KISUMU COUNTY SEXUAL & REPRODUCTIVE HEALTH STRATEGY 2019-2024

Sexual and Reproductive Health and Rights for All

COUNTY DEPARTMENT OF HEALTH & SANITATION
KISUMU COUNTY
JULY 2019
Citation
County Government of Kisumu. Sexual and Reproductive Health Strategy (KCSRHS) 2019-2024

©Kisumu County Department of Health & Sanitation
# TABLE OF CONTENTS

Citation .................................................................................................................................................. 2

LIST OF ABBREVIATIONS .................................................................................................................. 7

FOREWORD ............................................................................................................................................ 8

PREFACE ............................................................................................................................................... 9

ACKNOWLEDGEMENT ......................................................................................................................... 10

EXECUTIVE SUMMARY ..................................................................................................................... 11

SITUATION ANALYSIS ........................................................................................................................ 12

  The Context ........................................................................................................................................ 12
  Administration .................................................................................................................................. 12
  Social & Demographic Status .......................................................................................................... 12
  Burden of Disease .............................................................................................................................. 13

PRINCIPLES OF THIS STRATEGY ....................................................................................................... 15

  The Constitutional and Legal Imperatives Guiding the Implementation of this Strategy .................. 15

THE OVERARCHING APPROACH OF THIS STRATEGY ..................................................................... 17

  The Life-Cycle Cohorts Model ........................................................................................................ 17
  The Organization of the Health System in Kenya ........................................................................... 17

PREGNANCY AND NEWBORN CHILD UP TO 28 DAYS OF LIFE ..................................................... 18

  Pregnancy ....................................................................................................................................... 18
  Delivery .......................................................................................................................................... 19

    Post Delivery and Newborn ........................................................................................................... 19
    Post Natal Period ............................................................................................................................ 20
  Early Childhood (28 days to 5 years) ............................................................................................. 21
  Late Childhood (6 to 12 years) ....................................................................................................... 22
  Adolescence and Youth (13 to 24 years) ....................................................................................... 22
  Adolescents and Youths below 18 years ......................................................................................... 22
  Adolescents and Youths above 18 years ......................................................................................... 23

Main health problems affecting adolescents and youths in Kisumu County .................................... 24

Adulthood (25 to 59 years) .................................................................................................................. 24
Sexual and Reproductive Health Challenges ................................................................. 24
a.) Infectious conditions ......................................................................................... 24
b.) Oncological conditions ..................................................................................... 24
c.) Endocrine, Metabolic, Cardiovascular and Neurovascular conditions .......... 25
d.) Genetic, Anatomical and Psychological Conditions .......................................... 25
e.) Health Systems Challenges ............................................................................. 25
f.) Societal Challenges ......................................................................................... 25
Addressing the sexual and reproductive health needs at adulthood ................... 25
Service Delivery Points ....................................................................................... 26
Elderly (60 years and over) ..................................................................................... 26
Addressing Sexual and Reproductive Health Needs for the Elderly ...................... 27
Service Delivery Points for the Elderly ................................................................. 27
KEY, SEXUAL AND GENDER MINORITY (SGM) POPULATIONS ................. 28
Sexual and Reproductive Health for the Key Populations .................................... 28
i. Health-Care Service Delivery: .......................................................................... 28
  ii. Protection against sexual and gender based violence (SGBV) ...................... 29
Service Delivery Points for Key Populations ...................................................... 29
Approaches to Service Delivery in Key Populations ........................................... 29
  People centred health services approach: ......................................................... 29
  A public health approach .................................................................................... 30
TRANSGENDER POPULATION .............................................................................. 31
Definition of terms and the concept of gender ..................................................... 31
Sexual and Reproductive Health Standards for Transgender Population ............ 31
  Standard 1: Health literacy - provider and Trans* person awareness of specific Trans* health issues and needs. ....................................................... 31
  Standard 2: Gender Affirming Services for Transgender, gender diverse and intersex movements ................................................................. 33
  Standard 3: Creating a safe and comfortable agency space ................................ 37
  Standard 4: Use of Inclusive and Gender Neutral Language .............................. 37
  Standard 5: Confidentiality of Client Information ............................................. 38
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 6: Building and Engaging In a Trusting Relationship with Trans* People</td>
<td>39</td>
</tr>
<tr>
<td>Standard 7: Ensuring Staff Diversity and Training</td>
<td>39</td>
</tr>
<tr>
<td>Standard 8: Harm Reduction</td>
<td>40</td>
</tr>
<tr>
<td>Standard 9: Referrals and Comprehensive Resource List</td>
<td>40</td>
</tr>
<tr>
<td>INTERSEX POPULATION</td>
<td>41</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>41</td>
</tr>
<tr>
<td>Sexual and Reproductive Health Standards for Intersex</td>
<td>42</td>
</tr>
<tr>
<td>MARGINALIZED &amp; VULNERABLE POPULATIONS</td>
<td>43</td>
</tr>
<tr>
<td>Children exploited in sex work</td>
<td>43</td>
</tr>
<tr>
<td>People living with disabilities</td>
<td>44</td>
</tr>
<tr>
<td>Orphans and children living in poverty</td>
<td>44</td>
</tr>
<tr>
<td>SPECIFIC SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS</td>
<td>45</td>
</tr>
<tr>
<td>Family Planning/Contraceptives programming</td>
<td>45</td>
</tr>
<tr>
<td>Condoms and Lubricants Programming</td>
<td>45</td>
</tr>
<tr>
<td>Screening and treatment of sexually transmitted infections</td>
<td>46</td>
</tr>
<tr>
<td>Oncological screening, diagnosis and treatment</td>
<td>46</td>
</tr>
<tr>
<td>MENTAL HEALTH AS IT RELATES TO SEXUAL &amp; REPRODUCTIVE HEALTH AND RIGHTS</td>
<td>47</td>
</tr>
<tr>
<td>Definition of Mental Health</td>
<td>47</td>
</tr>
<tr>
<td>Mental Health issues that relate to Sexual and Reproductive Health</td>
<td>47</td>
</tr>
<tr>
<td>Management of Mental Health as they relate to Sexual and Reproductive Health</td>
<td>48</td>
</tr>
<tr>
<td>DISABILITY AS IT RELATE TO SEXUALITY &amp; REPRODUCTION</td>
<td>49</td>
</tr>
<tr>
<td>Definition</td>
<td>49</td>
</tr>
<tr>
<td>Interventions</td>
<td>49</td>
</tr>
<tr>
<td>Specific Interventions</td>
<td>49</td>
</tr>
<tr>
<td>SEXUAL AND GENDER BASED VIOLENCE: POST RAPE CARE</td>
<td>50</td>
</tr>
<tr>
<td>Introduction</td>
<td>50</td>
</tr>
<tr>
<td>The Medical Management of Sexual and Gender Based Violence</td>
<td>50</td>
</tr>
<tr>
<td>POST ABORTION CARE</td>
<td>52</td>
</tr>
<tr>
<td>Follow up of women who have had an abortion</td>
<td>52</td>
</tr>
</tbody>
</table>
Post Abortion Family Planning: ............................................................... 53

SEXUAL & REPRODUCTION HYGIENE ..................................................... 54

Sexual Hygiene for the Females ............................................................... 54
  Healthy Diets and Exercises ............................................................... 54
  Genital area cleanliness ...................................................................... 54
  Mild Soap and Luke warm Water are the best ..................................... 54
  Keep your pubic hair short ................................................................. 54
  Unnecessary holding of urine ............................................................. 55
  Wash and/or wipe front to back ......................................................... 55
  After Sex Care .................................................................................... 55
  Requirement by Law on Reporting of Sexually Transmitted infections ... 56

Sexual Hygiene and Safety for Males ....................................................... 56
  Healthy Body and Mind ...................................................................... 56
  Genital area hygiene ......................................................................... 56
  Shaving/Trimming of the Pubic/Scrotal hair ....................................... 56
  Circumcision/ cleansing of the underneath foreskin (prepuce) ......... 56
  Circumcision completely eliminates the accumulation of Smegma .... 56
  Perineal hygiene .............................................................................. 56
  Underwear hygiene .......................................................................... 57

LAWS GOVERNING SEXUAL & REPRODUCTIVE HEALTH & RIGHTS IN KENYA 58

IMPLEMENTATION FRAMEWORK FOR THIS STRATEGY ........................ 59

LIST OF CONTRIBUTORS ......................................................................... 62
  First Technical Draft (Kakamega Golf Hotel, Kakamega) ...................... 62
  Second Technical Draft (Pride Inn Hotel, Bondo) ............................... 63
LIST OF ABBREVIATIONS

ADHD.............................Attention Deficit Hyperactivity Disorder
AIDS.................................Acquired Immune Deficiency Syndrome
HIV.................................Human Immunodeficiency Virus
HTS..............................HIV testing services
ICD..........................International Classification of Diseases
KEPH.........................Kenya Essential Package for Health
MCH.........................Mother and Child Health
OCD..................................................................Obsessive Compulsive Diseases
PMTCT..........................Prevention of Mother to Child Transmission of HIV
PWD..........................Persons Living with Disability
RPR.............................Rapid Plasma Reagin
RTI.............................Respiratory Tract Infection
SGBV..............................Sexual and Gender Based Violence
SGM..............................Sexual and Gender Minority
SRH..............................Sexual and Reproductive Health
STI..............................Sexually Transmitted Infection
TB.................................Tuberculosis
UNAIDS.......................United Nations Program on HIV/AIDS
VDRL...........................Venereal Disease Research Laboratory
WHO............................World Health Organization
FOREWORD

Kisumu County Sexual and Reproductive Health Strategy 2019-2024 details our commitment as the Department of Health & Sanitation of the County Government of Kisumu to provide the highest attainable standards of health including reproductive health as articulated in Article 43(1)(a) and Article 43(2) of the Constitution of Kenya 2010.

We are committed to provide the best care and counsel on matters of Sexual and Reproductive Health and Rights according to the Constitution of Kenya 2010, International Standards, treaties and guidelines and the local capacities; working together with stakeholders to realize the full potential of every citizen within our areas of jurisdiction.

As much as is allowable we shall incorporate sexual and reproductive healthcare within the framework of the universal health coverage. We shall address the demands, needs and challenges from the client’s perspective, in an all angle fashion taking into the consideration of the biological, social and structural determinants of health.

