006):	Men – 51 years; Women – 50 years[2]
Percentage of population below income poverty line of $1 per day:	46%[3]
Percentage of population under 15 years:	42.1%[4]
Youth literacy female rate as percentage of male rate (ages 15-24)[i] (2004):	No available data
Median age at first marriage for women (ages 25-29):	20 years[5]
Median age at first marriage for men (ages 15-49):	No available data
Median age at first sex among females (ages 15-49)[ii]:	No available data
Median age at first sex among males (ages 15-49)[iii]:	No available data
Total expenditure on health per capita (Intl $, 2004):	$86[6]
Nurses density per 1,000 population (2004):	1.14[7]
Contraceptive prevalence rate for women 15 – 49 (1996-2004)[iv]:	39%[8]
Fertility rate (estimate 2000 – 2005):	5 children per woman[9]
Maternal mortality rate per 100,000 live births (1990-2004):	410[10]
Ethnic groups:	Kenya is made up of 42 different tribes, with the majority living in rural areas[11]
Religions:	Protestant 45% | Roman Catholic 33% | Muslim 10% | Indigenous Beliefs 10% | Other 2%[12]
Languages:	English (official) | Kiswahili (official) | numerous indigenous languages[13]

AIDS CONTEXT:

HIV prevalence rate (ages 15 – 49):	6.1 [5.2 – 7.0]%[14]
Number of women (15 and up) living with HIV (2006):	740,000 [640,000 – 840,000][15]
Number of children (ages 0-14) living with HIV (ages 0-14):	150,000 [55,000 – 290,000][16]
HIV prevalence rate in young females (ages 15-24):	5.2%[17]
HIV prevalence in young males (ages 15-24):	1%[18]
HIV prevalence in urban sex workers (2000):	27%[19]
Number of deaths due to AIDS (2006):	140,000 [110,000 – 170,000][20]
Estimated number of orphans (0-17 years) due to AIDS (2005):	1,100,000[21]

HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

As a result of the increased scale up of HIV related services, the overall[22] HIV prevalence rate has decreased in recent years. However, young women and girls in Kenya remain particularly vulnerable to HIV, due to persistent gender inequality and a lack of economic opportunities for young women and girls. A Population Services International study found that 25% of men over the age of 30 who reported non-marital partners, had a partner at least 10 years younger. The younger women in these relationships cite financial gains as the major incentive for engaging in relationships with older men and the study indicated that younger women have a low perception of risk of HIV/AIDS – which was rated lowest amongst a number of dangers of engaging in sex with a non-marital partner.[23] Sex workers constitute the biggest vulnerable group and it is estimated that just 17% are reached by prevention programmes.[24] HIV prevalence among these women is also considerably higher than in women in the general population.[25] On top of this, there are weak linkages in the planning and implementation of programmes addressing women's issues, with data often not disaggregated by sex.[26]

However, there have been several positive steps taken. An action plan to implement its National Policy on Gender and Development is currently being developed[27] and Kenya now has a comprehensive monitoring and evaluation framework to track progress made in the national response and enhance informed decision-making.[28] Young people and women are also now better represented and more active within decision making bodies such as the National AIDS Control Council. Such efforts need to be increased and form part of a comprehensive prevention package that is both developed and implemented.

INTRODUCTION

THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN KENYA.

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card is an advocacy tool. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Kenya. Its key audiences are national, regional and international policy and decision-makers, and service providers. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Swaziland. It contains an analysis of five key components that influence HIV prevention, namely:

1. Legal provision
2. Policy provision
3. Availability of services
4. Accessibility of services
5. Participation and rights

It also provides recommendations for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Kenya.

The Report Card is the basis of extensive research carried out during 2007 by IPPF, involving both desk research on published data and reports, and in-country research in Kenya to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Kenya' (available on request from IPPF).

