

Executive Summary for Outcome Measurement Report

Unite for Body Rights Programme in Kenya (UFBR)

Thanks primarily to the five Dutch organizations (Rutgers, AMREF Netherlands, Simavi, Dance4life and Choice) under whose umbrella the Sexual and Reproductive Health and Rights Alliance (SRHR Alliance) was formed, today, thousands if not millions of women and men, girls and boys and other marginalized groups in the society have access to SRHR information and services that have empowered them. In Kenya, the SRHR Alliance comprise of seven local partners (AMREF Kenya, CSA, Nairobi, Africa Alive, GLUK, NAYA and SAIPEH) who have been implementing the Unite for Body Rights (UFBR) program in four regions nationally. The UFBR program has worked towards ensuring that the Millennium development goals (MDGs 3 and 4-6) are achieved. The program mainly targets 10-24 year old in and out of school young people, and women aged 25+ especially those marginalized.

The 2015 outcome measurement study covered four regions in Kenya where the UFBR programs are currently being implemented. The objectives of OM 2015 demonstrate the changes/achievements made by the UFBR program and to draw lessons and best practices from the program for future programming. The study covered similar baseline (2011) and midterm locations, sites and communities to allow for comparability of the results. Most of the projects being undertaken are focused on reaching young people and women aged 24+ with intervention activities.

Below is a summary of findings from the 2015 UFBR outcome measurement. First, summary findings on provision of comprehensive sexuality education are presented. These are followed by results on access to services and finally results on creating an enabling environment or provision of SRHR education and services.

Comprehensive Sexuality Education

Results indicate an overall positive change in general knowledge, attitude and skills and behavior of young people and women in the study compared to 2013 survey. A comparison between scores on HIV and STI knowledge among young people from both baseline and end line revealed significant improvements in 5 out of the 8 issues assessed (1 related to HIV transmission and 4 related to STIs). The measurement indicates minimal increase in the level of knowledge on HIV transmission on all the four items on HIV transmission assessed. The item on HIV transmission that showed marked increase was that on awareness that HIV cannot be transmitted through consistent use of condoms. The proportion of young people who knew Chlamydia, Syphilis, HIV/AIDS and Herpes increased. Overall results also indicate a positive change in attitude of young people on 8 out of the 9 issues assessed. Young peoples' attitude had improved to a more positive one in end line compared to what was noted at the baseline.

The overall mean attitude score significantly increased from baseline to end line. Significant increases for skills have been noted for 4 out of the 5 questions isolated for baseline and end line comparison. The

proportion of young people confident about correctly using condoms, every time they are having sexual intercourse and being confident in making the choice of a partner were noted to have increased at the end of the program compared to the start of the program. The increased skills and confidence was also confirmed by the overall mean scores on general skills which significantly increased from 74.2% at baseline to 84.6% at end line (change of +10.4). The proportion of young people with insufficient skills and moderate skills decreased significantly at end line compared to the scores recorded at baseline. On the other hand, the proportion of young people with sufficient and very sufficient skills at the end line increased compared to baseline. Overall capacity to make safe and informed decisions increased by 31.6% point between 2011 and 2015 surpassing the targeted increase of 25% point in the same period as shown in summary table 1 below. The analysis of qualitative data from the stories of change and the focused group discussions on CSE attribute improved change in knowledge attitude and overall capacities to exposure to the UFBR program through the various partner activities. Young people in the study felt that their personality improved notably in terms of high self-esteem and confidence. They also indicated that they had developed good decision making skills due to the CSE education which equipped them with the knowledge needed to make informed decisions.

KAP survey for women was collected in two regions- Mumias and Loitokitok. Comparison of the scores for the 4 questions isolated to measure knowledge on HIV at the baseline and end line revealed that in all except 1 issue (knowledge of women on HIV) had significantly reduced. Among the adult women evaluated in the KAP survey 2015, significant improvement was observed in the item asking whether HIV can be transmitted by sharing food with an infected person. Those who knew the correct answer [no] for this question increased with a score of 8.9 from baseline to end line. The results indicate a reduction in the scores on the item asking whether HIV can be prevented by consistent use of condom when having sex with infected person. Those who knew the correct answer for this [yes] question reduced sharply with a score of negative 58.1 from baseline to end line.

The overall mean knowledge score on HIV shows that the proportions with insufficient knowledge (0-59%) decreased from 79.3% to 76.5%, those with sufficient knowledge (60-79%) increased from 18.2% to 21.6% and those with really good knowledge (80-100%) reduced from 2.5% to 1% at end line. Overall, the results indicate a positive change in attitude of women on 3 out of the 4 issues assessed. The overall attitude scores shows reduction in those with insufficient (-2.8%) and really good attitude (0.5%) and increase for those with sufficient attitude by 3.4% although these changes were not significant.