In all our undertakings therefore, we shall address preventive, promotive, curative and rehabilitative component of the condition with which the client will present our health systems.

Most importantly, we shall strive to work with everyone- both state and non-state actors to realize this strategy.

County Executive Committee Member for Health & Sanitation

Department of Health & Sanitation

KISUMU COUNTY
PREFACE
This Strategy outlays the principles, objectives and actionable activities that the Department of Health and Sanitation of the County Government of Kisumu commits to undertake in order to provide the highest attainable standards of health; particularly sexual and reproductive health.

The strategy has been developed from the principles of the Constitution of Kenya 2010, the prevailing statutes governing various sexual and reproductive health matters in Kenya, the accepted International standards and practices and the state and capacity of the local health systems.

It is noted with freshness that this strategy has addressed the sexual and reproductive health needs of all age cohorts – from the young to the old- which underlines the importance of addressing client’s needs as he/she transitions from one cohort to the next.

This Strategy will be our reference hand book for our operations. We will expect that our partnerships, collaborations and other joint works be referenced from this handbook. We encourage stakeholders and partners to find this strategy useful in their work in our health system.

Chief Officer for Health & Sanitation
Department of Health & Sanitation
KISUMU COUNTY
ACKNOWLEDGEMENT

We acknowledge the collaborative efforts by the general public, the non-state actors, community based organizations and state actors who participated in the development of this strategy. This public and stakeholders participation is in line with constitutional provisions.

We are grateful to the following non-state actors: Men against Aids Youth Organization (MAAYGO), Trans Alliance Western Kenya, NAYA Kenya, FHOK, NYARWEK, YAS! Network, Right Here, Right Now (RHRN) Platform, Afya Halisi, KMET, their executives and program officials who tirelessly worked, contributed and drafted the various topics, thematic areas and ensured that perspectives are captured accurately. In particular, we would like to thank Mr. Victor Digolo (Director, MAAYGO) and Mr. Bernard Washike (Program Manager, FHOK, Kisumu) for supporting the initial stakeholders meeting in Acacia Premier Hotel in early 2018. The consortium of NYARWEK, MAAYGO and FHOK under the Right Here, Right Now (RHRN) supported the second technical working group in Kakamega Hotel in the mid early 2019. The technical draft review meeting was supported by FHOK, NAYA, YAS! Network, MAAYGO, Trans*Alliance and NYARWEK. We would like to thank their Directors and Team Leads namely Bernard Washike, Victor Rasugu, Michael Ager, Victor Digolo, Seany Odero and Daniel Onyango.

This final draft was made possible by technical participation of Dr. Kennedy Otieno, Mr. Jacktone Oliver Okeyo, Mr. James Otieno & Mr. Ephraim Odeny (County Department of Health, Kisumu), Mr. Robert Aseda (NAYA), Ms. Faith Lisa Abala (NAYA), Mr. Shem Otina and Mr. Michael Ager (YAS! Network), Mr. Bernard Washika & Mr. Collins Festo (FHOK), Mr. Kennedy Olang’o (MAAYGO), Ms. Caroline Rucah (NYARWEK), Ms. Atieno RT (Trans*Alliance). Special mention to one Mr. Benson Chakaya (National Coordinator RHRN) for his effort of bringing key stakeholders together towards developing this strategy.

The Department of Health and Sanitation would like to thank the Leadership of the County Executive, The Chief officer, the Program officers and all the participants who participated in the write up of this strategy.

County Director of Health & Sanitation
Department of Health & Sanitation

KISUMU COUNTY
EXECUTIVE SUMMARY

This Strategy has been systematically organized to cover all the areas essential to the Sexual and Reproductive Health & Rights.

It begins by analyzing the state of sexual and reproductive health in Kisumu County (Situation Analysis). This is then followed by the Principles of this strategy from which the strategy will draw from time to time. The overall approach of this strategy is based on the life cycle cohort model. This strategy is one of the kind in the country that takes into account all the age groups from birth to old age.

Key, Sexual and Gender Minority populations, marginalized and vulnerable populations have been discussed in detail and the strategies that will address their needs and challenges.

Mental health and disability affect sexual and reproductive health in many ways. Different mental health conditions and various disabilities affecting sexual and reproductive health has been discussed in this strategy.

Sexual and gender based violence, post abortal care, sexual and reproductive health hygiene are given a client’s perspective.

Finally, the strategy has the implementation framework that covers the strategy period.

We hope that this strategy will be useful to all our stakeholders.
SITUATION ANALYSIS

The Context
Kisumu County is located in the western part of Kenya, comprising a land mass of 2,085.9 square kilometres and a water mass of 567 square kilometres. It is bordered by Kericho, Homa-Bay, Vihiga, Nandi and Siaya Counties.

The County is inhabited by a population estimated at 1,213,739\(^1\). Of these, adolescents (15-24 years) are 271,878; adults (25-59 years) are 322,855 and children (under 15 years) are 524,335.

Administration
The County’s administration is defined under the Constitution of Kenya establishing the County governments under the devolved system of governance established under chapter 11, articles 176(1) & (2) and other relevant articles on sovereignty and devolution in the Constitution of Kenya 2010\(^2\) and the County Government Act No. 17 of 2012\(^3\). These Constitutional and legal imperatives enable the establishment of the department responsible for health and sanitation which is mandated to provide leadership in the provision of health and sanitation and, promote the overall wellbeing of the inhabitants of the Kisumu County as stipulated in the Fourth Schedule of the Constitution of Kenya 2010\(^4\)

Social & Demographic Status
Kisumu County has a majority of its population living under poverty. Absolute poverty stands at 60 % (538,485); Urban poverty at 70% (246,521); Rural poverty at 63 % (403,098) and Food Poverty at 61% (369,837)\(^5\). Poverty is a critical social determinant of health that has potential to worsen health outcomes due to the inequity and inability to access to health programs and interventions.

There are 210 health facilities in Kisumu County of which government funded, public oriented are 72 % (151). The rest are privately funded not for profit and for profit health facilities owned by diverse private entities from businesses, missions, charities and

---

\(^1\) ‘Kisumu County Department of Health Annual Work Plan 2019/2020’ (Department of Health & Sanitation - Kisumu, 2019).
\(^3\) Attorney General, The County Government Act No. 17 of 2012.
\(^4\) Attorney General, CoK 2010.
The health facilities are of different categories ranging from dispensaries, health centres, hospitals and referral and teaching hospital, with a range of service breadth and depth. The range of services are defined as per the Kenya Essential Packages for Health (KEPH).

The health system in Kisumu County is stewarded from the County Department of Health and Sanitation headed by the County Executive Committee Member as appointed by the County Governor. He/She is assisted by the respective Chief Officer, director(s), County Health Management Teams and Program Officers. The Hospitals and Health Facilities (Dispensaries and Health centres) are headed by Superintendents and In-charges oversighted by boards and Committees respectively and are assisted by Management Committees. The Sub Counties are headed by Medical Officers of Health and assisted by the Health Management Teams. It is imperative that the entire health system leadership and service delivery units be aligned with this strategy to realize the desired outcomes for the population.

**Burden of Disease**

The burden of Sexual and Reproductive health diseases and conditions in the county are a reflection of the overall burden of diseases and the dire social determinants of health in Kisumu County. HIV prevalence of 16.3% (against the national prevalence of 4.9%) and incidence of 6.3 per 1000 population per annum. This translates to 122,301 persons living with HIV (national total being 1.5 million) and a further annual increment of 4,012 persons getting infected per year of which young people 15-24 years estimated at 1,630 get infected per year. The number of persons treated for Sexually Transmitted Infections (STI) in the last year (2018) were 5,372. These figures are not disaggregated by gender in the health information system.

Aggregated number of Gender and Sexual Based Violence seen in the past year (2018) were 1,114. The adolescents 10-19 years who were pregnant in the past year (2018) were 8,746 representing 30% of all women of reproductive age presenting at the Antenatal Clinics countywide. Of the pregnant adolescents 2,469 seroconverted contributing 2% of the annual incidences. Early sexual debut, unprotected sexual intercourse and early pregnancy is a major problem facing adolescent girls in Kisumu County.

---

6 ‘Kisumu County Department of Health Annual Work Plan 2019/2020’.
8 ‘Kenya Health Information System (KHIS)’, *Kenya Health Information System* <https://hiskenya.org/dhis-web-pivot>.
9 ‘Kenya Health Information System (KHIS)’. 

---
Kisumu County has a large section of population that fall within the UNAIDS definition of Key populations. These include the gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people. The UNAIDS 2016-2021 calls for a bold action to Fast-Track the AIDS response incorporating human rights- based approach\textsuperscript{10}. There are also a section of the population who are intersex and persons with disability who have hitherto this strategy been overlooked and unplanned for. This strategy makes the boldest and the fairest move to address all life cycle cohorts in all its states.

The constitution of Kenya 2010, Article 43(a) provides for the highest attainable standards for health which include right to healthcare services including reproductive healthcare.

\footnote{\textit{‘UNAIDS’, UNAIDS <http://www.unaids.org/en/topic/key-populations>}.}
PRINCIPLES OF THIS STRATEGY

The Constitutional and Legal Imperatives Guiding the Implementation of this Strategy

This Strategy is anchored on the Constitutional and Legal provisions of the republic of Kenya; and all the International Statutes, Norms and Standards that have been ratified by Kenya. In implementing this Strategy the following principles shall guide the client, the providers, the leadership and all the stakeholders involved directly and indirectly in the implementation of this Strategy.

It is critical from the outset to declare that this strategy shall be guided by the Constitution of Kenya 2010 notably chapters 4 & 6 and respective articles 10 & 232 which articulate the national values and principles of governance, and values and principles of public service as they also relate to the Bills of Rights (Chapter 4) and Leadership and Integrity (Chapter 6)\(^\text{11}\).

Sexual and Reproductive health Issues are considered intimately personal and sensitive. Therefore the following principles must be adhered to strictly:

I. **Human Dignity**: The client and the provider must engage each other with dignity in the receipt and provision of Sexual and Reproductive Health Services and goods. Human dignity is inherent and inalienable right to be treated with humaneness and respect irrespective of age, gender, socio-economic class and other considerations.

