National Youth Shadow Report

Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS

KENYA

GYCA
global youth coalition on hiv/aids

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The Global Youth Coalition on HIV/AIDS (GYCA) is a youth-led, UNAIDS and UNFPA-supported alliance of 1,600 youth leaders and adult allies working on HIV/AIDS worldwide. The Coalition, based at a North Secretariat in New York City and a South Secretariat in Port Harcourt, Nigeria, prioritizes capacity building and technical assistance, networking and sharing of best practices, advocacy training, and preparation for international conferences.

GYCA aims to empower youth with the skills, knowledge, resources, opportunities, and credibility they need to scale up HIV/AIDS interventions for young people, who make up over 50% of the 5 million people infected with HIV each year. Our members are working at the local, national, regional, and international levels to ensure that young people are actively involved in policies and programmes to halt the spread of the deadly pandemic.

For more information about GYCA or to join, please visit **www.youthaidscoalition.org** or write to **info@youthaidscoalition.org**.

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The views and findings in this report are those of the authors alone

Table of Contents

Preface[1]

On 25–27 June 2001, heads of State and government representatives met for the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), which resulted in the issuance of the Declaration of Commitment on HIV/AIDS (DoC). The DoC outlines what governments have pledged to achieve– through international, regional and country-level partnerships and with the support of civil society– to halt and begin to reverse the spread of the HIV/AIDS pandemic. The DoC is not a legally binding document; however, it is a clear statement by governments concerning what should be done to fight the spread of HIV/AIDS and what countries have committed to doing, with specific time-bound targets.[2].

The DoC is unique because it recognized the **specific vulnerability of young people** to HIV and AIDS and established time-bound targets for action:

- (Paragraph 37) By 2003, ensure the development and implementation of multi-sectoral national strategies and financing plans for combating HIV/AIDS that (…) involve partnerships with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people (…)

- (Paragraph 47) By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal: to reduce, by, 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent.
    - To reduce, by 2010, HIV prevalence among young men and women aged 15-24 globally.
    - To intensify efforts to achieve these targets as well as to challenge gender stereotypes, attitudes, and inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.

- (Paragraph 53) By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV/AIDS education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection, in full partnership with young persons, parents, families, educators and health-care providers.

- (Paragraph 63) By 2003, develop and/or strengthen strategies, policies and programmes:
    - Which recognize the importance of the family in reducing vulnerability, in educating and guiding children and take account of cultural, religious and ethical factors,
    - To reduce the vulnerability of children and young people by ensuring access of both girls and boys to primary and secondary education, including HIV/AIDS in curricula for adolescents;
    - Ensuring safe and secure environments, especially for young girls;
    - Expanding good-quality, youth-friendly information and sexual health education and counseling services;
    - Strengthening reproductive and sexual health programmes; and
    - Involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible.

[1] Global Youth Coalition on HIV/AIDS and Global Youth Partners, "Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS."UNFPA, 2004.
[2] DoC on HIV/AIDS. Resolution adopted by the UN General Assembly, A/RES/S-26/2. August 2001

As part of the monitoring process of the DoC, progress made towards attaining the targets will be reviewed at the UN General Assembly in New York on June 2, 2005. The participation of young people in this review process is critical and this report strives to ensure their voices are heard.

Methodology

To ensure that the voices and concerns of young people are included in the monitoring process of the UNGASS DoC in its five year review, young people from around the world reported on the progress made towards achieving the UNGASS targets related to young people in their countries.

To ensure that all of the country reports addressed the same issues, a guide was developed by young people with the technical assistance of adult allies to assist youth researchers in gathering information and reporting on their country's progress.[3] A number of questions, based on the indicators suggested by the UNAIDS *National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people*",[4] were suggested to guide their research. Members of the Global Youth Partners Initiative[5] actively contributed to the development of the research tool in 2004 through an interactive e-discussion. Data collection and analysis focused on four main indicators:

1) **Political Commitment**
2) **Financial Commitment**
3) **Access to Information Services**
4) **Youth Participation**

Young people used a range of methods to conduct their research and collect relevant information. They gathered inputs from young people, including young people living with HIV and AIDS (YLWHA) in their countries through focus group discussions, in-depth interviews and workshops. Young people were asked to make recommendations for strategies to ensure that their country would achieve the UNGASS targets for young people. This qualitative information was supplemented by reviews of national policies, laws and documents, as well as academic literature. Young people also consulted representatives from national and local governments and national AIDS programmes, as well as various stakeholders such as service providers, representatives from NGOs, international and bilateral organisations. The final reports were reviewed and edited by GYCA staff, preserving original content.

