Policy Recommendations For The National Adolescent Sexual And Reproductive Health Policy

A Policy Brief by RHRN[1] -Kenya Platform

Something Needs To Change

Right Here
Right Now

[1]Right Here Right Now

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Introduction

The Kenya Population Situation Analysis estimates that 24% of the country is below the age of 20.[2] With an expected rise in the population to about 95 million people in 2050[3], decreasing birth rates and falling dependency rates, Kenya is set to be one of the countries that will benefit from the demographic dividend which will see the rise in highly skilled and highly productive working-age adults with higher disposable incomes and higher chances of upward income mobility.[4] The current generation of adolescents will be at the forefront of the demographic dividend and are key to Kenya's development agenda.

To fully secure the opportunities apparent in the demographic dividend, the rights of adolescents to the highest attainable standard of health must be respected. The enjoyment of this right undergirds the enjoyment of other rights such as the right to life, right to education, access to other social goods and services, and better social and economic outcomes later in life. Sexual and reproductive health and rights are integral to ensuring the health and wellbeing of adolescents and are a crucial factor in determining health and other socio-economic outcomes later in life. Duty-bearers, development partners, and civil society organizations must centre the needs of adolescents while remaining mindful of how factors such as ethnicity, economic background, gender and gender identity, sexual orientation, disability, among others, come together to affect health access and health outcomes for this group.

This policy brief aims to analyse the unique challenges faced by lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) adolescents, how the experiences of these unique challenges are linked to the overall sexual and reproductive health challenges of adolescents in general, as well as recommendations on integrating the differential sexual and reproductive health needs of LGBTIQ+ adolescents in the review of the National Adolescent Sexual Reproductive Health (NASRH) Policy and counties implementation framework.

[2]National Council for Population and Development. (2013). Kenya Population Situational Analysis. Retrieved from https://www.unfpa.org/sites/default/files/admin-resource/FINALPSAREPORT_0.pdf on 2 May 2019

[3]United Nations Populations Services. (2015 revision). World Population Prospects Data Booklet. Retrieved from https://population.un.org/wpp/Publications/Files/WPP2015_DataBooklet.pdf on 2 May 2019

[4]African Union (2017). AU Roadmap on Harnessing the Demographic Dividend through Investments in Youth in Response to AU Assembly Decision (Assembly/AU/Dec.601 XXVI). Retrieved from https://wcaro.unfpa.org/sites/default/files/pub-pdf/AU%202017%20DD%20ROADMAP%20Final%20-%20EN.pdf on 2 May 2019

Policy and Legal Context

Kenya is a signatory to several international and regional human rights treaties and declarations that underline the importance of guaranteeing adolescent health in the development agenda.[5] Nationally, Sexual Reproductive Health and Rights (SRHR) issues are addressed through a range of legislative and policy frameworks, guided by the Constitution of Kenya.[6] Further, Articles 43 (1) (c) and 53 (1) c of the Constitution recognises the need to protect, respect, promote and fulfil the rights of vulnerable groups as defined in Article 21 of the Constitution in all matters regarding health.[7] Article 56 [8] of the Constitution requires the state puts in place affirmative action measures to ensure reasonable access to health for minority and marginalised persons. LGBTIQ+ are recognised as sexual and gender minorities (SGM) in Kenya and globally. The Health Act[10] then speaks to the development of a comprehensive programme to advance reproductive health including that of adolescents and youth. The Children Act guarantees every child the right to health[11] which when read together with the Health Act further guarantees them the right to sexual and reproductive health. Section 3 of the Health Act lays out the object of the Act to include progressively promote, protect and fulfil, the highest level of health including reproductive health, right to health for children in accordance with articles 43 (1) (c) and 53 (1) c of the Constitution.[12]

[5]These include the Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013), Convention on the Rights of the Child (CRC), Program of Action of the International Conference on Population and Development (ICPD, 1994), the MDGs as well as the Maputo Plan of Action 2007-2010.

[6]Article 27 on equality and freedom from non-discrimination and Article 43(1) on economic and social rights which provides for the right to the highest attainable standards of health including reproductive health.

[7]Article 21 on implementation of rights and fundamental freedoms provides that (2) The State shall take legislative, policy and other measures, including the setting of standards, to achieve the progressive realization
Of the rights guaranteed under Article 43.
(3) All State organs and all public officers have the duty to address the needs of vulnerable groups within society, including women, older members of society, persons with disabilities, children, and youth, members of minority or marginalized communities, and members of particular ethnic, religious or cultural communities.
(4) The State shall enact and implement legislation to fulfil its international obligations in respect of human rights and fundamental

[8]Art 56 (e) of the Constitution, 'The State shall put in place affirmative action programmes
designed to ensure that minorities and marginalised groups— e) have reasonable access to water, health services and infrastructure.