II. **Human Rights and Fundamental Freedoms**: The client and the provider have inherent rights that cannot be given or taken away arbitrarily. These rights extend beyond the client-provider relationship. They are articulated in Chapter 4 (Bills of Rights) of the Constitution of Kenya 2010. As they relate to Sexual and Reproductive Health Issues the following rights are paramount: right to life; freedom from discrimination; human dignity; privacy; access to information; freedom of expression and opinion; freedom of association and freedom to found a family.

III. **Highest Standards of Professional Ethics**: The Provider shall provide Sexual and Reproductive Health services and medical products and technologies while exercising the highest standards of professional ethics. Where such services and goods are not available, the client shall be referred appropriately.

\(^{11}\) Attorney General, CoK 2010.
IV. **Evidence Based Interventions:** The provider shall provide evidence based interventions to the clients to ensure effective, efficient, timely, responsive and client-centred interventions while considering the overall satisfaction of the clients and the stakeholders.

V. **Participation:** The client-provider interaction shall be participatory. The exchange of information and experiences shall be bi-directional in the spirit of optimizing the health outcomes of the client as well as the practice outcome of the provider.

VI. **Holistic Approach:** The holistic approach is based on the foundation that a whole person is made up of interdependent parts and that if one part is not working properly, all other parts will be affected. The patient is a person and not the disease. Where possible a multi-professional team or a multi-prong interventions should be assigned to manage a client. This is important in integrating Sexual and Reproductive Health in all points of care of a client.

VII. **Collaboration & Partnership:** This Strategy shall be implemented through collaboration and partnerships with various organizations to build synergy, efficiency and optimize the health outcomes.
THE OVERARCHING APPROACH OF THIS STRATEGY

The Life-Cycle Cohorts Model
This Sexual and Reproductive Health Strategy will be implemented using the Life-Cycle Cohort Model as defined in the Kenya Essential Packages of Health (KEPH) as articulated in the Kenya Health Policy 2014-203012.

The six Life-Cycle Cohorts for which appropriate responsive services are to be provided are as follows:

I. Pregnancy and the Newborn child (up to 28 days of age)
II. Early Childhood (28 days to 5 years)
III. Late Childhood (6 to 12 years)
IV. Adolescence and Youth (13 to 24 years)
V. Adulthood (25 to 59 years)
VI. Elderly (60 years and over)

The Organization of the Health System in Kenya
The Health System shall respond to the needs of the population in the Life-Cycle cohorts above in the following tiers (and levels) of healthcare system delivery points.

Table 1: Tiers and Levels of Care

<table>
<thead>
<tr>
<th>Kenya Health Policy Tier</th>
<th>Level of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1: Community</td>
<td>Level 1: Community</td>
</tr>
<tr>
<td>Tier 2: Primary Care</td>
<td>Level 2: Primary Care Facilities (Clinics, Dispensaries &amp; health Centres)</td>
</tr>
<tr>
<td>Tier 3: Secondary Referral</td>
<td>Level 3: County Hospitals (Primary care Hospitals and Secondary Care Hospitals)</td>
</tr>
<tr>
<td>Tier 4: Tertiary Referral</td>
<td>Level 4: National Referral Hospitals</td>
</tr>
</tbody>
</table>

PREGNANCY AND NEWBORN CHILD UP TO 28 DAYS OF LIFE

Pregnancy

Pregnancy is a critical period of the reproductive health of a female. Healthy pregnancy should invariably lead to a healthy mother and a healthy newborn. The health system must provide necessary requirements to ensure that every pregnancy in their catchment population or under their care receive all the counselling, disease preventions, treatments, skilled birth attendance, post-natal care and child monitoring services and use the Mother and Child Health (MCH) Booklet until the child is 5 years old.

The Health System will provide the following services to all pregnant women in Kisumu County:

i. Provide Free Mother and Child Health (MCH) Booklet to all mothers presenting for Antenatal Services at all health facilities.

ii. Provide Physical examination including general, Blood Pressure measurement, Height and weight measurements, and breasts examination, genital and vaginal examinations.

iii. Provide Antenatal Profile Tests that include Haemoglobin tests, Blood Group, Rhesus, Serology (VDRL/ RPR), Tuberculosis Screening, HIV Screening Test, Urinalysis and Couple testing for HIV where necessary.

iv. Provide infant feeding counselling.

v. Provision of preventive services such as tetanus toxoids, Malaria prophylaxis (IPT), Insecticide Treated Nets, Deworming, Iron and Folate.

vi. Provide Prevention of Mother to Child (PMTCT) / vertical transmission services to HIV positive pregnant women.

vii. Provide Counselling on Pregnancy Care to the woman and Spouse/ Partner where necessary on emotional and physical including chores support, provision of balanced diet, STI and HIV screening and birth plan management.

viii. Provide Counselling on Danger signs during pregnancy including but not limited to any vaginal bleeding, fits/seizure, severe abdominal pain, severe headache, fever, palour and reduced or no fetal movement, swelling of limbs and or face, breaking water, easy fatigability and breathlessness.

ix. Provide counselling on general personal hygiene.

x. Provide counselling on sexual intercourse during pregnancy.

xi. Provide referral services as appropriate.

---

xii. Provide any other information that may be required.

**Delivery**

Delivery is the process of naturally or surgically extracting the foetus and other products of conception from the uterus or other site of the mother. It is physiologically straining moment for both the mother and the Newborn.

The Health System’s ability to provide safe and respectful birthing process has been used all over the world and for centuries to measure the quality of healthcare system in any territory.

The Health System will provide the following to ensure Safe and Respectful Birthing Process:

i. Provide Trained Health Care professionals to attend to women in labour
ii. Provide appropriate pain relief to women on labour
iii. Provide general clerkship (taking history), general physical examination including detailed obstetric examinations and triaging accordingly.
iv. Provide necessary general and specific treatments
v. Provide Monitoring of vital signs, Partographs and any other monitoring as appropriate
vi. Refer as appropriate and with accompanying referral notes

**Post Delivery and Newborn**

Immediately the baby has been born unless otherwise indicated, the Health System shall ensure that:

i. The baby is displayed to the mother (and or spouse) so that they can promptly identify and confirm the baby including the birth gender.
ii. The baby is immediately placed on the mother’s bare chest to keep the baby warm (also known as Kangaroo mother care /Skin to skin contact)
iii. The baby is breastfed within one hour after delivery
iv. The baby is wiped dry and kept warm by any appropriate means. Bathing should be delayed for at least 24 hours.
v. The mother is counselled and supported to correctly position the baby for maximum suckling and breastfeeding\(^ \text{14} \)

\(^{14}\) ‘Mother& Child Health Booklet’.
Immediately after delivering a baby, the mother should be provided with following services unless otherwise indicated:

i. The mother is observed for immediate postpartum complications including but not limited to Postpartum bleeding, swelling of limbs or face, fever, seizure, postpartum depression and any other complication and treated accordingly\(^{15}\).

**Post Natal Period**

Both the mother and the baby should be examined during post-natal periods of 48 hours, 1-2 weeks, 4-6 weeks and any other targeted visits.

**Mother**

During the period the Mother should be provided with medical services including but not limited to:

i. General Physical Examinations including Blood Pressure measurements, Temperature, Pulse, respiratory rates and other systematic examinations.
ii. Breast Examination including counselling for Self-Breast Examination
iii. Involution of the uterus
iv. Caesarian Scar Examination
v. Condition of the Pelvis, genitals and reproductive tract including condition of episiotomy
vi. Examination of Lochia
vii. Screening for HIV
viii. Haemoglobin test
ix. Counselling on Family Planning
x. Provision of Preventive treatments including insecticide treated nets
xi. Assessment of the postpartum depression

**Baby**

The baby should be assessed and examined as follows:

i. General baby’s condition
ii. Baby’s temperature
iii. Baby’s breathing rate
iv. Baby’s suckling and breastfeeding
v. Umbilical cord stump

\(^{15}\) ‘Mother & Child Health Booklet’.
Early Childhood (28 days to 5 years)

This is a period of physical growth for the child. It is the period when growth monitoring is rigorously checked, nutrition is critical and the formative years of a child. Any physical and psychological mishap at this stage is likely to affect the child for the rest of his/her life.

This strategy will ensure that the following services are offered all under parental consent:

- Anthropometric measurements: weight and height measurements
- Provision of scheduled immunizations
- Provision of supplemental Vitamin A
- Deworming
- Specific condition/disease management as appropriate
- Dental, optic and audio check ups

On matters of sexual and reproductive health for this cohort, the following are essential:

- Provision of Voluntary Male Medical Circumcision according to the Ministry of Health Policy and on assent and consent of the parents
- Gender affirmation and encouragement of gender identity
- Protection of children against sexual and gender exploitation in accordance to the law
- Protection of children against all forms of abuse
- Protection of children against harmful cultural practices and rites such as female genital mutilation

---

Late Childhood (6 to 12 years)

This is a period characterized by a slow transition from early childhood through to the beginning and continuation of early adolescence period. It is characterized by rapid growth spurt, curiosity and physical body changes.

This strategy aims to provide the following services under assent of the client and consent of the parent/guardian:

i. Provision of general medical care as per the Kenya Essential Package for Health (KEPH)
ii. Provision of counselling appropriate for age, gender and cultural imperatives
iii. Provision of quality interventions as per the appropriate national policies and laws e.g in cases such as gender based violence, physical abuse, sexual abuse or other exploitations
iv. Provide comprehensive sexuality education appropriate for age, gender and cultural norms and level of understanding
v. Provision of gender affirming identity counselling
vi. Protection against all forms of abuse, sexual and gender exploitations and protection against harmful cultural practices and rites
vii. Provision of prevention health counselling such as prevention of early pregnancy counselling
viii. Protection against prohibited publications and materials

Adolescence and Youth (13 to 24 years)

This is a period characterized by eminent secondary sexual characteristics for both genders. It is also a period when the age of majority (18 years) are attained and the freedoms and responsibilities that come with it.