[3] The research guide is available upon request.

[4] National AIDS Programmes - A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people. UNAIDS, 2004.

[5] Global Youth Partners (GYP) is a UNFPA youth-adult partnership initiative, and aims to rally partners and stakeholders to increase investment and strengthen commitments for preventing HIV infections among young people, especially among under-served youth. GYP is building capacity of GYP team members, learning lessons from successful advocacy campaigns and building partnerships and collaborative networks with other youth initiatives, including youth-adult partnerships. In the foreground of the initiative stands the development, implementation and monitoring of national strategic advocacy action plans in seven countries.

Why focus on young people?

Over half of all new infections worldwide each year are among young people between the ages of 15 and 24. Every day, more than 6,000 young people become infected with HIV – almost five every minute. Yet the needs of the world's over one billion young people are often ignored when strategies on HIV/AIDS are drafted, policies developed, and budgets allocated. This is especially tragic as young people are more likely than adults to adopt and maintain safe behaviors.[6] Young people are vulnerable to HIV infection because they lack the crucial information, education, and services to protect themselves.

The 2001 United Nations General Assembly Special Session on HIV/AIDS noted, "Poverty, under-development and illiteracy are among the principal contributing factors to the spread of HIV/AIDS". These factors are particularly poignant for young people who are so often voiceless and powerless in society. Young people are in a transitional phase between childhood and adulthood, and are rarely taken into account in official statistics, policies, and programmes.

This year, 2006, marks five years since the DoC was put into effect. The author and 60 young leaders in HIV/AIDS will participate in the Five Year AIDS 2006 Review at the United Nations Secretariat to advocate to decision-makers to scale-up comprehensive, evidence-based interventions on HIV/AIDS for and with young people.

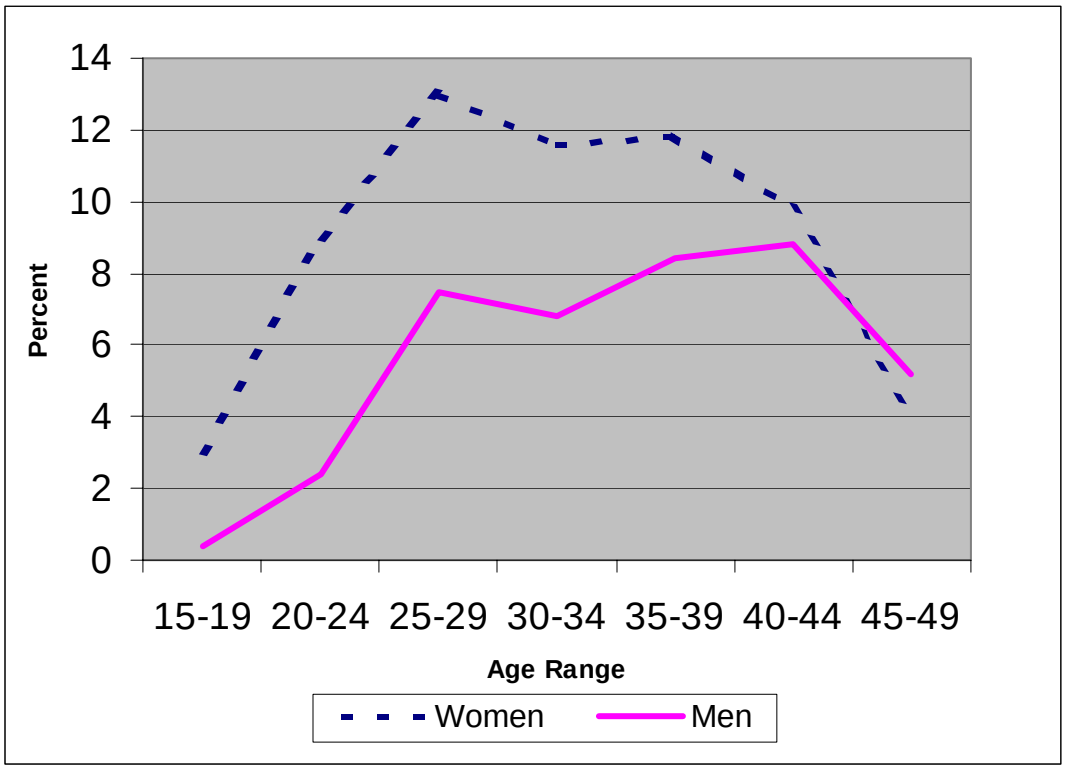
[6] Young People and HIV/AIDS, Opportunity in Crisis. UNICEF, UNAIDS & WHO, 2004.