IPPF International Planned Parenthood Federation
UNFPA
The Global Coalition on Women and AIDS
Young Positives

1 » PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

KEY POINTS:

- The **legal age** for both men and women to **marry is 18 years.**[29]
- The official legal age for **accessing an HIV test or any sexual and reproductive health services** without parental or partner consent is **18 years,** as it is for all medical procedures. However, there are exceptions for married or pregnant youth. The **counselor can exercise their discretion with youth** aged 15 to 18. Youth under the age of 14 can only receive counseling.[30]
- **Abortion** is legal only **where pregnancy would be life threatening** to the woman or in order to **maintain her physical and mental health.** The operation **must be performed in a hospital** by a certified physician, with the consent of the woman and her spouse. Two medical opinions (a psychiatrist and a physician) are required before the abortion is performed.[31]
- **HIV testing is not mandatory**. However, many churches are encouraging couples to take an HIV test before they marry. As a result church members are divided as to whether this will help curb the spread of HIV and AIDS or simply perpetuate the associated stigma.[32]
  - The **Sexual Offences Act of 2006** includes:
  - 14 new offences, including gang rape, deliberate infection with HIV/AIDS, trafficking for sexual exploitation and child pornography.
  - The introduction of minimum sentences for offences.
  - The setting up of a DNA data bank and a paedophile registry.
  - The criminalisation of sexual harassment.[33]
- **Sex work** in Kenya is illegal and highly stigmatised. The law **penalises the sale of sex but it does not penalise the client for buying it.** Therefore women who engage in the practice are actually **criminals,** technically engaging in an illegal activity.[34]
- Possession of used needles and syringes can lead to prosecution. This has resulted in **many injecting drug users (IDUs)** not carrying injecting equipment on them. Therefore, IDUs **tend not to regularly buy new equipment** and conceal needles and syringes in locations where drugs are consumed. Such actions present dangerous opportunities for passing on infection.[35]
- Kenya's **HIV/AIDS Prevention and Control Act** was passed in Parliament in December 2006, although it has **not been fully enforced yet.** The Act provides **legislation on the rights of people living with HIV and aims to mitigate the effects of the epidemic on the population.**[36]
- **Discrimination** is dealt with in the Act with specific references to discrimination **in the workplace, in all educational establishments** and outlaws any form of **discrimination against persons who are, or are perceived to be, living with HIV (PLHIV).** There is, however, **no specific reference to vulnerable populations** in the Act.[37]

QUOTES AND ISSUES:

- "There are cases where young girls have resorted to using **crude means to procure abortion** like overdosing with anti-malaria drugs or taking strong toxic herbs to kill the foetus. This kind of practice has resulted in many deaths." (Focus group discussion with young women and girls [ages 15-26], rural area)
- *"Young people below 18 years of age have to seek **parents' consent to use voluntary counselling and testing (VCT) services.** What that means is that young persons who are sexually active do not use the services."* (Focus group discussion with young women and girls [ages 15-26], rural area)
- "Religion and culture affect the enforcement of legislation. On the one hand **programmes teach us to use a condom if we have to engage in sexual intercourse, but on the other hand, religion does not allow use of condoms** among young people as they ask us to abstain. Abstaining is very difficult." (Focus group discussion with young men and boys [ages 15-24 years], urban area)
- *"The new act **criminalises wilful transmission of HIV** and it is very general. It does not make specific reference to young girls and young women."* (Interview – Service Delivery Advisor, International SRH NGO)
- "In my opinion **Kenyan legislation on HIV is crosscutting** and does not make reference to the various groups independently." (Interview – Project Manager, Kenyan SRH NGO)
- *"The **Muslim laws allow women to be married from the age of 15 years** as long as the girl is not forced to get married. This is the minimum age at which a woman can get married according to the Muslim laws."* (Interview – Sheikh, Coordinator of the Adolescent Reproductive Health and HIV Prevention Programme among youth)
- "Having the **HIV/AIDS act is a step in the right direction**, but there is no mechanism to penetrate the different contexts in which these laws would be enforced. For example, the diverse cultural contexts that put different demands on different members of the society. One can have laws, but if the laws are not enabled then it is a futile effort." (Interview – Institutional Development Advisor, UN Agency)
- ***"Legislation has in a way increased the vulnerability of women** to gender based violence and STI/HIV infection. For instance, where **female sex workers are criminalised for living out of the proceeds of sex work.** They are constantly harassed and violated by law enforcement agents such as the police on this account."* (Interview – Programme Officer, International Family Planning NGO)
- "Laws might be put in place like the new **HIV/AIDS Act** earlier this year, but **enforcement of such laws is a big challenge in Kenya.**" (Interview - Adolescent Sexual Reproductive Health Programme Officer, UN Agency)

