Western Kenya exhibits some of the worst health indicators in the country, with a high number of teenage pregnancies, unsafe abortions and high prevalence of HIV/AIDS. This problem is exacerbated in rural communities by the lack of Sexual and Reproductive Health and Rights (SRHR). Young people are particularly vulnerable when it comes to unwanted pregnancies, STI infection, sexual and gender based violence, unsafe abortions and maternal mortality.

Since 2002 Simavi has been working with the Tropical Institute of Community Health of the Great Lakes University of Kisumu (TICH-GLUK) to address this. Our joint interventions aim to improve and enhance the contact and relationships between communities, local governments and formal healthcare services and facilities. We want to improve the ratio between supply and demand, and keep local governments accountable to their commitments. A key pillar of our approach is increasing and facilitating young people’s participation in the decision-making process. Together we have researched and examined successful approaches on engaging young people in SRHR decision-making: the results are presented in this factsheet.

Background: Community Health Strategy
Over the last few years TICH-GUK, with support from Simavi, has been implementing the Community Health Strategy in Western Kenya. The strategy emphasises the importance of community participation in health service delivery and decision-making: the goal is to enhance community access to healthcare services and improve the supply and demand of services. Core elements include the establishment of effective partnerships between different stakeholders by establishing Community Health Committees. The committees are linked to health facility manage-

SRHR issues that most affect youth in Western Kenya:
- Teenage pregnancy
- Abortion and post abortion complications
- Lack of contraceptives
- HIV and other STIs
- Sexual abuse
- Lack of sanitary pads.

Challenges that youth face:
- Lack of adequate sexual and reproductive health information
- Stigma on condom/contraceptive use among youth
- Early Marriage resulting in school drop-out
ment teams to strengthen the links between communities and health facilities. Trained Community Health Volunteers play a key role as they voice the needs of the community in the health committees.

ASK for meaningful youth participation
Simavi and TICH-GLUK have been implementing the Access, Services and Knowledge (ASK) programme in Western Kenya since 2013. This 3-year youth-centred programme aims to improve the uptake of SRHR services amongst young people aged 10-24, including marginalised groups. Meaningful youth participation in the Community Health Strategy is an essential part of the programme.

To enable this, TICH-GLUK trains youth groups, youth representatives and youth health volunteers and coordinates the organising of young people into groups at community level. TICH-GLUK simultaneously works with Community Health Committees to establish a formal structure to incorporate these youth groups into the Community Health System. The youth groups are further facilitated to establish formal links with health facilities and other SRHR service providers in the community.

Youth representatives and youth health volunteers
The established youth groups elect official representatives and youth health volunteers who carry out a variety of different tasks, including community-based service delivery. The elected youth representatives are members of Community Health Committees and Health Care Management Teams that voice the needs and demands of young people and participate in decision-making, while youth health volunteers work in close cooperation with their community counterparts to mobilise youths, raise awareness and conduct household visits.

Through the group structures, youth take roles and responsibilities to participate in activities targeted at improving their access to, and uptake of, quality SRHR services and information. Key roles include; managing computer-based youth information centres; conducting community outreach services in collaboration with health facilities; conducting advocacy with policymakers and implementers at local level; undertaking household visits amongst households with young people; conducting youth-led community dialogue days where young people come together to discuss factors affecting their access to SRHR services and information; conducting community campaigns that create an enabling environment for youth to access SRHR information and services.

Signs of Improvement - but there’s still work to be done
During operational research in 2015, Simavi and TICH-GLUK assessed the roles and responsibilities that youth can take up in health management systems. The study revealed that youth in the intervention areas were successfully represented in the Community Health Committees. They have successfully taken on different roles ranging from mobilisation and awareness raising, to linking youths with health facilities and advocating local decision makers. Not only that, it was found that all stakeholders, including health service staff, community leaders and local authorities, have a very positive attitude toward meaningful youth participation in health systems. Youth involvement is considered crucial as it provides a forum for young people to express their needs and play a role in devising solutions to their problems. Having a youth representative in local healthcare management teams enables a better understanding of young people’s needs and helps create better solutions for these needs. However, there remains a need to further increase the capacity of youths to participate in health systems and ensure they can take up different roles and responsibilities. Moreover, the study revealed some barriers to meaningful youth participation, including cultural misconceptions, beliefs, practices, attitudes and gender issues. These barriers also inhibit youth participation in discussions on SRHR issues in the presence of adults. This indicates the need for further advocacy and awareness raising on the sexual and reproductive rights of young people.

Conclusion
The meaningful involvement of young people remains key to enhancing youth SRHR. Involving young people in planning and implementing community activities, health services delivery, awareness raising and the decision-making process at community level, all contributes to meeting the needs of young people in the community as well as increasing community support for young people. Using what we have learned through research and experience, Simavi continues to work on engaging youth in community health systems to improve young people’s SRHR situation. Youth play a crucial role in every community and it’s imperative they participate in the decision making process to ensure their SRHR needs and demands are met.

Roles and responsibilities for young people to assume:
- Health Promotion and Education
- Mobilisation
- Advocacy
- Health Service Provision
- Awareness Raising
- Leadership roles
- Representation