In this section the strategy will address sexual and reproductive issues depending on attainment of the age of majority (18 years)

Adolescents and Youths below 18 years
The strategy will ensure that the following services are provided under assent of the client and Parental/guardian consent:

17 Children Act.
19 Sexual Offences Act.
i. Provision of general medical care as per the Kenya Essential Package for Health (KEPH)

ii. Provision of guidance and counselling appropriate for age, gender and cultural imperatives

iii. Provision of quality interventions as per the appropriate national policies and laws e.g in cases such as gender based violence, physical abuse, sexual abuse or other exploitations

iv. Provide comprehensive sexuality education appropriate for age, gender and cultural norms and level of understanding

v. Provision of gender affirming identity counselling

vi. Protection against all forms of abuse, sexual and gender exploitations and protection against harmful cultural practices and rites

vii. Provision of prevention health counselling such as prevention of early pregnancy counselling

viii. Protection against prohibited publications and materials

**Adolescents and Youths above 18 years**
The strategy will ensure that the following services are offered according to the client’s/patient needs under their own consent.

i. Provision of general medical care under the Kenya Essential Package for Health (KEPH)

ii. Provision of Comprehensive Sexuality Education

iii. Provision of Prevention services such as Contraceptives, Cervical Cancer Screening and other screening services

iv. Provision of high quality interventions in cases such as Gender Based Violence

v. Prevention of HIV through Counselling, HIV Screening and provision of Pre-Exposure, Post exposure prophylaxis as well as the ABC- Abstinence, Being faithful to sexual partner and Consistent and Correct Condom use.

---


21 *Children Act*.


23 *Sexual Offences Act*.

24 ‘National Adolescent Sexual and Reproductive Health Policy 2015’.

25 Ministry of Health.


23
vi. Provision of counselling and referrals for legal redress in cases of sexual and gender violations\textsuperscript{27} 

vii. Services to youths of out of school shall be provided in the health facilities and communities where they reside 

viii. Youth friendly services shall be offered in all health facilities serving the youths 

Main health problems affecting adolescents and youths in Kisumu County 
According to the National Adolescents and Youth Survey (NAYS 2015) Kisumu County youths were found to be having the following main health problems\textsuperscript{28}: 

i. Sexually Transmitted Infections 

ii. HIV/AIDS 

iii. Drugs and Substance Abuse 

iv. Teenage Pregnancy 

v. Sexual and Gender Based Violence 

Adulthood (25 to 59 years) 
This marks the period of full sexual and reproductive maturity. It is at these period that majority found families, have productive employment/businesses and are household heads. 

Sexual and Reproductive Health Challenges 
The following are sexual and reproductive health challenges at this life cycle cohort: 

a.) Infectious conditions 

i. Sexually Transmitted Infections such as gonorrhea, syphilis, chlamydia, trichomonas vaginalis, condylomatas and other warts 

ii. HIV/AIDS 

iii. Hepatitis 

b.) Oncological conditions 

i. Cervical and breast cancers 

ii. Prostatic hypertrophy and malignancy 

iii. Other oncological conditions 

\textsuperscript{27} Sexual Offences Act. 
\textsuperscript{28} 2015 Kenya National Adolescent and Youth Surveys (NAYS) (Nairobi, Kenya: NCPD).
c.) Endocrine, Metabolic, Cardiovascular and Neurovascular conditions
   i. Diabetes mellitus
   ii. Hypertension
   iii. Deep vein thrombosis
   iv. Erectile dysfunction
   v. Menopause and Andropause

d.) Genetic, Anatomical and Psychological Conditions
   i. Infertility
   ii. Ambiguous genitalia/intersex
   iii. Disability
   iv. Stigma
   v. Discrimination

e.) Health Systems Challenges
   i. Unmet family planning needs
   ii. Inaccessibility to appropriate, effective and timely sexual, gynaecological and obstetric interventions

f.) Societal Challenges
   i. Discrimination
   ii. Prejudice
   iii. Biases
   iv. Myths, misconception and normative norms

Addressing the sexual and reproductive health needs at adulthood
The strategy will ensure that the following services are provided:

i. Provision of general medical care under the Kenya Essential Package for Health (KEPH)
ii. Provision of Prevention services such as STI screening including HIV/AIDS screening
iii. Provision of suitable contraceptive methods
iv. Provision of guidance, counselling and referral to specialized health needs such as emergency and elective surgeries, infertility treatment, erectile dysfunction prostatic examination and other needs.
v. Provision of basic medical examinations including educating clients on self-examination such as breast examinations.
vi. Provision of high quality interventions as per need and referring clients appropriately for justice e.g. in cases of sexual and gender based violence (SGBV)
vii. Provision of anticipatory counselling on the next life cohort
Service Delivery Points
The following service delivery points (and models) will be employed to deliver appropriate services to adults:

i. Static Service Delivery Points: These include the established buildings where services are offered. They include all health facilities.

ii. Mobile Outreach Delivery points: These include mobile community outreaches, support groups and household/home-based care systems

iii. Virtual Delivery Points: These include digital platforms such as toll free numbers, web pages and computer and mobile phone applications

iv. Combination of the above: A combination of the above can be employed concurrently or successively.

Elderly (60 years and over)
This is a period of pre-eminent decline in health; retirement from active life of adulthood and generally increased demand for medical service.

The following are the health challenges of the Elderly:

i. Elderly abuse: These include physical, psychological, emotional and sexual abuse.

ii. Elderly neglect: The Elderly neglect include material neglect, abandonment and emotional neglect

iii. Post-menopausal and post-andropausal syndromes

iv. Mental health challenges

v. Inadequate knowledge on geriatric care

vi. Discrimination, prejudice and ageism

vii. Urinary tract infections

viii. Disability

ix. Oncological conditions

x. Metabolic conditions

xi. Physical challenges including muscle wasting

xii. Sexual dysfunction (e.g. Sexual desire anomalies, erectile dysfunction, vaginal atrophy and dryness)
Addressing Sexual and Reproductive Health Needs for the Elderly

This strategy aims to address the needs of the Elderly by:

i. Establishment of Geriatric Clinics/ Special Clinics for the Elderly
ii. Establishment of support groups for the Elderly
iii. Provision of guidance, counselling and support to the Elderly
iv. Provision of counselling on medication use and how they affect sexual health
v. Provision of hormonal therapy for post-menopausal and post-andropausal periods.
vi. Provision of essential medical care according to the Kenya Essential Package for Health (KEPH)
vii. Provision of community based counselling including on safe sex
viii. Provision of erectile dysfunction interventions
ix. Provision of lubricants
x. Counselling on nutrition, exercise and stress relief

Service Delivery Points for the Elderly

The service delivery points for the Elderly will take into considerations the following factors:

i. Convenience: ability to easily access the product or service without incurring substantial cost
ii. Confidentiality: ability to be privately accorded a service or product
iii. Effectiveness: ability of the service delivery point to solve the problem in question
iv. Continuity: ability to track the progress of a solution

In view of the above considerations, a combination of static, mobile and virtual service delivery points will be employed.
KEY, SEXUAL AND GENDER MINORITY (SGM) POPULATIONS

Key populations are groups that have a high risk and disproportionate burden of HIV in all epidemic settings. They frequently face legal and social challenges that increase their vulnerability to HIV, including barriers to accessing HIV prevention, treatment and other health and social services. Key populations include (1) men who have sex with men, (2) people who inject drugs, (3) people in prisons and closed settings, (4) sex workers and (5) transgender people.

These populations face barriers to healthcare services due to legal and social challenges. The legal challenges include the criminalization of same-sex relationships, criminalization of sex work and criminalization of narcotic and banned substances use.

The Social challenges include stigma, discrimination, violence and homophobia.

Combination of both legal and social challenges have a potential effect to adversely affect personal and community health of the key populations. Special programming for these populations have been adopted by the National HIV/AIDS Control program (NASCOP) and various methodologies of public health interventions proposed.

Sexual and Reproductive Health for the Key Populations

The following are the interventions that are provided for the key populations:

i. Health-Care Service Delivery:
These include general medical services provided under the Kenya Essential Packages of Health (KEPH). In addition there are programmatic interventions such as HIV screening, screening and treatment of sexually transmitted infections, Pre-exposure and Post Exposure prophylaxis and provision of Anti-retroviral treatment for HIV/AIDS.

i. Medical Commodities and Access to Safer Sex Technologies

32 United Nations Population Fund and others.
Condoms, lubricants and other supplies are essential in preventing HIV infection among the men who have sex with men, transgender and sex workers.

ii. **Protection against sexual and gender based violence (SGBV)**
This will include working with multiple stakeholders in security in addition to providing appropriate sexual and gender based violence interventions in the health facilities.

**Service Delivery Points for Key Populations**
The following are the service delivery points for the Key Populations

i. **Static Service Delivery Points**: These include all health facilities in both public and private ownership. These static service delivery points will deliver all the Kenya Essential Packages for Health (KEPH) according to the client’s need.

ii. **Community Based Service Delivery Points**: These include empowering the specific Key Population group to offer services to their community. They include using community members to peer educate, administer services, undertake screening and offer treatment. This may include Key Populations employing staffs to undertake technical health services in their community.

iii. **Virtual Service Delivery Points**: these include toll free lines where community members can communicate, anonymous short codes, websites and computer and mobile phone applications.

**Approaches to Service Delivery in Key Populations**
Due to the uniqueness and the challenges associated with the key populations, the following two approaches will be used to deliver high quality interventions:\(^{34}\):

**People centred health services approach:**
This involve an approach to care that consciously adopts the perspectives of individuals, families and communities and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases.

---

\(^{34}\) World Health Organization, *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* (Geneva, Switzerland: World Health organization).
A public health approach
This addresses the health needs of a population or the collective health status of the people rather than focusing primarily on managing individual cases. This approach aims to ensure the widest possible access to high-quality services and medicines at the population level, based on simplified and standardized approaches, and to strike a balance between implementing the best-proven standard of care and what is feasible on a large scale in resource-limited settings. For HIV treatment, key elements of a public health approach include: using simplified drug formularies; using fixed-dose combinations on a large scale for first-line treatment for adults, adolescents and children; providing care and drugs free of user charges at the point of service delivery; decentralizing and integrating services, including task shifting; and using simplified approaches to clinical monitoring.
TRANSGENDER POPULATION

Definition of terms and the concept of gender
Transgender is an umbrella term that describes people whose gender identity or expression does not match the sex they were assigned at birth. For example, a transgender person may identify as a woman despite having been born with male genitalia. A person’s internal sense of being male, female or something else is their gender identity. For cisgender, or non-transgender people, their gender identity matches their sex at birth. For transgender people, the two do not match.