Overall score results among women on attitude indicate a positive change in attitude of women on 3 out of the 4 issues assessed. The proportion of women who felt that it is acceptable for married people to use a condom reduced significantly by 21 scores at end line. The results point to a strong decrease in acceptance of condom use among married people. This may be attributed to the fact that uptake of FP-methods (other than condoms) has gone up. Maybe, therefore the need to use condoms as FP-method has gone down. As such, condoms are only needed to prevent STIs/HIV, and in that case using condoms means you do not trust your partner.

The results point to an overall minimal increase in the attitude scores at baseline (49.0%) from 42.0% at baseline. Even though the results point to an increase in the attitude scores at end line measurement, the mean scores for most of the items assessed are still less than 50% at end line. The overall attitude scores shows reduction in those with insufficient (-2.8%) and really good attitude (0.5%) and increase for those with sufficient attitude by 3.4% although these changes were not significant.

A comparison of baseline and 2015 outcome scores indicate a strong increase in skills with all the five questions used to measure the women's' skills/behavior/empowerment recording improvements. The mean scores on skills indicate a large increase from 65.2% at baseline to 90.1% at end line. This is also confirmed by the change in average score with those with at least sufficient skills (60%-100%) increasing by 38.8% and those with really good skills (80-100%) increase by 50.1%. A comparison of total capacity scores combining knowledge, attitude and skills of the women 24+ indicate that the capacity of the women to make informed decisions decreased at end line with mean capacity scores reducing from 48.1% at baseline to 44.7% at end line. Overall, the general capacity scores remain very low. Lack of comparability of the baseline and end line data sets collected from different cohorts might play a role in the poor outcomes.

Strengthening health services

The outcome measurement survey used the international standards on provision of youth friendly services laid out by IPPF to measure compliance of health facilities with these requirements. A comparison of the baseline 2011 measurement and end line (2015) measurement indicate that the proportion of facilities recording increased compliance with YFS services was higher at end line (66.6%). When compared to the baseline mean scores, a total of 4 health facilities had increased changes in their mean scores at end line. Lusheya Health centre, Loitoktok sub-district hospital, Mung'anga Dispensary and Shimo La Tewa Annex recorded improved scores on delivery of youth friendly services at end line. A comparison of the end line with the baseline scores indicates a decrease in the levels of delivery of youth friendly services at Entarara and Bahati Health centres. For Maweni dispensary, Makunga Health Centre, Makadara Health Centre, and Mlaleo health facility, there was no baseline data to make comparison on the change observed. The facility mean scores at end line were also compared to the midterm evaluation (2013) and end line (2015) to inform the indicator. When compared to the baseline mean scores, a total of 3 out of the 6 facilities assessed had increased changes in their mean scores. Bahati Health centre, Shimo La Tema Annex and Mung'anga Dispensary recorded improved scores on delivery of youth friendly services. The reasons for the increased compliance in the delivery of quality YFS as explained by the service providers interviewed was because most of the facilities have all the services provided free of charge or at subsidised costs to the young people.

Quality of Maternal health services based national standards indicates an increase in all the 3 facilities (100%) with corresponding data at baseline and end line. These were Entarara Dispensary, Loitoktok Sub-District Hospital and Mung'anga Health Centre. Results from the 11 health facility providers interviewed indicate that all the Maternal and Child Health (MCH) staffs are competent to provide FP services and

conduct safe deliveries and that they regularly performed them. Most of the health providers stated that they had not been trained on abortion service provision especially the new staff. On the provision of post abortion services (PAC), 3 out of 11 health providers assessed stated that they were very competent, 2 out of 11 said they were not competent while 6 out of 11 stated that they could but with some difficulties. The low quality of maternal health services recorded in some of the health facilities assessed can be attributed to the unavailability of commodities needed to deliver the services, health providers' inability to provide the needed services and lack of hospital equipment and stock-out of essential commodities.

Young people's satisfaction with youth friendly services compared mean facility scores for baseline (2011) and end line (2015) and none of the 3 facilities with comparable data had increased scores at end line. All the facilities that were eligible for comparison namely; Bahati health facility, Entarara dispensary and Maweni dispensary experienced negative changes in mean score between baseline and end line. Whereas a comparison of 2011 and 2013 scores indicated that 33.3% of the facilities recorded increased satisfaction with SRH services received by young people. The end line results indicate that none of the facilities with comparable data at baseline (2011) and midterm (2013) recorded increased satisfaction scores. Linking these results to quality of services of youth friendly services shows a discrepancy between the quality standards and client satisfaction. The results point to the view that improved quality of YFS does not automatically seem to lead to increased client satisfaction by the young people. Moreover, the low satisfaction by the young people could be attributed to the fact that UFBR has been focusing more on demand creation and invested less in the actual delivery of YFS.