2» PREVENTION COMPONENT 2 POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

KEY POINTS:

- The goal of **the Kenya National HIV/AIDS Strategic Plan (KNASP) 2005 – 2009 is to reduce the spread of HIV, improve the quality of life of those infected and affected, and mitigate the socio-economic impact of the epidemic.**[38] The core principles of KNASP are:
  - **A multi-sectoral approach,** including the development of strategic partnerships and mainstreaming HIV/AIDS in all key sectors.
  - Targeting **vulnerable groups.**
  - Focusing on **gender and youth.**
  - Maximum **engagement of people living with HIV** (PLHIV) in the implementation of the strategy.
  - **Evidence-based interventions.**
  - Empowered, **participatory approach.**
  - Support to regional and international initiatives.[39]
- KNASP 2005 - 2009 makes very strong reference to **supporting people living with HIV/AIDS.** The **target for putting people on antiretroviral treatment in 2006 was about 240,000 although only 120,026 were reached.**[40]
- KNASP 2005-2009 strategies for preventing HIV infection among young people include:
  - Carefully **targeted prevention messages.** Most young people have heard of HIV/AIDS but only 53% of young women and 60% of young men aged 15-24 know that condoms reduce the risk of contracting HIV.
  - **Youth friendly access** to HIV and reproductive health information and other services.
  - Mobilising the education system to provide **comprehensive prevention and care for youth in school.**
  - **Improving girls' access to education** and **skills training,** and protecting their **rights.**
  - Building **partnerships with youth-based organisations.**[41]
- KNASP 2005-2009 aims to extend addressing vulnerability to **those vulnerable to infection and the impact of HIV/AIDS** in the national response. This means that the following groups will be addressed:
  - **Discordant couples.**
  - **Sex workers.**
  - **Orphans and vulnerable children.**
- The KNASP 2005 - 2009 seeks to expand prevention of mother to child transmission (PMTCT) services countrywide to **increase access to antiretrovirals (ARVs) for HIV positive pregnant mothers** from 10% to at least 50% and **reduce the proportion of HIV positive babies born** to HIV positive mothers from 33% to below 23%.[42] There are also **guidelines on PMTCT,** which provide details on antenatal management of HIV positive pregnant women in all areas.[43]
- **Voluntary counselling and testing (VCT)** is currently free in all public institutions.[44] There are **National Guidelines for VCT** published by the Ministry of Health, which give guidance on service provision.[45] There are currently plans to **scale up provider initiated testing on an opt-out basis.**[46]
- The Ministry of Health has also produced **guidelines and policy on the treatment and management of sexually transmitted infections** (STIs).[47]
- The Kenya **HIV/AIDS Data Booklet** contains information with regard to HIV prevalence **disaggregated by age group and gender.**[48]
- KNASP promotes **an increase in distribution of and information about male and female condoms.**[49]
- KNASP 2005-2009 plans to **develop specific strategies to address** the HIV prevention and other HIV-related needs of **Injecting Drug Users (IDUs),** although there is no mention of what these specific strategies are.[50]
- The mandate of the **National AIDS Control Council** (NACC) is to provide a policy and strategic framework for **mobilizing and coordinating resources for prevention of HIV transmission** and the provision of care and support to the infected and the affected in Kenya.[51]

QUOTES AND ISSUES:

