



Institute for Development Studies (IDS), University of Nairobi

Project Title: Adolescents' Access to and Use of Sexual and Reproductive Health Services and Identity Access and Use Barriers

Hivos Regional Sexual and Reproductive Health and Rights Fund Project for the period:

(January 2020 - March 2021)

Hivos Sexual Rights and Diversity Goal: Increased number of women, youth, LGBTIQ, MSM, HIV/AIDS affected persons and sex workers that make use of SRHR/HIV services

Sida Goal: Increased access to integrated basic health services for women and children

ASRHR Programme Goal: Stronger and more coordinated youth-led civil society in Southern and East Africa that can promote, address and advance ASRHR and its intersections with HIV and gender inequalities at the regional level, with a key focus on adolescents' girls and boys, young women and young men.

Prepared by: [Dr Anne W. Kamau](#) & [Job K. Muriithi](#)

Submission Date: 4th May 2021



Executive Summary

Adolescents and youth sexual reproductive health (AYSRH) is an area that continues to draw attention to health and development thinking in sub-Saharan Africa, especially given the changing health dynamics affecting young age populations. Despite the progress made by many governments in enhancing their legislative and policy framework towards realising improved AYSRH outcomes, barriers still remain. In Kenya, in the push towards achieving Universal Health Coverage (UHC), the government initiated a secondary school health programme in 2018 known as the EduAfya, for students in public secondary schools. The EduAfya scheme was the focus of this study which investigated whether the roll-out of the scheme had enhanced students access to and use of adolescent-friendly services (preventive, age, gender and need-specific). The study examined existing and potential barriers and gaps (policy, facility-level, societal gender etc.) that promoted or hindered students interaction, access and use of sexual and reproductive health services. The research focused on diverse populations of adolescents, health care providers, school heads, and the NHIF representatives. The study used a descriptive cross-sectional study design that combined qualitative and quantitative methods. The study was conducted in two counties (Kiambu and Murang'a) in Kenya. The two represented urban and rural settings and had a fair representation of national, county, and sub-county schools; a good mix of boys and girls schools; as well as day and boarding schools. The findings showed limited-to-no involvement of adolescents and young people in the design of the EduAfya scheme. Additionally, information gaps regarding the scheme were evident among most stakeholders – especially the schools, while the health facilities had conflicting information. Whereas the EduAfya scheme was open to all students in public secondary schools most of the school representatives and the students lacked this awareness, of how students could benefit. A key challenge in accessing EduAfya by students was the lack of required registration documents – the NEMIS number. Nonetheless, such students could access general health services but the health facilities could not submit claims to NHIF for reimbursement. Results did not show any effort by schools or health providers to encourage students to use sexual and reproductive health services under EduAfya, and in reality, such services (for instance preventive services) were excluded. There was also a general lack of a robust health information system for generating data on adolescent access and use of health services – including sexual and reproductive health services. This made it difficult to get accurate data on services used by the students and the frequency of use. The study recommends that NHIF, schools (including students) and health facilities should address barriers affecting students' enrolment in the scheme. The NHIF should also provide regular sensitisation and updates to schools and health facilities regarding the scheme, as well as get feedback and incorporate it in improving the scheme. In addition, it is important to bolster the capacity of health facilities to provide health services to students through the scheme, as well as document relevant data to understand the nature of students' interaction with services provided through the EduAfya scheme.