[9]Act no 21 of 2017

[10]Health Act No 21 of 2017 Section 68 (1) (e) (iii).

[11]Children Act No 8 of 2001 Section 9.

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Realities of LGBTIQ Adolescents Access to Sexual and Reproductive Health

LGBTIQ adolescents face a range of challenges that are not experienced by other adolescents including criminalisation of same-sex conduct and other practices that are unique to members of the LGBTIQ community), as well as violence and discrimination on grounds of sexual orientation, gender identity and expression. In a report titled The Outlawed Amongst Us: A Study of the LGBTI Community's Search for Equality and Non-Discrimination in Kenya, the Kenya Human Rights Commission (KHRC) documented cases of violence (including physical violence, verbal and psychological abuse, sexual abuse, and street harassment) and discrimination (in employment, at school, at home, and in communities) against members of the LGBTI community. More significantly, KHRC documented cases of procedural and unlawful school expulsions, withdrawal of parental support, and ostracism from families and the communities, challenges that were more likely to be faced by adolescents.

The report also recorded rampant cases of violence and discrimination faced by LGBTI persons while trying to seek general care or services related to the prevention or treatment of sexual transmitted infections (STIs) including HIV/AIDS. In the study, informants gave accounts of cases of having their private medical records exposed to other practitioners not directly related to their case, being rebuked for being gay, or receiving poor medical services on account of their sexual orientation or gender identity.

Previous studies have shown a link between violence and discrimination with high HIV/AIDS prevalence rates.[13] Although findings and statistics dealing specifically with the level of access to sexual and reproductive health services enjoyed by LGBTIQ adolescents is sparse, it can safely be said that violence and discrimination against this group

[13]Human Dignity Trust. (2015). Criminalising Homosexuality and Public Health: Adverse Impacts on the Prevention and Treatment of HIV and AIDS. Retrieved from https://www.humandignitytrust.org/wp-content/uploads/resources/5.-Criminalisation-Public-Health-and-HIV.pdf on May 2 2019

contributes to lower levels of enjoyment of sexual and reproductive health and rights as they are reluctant to attempt accessing the service fearing discrimination and in extreme cases prosecution. There also exists deeply rooted cultural and institutional norms that have made even harder for the LGBTIQ community to access SRHR needs and care. This has contributed negatively to their socio-economic wellbeing during their adolescence and later in life. Additionally, challenges and vulnerabilities generally faced by adolescents – such as sexual debut, contraception and fertility; HIV/AIDS and STIs; sexual abuse and violence; drug and substance abuse; harmful practices; and marginalisation brought about in contexts such as living in informal settlements, child workers, disability, adolescents in humanitarian or emergency situations, among others – tend to be exacerbated in the case of LGBTIQ adolescents.

Transgender and intersex persons also face extraneous challenges based on their gender identity, sex and gender expression. Young Trans and intersex persons are not adequately catered for with appropriate and acceptable interventions and services. Numerous barriers associated to gender identity and expression for trans and intersex adolescents limit their access to these essential services or exclude them from using formal health services altogether. An inquiry on the realization of sexual and reproductive health in Kenya found that for a majority of trans-persons in Kenya, sexual and reproductive health services are either inaccessible; as it is unavailable in public hospitals or where accessible in private hospitals, the financial implication of the same cannot be met by those in need of these services.[14] In its recommendations, the inquiry advised on the decriminalization of same sex conduct so as to make SRH accessible to LGB person as well as formulate policies that shall guarantee trans-persons access to gender reassignment procedures affordably and conveniently at public hospitals. Unfortunately access to such services is generally limited for adolescents because of the barriers of consent and a low understanding by their parents. It is important to note that, particularly for intersex adolescents, it is during adolescence that hormonal and physical changes that otherwise dictate ones gender, begin to change and take shape.

[14]Kenya National Commission on Human Rights. (2012). A Report of the Public Inquiry into Violations of Sexual and Reproductive Health Rights in Kenya: Realising Sexual and Reproductive Health Rights in Kenya: A myth or reality? Retrieved from http://www.knchr.org/Portals/0/Reports/Reproductive_health_report.pdf on June 2 2019