How a person communicates their gender identity — through dress, behavior, voice or body characteristics — is their gender expression. A person's gender expression may or may not line up with society's expectations of masculinity or femininity.

Sex and gender are two different concepts. A person's sex refers to his or her biological status as either male or female. The determination of a person's sex depends primarily on various physical characteristics, including chromosomes, reproductive anatomy and sex hormones.

Sometimes, a person's gender identity doesn't fit neatly into two choices. People who see themselves as being both male and female, neither male nor female or as falling completely outside these categories may identify as genderqueer.

Sexual and Reproductive Health Standards for Transgender Population

Standard 1: Health literacy - provider and Trans* person awareness of specific Trans* health issues and needs.

Operationalize
Providers play a significant role in making sure that Trans* people fully understand the health information given to them. Trans* people who demonstrate health literacy skills are better able to make informed decisions that impact their health and are more likely to engage with their providers in addressing their health needs. Providers should be able to talk to them about - and assess their knowledge of - the following range of...
Trans* health and social issues that impact HIV testing, treatment and health care overall:

Prevention methods of HIV transmission and other sexually transmitted infections (STIs), including:

- PrEP or PEP.
- ART interaction with hormones.
- ART interactions with recreational drugs.
- Knowledge of HIV transmission prevention specific to different kinds of sex.
- Disclosure of HIV status to partners.
- Gender identity disclosure with partners or other individuals in the client’s social network.
- Sex work.
- Sex trafficking.
- Various categories of potential sexual partners (primary, casual, anonymous, sex work partners), each with differing risk behaviors, and the ability to discuss these behaviors with clients.
- Medication adherence, general health care and maintenance.
- Gender affirmation surgery.
- Tucking and binding.
- Substance use issues.
- Mental health issues, such as depression and suicide.
- Domestic violence and hate-motivated violence.
- Discrimination and stigma (in the workplace, from loved ones and on the street).
- Self-esteem and self-efficacy issues (including issues related to gender affirmation-related risk behavior).
- Homelessness.
- Immigration issues.
- Hormone therapy and effects, including underground street hormone use and trends.
- Appearance modification, such as use of “silicone” injections and other fillers.
Staff Training

- Attend and/or provide trainings specifically designed to enhance provider knowledge and competency of Trans* health issues, particularly those related to HIV testing, treatment, and care.

Standard 2: Gender Affirming Services for Transgender, gender diverse and intersex movements

Operationalize

(a) Hormone Therapy

- Access to hormone therapy in order to align their appearance with their gender identity. Hormones include estrogens and androgen-blockers for Trans women and testosterone for Trans men.
- Hormones should be prescribed by trained healthcare workers.
- Clients should be informed of the risks and benefits of hormones, as well as the reversible and irreversible effects of hormones.
- Health-care workers should provide risk-reduction and harm-reduction counselling.
- Legal consent is ultimately the most important voice when considering treatment options.

(b) Surgical Procedures\(^{37}\)

- Some Trans* people may have surgery to more closely align their appearance with their gender identity. There is no single sex-change surgery, but rather a variety of surgeries that people may choose.

- For Trans* people who plan to undergo (or have recently undergone) surgery, it is important for the HIV or primary care provider to communicate about appropriate pre-operative and post-operative care with the surgeon.

\(^{37}\) Transgender Implementation Toolkit (TRANSIT) for Comprehensive HIV/STI programmes for Transgender people.
The following are the range of surgical procedures that a transgender person may elect:

<table>
<thead>
<tr>
<th>Medical Term</th>
<th>Common Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Feminizing surgeries</strong></td>
<td></td>
</tr>
<tr>
<td>Orchiectomy</td>
<td>Castration or removal of the testicles</td>
</tr>
<tr>
<td>Penectomy</td>
<td>Removal of the penis</td>
</tr>
<tr>
<td>Vaginoplasty</td>
<td>Surgical construction of the vagina</td>
</tr>
<tr>
<td>Breast augmentations</td>
<td>Breast implants</td>
</tr>
<tr>
<td>Laryngeal reduction</td>
<td>Reduction of “Adam’s Apple”</td>
</tr>
<tr>
<td><strong>Reduction thyroidchondoplasty</strong></td>
<td>Facial feminization</td>
</tr>
<tr>
<td><strong>Masculinizing surgeries</strong></td>
<td></td>
</tr>
<tr>
<td>Mastectomy</td>
<td>Breast removal</td>
</tr>
<tr>
<td>Hysterectomy/oophorectomy</td>
<td>Removal of the uterus/ovaries/cervix</td>
</tr>
<tr>
<td>Metoidioplasty</td>
<td>Lengthening the clitoris to form a small penis</td>
</tr>
<tr>
<td>Scrotoplasty/testicular implants</td>
<td>Constructing a scrotum/testicles from the labia majora</td>
</tr>
<tr>
<td>Phalloplasty</td>
<td>Constructing a neo-penis</td>
</tr>
<tr>
<td>Stiffener</td>
<td>Inserts of fillers or malleable rods to construct a penis that can be erect</td>
</tr>
<tr>
<td>Mons resection</td>
<td>Surgical procedure to bring the penis and testicles to a forward position</td>
</tr>
<tr>
<td>Urethroplasty</td>
<td>Extension of the urethra to allow for urination while standing</td>
</tr>
<tr>
<td>Vaginectomy</td>
<td>Vaginal reconstruction surgeries. The most common of these is colpocleisis, which closes the vaginal canal.</td>
</tr>
</tbody>
</table>

(c) Sexual and reproductive health
- Taking a sexual-health history is an essential part of performing a sexual and reproductive health exam; it is particularly important when determining what parts of the body need to be screened for STIs, including HIV.
- When discussing sexual practices, health-care workers should ask open-ended questions and not make assumptions about the anatomy or sexual practices of their Trans* clients.
- Any physical exam should be conducted in a respectful, private setting and only when necessary.
Genital examination and specimen collection can be uncomfortable or upsetting for Trans* people, regardless of genital reconstructive surgery. Health-care workers should mirror language that their Trans* client uses to describe themselves and their body.

Effective family planning and contraceptive counselling for Trans* individuals.

(d) Mental and psychosocial health

- There is increasing recognition that being Trans* is not a mental-health disorder but an identity that requires clinical competency, sensitivity and affirmation.
- WHO revised eleventh version of the International Classification of Diseases (ICD-11), to reframe 'gender identity disorder' as 'gender incongruence,' and move it to a chapter about sexual health.
- Greater support of Trans* people from individuals, family and peers, as well as their own pride in their identity, may also be predictive of resilience and better health outcomes.
- Health-care workers and psychosocial care-providers should encourage familial and peer support and acceptance.
- Psychotherapy can facilitate mental health and HIV risk reduction. The health-care worker should screen all clients for psychosocial conditions, including substance use, trauma, depression and anxiety, and minority stress.

(e) Violence

- All clinics offering services to Trans* people should screen for violence in order to offer relevant support. Providers should be especially aware of intimate partner violence and familial violence, or violence encountered through sex work
- Health-care workers who address trans people’s violence-related injuries should facilitate their access to PEP, treatment and care for HIV and other STIs, ano-genital pain, unintended pregnancy and injection-related injuries.
- Referrals to legal services, where available and accessible, can also be made.

(f) Prevention and management of co-infections and co-morbidities

- Screen for interactions between hormone therapy and hepatitis medications due to rapid progression of hepatitis-related liver diseases in
people infected with HIV, treatment for hepatitis and HIV should be prioritized in people who are co-infected.

- People newly diagnosed with HIV should be screened for Hepatitis B virus (HBV) and Hepatitis C virus (HCV) which mostly occur through contact with the blood or other body fluids of an infected person or through the use of contaminated injection equipment among persons who inject drugs or in medical settings.
- Infection with hepatitis A virus (HAV) can be sexually transmitted through activities such as oral–anal sex (rimming). HAV causes debilitating symptoms and acute liver failure, which is associated with high mortality.
- All clients who have TB and HIV should receive the recommended treatment regimen for TB. Trans* people should be offered the same assessment, treatment and care of HIV-associated TB as that provided to the non-trans population.

(g) HIV treatment and CARE

- HIV infection and ART are not contraindications for the use of hormone therapy.
- Integrating hormone therapy into HIV services may optimize antiretroviral adherence.
- Viral load should be closely monitored for potential drug interactions, particularly when other medications are added, modified or discontinued.
- Antiretroviral drugs may interact with the hormones found in oral contraceptives (ethinyl estradiol particularly) which Trans women often use for feminization, especially where safer formulations of estrogen (17-β estradiol) are unavailable or more expensive. Starting, stopping or changing ART regimens may lead to hormonal fluctuations among Trans women taking gender-affirming medications; therefore, close monitoring is recommended.
- There are limited data on the interactions between ARVs and other drugs that Trans women use in feminizing hormone therapy, particularly anti-androgens (for example, cyproterone acetate or flutamide).

(h) HIV Testing Services (HTS)

- Endorsing trained lay community providers such as community outreach workers to offer all HTS, including collecting specimens, performing HIV rapid diagnostic tests, interpreting tests results and explaining the HIV status, giving pre-test information and post-test counselling, and supporting linkages to prevention, treatment and care services.
• Counselling (pre-test information and post-test counselling).
• Linkage to appropriate HIV prevention, treatment and care services and other clinical and support services.
• Coordination with laboratory services to support quality assurance and the delivery of correct results.

Standard 3: Creating a safe and comfortable agency space.

Operationalize

• Post written non-discrimination policies and complaint procedures, in the primary languages of Trans* community members, in conspicuous and accessible places throughout the agency and HIV testing sites.
• Train staff at regular intervals on the non-discrimination policy.
• Provide gender neutral or unisex restrooms or policies to protect transgender individuals in multi-occupancy, binary gender segregated bathrooms.
• Display posters and literature that is supportive of Trans* people.
• Ensure that the first person with whom a Trans* persons would interact (i.e., receptionist, security personnel, front desk staff, etc.) is comfortable working with Trans* people and is appropriately trained.
• Attempt to place HIV testing and outreach sites in close proximity to where Trans* people live and/or congregate (e.g., bars or clubs).
• Monitor waiting room areas to ensure that spaces are free from violence and harassment, and ensure that there is a plan of action should these occur.
• Offer Trans* sensitivity training to staff.