I. Introduction: HIV/AIDS Situation in Kenya

The presidential speech on World AIDS Day 2005 stated that, "My government launched a new initiative today known as TOTAL WAR AGAINST AIDS (TOWA). The objective is to bring down the current HIV/AIDS infection prevalence to 5.5% by the year 2009. Through this initiative, we target to put many more people living with HIV/AIDS on Anti Retroviral Therapy and also provide socio-economic safety nets for those infected and affected."

Kenya has a population of about 31,987,000 people[7]. 75% of the population are young people below the age of 30. The HIV/AIDS prevalence rate in Kenya has reduced to 7% from 14% in 2000.[8] The prevalence rate among young people between 15 – 24 years is high and girls rate is almost five times the male (KNASP 2005/6 – 2009/10). See below graph.

HIV Prevalence by Age & Sex (KDHS 2003)



II. Research Methodology

In carrying out this report, we reviewed documents, materials and information from various sources such as the National Control Council (NACC), National AIDS & STI Control Programme (NASCOP), Public Information Centre (PIC) at the World Bank office in Nairobi, UNAIDS website, Kenyatta University, Nairobi University, SOS Youth Centre, Buru Buru. Mnara Primary School, St Stephens Secondary School in Muhoroni and interviewed youth.

[7] UNAIDS Kenya
[8] Central Bureau of Statistics et al, 2004

III. Key Findings

There has been tremendous progress in the political commitment and access to information for the youth both in and out of school. However, the number of VCT centres in rural areas is still inadequate, as they are not strategically located for most youth to access, particularly those in the urban areas. Stigma towards Youth Living with HIV/AIDS has still not been tackled and discrimination is very rampant in the institutions of learning. Cultures still play a vital role in the minds of many youth as some have chosen the path of the parents and thus makes the fight against HIV/AIDS difficult. Physicians handling youth need to be youth friendly and offer youth friendly services in centres that youth visit.

Financial commitment is not easy to access due to the bureaucracy at the government offices. However the estimates from National AIDS Control Council (NACC) have been used in this report. Youth participation in planning and policymaking remains inadequate; more emphasis should be put in to improve the policies and programmes targeting youth. However, this maybe achieved but the youth themselves need to be more coordinated and speak with one voice, as they always seem to be competing with each other at all levels.

IV. Results

Political Commitment

The President chairs the cabinet committee on HIV/AIDS as it is given priority in the country.[9] The NACC launched the Kenya National HIV/AIDS Strategic Plan (KNASP) 2005/6 – 2009/10 in June 2005. It addresses issues of young people. The KNASP agrees that young people form the larger population and can thus provide window of opportunity for the course of the epidemic.

Prevention of infection among young people is well addressed in the plan through developing National BCC & BCC coordination to be undertaken by NACC. This aims to reduce the number of young people, especially girls, who have sex by age of 15 and promotes abstinence. The Ministry of Education Science & Technology (MoEST) skills based on an HIV/AIDS prevention education programme evaluated in 2000 has proven to be effective at promoting healthy behaviours and reducing risk of infection. The plan seeks to expand this programme to all parts of the country.[10] A multi-sectoral approach to HIV prevention among young people is covered well in the plan.

There are policies that cover HIV/AIDS, Information Education & Communication (IEC), Behavior Change and Communication (BCC) as well as the National Youth Policy, which was adopted by Ministry of Gender, Sports and Culture in 2003. This policy is yet to be made into law by parliament. Through Ministry of Education Science & Technology (MoEST), there is a policy that promotes life-skills-based education.

[9] Kenya National HIV/AIDS Strategic Plan 2005/6 – 2009/10
[10] KNASP (2005/6 – 2009/10

Kenya has free primary education, which was introduced in 2002. Thus, most children attend primary school unless there are external factors preventing them from doing so. The secondary level still has a significant number though not as many as the ones in primary since it must be paid for and also there are only a few secondary schools available which cannot take all those who complete primary school. There are young people who drop out of school from primary and secondary levels. There is no clear policy that addresses this group of youth in the country today. KNASP (2005/6 – 2009/10) addresses the transport sector which employs many young people and which has not been previously addressed in the context of HIV/AIDS.