- Probably the subject name should be changed to **'life skills training' in place of 'sex education'** to gain acceptance among parents and churches." (Focus group discussion with young men and boys [ages 15-24 years], urban area)
- *"As it is now, **infected people are stigmatised** and therefore reluctant to come out in the open. People should be encouraged to know their status and **live positively without discrimination."*** (Focus group discussion with young women and girls [ages 15-24], urban area)
- "One key policy that is needed is a policy on comprehensive non-biased sex education in schools. **Parents, guardians and church leaders need to be educated on the relevant and critical issues** affecting young people so that they can appreciate the role of sex education in alleviating some of the critical reproductive health and HIV/AIDS challenges facing families today." (Interview – Service Delivery Advisor, International SRH NGO)
- *"There is no official sex education in schools at the moment. There has been a **debate on introduction of sex education,** but any time it has been suggested, the churches, and parents have not agreed to it."* (Interview – Project Manager, Kenyan SRH NGO)
- "I have not read them in detail, but my conviction is that a lot of the **policies and** protocols as well as the **guidelines are meant to improve prevention of HIV/AIDS."** (Interview – Sheikh, Coordinator of the Adolescent Reproductive Health and HIV/Prevention programme among youth)
- *"The government needs to make a deliberate effort to **support access to contraceptives.** Currently, the government does not budget to procure condoms in Kenya, UNAIDS procures condoms and distributes them."* (Interview – Institutional Development Advisor, UN Agency)
- "There is a need to **reduce bureaucratic bottlenecks** in access to essential services. The requirement for minors to get parental consent to access prevention services as well as **laws on abortion and sex work need to be reviewed** to suit the contemporary situation of young girls and young women." (Interview – Programme Officer, International Family Planning NGO)
- *"Government needs to budget for and develop policies that will enable young unemployed girls and young women to access services more so in the **rural areas** where minimal **user fees still present an obstacle for women."*** (Interview - Adolescent Sexual Reproductive Health Programme Officer, UN Agency)
- "It would be nice if the government **put in place mechanisms** that will help deal with the bigger problem of **stigma and discrimination."** (Interview – Chairman, National PLHIV Network)

3» PREVENTION COMPONENT 3
AVAILABILITY OF SERVICES (NUMBER OF PROGRAMMES, SCALE, RANGE, ETC)

KEY POINTS:

- There are **4,203 facilities countrywide** where **sexual and reproductive health services (SRH)** are provided.[52]
- There has been **integration of sexually transmitted infections** (STIs) **testing and treatment into** the **general outpatient department of hospitals.** Therefore, there are fewer specific STI services including STI screening and treatment or service areas.[53]
- By the end of 2005 there were 650 VCT sites countrywide. **All VCT services are accredited by the National AIDS/STI Control Programme.** Ongoing expansion of these services to date has increased this to **900 registered VCT points countrywide.**[54]
- There were **759 prevention of mother to child transmission (PMTCT) facilities** in the country **by 2005.**[55]
- The government has developed **Patient Support Centres** where **people living with HIV (PLHIV) can access treatment, counselling and psychosocial support.**[56]
- Through the National Family Life Training Programme (FLTP), a department of the Ministry of Health, there are **programmes attempting to enhance communication between women and men with regard HIV/AIDS and other family challenges.** The National AIDS and STDs Control Programme (NASCOP) also has programmes that address male-female communication.[57]
- Nationally, there are 20 **youth centres** that provide adolescent sexual and reproductive health services.[58]
- Social marketing programmes are being expanded to **enhance availability and affordability** of male condoms, particularly in high-risk locations. An accelerated condom distribution programme currently implemented in 4 provinces will be expanded to cover all provinces, supported by an **Information Education Communication (IEC)** strategy targeting vulnerable groups. Kenya National HIV/AIDS Strategic Plan (KNASP) also supports the distribution of **female condoms** as a means of empowering women to choose safer sex. The target for 2010 is to distribute 160 million condoms annually.[59]
- There are **5,170 facilities that provide Antenatal Care (ANC) services,** of which 1,090 include Prevention of Mother to Child Transmission (PMTCT) services. Altogether there are **2000 access points for PMTCT services.**[60] The number is constantly increasing as programmes and facilities expand their work.[61]
- **Injecting drug users** (IDUs) are not in the high priority vulnerable groups in Kenya and therefore **services are scarce.** There are, however, 11 organisations listed as service points on the National Campaign against Drug Abuse in Kenya (NACADA) website.[62]

QUOTES AND ISSUES:

