

Series 2 – Social Pillar: Health

Policy Implementation and Performance of HIV Prevention Projects

Anthony Ndungu and Prof. Harriet Kidombo

Key Messages

Improving Health Systems to Meet Adolescents' Health Needs.

The government and stakeholders to establish localised monitoring systems for compliance with existing policies.

There is a need to address gender equality in adolescents health programming.

Context

According to the most recent data from government agencies and media reports on the sexual escapades and drug and alcohol abuse by Kenyan youths, it is evident that teenagers are faced with major challenges that require urgent attention. Failure to address these concerns may position Kenya in an irredeemable state with a lost generation. According to the World Health Organization (WHO), adolescents are young people aged between 10 and 19 years. As it was underscored during this research this population is often forgotten in development discussions where more emphasis may be placed on children and youth in general.

Adolescents comprise 24% of Kenya's population. This large population has implications on the country's health and development agenda and is likely to place increasing demands on the provision of services. There is little doubt that a large population of healthy, well-educated and fully empowered adolescents is a valuable national asset and, indeed, one of the key ingredients for the achievement of the demographic dividend. However, if we reflect upon the situation in Kenya today, adolescents are one of the most vulnerable sub-populations. The lack of monitoring, learning and evaluation mechanisms for programmes aimed at benefiting young people has been a barrier to effective implementation of interventions.

Despite advancements for adolescent and youth sexual and reproductive health (SRH) programmes, the latest data indicate a persistent high need for services. For example, more than 25% of young women are married by 18, increasing their likelihood of having children at an early age. Nearly 33% of young married women have an unmet need for family planning, meaning they wish to delay childbearing, but are not using any method of contraception, and are at risk for having an unintended pregnancy.

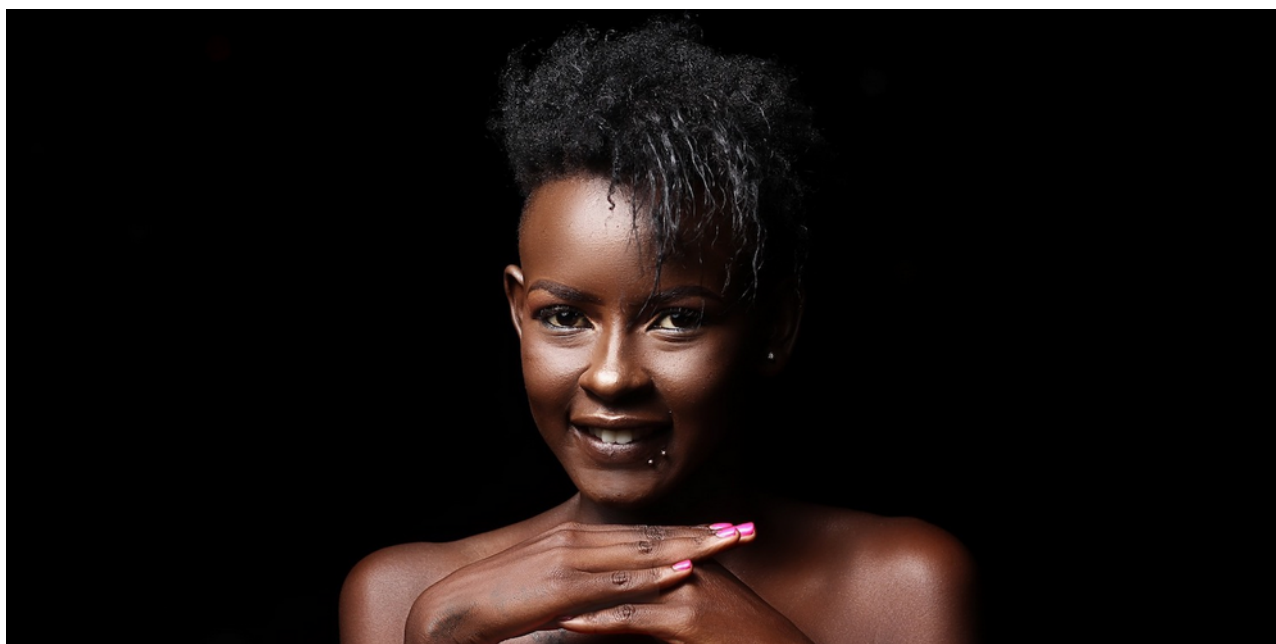
Good health and other physical, moral, and intellectual development outcomes are often mutually reinforcing. For example, healthy children do better in school. Similarly, having more years of schooling provides essential information and skills that are linked to more protective and less risky behaviours. There is also strong evidence that peers and parents are influential in shaping gender norms and attitudes. There is some evidence that schools and teachers also shape norms and attitudes. Evidence on the influence of the media is beginning to emerge.