The National Youth Policy (2004) addresses young people as a homogenous group in regard to HIV/AIDS issues. Categorisation of young people comes in implementation of the recommendation of the National Youth Policy (2004). In the policy, young people are categorised in two brackets:

Ages 15 – 24 yrs.
Under 15 yrs (OVCs)

The Kenya National HIV/AIDS Strategic Plan (KNASP), (2005/4 – 2009/10) has gone further to categorize young people into smaller subgroups of Age, Sex, Religion and school attendance (or young people in institutions of learning). The Strategic Plan highlights gender disparities among the youth (age groups, 15 – 24yrs) where female prevalence is 5 times higher than that of males. Data indicates that sexually related infections occur most among youth aged between 15 – 24yrs and young men under 30.[11] Though some get them through paediatric means but the number is negligible.

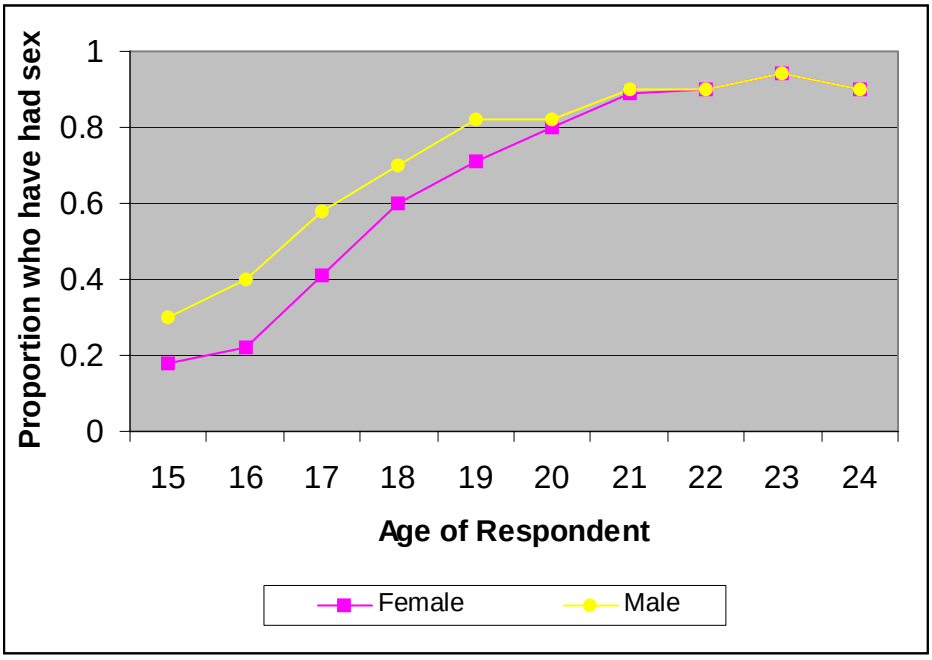
In 2004, the National Agency for the Campaign against Drug Abuse (NACADA) carried out a national survey of alcohol and drug use among young people aged 10 to 24 in Kenya (NACADA, 2004). The results of the survey revealed that most young people use drugs and alcohol in their varieties (e.g. alcohol, tobacco, marijuana etc.). This is a point for concern, as studies have shown substance abuse to be casually related to unplanned sex and intercourse, with the latter increasing sexually transmitted infections, and HIV/AIDS. This would partly explain the high prevalence rate in urban areas, which are home to slums in Kenya as most youth in the urban areas use or are exposed to drugs at very early ages.[12]

Most previous campaigns against HIV/AIDS have ignored Youth with Disabilities (YWDs) and there is thus an urgent need to include this category in HIV/AIDS campaign activities. Also, Muslim youth need to open up for effective campaign against HIV/AIDS in their category.