Standard 4: Use of Inclusive and Gender Neutral Language

Operationalize

These guidelines help ensure culturally appropriate language in respectfully interacting with Trans* people:

• Address Trans* people with respect and courtesy, according to their presenting gender, and when in doubt, politely ask.
• Ask Trans* people what name they prefer to be called and address them accordingly.
• Do not make assumptions about a Trans* person’s anatomy or about names for their anatomy.
• Use pronouns that are appropriate to the Trans* person’s gender identity.
• Ask questions in a non-judgmental manner.
• Acknowledge that some questions may touch on sensitive or personal subjects.
• As part of being respectful of Trans* people, do not ask questions that are not related to their health or that are not related to the service you are providing. Do not ask personal questions for the sake of curiosity.
• Attempt to use words that Trans* people use, prefer, and understand, particularly for anatomy, sexual activities or other sensitive matters.
• If you don’t understand a word or reference, politely ask them to explain.
• If you make a mistake, apologize genuinely and move on.

• Develop agency forms that are inclusive; for example, intake and assessment forms should provide for optional self-identification in all categories of gender identity, sexual orientation, marital, partnership and family status.
• Collect sex and gender data according to the WPATH and WHO recommended two-step data collection method, which queries gender identity and sex assigned at birth as separate questions, discussed in the section below.
• Integrate options for “legal name or name on medical records” and “preferred name”… this ensures respect for the person’s name if they are unable to access legal name and gender marker changes and ensures continuity of care for the client because their medical records can be maintained.

Standard 5: Confidentiality of Client Information.

Operationalize
• Be aware that Trans* people may be engaging in high-risk behaviors including sex work, substance use, silicone injection, and use of underground market hormones. HIV testing sites should support an environment where Trans* people feel comfortable speaking openly about their behavior without fear of being judged or reported.
• Perform annual data privacy and security trainings for safeguarding medical information for all agency staff with access to protected health information (PHI) and ensure HIV testing sites abide by local regulations. Clarify with all staff that information such as sexual orientation, sexual behaviors, and gender identity qualify as PHI and should be treated with the same level of care as medical histories, diagnoses, and prescription information.
• Assure Trans* people that their personal information will be kept strictly confidential, and will only be used to ensure that their health needs are being appropriately addressed.
• Remember that confidential topics cannot always be discussed in the presence of others (e.g., partners, family members, and friends). To be sure ask the client their preference.

**Standard 6: Building and Engaging In a Trusting Relationship with Trans* People**

**Operationalize**

• Be aware that Trans* people may be struggling with low self-esteem or depression. Make an attempt to check in with them about how they are doing. Speak in an authentic and compassionate manner and take an interest in the individual as a whole.
• Remind Trans* people of the resources and referrals that you have available. If a Trans* person’s needs fall outside of the scope of your available resources and referrals, reach out to other agencies and/or providers as necessary.
• Approach the Trans* person in a way that allows them to feel acknowledged as a person, while recognizing the limitations of the interaction (e.g., HIV testing versus a medical visit).
• Be empathetic to the challenges that living as a Trans* person brings; give affirmations and be supportive. Be open to exploring what those challenges are for each Trans* person. Give them an opportunity to talk and share in a non-judgmental environment. Use client-centered communication-building skills with Trans* people as an effective way for them to identify and reduce their HIV risk.

**Standard 7: Ensuring Staff Diversity and Training.**

**Operationalize**

• Utilize a peer model for HIV testing outreach, recruitment, and linkages.
• Develop collaborative networks with individuals who have expertise in Trans* issues.
• HIV testing staff should interact with Trans* people holistically (e.g., perceive as whole person) and be informed about these topics to effectively engage them in HIV testing and treatment services.
The following are recommended staff training topics related to Trans* care:

- **Trans-specific services** – Both clinical and direct staff members should be aware of trans-specific services provided at their agency as well as at other agencies in the community.
- **Communication training** – Train staff in the use of culturally appropriate language.
- **Ongoing training on sexual orientation and gender identity issues, Trans* culture and its diversity, and health issues faced by Trans* people.**
- **Training on sexual and other forms of harassment, as well as domestic violence and anti-discrimination laws.**
- **Trans* health-specific training** – training on health issues specific to trans individuals such as hormone therapy and medical complications related to hormone use.
- **Training on health implication of appearance modification practices such as silicone injections.**
- **Training on health implications of binding and tucking.**
- **Training on resources available for Trans* people, including support during transition, such as legal assistance for legal name and identity change.**

**Standard 8: Harm Reduction**

**Operationalize**

- HIV testing sites should offer support and education to Trans* people regarding substance use, including underground market hormones and silicone injections, by employing harm reduction strategies and either providing or giving referrals to organizations that can provide harm reduction kits and/or syringe exchange (if legal in that state).
- HIV testing sites should be prepared to discuss transmission prevention options to Trans* people, including options for barrier methods,
Standard 9: Referrals and Comprehensive Resource List

Operationalize

- HIV testing sites should develop a comprehensive list of resources and referrals for Trans* health and social services. HIV providers should also keep track if the providers accept insurance or are private pay only.
- HIV testing sites should be actively involved in making referrals and making sure that Trans* people follow up on referrals made.
- HIV testing sites should refer Trans* people to a specific contact person at the referral agency. Having a point of contact at the agency to which a Trans* person is being referred is important for follow-through and for helping them feel comfortable and more likely to access care.
- HIV testing sites should discuss with the Trans* person whether or not it is important to disclose their gender and what they want to disclose regarding their gender identity.
- When making referrals with client’s consent, providers should speak directly with the provider to whom a client is being referred and talk to them about the particular needs of the Trans* client.
- Ask returning clients which referrals worked and which did not. This will help inform your list of resources.
INTERSEX POPULATION

Definition of terms
Intersex or Intersexed Individuals, who at birth, do not present as having a clearly defined male or female sex. Their sex is usually assigned on the basis of a “best guess” possible although intersex campaigners claim this can result in long term psychological and emotional harm. As a result they also argue that where physical sex cannot be determined at birth no sex should be recorded and the individual left free to choose their sex at an appropriate age.

The plight of intersex persons is illustrated by the endless struggles they go through right from the cradle in terms of naming, identity and cultural practices. In addition, they face difficulties in growing up, including having to endure social stigma that peaks in their puberty. Their situation is made worse by the ambivalent if not downright hostile community perception of their status, often leading to social isolation and ostracism. The immense emotional turmoil, stress and disagreement in the families caused by the birth and life of an intersex child, in a number of cases leads to mental breakdown of (usually) the mother or/and total family break-up caused by separation of parents.

In 2006, the Intersex Society of North America developed a handbook with clinical guidelines for the management of intersex in childhood. In that publication, intersex is defined as conditions involving the following elements:

i.) Congenital development of ambiguous genitalia (e.g. 46XX virilising congenital adrenal hyperplasia, clitoromegaly, micropenis);

ii.) Congenital disjunction of internal and external sex anatomy (e.g. Complete Androgen Insensitivity Syndrome, 5-alpha reductase deficiency);

iii.) Incomplete development of sex anatomy (e.g. vaginal agenesis, gonadal agenesis;

iv.) Sex chromosome anomalies (e.g. Turner Syndrome, Klinefelter Syndrome, sex chromosome mosaicism);

v.) Disorders of gonadal development (e.g. ovotestes).

Sexual and Reproductive Health Standards for Intersex

The Standards for Sexual and Reproductive Health for intersex include:

i. Information, Communication and Education on the Intersex as a sexual and gender identity

ii. Prevention of HIV and STI through appropriate prevention methods

iii. Provision of curative services as per the established protocols

iv. Provision of all services according to the protocols of medical ethics

v. Observance of privacy

vi. These services shall be provided according to the KEPH’s provision
MARGINALIZED & VULNERABLE POPULATIONS

Vulnerable populations are groups of people that are vulnerable to HIV in certain situations or contexts, such as adolescents (especially adolescent girls in sub-Saharan Africa), orphans, people with disabilities and migrant and mobile workers. They may also face social and legal barriers to accessing HIV prevention and treatment. These populations are not affected by HIV uniformly in all countries and epidemics and may include key populations. Each country should define the specific populations that are vulnerable and key to their epidemic and response, based on the epidemiological and social context\(^{39}\).

The vulnerable populations in Kisumu County include:

i. Children engaged in sex work
ii. People living with disabilities
iii. Orphans and children living in poverty
iv. People living in informal settlements
v. Adolescence in labour markets
vi. People in humanitarian/ emergency situation
vii. Married adolescents

Children exploited in sex work

Children exploited in sex work for economic gains are increasing in Kisumu County. These can be seen in night clubs, streets and brothels where adult sex work and alcohol consumption are undertaken.

Benefitting from Sex work is considered illegal in Kenya. Sexual exploitation and traffic are offences.

This strategy will work with stakeholders and partners to:

i. Eradicate sexual exploitation in Kisumu County
ii. Rehabilitate
iii. Shelter and provide protection
iv. Provide education and or training

\(^{39}\) World Health Organization, *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.*
People living with disabilities
People living with physical and mental disabilities are prone to sexual and reproductive abuse.

This strategy will ensure that people living with disabilities are protected against sexual and reproductive abuse by:

i. Enabling access to health facilities
ii. Prioritizing people with disabilities in consultations and treatment service delivery points
iii. Enabling mobility using mobility aids
iv. Provide counselling and rehabilitation
v. Provide referral to access justice

Orphans and children living in poverty
Orphans and children living in poverty are vulnerable to sexual exploitations. This is necessitated by the need to survive, provide for their families and obedience to coercion from the exploitative partners.

This strategy will ensure that the government work with partners in communities to:

i. Identify orphans and children living in poverty
ii. Provide family sustenance to orphans and children living in poverty
iii. Provide support towards school or training opportunity
iv. Provide empowerment skills
SPECIFIC SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS

This chapter outlines major sexual and reproductive health interventions that are found within the Kenya Essential Packages for Health (KEPH) and Programmatic Interventions.