This study focused on understanding and proposing solutions to improved implementation of health promotion projects targeting adolescents in Kenya.

Approach and Results

A mixed-mode approach was used to investigate both quantitative and qualitative aspects of the performance of HIV prevention among adolescents projects in Kisumu County. The focus was on the

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policy implementation process from both the project implementation and the stakeholders' perspective to draw important lessons for the on projects' implementation.

A sample of 354 respondents was drawn from four different organizations implementing HIV prevention projects in Kisumu County. They included primary beneficiaries (adolescents enrolled in the projects), project managers/officers, M&E managers/officers, policy regulators and social protection officers from the children's department. Questionnaires were utilized as core instruments of data collection. Data used in this research was collected between July 2018 and October 2018.

Using Pearson's Product Moment Correlation, the study found a strong correlation between the policy implementation process and the performance of the HIV prevention projects, with a correlation coefficient, $r=0.541$. This can be translated as the policy implementation process accounted for 54.1% variance in the performance of the sampled projects. A unit improvement in policy implementation, therefore, translate in a similar percentage improvement in the performance of the project. .

Policy Recommendations

Short-Term

- Projects should include a component advocating for the formulation of the necessary policies through the involvement of key stakeholders who

will also ensure that the policies are implemented within the scope of the project.

- Projects should develop the necessary monitoring tools to capture and track policy implementation, for example, utilization of standard curricula for training and standard operating procedures in the provision of biomedical services.
- Project management teams should introduce the necessary provisions to provide technical assistance to the field teams. It was noted that there were major knowledge gaps.

Medium-Term

- The shortcomings of health systems in Kenya are well known, and adolescents, in particular, would benefit from their improvement through strengthening human resource capacities in health facilities and strengthening the stewardship oversight function of county governments.
- Monitoring of policy implementation should be devolved to ward level from current data capture at the county level. The entry of data at the lowest level will allow real-time data updates during programme implementation.
- Facilitate the research and development agenda by documenting the effectiveness of current approaches, testing new interventions and enhancing understanding of the risk and protective factors influencing young people's behaviour.

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References

- Chandra, P. (2002) *Projects: Planning, Analysis, Financing, Implementation and Review*. 5th ed. New Delhi: Tata McGraw-Hill Publishing Company.
- FOCUS on Young Adults (2001) *Advancing Young Adult Reproductive Health: Actions for the Next Decade*. Washington, DC: FOCUS on Young Adults.
- Hoddinott, J., and A. Quisumbing (2003) "Investing in Children and Youth for Poverty Reduction." Unpublished paper, International Food Policy Research Institute, Washington, DC.
- Blum, R., and K. Mmari (2004), *Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries. An Analysis of the World's Literature 1990–2004*. Summary. Geneva: World Health Organization.

Authors

Anthony Ndungu

(awndungu@uonbi.ac.ke)

Prof. Harriet Kidombo

(hkidombo@uonbi.ac.ke)

School of Open and Distance Learning
University of Nairobi,
P.O. Box 30197-00100,
Nairobi, Kenya.