As earlier indicated, the youth categories between 10 – 24 yrs are the most vulnerable to HIV infection.[13] With 6.7% HIV prevalence, Kenya is facing one of the highest in the world.[14] Early and risky sexual behaviour is therefore an important intervention point for policy makers. The

[11] KNASP, 2005, page 6
[12] Africa population and Health Research centre (APHR), 2002
[13] Centre for the study of Adolescence. (2005)
[14] UNAIDS/WHO, "Kenya: Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infections – 2004 Update"; www.unaids.org

1998 Kenya Demographic and Health Survey, shows that the medium age of sexual initiation is 16.5 yrs old for males and 17.6 yrs old for females. One of the main factors of concern for this age category is Female Genital Mutilation (FGM). FGM is a practice which is a precursor to marriage among certain communities e.g. Kisii, Meru, Maasai, Turkana, etc. The high infection rate is also bolstered by practices such as polygamy and the external prevalence of sexual exploitation of adolescents by adults entrusted with their care including teachers and religious leaders, marriage of young girls to older men who often have many wives and concubines.



(Age Respondent at Time of Sexual Initiation)
Source: African Population and Health Research Centre, 2002

% of Young people living in slums who have ever had sex by age & gender

Age	Male	Female
12 – 14	6.2	5.1
15 – 17	47.3	42.8
18 – 20	87.3	80.0
21 – 24	92.8	92.1

Source: African Population and Health Research Centre, 2002

Presently, there is no specific policy on HIV/AIDS aimed towards the age category (10 – 24 yrs). What we have are general mitigating measures being undertaken by the NACC which include; condom promotion, behaviour change communication campaigns (BCCC) and HIV/AIDS education in schools and other institutions of learning such as the HIV/AIDS control unit in Kenyatta University that was launched in 2001.

Young people living with HIV still face a lot of stigma and discrimination. Cases are rampant where an employer throws out an employee just because of his or her HIV status. The stigma and discrimination policies are there, but their effects are minimal, as no implementation mechanisms have been put in place. However, there is hope as many companies and employers are adapting policies geared towards eliminating stigmatisation and victimization in work places. For example, the Nairobi Water and Sewage Company has such a policy in its Human Resource Manual.

NACC Council is also carrying out effective campaigns in the print and electronic media to try and demystify HIV/AIDS infection. Since 1991, when Structural Adjustment Programme (SAP), was introduced in Kenya, the government adopted a cost sharing system of health care. But since majority of young people are unemployed (50% of Kenyans are poor[15]), they lack resources to access proper medical care.

Condom promotion exists but does not target any specific age category. Traditional African culture restricts merchants/sellers of the commodity (condoms) from selling to young people. There is an accelerated condom promotion currently ongoing in 4 provinces but will be expanded to cover all provinces under the Information, Education and Communication (IEC) strategy. The KNASP (2005/6-2009/10) also supports distribution of female condoms as a means of empowering women.

Financial Commitment

Information on the government funding on HIV/AIDS is unavailable. But NACC budget for the year 2005/2006 is 24 billion Kenya shillings.[16] This includes monies from government, development partners, Global fund and private sector and household sources. The difficulty in obtaining information on government contribution to the AIDS pandemic is due to secrecy on the part of government ministries. Recently, funds from the Global Fund commitment to AIDS fight in Kenya have been withheld because of government refusal to account for government's spending/use of the AIDS funds.

These funds were allocated as follows:

The information therein comes from the KNASP 2005/6-2009/10 estimated finance requirements.

[15] 2000 Estimation based on CIA World Factbook: http://www.cia.gov/cia/publications/factbook/geos/ke.html
[16] KNASP, 2005/6-2009/10

PREVENTION OF NEW INFECTION	(Kshs Million) 2005/6
Youths forced intervention	1,017
Condom provision	1,527 (IEC Campaigns)
STI management	422
VCT	740 (schools)
PMCT	953
BCC	240 (schools)
Blood safety	265
Post – exposure prophylaxis	40
Harm reduction programmes	14
Total prevention	5,318

The government and development partners provide funding for most youth programmes. However, not very many youth groups or organizations can access funds from NACC because they lack a structured or coordinated working mechanism.

Access to Information and Services

It can be speculated that the majority of Kenyans know about HIV/AIDS due to the widely disseminated and successful sensitisation campaigns. The challenges are in initiating behavioural change towards HIV/AIDS, putting in place united VCT centres especially in the rural areas, and setting up support mechanisms for the infected persons as most are abandoned by relatives and friends. Ignorance on preventive measures is also a challenge. There is thus, a need to promote positive and sexual practices among the youth in Kenya, as this will go a long way towards reducing new infections.