The interventions include:

i. Family Planning/Contraceptives programming
ii. Condoms and Lubricants Programming
iii. Screening and treatment of sexually transmitted infections
iv. Oncological screening, diagnosis & treatment

Family Planning/Contraceptives programming

Family planning / contraceptives are instrumental in attaining highest standards of sexual and reproductive health. Contraceptives are useful as reproductive tools in as much as sexual tools. They are useful in planning and attaining desired family sizes whilst enabling enjoyment of pleasurable sexual intercourse.

The strategy will ensure that the following contraceptive methods are provided:

i. Combined oral Contraceptives
ii. Injectable Contraceptives
iii. Implant contraceptives
iv. Intrauterine contraceptive devices
v. Condoms
vi. Natural contraceptive

The client’s to be provided with contraceptives must be adequately be counseled, guided and supported.

Condoms and Lubricants Programming

Condoms are used both as a contraceptive device but also as a disease preventive devices for such sexually transmitted infections such as HIV, syphilis, gonorrhea among others.

Lubricants are a facilitative aid to pleasurable sexual intercourse. They are mostly used by the post-menopausal period women, sex work, men having sex with men and generally in circumstances where lubrication is required to enable pleasurable sexual intercourse.
This strategy will ensure that condoms and lubricants are available at service delivery points to the clients who need them. This will be achieved through partnerships and multi-level supply chains in partnerships with stakeholders.

**Screening and treatment of sexually transmitted infections.**
Sexually Transmitted Infections (STIs) are a deterrent to sexual and reproductive health. Screening and treatment of STIs will be done at service delivery points using the approved Ministry of Health approved protocols for screening and treatment.

**Oncological screening, diagnosis and treatment**
Screening for breast and cervical cancers can be easily performed at public health facilities including health centres and dispensaries. Breast self-examination can be done by clients themselves.

Cervical cancer screening can be done at most health centres and hospitals as long as the trained human resources and reagents are available.

Early screening, diagnosis and treatment are necessary for healthy enjoyment of sexual and reproductive health.

This strategy will ensure that adequate human resources are trained to offer screening services for common sexual and reproductive health oncological conditions.

It will also ensure that adequate supply of chemical reagents and equipment are provided to facilitate screening, diagnosis and treatment of oncological conditions.
MENTAL HEALTH AS IT RELATES TO SEXUAL & REPRODUCTIVE HEALTH AND RIGHTS

Definition of Mental Health
Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The positive dimension of mental health is stressed in WHO’s definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

In 2018 Kisumu County recorded 919 mental disorders. Out of these 17 were recorded as mental retardation.

Mental Health issues that relate to Sexual and Reproductive Health
The following are likely mental health issues that relate to sexual and reproductive health were identified by the stakeholders who participated in development of this strategy:

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Likely Mental Health Issue</th>
<th>Intervention/Mitigation/Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy and new born up to 28 days of life</td>
<td><strong>Pregnancy</strong>-Bipolar, Anxiety, Psychosis, Depression, Hysteria <strong>After Birth</strong>- Postpartum Depression, postpartum psychosis</td>
<td>Family and Social support; Counselling, Provision of information on the occurrence of mental issues, medical treatment, and group Antenatal care.</td>
</tr>
<tr>
<td>Early childhood 28days to 5 years</td>
<td>Withdrawal, Tantrums, violent, (Research)</td>
<td>Nurturing care</td>
</tr>
</tbody>
</table>

41 ‘Kenya Health Information System (KHIS)’. 


<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mental Health Issues</th>
<th>Care Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Childhood 5 years to 12 years</td>
<td>Withdrawals, Tantrums, Depression, bipolar, Hysteria, ADHD</td>
<td>Supportive environment and non-custodial medical care</td>
</tr>
<tr>
<td>Adolescence and youth 12 years to 24 years</td>
<td>Bipolar, Depression, schizophrenia, ADHD, eating disorders, substance abuse, Dysmorphic Disorder, Hysteria, OCD</td>
<td>Supportive environment. Institutionalized and non-institutionalized care including counselling</td>
</tr>
<tr>
<td>Adulthood 25 to 60 years</td>
<td>Depression, Mania, bipolar, schizophrenia, Dysmorphic Disorder, OCD</td>
<td>Supportive environment, both custodial and non-custodial care including counselling</td>
</tr>
<tr>
<td>Elderly 60 and above</td>
<td>Depression, Alzheimer's, Dementia, Psychosis, OCD, Anxiety</td>
<td>Supportive Environment, Custodial &amp; Non-custodial treatment.</td>
</tr>
</tbody>
</table>

**Management of Mental Health as they relate to Sexual and Reproductive Health**

The strategy will ensure that mental health issues are managed according to the Kenya Mental Health Policy 2015-2030 and according to the discretion of the health care providers.42
DISABILITY AS IT RELATE TO SEXUALITY & REPRODUCTION

Definition
Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors)

Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning.

Interventions
i. Mobility assistance
ii. Access to SRH information through appropriate the most accessible and appropriate medium
iii. Comprehensive sexuality education
iv. Community engagement to productive fulfilling services
v. Enhanced capacity of health providers to provide SRH to PWD
vi. Utilization of legal assistance towards equity to PWD
vii. Assisted reproductive technologies for the PWD where needed
viii. Safe, Secure environments and communities

Specific Interventions
Persons living with disability can benefit from specific interventions such as:

- **Occupational therapy** can help with fine motor skills, play and self-help skills like dressing and toileting.
- **Physiotherapy** can help with motor skills like balance, sitting, crawling and walking.
- **Speech therapy** can help with speech, language, eating and drinking skills

---

SEXUAL AND GENDER BASED VIOLENCE: POST RAPE CARE

Introduction
Sexual Violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work.

Genital organs includes the whole or part of male or female genital organs and for the purposes of the act of sexual violence includes the anus.

Sexual violence is a serious human rights issue and public health problem in Kenya and the world over. It has devastating effects on the lives of the survivors in terms of long term consequences on their health and mental wellbeing. Survivors deserve to be supported, to be treated with dignity and respect, and to see their offenders brought to justice.

The Medical Management of Sexual and Gender Based Violence
Medical Management of clients who have experienced Sexual and Gender Based Violence must start with obtaining Informed Consent.

Thereafter the following must be done expeditiously with complete discretion of a designated persons

i. History taking and examinations
ii. Head to toe physical examinations
iii. Genito-anal examination (for males and females in both adults and children)
iv. Clinical investigations
v. Forensic investigations
vi. Management of physical injuries, toxicological management and other socio-counselling
vii. Post Exposure prophylaxis
viii. Prevention of Pregnancy
ix. Prophylactic treatment of sexually transmitted infections
x. Hepatitis B infection prophylactic treatment
The management of sexual and gender based violence shall follow the National Guidelines on Management of Sexual Violence in Kenya\textsuperscript{44} and the designated person’s discretion.

\textsuperscript{44} Ministry of Health.
POST ABORTION CARE

Post abortion care is one of the six pillars of the maternal and newborn care. It is meant to provide clinical treatment to all women and girls seeking care, for complications of incomplete abortion and miscarriage as well as counselling and contraceptives.

Post-abortion care is the care given to a woman who has had an unsafe, spontaneous or legally induced abortion. It consists of the following components:

i. Emergency treatment of complications from a spontaneous or unsafe induced abortion
ii. Family planning counseling and services
iii. Access to comprehensive reproductive health care, including screening and treatment for STI, RTIs and HIV/AIDS
iv. Community education to improve reproductive health and reduce the need for abortion

Management of shock, sepsis and/or hemorrhage shall depend on the discretion of the medical practitioner and the condition of the client.

Follow up of women who have had an abortion

Before discharge, tell a woman who has had a spontaneous abortion that spontaneous abortion is common and occurs in at least 15% of clinically recognized pregnancies. Also reassure the woman that the chances for a subsequent successful pregnancy are good unless there has been sepsis or a cause of the abortion is identified that may have an adverse effect on future pregnancies (rare).

Some women may want to become pregnant soon after having an incomplete abortion. The woman should be encouraged to delay the next pregnancy until she is completely recovered.

It is important to counsel a woman who has had an unsafe abortion. If pregnancy is not desired, certain methods of family planning can be started immediately (within 7 days) provided:

i. There are no severe complications requiring further treatment
ii. The woman receives adequate counselling and help in selecting the most appropriate family planning method

45 ‘National Guidelines for Quality Obstetrics and Perinatal Care’ (Ministry of Public Health & Sanitation and Ministry of Health Kenya).
46 ‘National Guidelines for Quality Obstetrics and Perinatal Care’.
Post Abortion Family Planning:
Ovulation can occur as early as two to four weeks after an abortion. Approximately 75% of women who have had an abortion will ovulate within six weeks of the abortion. After a first trimester abortion, ovulation often occurs within two weeks, and after a second trimester abortion, within four weeks. Therefore, there is an immediate need for contraception for women who do not want to become pregnant, or for health reasons should delay becoming pregnant.47

There is no medical reason to limit the choice of contraceptive methods available to women after treatment for abortion. All methods can be considered for use after abortion, providing there are (a) no complications requiring further treatment, (b) appropriate screening is provided for the contraindications to each method, and (c) good counseling is offered.48
SEXUAL & REPRODUCTION HYGIENE

Sexual Hygiene for the Females
The following advisory notes relate to the sexual hygiene and safety for females. They are in no way exhaustive but cover the basic hygiene and safety issues for full enjoyment of sexual and reproductive health.

Healthy Diets and Exercises
The number one priority for full enjoyment of sexual and reproductive health is to have healthy body and a sound mind. This can only happen when the body and mind is fed balanced diet, properly exercised and peaceful state of mind achieved through whichever means. This is neither a nutrition nor an exercise strategy booklet. Simple exercises such as brisk walk, jog, pelvic and muscle toning exercises will do much good. Balanced diet from the locally available foods will just be enough. Peaceful mind achieved through being mindful of your own business and building resilience will suffice.

Genital area cleanliness
The vagina is a self-cleaning organ so you shouldn't do anything to tamper with its process. The vaginal cavity has bacteria that keeps its acidity and maintaining the balance between the good and bad bacteria. Douching the vagina is not recommended as cleansing practice. Other hyped practices such as vaginal steaming is contraindicated. Avoid aggressive cleaning of the vaginal canal, vulva or pubic area either by steaming, pressure spraying or whatever method.