Policy and legal barriers related to age of consent to accessing a range of health services including HIV testing and counselling, sexual and reproductive health, harm reduction, and other services provided specifically for general key populations limit the ability of adolescents to exercise their right to independent decision-making and prevents them from accessing essential services. This group is often subjected to significant levels of stigma, discrimination and violence. Moreover, laws that fail to recognize gender identity, self-agency in determination of sex and name of choice and the consequent effect of these on access to health care and other health-related matters such as insurance and records in health institutions as well as laws that criminalize behaviour such as drug use, sex work and LGBT further marginalize them and perpetuate their social exclusion from their communities and essential support services of HIV prevention and comprehensive management. Additionally, most health services are not designed to care for and address the needs of young Trans and intersex persons and health staff lack the requisite experience or training to provide care and services for them and as a result may lack the sensitivity required to work with these key populations.[15] Fearing discrimination and possible legal consequences, a significant majority from this population groups are reluctant to attend, for example, HIV testing and treatment services. As such, they remain hidden from services and support networks. At times services are simply not available, for example, for young transgender. It is noted that young Trans and intersex persons may find some services delivered through community and outreach-based programmers more accessible than those provided in government facilities. This may be in part due to the impact of stigma, discriminatory policies including age restrictions, miss-gendering, and transphobia, lack of confidentiality, mandatory registration and attitudes towards adolescent within facility-based services.

[15]Kenya National Commission on Human Rights. (2012). A Report of the Public Inquiry into Violations of Sexual and Reproductive Health Rights in Kenya: Realising Sexual and Reproductive Health Rights in Kenya: A myth or reality? Retrieved from http://www.knchr.org/Portals/0/Reports/Reproductive_health_report.pdf on June 2 2019

Analysis of the National Adolescent Sexual and Reproductive Health Policy Vis a Vis LGBTIQ Adolescents

The ASRH Policy serves as a guide to the national government, county governments and development partners working with the Ministry of Health on how to respond to adolescents SRHR needs. It provides for a comprehensive understanding of the sexual and reproductive health needs of adolescents as well as the possible approaches to ensure that adolescents access the highest attainable standard of sexual and reproductive health, especially the policy's main goal. However, gaps remain when it comes to protection and promotion of the sexual and reproductive health rights of LGBTIQ adolescents.

To this end, RHRN Kenya recommends specific actions to address the sexual and reproductive health rights of LGBTIQ adolescents.

In terms of its guiding principles, we recommend the following:

1. Respect for and understanding of the human rights and fundamental freedoms of LGBTIQ adolescents including the right to life, human dignity, equality and freedom from discrimination. The Kenyan constitution has been interpreted by the High Court as prohibiting discrimination on grounds of sexual orientation and gender identity.[16]
2. Responsiveness to unique and interconnected sexual and reproductive health needs of LGBTIQ adolescents in provision of care.
3. Provision of LGBTIQ-specific and LGBTIQ-friendly holistic and integrated ASRH information and services through multi-pronged and multi-sectoral approaches that are effective and efficient in reaching adolescents with information and services.
4. Recognition of the critical role parents, guardians, communities and schools play in the promotion of SRH of LGBTIQ adolescents.
5. Utilization of evidence-based interventions and programming including research into LGBTIQ SRH needs and challenges and experiences of LGBTIQ mainstreaming in SRH from other jurisdictions.

[16]Eric Gitari v Non- Governmental Organisations Co-ordination Board & 4 others [2015] eKLR. Retrieved from http://kenyalaw.org/caselaw/cases/view/108412/ on 2 May 2019

In terms of the broad objectives, we recommend the following:

1. Promote and ensure accountability of existing inclusive policies for provision of LGBTIQ-friendly and LGBTIQ-specific sexual and reproductive health information and services for LGBTIQ adolescents.
2. Promote an enabling legal and socio cultural environment for the provision of LGBTIQ-friendly and LGBTIQ-specific sexual and reproductive health information and services for LGBTIQ adolescents this includes the amendment of laws and policies that criminalise and marginalise LGBTIQ adolescents (e.g. such as laws that criminalise same-sex conduct and specific laws and policies that marginalise the trans and intersex community);
3. Enhance equitable access to high quality, efficient and effective LGBTIQ-friendly and LGBTIQ-specific adolescent SRH information and services;
4. Support LGBTIQ adolescent participation and leadership in SRH planning and programming at all levels;
5. Strengthen collection, analysis, and utilization of age and sex disaggregated data on adolescents, including LGBTIQ adolescents.

For transgender adolescents we specifically propose;

1. Development and implementation of a policy on management of gender incongruence.
2. Provision of androgen blockers to adolescents in the trans feminine spectrum.
3. Align laws on birth certificates card to the needs of transgender persons - self gender and sex identification e.g. amendments of particulars in birth certificates. These have an impact on UHC and use/access to insurance services.