Information dissemination is done through road side billboards, adverts, on electronic and print media, road side campaigns (roads shows), theatre and drama in schools and other institutions of learning, debates and talk-shows on HIV/AIDS by medical practitioners and people living with HIV/AIDS (PLWHA) and also the new HIV/AIDS curriculum introduced in schools. For example, in Kenyatta University and the University of Nairobi, HIV/AIDS study is a common unit.

Participation in life skills based education is being taught right from primary (Standard 4, 5, 6, 7, 8.) up to university level as an examinable subject in primary schools. HIV/AIDS curriculum was introduced in 2003 in all public primary schools. The problem is that it does not address the gender question.

Still most adults in both homes and hospitals are still uncomfortable discussing sexual issues with young people. This is a challenge even in health centres where people are uncomfortable in their approach on sex topics. Government hospitals provide free condoms that are seldom used by youth because of the perception that they are of low quality. Youth thus do not trust these condoms, which cost Kshs 10 per packet of 3 sachets. Other condom manufacturers merchandise their products at high cost such as Raha condom by Marie Stopes Company that sell at Kshs 40

per packet. In conclusion, services at government hospitals are not youth friendly.

It is recognizable that young people are aware of availability of health services but are constrained in terms of access to services because of their high cost, distance, stigmatizations and victimizations and question of privacy of one's medical condition or confidence in the medical practitioners ability to hold information unless allowed by their patient.

There has been slight improvement to access of health services by young people during the past year. This has been due to sensitisations by the government and NGOs.

Vulnerable groups like IDUs and MSMs do not access the health services due to fear of stigmatization and discrimination. As such practices are considered taboo by culture and people who practice it fear being victimised if they show up at a health centre. KNSAP (2005/6-2009/10) has addressed this issue and put specific strategies for this group.

KNSAP (2005/6-2009/10) targets 160 million condoms to be distributed annually. This will help reduce the infection among the active sexual youth. It further supports distribution of female condoms as a means of empowering women and young girls to choose safer sex practice.

Young People's Participation

The KNASP (2005/6-2009/10) which fully operationalizes the principles of greater involvement of people living with HIV/AIDS (GIPA) throughout all its components but it does not give emphasis to young people especially those living with HIV/AIDS virus. KNASP (2005/6-2009/10).

Youth participation is formalised in a structured prevention messages targeting young people on HIV/AIDS. For example, only 53% of young women and 60% of young men aged between 15-24 know that condoms can reduce the risk of contracting HIV/AIDS.[17]

It further suggests the establishment of youth friendly HIV and reproductive health information, to mobilise education system to providing comprehensive prevention and care for youth in schools, improving girls' access to education and skills training, and protecting their partnerships with youth-based organisations.

Participation of young people is meaningful as they are recognised as a special group. Meetings and conferences are organised nationally. Where several recommendations from young people were made based on the findings from becoming more involved in forums and participating actively during meetings. Young people's participation has improved over the last one year with (the Joint AIDS Programme Review 2005) that made the following recommendations

1 Provide support for one youth umbrella organisation/network body with broad representation.
2. Strengthen youth representation in MCG and the task force at NACC to facilitate implementation of action points.

[17] Kenya Demographic and Health Survey, 2003

3. Sponsor youth forums 2006.
4. Provide support for youth networking meetings at all levels.

Young people have not changed any policy, however, we will starting changing policies as we are getting more and more involved in most levels of policy making.

IV. Major Achievements & Gaps Identified

The KNASP 2005/6–2009/10 has the youth as one-core focus point. However, there is no policy to regulate this sector and thus it is open to duplication of roles by different youth groups.

Youth were involved during the preparation of the Joint Aids Programme Review 2005 (JAPR). However, this was viewed as only a few of the selected (elite) youth were involved during this process.

The establishment of youth – friendly Centres like the Nyeri Youth Health Project, implemented by the Family Planning Association of Kenya & Population Council between 2000 & 2003 among unmarried youth, used respected parents to provide sexual reproductive health services & information to young people. It worked well and this should be emulated in all other parts of the country.

Another success story is the I Choose Life Africa HIV/AIDS programme that is running in the University of Nairobi for over five years that is premised on BCC and life skills whereby university students are empowered with information to make right decisions on their sexuality.

Summary of Major Recommendations for Action

There should be one youth umbrella/network body with broad representation from the grassroots to national level. There is a need to strengthen youth representation in government bodies that address HIV/AIDS, including the task force at NACC to facilitate implementation of action plans. There is an important need to plan with and for youth.

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