- "In the rural areas, you will find **condom dispensers that are empty.** They remain without condoms for a long time. They are supposed to be the points at which young people can have access to condoms when they need them, once they lack them they go ahead and have sex without them." (Focus group discussion with young women and girls [ages 15-26], rural area)
- *"There are so many campaigns and services [on HIV prevention] but **the effect is not being felt as such.**"* (Focus group discussion with young men and boys [ages 15-24 years], urban area)
- "**Audio visuals** will bring vivid pictures of what HIV does to human bodies and therefore lead to young people taking much care not to be infected." (Focus group discussion with young women and girls [ages 15-24], urban area)
- *"**Care and support** for young girls and young women is **terribly lacking**, some have been sent away from their homes by parents for being HIV positive."* (Interview – Service Delivery Advisor, International SRH NGO)
- "There has been **significant progress in expanding access to VCT services.** In areas where there are no established facilities, mobile outreach services are being provided, but there are **no clinics particularly targeting young girls and young women independently.**" (Interview – Project Manager, Kenyan SRH NGO)
- *"As a result of HIV/AIDS the **Muslim community has allowed the use of condoms to prevent transmission.** Condom use will be permitted where a married couple's intention is about protection against transmission of HIV and birth control."* (Interview – Sheikh, Coordinator of the Adolescent Reproductive Health and HIV Prevention Programme among youth)
- "There are more bill boards disseminating information about HIV/AIDS prevention in urban centres than in rural areas. **VCT services are not adequate in rural areas.**" (Interview – Institutional Development Advisor, UN Agency)
- *"**VCT, PMTCT and ART access points are not specific to girls and young women.** They are available, but still inadequate especially access to ART is still limited. The majority of people who need them are still not accessing them."* (Interview – Programme Officer, International Family Planning NGO)
- "**VCT services** that are available are **not youth friendly.** They target the general population of adults and have no specific focus on provision of services to young people. This can be a **barrier to the uptake of services by young girls and young women.**" (Interview - Adolescent Sexual Reproductive Health Programme Officer, UN Agency)
- *"Only recently, programmes have started to come up to try and support **drug users** to **access information** about the risk of HIV infection through sharing of needles and syringes."* (Interview – Chairman, National PLHIV Network)

4» PREVENTION COMPONENT 4
ACCESSIBILITY OF SERVICES (LOCATION, USER-FRIENDLINESS, AFFORDABILITY, ETC)

KEY POINTS:

- In reality there are multiple **social, logistical and financial barriers** to girls and young women accessing services in Kenya, including:
  - **Judgemental attitudes** of families, community members and health workers.
  - **Stigma** associated with HIV and AIDS makes people reluctant to visit voluntary counselling and testing (VCT) centres.
  - **Lack of information** about available services.
  - **Distance** to services and **costs** of transport, particularly in rural areas.
  - Lack of **privacy and confidentiality** is a significant barrier to access in Kenya.
  - Traditional norms of gender inequality.

  Many of these barriers particularly affect girls and young women living in rural areas.[63]
- **Of the 71 districts** in Kenya, there are only **8 youth–specific services delivery points** at government –run health facilities.[64]
- **Voluntary counselling and testing (VCT) is available for anyone 18 years** and above as well those minors who are married, pregnant or child sex workers. Counsellors use their discretion when making a judgement on a minor accessing VCT. There are **gender disparities** with regard to uptake of **VCT services.** Between 2001 and 2004, 56% of clients accessing VCT services were male.[65]
- All **VCT sites located within public health facilities** are currently **free of charge**[66] **although stand alone voluntary counselling and testing (VCT) sites might start charging a fee** if approved by the agency running the site. **Counsellors are, however, able to waive the fee if they determine that the client is unable to pay.**[67]
- **Sexually transmitted infections (STI) treatment** using the syndromic management approach **is available free of charge in government public health facilities.**[68]
- At the facility level, **negative attitudes of service providers** may **hinder girls and young women** from seeking information as they may fear the **judgemental attitudes** preventing them from going to the facilities for help.[69]
- From June 2006, **antiretrovirals (ARVs) have been free to all those in need of them,** including young women and girls.[70]
- **Most women, especially those in rural areas, do not have access to media** that transmits HIV related messages, and are **unable to access information and subsequently services. Bill board advertisements** have become one of the main means of disseminating HIV related messages **exist mainly in urban and peri-urban areas.**[71]
- 20% (114) of **VCT sites** are situated in Nairobi City, while services are lacking in **rural districts.** In places such as **Suba** where the prevalence rate is as high as 43%, there are only 5 **VCT centres,** most of which are **outside the reach of many women.**[72]

