Volunteering for Development (VfD) Health Project

Project in Kenya

Name:
Volunteering for Development (VfD) Health Project Kenya

Location:
Kilifi, Makueni, Bungoma, Taita-Taveta and Nairobi.

Funded by:
FCDO, UK government

Dates:
2017-2022

Key partner: UKaid from the British people

Background

To contribute to the national and health development agenda, VSO Kenya implemented an inclusive health initiative that sought to meet the basic needs of marginalized and disadvantaged groups in the communities it serves so that they can live with dignity, engage actively, and contribute to their community. The health programme focused on working with vulnerable and marginalized young people aged 10-24, young people with disabilities (YPWDs), young women, young people living with HIV (YPLWHIV) and young people from minority groups who face severe threats to their health and general well-being. The project was implemented in Kilifi, Makueni, Bungoma, Taita-Taveta and Nairobi.

Objectives

The project's goal was to improve access to Sexual and Reproductive Health and Rights (SRHR) information & services for marginalized and vulnerable adolescents and young people (10 – 24years).

The following were the project's objectives:

i. Community and family engagement in addressing harmful social norms and practices to enhance adolescents and youth health rights
ii. Adolescents and youth exercise their (SRMNCAHR) health rights
iii. Improve access to comprehensive inclusive quality (SRMNCAHR) health services for adolescents and youth
iv. Ensure a conducive legal and policy environment for inclusive and resilient health practice

Key intervention approaches/models used

(i) **Youth-centered approach:** Working with youth for sustainable development (YSD) chapters in the select counties – these are community-based youth led volunteer organizations that have worked with VSO Kenya. The volunteers are adolescents and young people who created a sense of ownership of the programme, they are also able to better relate with fellow primary actors, local governments, and communities to call for change in norms and policies (Community volunteers YP).

(ii) **Integration of practice areas of health, education, and livelihoods:** The use of a multisectoral approach

to improve access to SRHR services and information for primary actors. The programme was able to identify several factors limiting accessibility and acceptability of SRHR services and information by vulnerable and marginalized young people, and address them through integration, of improving education and information access, economic empowerment, linking to services, and improving the ability to demand rights. Some of the key stakeholders were education, health, youth and sports, and community units.

Key results and link with the global Theory of Change (ToC)

Improved community attitudes, knowledge, practice, and behaviour

1. Strengthened inter-sectoral coordination, networking, partnerships, and community participation to reduce sexual and gender-based violence (SGBV) experienced by youth and adolescents.
2. Conducted two community **social accountability** activities using the score cards, to evaluate accessibly and acceptability of SRHR services for adolescents and young people.
3. Conducted **community dialogues on SRHR** services for marginalized and vulnerable young people reaching **150 community leaders** and gatekeepers for increased support and enabling environment for AYP access to SRHR.

Adolescents and Youth able to demand for their (SMNRCAHR) health rights

- A total of **3,299 adolescents and young people** were reached with SRHR information and services in the project areas and 16 peer educators were trained.
- **455 adolescents and young people with disabilities** reached with SRHR information on topics such as menstruation, sex and pregnancy, contraceptives and SGBV have established health clubs in schools.
- **312 dignity kits** were distributed to adolescents and young people with disabilities.
- **15 primary actors** were trained in Social Accountability.

As a result of these activities, we reported:

- Improved knowledge on SRH information and menstrual hygiene among adolescent girls and young women.
- Youth, girls, and persons with disabilities have increased access to SRHR information and economic empowerment opportunities.
- Vulnerable adolescents and young people empowered to use various communication platforms including radio and other forms of media to advocate for their rights and call leaders to action.

Increased capacity of the health workforce to deliver on inclusive health

1. Improved use of data for decision making by duty bearers and health service providers in designing and implementing COVID-19 response.
2. Improved knowledge and attitudes of Health Care Workers (HCWs) in providing SRH information to the adolescents and youth especially those with disability.
3. Trained **75 HCWs** on social inclusion and **120 HCWs** on improved response to SGBV for marginalized and vulnerable young people.
4. Health care workers applying the Washington group of questions and **applying Social Inclusion and Gender (SIG) concepts** in offering health services especially SGBV response to adolescents and young people.

Establishment and operationalization of the health policies and guidelines on SRMNCAHR

1. Trained policy makers (department of gender and reproductive health) on Social Inclusion and Gender.
2. Inclusive and responsive policies developed, for example the Sexual and Gender Based Violence policy Kilifi.
3. County governments held public participation forums specifically for young people and PWD (People living with Disability) to ensure their voices are incorporated in development and review of government policies and initiatives.

Adolescent and Gender based violence (GBV) Coordinator Janet Bonareri Machogu at Mbita Sub-county educating different types of family planning.