Mild Soap and Luke warm Water are the best
No matter what companies try to hard-sell you, know that nothing is better to clean out your vagina than some lukewarm water and a non-perfumed soap. Avoid perfumed gels and cleansers and wipes that have no added benefits. They will just alter the delicate PH-balance in your vagina and cause allergic reactions.

Keep your pubic hair short
Too much pubic hair trap sweat, dust and bacteria causing odour and rash. Trim or shave clean your pubic area. Waxing is highly recommended.
Unnecessary holding of urine
When you urinate, you flush out bacteria from your bladder and urethra. Also, it is imperative that you urinate after sexual intercourse so that you wash out any pathogens that might lead to a Urinary Tract Infection.

Wash and/or wipe front to back
Urinary tract infections are common in sexually active women and must never be ignored because it can quickly lead to a more serious kidney infection. Always wash or wipe from front to back so that no germs from your anus travels up your vagina or urethra. Also, make sure that your anus is always the last part of your body you wash so that germs from it don’t reach other parts of your body.

After Sex Care
Sexually active women must remember to wash their vaginas after intercourse. This should be a habit. A thorough but gentle genital wash is recommended before and after sexual intercourse.

Clean dry and loosely fitting underwear
Ensure you wear clean, dry and loosely fitting underwear. Tight, sweaty, dirty underwear trap sweat, exfoliations, dust and other debris that predisposes to bacterial and fungal infections.

Sanitary pads hygiene and safety
Check and change sanitary pads as often as you feel they are soaked preferably within 6-12 hours. Blood and blood clots are culture medium for growth of micro-organisms particularly bacteria that can be highly infectious causing toxic shock syndrome.

Safe Sex and Clean sex toys
Those who use sex toys, be sure to use clean, dry and zero-defect sex toys. Defects such as cracks, electrical code defects can lead to electrocution, lacerations and transmission of pathogens from act to act or person to next. Condoms should be untorn, within usable dates and not shared or re-used.

Safe oral sex
Studies show that some forms of oral cancer are linked to HPV infection in the mouth and throat. Caution is advised
Requirement by Law on Reporting of Sexually Transmitted infections
Sexually transmitted infections must be treated and reported to health authorities according to the Public Health Act CAP 242. It is a civic duty for anyone diagnosed with sexually transmitted infection to request their partners to come for treatment so that the chain of infection is curtailed.

Sexual Hygiene and Safety for Males
Generally sexual hygiene and safety for males are essentially the same as for women except for the variation of the genital organs. A well-functioning body and mind is essential for the full enjoyment of sexual intercourse and experience.

Healthy Body and Mind
The number one priority for full enjoyment of sexual and reproductive health is to have healthy body and a sound mind. This can only happen when the body and mind is fed balanced diet, properly exercised and peaceful state of mind achieved through whichever means. This is neither a nutrition nor an exercise strategy booklet. Simple exercises such as brisk walk, jog, pelvic and muscle toning exercises will do much good. Balanced diet from the locally available foods will just be enough. Peaceful mind achieved through being mindful of your own business and building resilience will suffice.

Genital area hygiene
Gentle wash of the penis and scrotal area with water and mild soap is just sufficient.

Shaving/Trimming of the Pubic/Scrotal hair
Trimming, shaving and/or waxing of the pubic and scrotal hair ensures that sweat, exfoliations, debris and dust are not trapped.

Circumcision/ cleansing of the underneath foreskin (prepuce)
Circumcision is the cutting off of the foreskin/prepuce. Foreskin usually accumulates whitish substance called Smegma. Smegma is a useful lubricant for the foreskin retraction on and off the glans penis (head of penis). However, too much accumulation of Smegma can result in trapping of bacteria, exfoliations and debris thereby becoming foul smelling and act as culture medium for the growth of pathogens.

Circumcision completely eliminates the accumulation of Smegma.
The uncircumcised males should ensure daily cleaning of the underneath of the foreskin to avoid.

Perineal hygiene
Cleaning/wiping of the anus/the perineal area should be from front to back and not other way round.
Underwear hygiene
Ensure you wear clean, dry and loosely fitting underwear. Tight, sweaty, dirty underwear trap sweat, exfoliations, dust and other debris that predisposes to bacterial and fungal infections.

Requirement by Law on Reporting of Sexually Transmitted infections
Sexually transmitted infections must be treated and reported to health authorities according to the Public Health Act CAP 242. It is a civic duty for anyone diagnosed with sexually transmitted infection to request their partners to come for treatment so that the chain of infection is curtailed.
LAWS GOVERNING SEXUAL & REPRODUCTIVE HEALTH & RIGHTS IN KENYA
The following statutes directly addresses various issues of sexual and reproductive health in Kenya

<table>
<thead>
<tr>
<th>s/No</th>
<th>Statute</th>
<th>Area of concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Penal Code</td>
<td>Violations on sexual practices</td>
</tr>
<tr>
<td>02</td>
<td>Children Act CAP 141</td>
<td>Protection of children against harmful practices and sexual exploitation</td>
</tr>
<tr>
<td>03</td>
<td>Sexual offences Act</td>
<td>Sexual offences</td>
</tr>
<tr>
<td>04</td>
<td>HIV and AIDS Control Act 2006</td>
<td>Discrimination, prevention and control of HIV/AIDS</td>
</tr>
<tr>
<td>05</td>
<td>Public Health act CAP 242</td>
<td>Prevention, treatment, control and notification of STI</td>
</tr>
</tbody>
</table>

The reader can download and read these provisions.
# IMPLEMENTATION FRAMEWORK FOR THIS STRATEGY

<table>
<thead>
<tr>
<th>POINT Strategy</th>
<th>Indicators</th>
<th>Activities</th>
<th>Actors</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmen of sustainable financing for this strategy</td>
<td>Budgetary allocation for SRHR.</td>
<td>1Advocacy on SRHR budgeting 2. Budget Monitoring 3. Budgetary allocation by the Dept. of Health 4. Costing of this strategy</td>
<td>Civil Society organizations Departme nt of Health</td>
<td>2019 x 2020 x 2021 x 2022 x 2023 x</td>
</tr>
<tr>
<td>Advocacy for Human Rights for SRH</td>
<td>1. Competent focal person for Right Based SRHR/Champions 2. Number of Petitions to duty bearers 3. Number of reviews on SRHR platforms including utunzi platform (<a href="http://www.utunzi.com">www.utunzi.com</a>) Reporting on the state of SRHR in Kisumu County</td>
<td>1. Formation of functional SRHR platforms 2. Sensitization of population on the SRHR platforms including web based e.g utunzi platform 3. Advocacy training on SRHR 4. Training on human right based approaches in service delivery</td>
<td>Civil Society organizati on Departme nt of Health</td>
<td>X X X X X</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Capacity building of health leadership and professionals on SRH&amp;R</td>
<td>Number of health leaders, professionals and other duty bearers trained on SRHR.</td>
<td>Training of health leaders, professionals and other duty bearers</td>
<td>Department of Health Civil Society organizations</td>
<td>X</td>
</tr>
<tr>
<td>Strategic partnerships and coordination on SRHR</td>
<td>Number of Strategic Partners working on SRHR</td>
<td>Partner mapping Partner relationship building and maintenance</td>
<td>Dept of Health</td>
<td>X</td>
</tr>
<tr>
<td>Supplies of SRHR commodities and supplies</td>
<td>Availability of SRHR commodities in health facilities and public spaces</td>
<td>Commodity Advocacy, Supply chain management, commodity forecasting and security and distribution</td>
<td>Dept of Health Civil society</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Strengthening of reporting of SRHR activities</td>
<td>Functional HMIS M&amp;E reporting system for SRHR</td>
<td>Printing and distribution of SRHR tools and registers</td>
<td>Dept of Health</td>
<td></td>
</tr>
<tr>
<td>Improvement of service delivery points infrastructure for SRHR</td>
<td>Functional of Youth Friendly Centres Functional Geriatric Clinics Integrated Services</td>
<td>Establishment of YFC, Geriatric Clinics Capacity building on Integration Targeted SRHR services</td>
<td>Dept of Health</td>
<td></td>
</tr>
</tbody>
</table>
LIST OF CONTRIBUTORS

First Technical Draft (Kakamega Golf Hotel, Kakamega)

1. Jacktone Oliver Okeyo.......................... Department of Health, Kisumu
2. Ephraim K. Odeny................................. Department of Health, Kisumu
3. Eunice Kinywa..................................... Department of Health, Kisumu
4. Nelly Rangara.................................. Department of Health, Kisumu
5. Florence Aketch................................ Sub county Health Management, Nyando
6. Geofrey Omuok.................................... Project officer, MAAYGO
7. Atieno RT........................................ Transalliance Western Kenya
8. Cecil Okoth....................................... Program Officer, NYARWEK
9. Caroline Rucah................................. Health program officer, NYARWEK
10. Arthur Onyango................................. Program co-ordinator, FHOK
11. Abdalla David................................. Program Administrator, NAYA Kenya
12. Oliech Immaculate............................ Program officer, NYA Kenya
13. Oscar Okoth................................. Project Advisor, KMEt
14. Francis Kadiri................................. Program officer, Afya Halisi
15. Jane Owuor...................................... Department of Health, Kisumu
16. James Otieno................................. Department of Health, Kisumu
17. Collins Festo................................. Program Co-ordinator, FHOK
18. Bernard Washika............................. Program Manager, FHOK
19. Kennedy Otieno............................... Department of Health, Kisumu
Second Technical Draft (Pride Inn Hotel, Bondo)

1. Shem Otina.................................................YAS! Network
2. Jacktone O Okeyo.........................................Department of Health & Sanitation
3. Atieno RT...................................................Trans*Alliance
4. Ephraim Odeny.................................Department of Health & Sanitation
5. Kennedy Olango............................................MAAYGO
6. Caroline Rucah.................................NYARWEK
7. Michael Ager.......................................................
8. Faith Lisa Abala.............................................NAYA
9. Robert Aseda.............................................NAYA
10. Bernard Washika.............................................FHOK
11. Kennedy Otieno............................................Department of Health & Sanitation
12. James Otieno.............................................Department of Health & Sanitation
13. Collins Festo..............................................FHOK