QUOTES AND ISSUES:

- "The subject of **sex is taboo in most communities** and it would be difficult for parents to understand a young person's reasons, for example, to go for VCT services." (Focus group discussion with young women and girls [ages 15-26], rural area)
- *"In some places **VCT services are quite a distance away.** One must have the bus fare in order to reach the services, and as long as this persists they will not get there even when they need to."* (Focus group discussion with young women and girls [ages 15-26], rural area)
- "Some doctors and nurses **rebuke young people** for getting themselves infected with STIs - they judge them negatively." (Focus group discussion with young men and boys [ages 15-24 years], urban area)
- *"Take an example of a fifteen year old girl coming to a clinic for treatment of an STI or HIV test: **health care providers might be taken aback** - why would such a young person be coming for such services."* (Interview – Service Delivery Advisor, International SRH NGO)
- "**Access to services** for HIV positive young girls and young women might be harder mainly **as a result of stigma** but this is fast changing." (Interview – Project Manager, Kenyan SRH NGO)
- *"**Youth friendly reproductive health services are lacking in Kenya.** There are no reproductive health services that particularly target young girls and young women."* (Interview – Sheikh, Coordinator of the Adolescent Reproductive Health and HIV Prevention Programme among youth)
- "Married young women may have to ask for **consent from their husbands** before using a service, this may be a barrier to the use of services." (Interview – Institutional Development Advisor, UN Agency)
- *"HIV prevention **services are more accessible in urban than rural areas by educated employed girls than by uneducated unemployed girls.** Information on prevention is more available in school than out of school."* (Interview – Programme Officer, International Family Planning NGO)
- "**HIV/AIDS services are difficult for out of school youth** because most of them are not employed and accessing services especially when they live in rural areas where user fees are charged for such services." (Interview - Adolescent Sexual Reproductive Health Programme Officer, UN Agency)
- *"In **rural areas,** patients are asked to pay **user fees** for such services as CD4 count tests. **Young people who are unemployed** might **not** be **able to access** services due to lack of money to access services."* (Interview – Chairman, National PLHIV Network)

5» PREVENTION COMPONENT 5
PARTICIPATION AND RIGHTS (HUMAN RIGHTS, REPRESENTATION, ADVOCACY, PARTICIPATION IN DECISION-MAKING, ETC)

KEY POINTS:

- Kenya ratified the **Convention on the Rights of the Child** in 1991 and the **Convention on the Elimination of All Forms of Discrimination Against Women** in 2001.[73] It has not signed the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages.[74]
- **The Kenya National HIV/AIDS Strategic Plan** (KNASP) 2005/06 – 2009/10 was developed through a **participatory process.** This included NGOs, civil society organizations and Faith Based organizations, **people living with HIV (PLHIV),** research institutions and the private sector. These organisations and individuals were acknowledged for participating in the setting of realistic targets during the planning period and for their continued support for various HIV/AIDS activities in the country.[75]
- The process of developing the National HIV/AIDS **Monitoring and Evaluation Framework** was also **participatory** and all-inclusive with **consultations at constituency, provincial, and national levels.** It has entailed participatory research to identify monitoring and evaluation approaches, opportunities, and constraints as well as field visits and consensus building around the process of indicator development.[76]
- **WOFAK (Women Fighting AIDS in Kenya)** care for and serve women and children made vulnerable by HIV/AIDS through:
  - Individual and group counseling.
  - Medical care using both conventional and alternative medicines.
  - Visiting clients at homes and in hospital.
  - Economic support through promotion of income generation activities for women, older orphans and foster parents.
  - Referrals to other support centres for other services.
  - Nutritional support for vulnerable children and bed-ridden clients.[77]
- The **National Empowerment Network for People Living with AIDS in Kenya (NEPHAK)** states that it is open to any person living with HIV/AIDS who voluntarily seeks membership, although this does not guarantee them voting rights.[78]
- There are a number of efforts **trying to involve HIV positive young women and girls in media campaigns** but they are isolated. There are numerous groups of young people living with HIV/AIDS involved in campaigns programs like **Youth Alive, Kenya Network for Women and AIDS, Women Against AIDS, WOFAK** and many others.[79]
- **In collaboration with the Family Health International Kenya office, YouthNet** worked with major television networks in Kenya to **promote the global HIV prevention campaign** of **Music Television (MTV)** called Staying Alive 2002. One Kenyan station even developed its own **youth forum.** YouthNet also undertook an **evaluation** to find out **how young people in Kenya interpreted** the **global media messages.**[80]