Satisfaction by women for maternal services received shows that of the 5 facilities eligible for comparison, only three facilities namely; Entarara Health Centre, Mung'anga dispensary and Makunga RDHC recorded increased scores at end line of positive change scores. From the results, it can be seen that Makunga recorded the highest increase followed by Entarara and lastly Mung'anga health facility. These results are in agreement with the 2013 results which reported that Makunga Health Centre in Mumias reported the highest increment in satisfaction by exiting women clients. Comparing the midterm and end line mean facility scores indicate that the score for Lusheya remained the same (stabilized) at end line while Loitokitok district hospital recorded a decrease. Comparison of the end line and baseline (2011) mean facility scores shows that 4 out of the 5 facilities eligible for comparison (80%) of them recorded an increase in mean scores on satisfaction of women with maternal health services. Analysis of the results from the open ended questions indicate that the women interviewed felt that the facilities provided quality services since the health providers were friendly and offered good services, that the services addressed their needs, provided good privacy and attention to patients to express their needs and that the services and medicine were provided free of charge. The women also mentioned that the health providers were competent and friendly to clients.

Estimation for contraceptive prevalence for outcome measurement 2015 used data extracted per facility on targeted SRHR services. Comparison of CYP for 2011 and 2014 show decline for nearly half (seven) of the fifteen facilities. Total aggregate contraceptive prevalence for all the facilities increased by 3% between 2011 and 2014. In the same period, seven facilities with comparable 2011 and 2014 data show

marginal total aggregate increase of 0.3% in the uptake of HIV testing services. Uptake of STI screening services show a decline for nine of the eleven facilities with comparable data for 2011 and 2014. Overall, uptake of STI screening services between 2011 and 2014 declined by 18%.

Results on skilled deliveries in health facilities with comparable data for 2011 and 2014 show an increase across all the facilities with a total aggregate increment of 45%. The number of women who completed four visits to the health facilities for ANC services show that only 4 of 15 facilities with comparable data for 2011 and 2014 showed a decrease in uptake of ANC visits by women. Overall, results show an increment of 33% of women who had four antenatal visits between 2011 and 2014. These changes of service uptake cannot all be contributed to the UFBR programme though, but is a sum of investments made by all kind of different parties to these health facilities (including government policies), and external events.

Availability of supplies is considered an important factor in providing quality and improved services to both women and young people. A comparison of the 2013 and 2015 facility stock outs for essential commodities in the Maternal health checklist indicate that most of the facilities recorded stable or decreased stock of essential services for maternal health services. A comparison of the situation of the stock outs for 2013 and 2015 surveys indicate that only 2 of the 7 facilities (28.5%) of the facilities with comparable data at 2013 and 2015 had increased commodity supplies of contraceptives. A comparison of the 2011 and 2015 facility stock outs for essential commodities in the Maternal health checklist indicate that most of the facilities recorded stable or decreased stock of essential services for maternal health services. Out of the 5 facilities with comparable data at baseline and end line for ART shows that only 2 of the facilities recorded improved supplies on ART stocks at end line 2015.

Creating an enabling environment

UFBR Partner agencies have been involved in advocating for policies that would enhance access to SRHR information and services for young people and women. This involves engaging with key community and county government officials to increase support and acceptability for SRHR interventions. Since 2011, the SRHR Alliance has contributed to the review and formulations of five key policy documents: National Adolescent Sexual and Reproductive Health Policy 2015; National Guidelines on Comprehensive Sexuality Education; Kenya AIDS Strategic Framework (KASF); Reproductive Health Bill; and, National Guidelines for Provision of Adolescent & Youth Friendly Services in Kenya. The SRHR Alliance has also been involved in national advocacy sensitising key stakeholders such as religious groups, national parents and teachers unions on CSE as well as in production of information, education and communication materials on SRHR. These efforts have led to increased dialogue and recognition of CSE nationally.

At community level, training and sensitization of key community leaders has been seen in increased level of support for SRHR. This is witnessed in the level of participation in UFBR activities, resources mobilisation at community levels, and support in community entry especially on sensitive topics such as abortion. Community involvement has been identified as a key pillar in creating an enabling environment for young people to access information and services. Results show increasing acceptance of SRHR services and

information by young people and women in the communities. Qualitative data also shows increased acceptability of YFS and family planning, increased dialogue on SRHR, increased knowledge on SRHR, reduction on pregnancies and unsafe abortion cases, and increased use and acceptability of SRHR services. The programs were felt to increase dialogues and uptake of SRHR services. The results also indicate an increase in the number of adult men and women who accepted abandonment of FGM and SGBV and acceptance of acceptance of ARP.