QUOTES AND ISSUES:

- "Forums for youth to discuss HIV policies should have **concerts, drama and music that appeal to young people.** It would work better if games like football, netball, scrabble and others are included so that it is more fun to get involved while at the same time getting education on the pertinent HIV/AIDS information." (Focus group discussion with young women and girls [ages 15-26], rural area)
- *"Information is very important and these free **discussion forums** should be encouraged more."* (Focus group discussion with young men and boys [ages 15-24 years], urban area)
- "**Effective messages** can be passed through **concerts, skits and role plays** which attract the attention of young people." (Focus group discussion with young women and girls [ages 15-24], urban area)
- *"Kenya is a signatory to these [international] **conventions,** but they **are not translated into actions.** The government lacks the capacity to enforce the tenets of such conventions."* (Interview – Service Delivery Advisor, International SRH NGO)
- "There are deliberate efforts by the government for **youth representation** by the establishment of a new **Youth Ministry and Youth Fund.**" (Interview – Project Manager, Kenyan SRH NGO)
- *"The **government has not had to focus on reproductive health rights for women** and as such it has no specific policies on reproductive health rights for women."* (Interview – Sheikh, Coordinator of the Adolescent Reproductive Health and HIV Prevention programme among youth)
- "There has not been a deliberate effort to involve youth in key decision making in Kenya. The Ministry of Youth Affairs needs to **coordinate the voice of the young people and let them play a role in decision making** especially on issues that affect them." (Interview – Institutional Development Advisor, UN Agency)
- *"The most explicit rights that are stated in the national response include the right to life, the right to employment and the right to access to services for people living with HIV/AIDS. There is **no specific reference to reproductive health rights in the National HIV/AIDS response."*** (Interview – Programme Officer, International Family Planning NGO)
- "Many times what the youth have been given is **mere tokenism** so that they can be seen to be represented." (Interview - Adolescent Sexual Reproductive Health Programme Officer, UN Agency)
- *"There is need to **educate policy makers** on the need for **representation of youth** in key decision making processes in Kenya."* (Interview – Chairman, National PLHIV Network)

REFERENCES

[i] The percentage of people ages 15-24 who can, both read and write a short, simple statement related to their everyday life

[ii] The age by which one half of young people ages 15-24 have had penetrative sex (median age)

[iii] The age by which one half of young people ages 15-24 have had penetrative sex (median age)

[iv] The percentage of married women (including women in union) ages 15–49 who are using, or whose partners are using, any form of contraception, whether modern or traditional

[1] CIA (2006) The World Fact book – Kenya (Website, date accessed on 04/04/07)

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[5] UNICEF Family Planning, The Progress of Nations (Website, date accessed on 28/09/07)

[6] WHO Country Overview – Kenya (Website, date accessed on 04/04/07)

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RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for girls and young women in Kenya. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL PROVISION

1. To encourage and enable **increased access to services,** amend the current legislation that stipulates that minors under 18 years require parental consent for HIV testing.
2. Taking into consideration that **sex workers constitute the biggest single vulnerable group** within Kenya, **review and revise laws around the criminalisation of sex work** that will enable organisations and services to implement a wider range of prevention interventions.
3. Ensure that all **laws and conventions** that have been ratified, particularly those related to HIV prevention and safe-guarding women, are **fully respected and enforced** so that the reality equals the rhetoric.
4. Repeal any legislation that criminalises the wilful transmission of HIV.

POLICY PROVISION

5. Review and strengthen Kenya's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
6. Build on the existing signs of positive progress and equitable behaviour of boys and men through initiating and promoting HIV prevention programmes and campaigns that **include boys and men alongside girls and women.** These should:
   - Address boys' and men's attitudes and behaviours towards HIV prevention, specifically addressing traditional gender norms
   - Address stigma and discrimination associated with HIV
   - Ensure the rights of people living with HIV (PLHIV) are respected
   - Address sexual behaviour and prevention methods
7. A strong commitment to support **comprehensive life skills and sexuality education programs** should be made, especially in rural areas. Specifically:
   - Peer educators should be equipped to **provide referrals** to services in the community
   - **Teachers** should receive **adequate training and support** in HIV prevention and safer sex
   - Teachers should receive adequate support to put **life skills** education (including relationship skills) into effective practice
8. Keep HIV testing as voluntary and **'opt-in'** and ensure to continue supporting **evidence based interventions.**

AVAILABILITY OF SERVICES

9. Ensure **comprehensive training of health care workers** on issues relating to **stigma and discrimination** and privacy confidentiality so as to foster an **inclusive environment** that will not deter or prevent people, particularly young women and girls in rural areas, from accessing services.
10. Increase and improve the provision of **care and support services available to people living with HIV (PLHIV),** particularly those promoting **positive prevention.**
11. Commit to dealing with the impact of **unsafe abortion** as part of a wider commitment that targets women's health.

ACCESSIBILITY OF SERVICES

12. Continue to ensure that not only are **male condoms widely available,** but also female condoms at an **accessible price,** so as to provide women with greater control and freedom regarding their sexual health.
13. **Increase the availability of HIV prevention services in rural areas** so that they are genuinely accessible for people living in more remote areas. Where appropriate, an effective way of achieving this could be through the provision of integrated services which may also help to reduce the associated stigma and discrimination.
14. Increase the number and quality of **more youth friendly services** and those targeting specific **key vulnerable groups,** particularly in rural areas where such individuals may not have a choice regarding which clinic they attend.

PARTICIPATION AND RIGHTS

15. Rather than tacitly **acknowledge** that **sex workers** exist, specifically target them in terms of a rights based **approach** to **universal access** to HIV prevention, treatment, care and support. This should include:
   - Addressing the economic, social and gender-based reasons for entry into sex work
   - Providing health and social services to sex work
   - Providing viable opportunities to alternatives to sex work
16. **Work more with boys and men** to improve their understanding and behaviour around sexual health and HIV prevention issues so as to reduce the transmission of HIV and STIs to their regular and recreational partners.
17. Build upon the progress made in **involving youth and PLHIV in policy processes** by genuinely ensuring equal involvement, while also providing them with a greater **range of platforms** to document their experiences and opinion.

CONTACT DETAILS

For further information about this Report Card, or to receive a copy of the Research Dossier, please contact:

International Planned Parenthood Federation
4 Newhams Row
London SE1 3UZ
Tel +44 (0)20 7939 8200
Fax +44 (0)20 7939 8300
Email info@ippf.org
www.ippf.org
UK Registered Charity No.229476

UNFPA
220 East 42nd Street
New York,
NY 10017
USA
Tel +1 212 297 5000
www.unfpa.org

UNFPA Kenya
P.O Box 30218, 00100,
United Nations Complex,
Block Q, Gigiri,
NAIROBI-KENYA
Tel: +254 20 7625556

Global Coalition on Women and AIDS
20, avenue Appia
CH-1211 Geneva 27
Switzerland
Tel +41 22 791 5412
Fax +41 22 791 4187
Email womenandaids@unaids.org

Young Positives
P.O. Box 10152
1001ED Amsterdam
The Netherlands
Tel +31 20 528 78 28
Fax +31 20 627 52 21
Email rfransen@stopaidsnow.nl
www.youngpositive.com

Family Health Options Kenya (FHOK)
Family Health Plaza
Mai Mahiu Rd.
P.O Box 30581-00100
Nairobi, Kenya
Tel: +254 20 603923