Recommendations for the ASRH Policy's Priority Actions

Based on the specific objectives outlined by the ASRH, the ASRH identifies specific priority actions for the government and civil society partners in their adolescent SRH work. These are:

a) Promote Adolescent Sexual and Reproductive Health and Rights

In promoting adolescent sexual and reproductive health and rights, the Ministry of Health, the respective levels of government and civil society partners must recognise that LGBTIQ adolescents are part and parcel of the adolescent community and that they face unique challenges which differ from those experienced by heterosexual and binary adolescents. Over and above experiencing differential access to sexual and reproductive health due to their sexual orientation, gender identity and expression, they also have to grapple with the challenges that accompany gender, ethnicity, and economic, religious and cultural background, among other factors. Though many of these factors are beyond adolescents' control, they are critical to the access and use of health care as well as access to education, mental health well-being, age of sexual debut, likelihood of experiencing sexual violence, likelihood of contracting sexually transmitted infections, among others. The government and other stakeholders must then integrate the needs and experiences of LGBTIQ adolescents in their promotion of adolescent sexual and reproductive health in order to ensure the full attainment and enjoyment of these rights.

Specific approaches such as ensuring meaningful, inclusive representation and participation of adolescents in key decision-making processes, the prioritization and allocation of resources for the

provision of ASRH services, capacity strengthening of implementing institutions and communities, and the promotion of education targeting parents and the general community must also take into account the unique lived realities of LGBTIQ adolescents.

b) Increase Access to ASRH Information and Age Appropriate Comprehensive Sexuality Education

Access to ASRH information and age appropriate comprehensive sexuality education is integral for the enjoyment of the highest standard of sexual and reproductive health rights by all adolescents, including LGBTIQ adolescents. Currently, access to such information is not only scarce, but also sexuality education is heavily skewed towards promoting abstinence while stigmatizing certain forms of behaviour, especially behaviour associated with the LGBTIQ adolescents.

Adolescent sexual and reproductive health information and age appropriate comprehensive sexuality education that is LGBTIQ friendly must aim to demystify LGBTIQ persons as well as destigmatize LGBTIQ relationships and practices while offering information that goes beyond the conventional information and educational approaches that solely focuses on heterosexual conduct and binary persons who are not transgender. This approach should also be integrated in the facilitation of innovative approaches both online and offline as well as within and outside the school setting. This can be done through linkages between the Ministry of Health and relevant government entities, in leveraging existing community health structures, as well as in budgeting and the earmarking of costs within all relevant government agencies.

c) Reduce STIs including HPV and HIV

With 80% of new HIV infections in sub-Sahara Africa being among adolescents[17], reducing STIs among this group has been high on the government agenda leading to the drafting and implementation of a Fast-track Plan to End HIV and AIDS among Adolescents and Young People.[18] Although statistics for Kenya are not adequately conclusive, data from other countries indicate that LGBTIQ adolescents face a higher STI burden than their non-LGBTIQ compatriots.[19] According to a study completed in Johannesburg, South Africa, gay men and lesbian women were found to have different protection needs, especially as males thought themselves more at risk for sexually transmitted

[17] Maaygo and Advocates for Youth: Advancing the Sexual and Reproductive Health and Rights of LGBT-Youth in Kisumu County, Kenya. Retrieved from https://advocatesforyouth.org/resources/fact-sheets/maaygo-and-advocates-for-youth-advancing-the-sexual-and-reproductive-health-and-rights-of-lgbt-youth-in-kisumu-county-kenya/ on 11 June 2019

[18] National AIDS Control Council. 2015. Fast-track Plan to End HIV and AIDS among Adolescents and Young People. Retrieved from https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_532691.pdf on 2 May 2019

[19] Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People: Understanding and Eliminating Health Disparities. Retrieved fromhttp://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf on 11 June 2019

infections than women due to particular sexual practices, such as anal sex.[20] Thus, it is integral that any policy that seeks to reduce STIs address the specific needs and challenges faced by this group.

Approaches such as the promotion of HIV testing and counselling, the establishment of adolescent-friendly HIV counselling and testing sites, the capacity building of health care workers on the provision of high quality SRH services, among others, must take into consideration the needs and experiences of LGBTIQ adolescents. For LGBTIQ adolescents these services and approaches should provide safe spaces free of judgment and castigation. As the policy recommends the "… revision… of age and sex related restrictions that prevent adolescents from accessing full HIV and SRH services," this brief further recommends the removal of restrictions placed on full access on grounds of sexual orientation and gender identity.

In terms of research, the promotion of generation of adolescent-specific data and its utilization must disaggregate data on grounds of sexual orientation and gender identity with the guidelines for the development of such research taking into consideration the specific lived experiences and vulnerability of LGBTIQ adolescents.

d) Harmful 'Corrective' Practices

LGBTIQ adolescents experience specific harmful traditional practices such as conversion therapies aimed at "reversing" or "converting" non-heterosexual sexual orientations or non-cisgender gender identities into the "norm" and other forms of harmful practices meted out against them on account of their sexual orientation or gender identity such as forced marriages, genital mutilation, exclusion from the community, among others. We recommend that these intersecting forms of abuses against LGBTIQ adolescents be integrated into existing and new innovations. Foremost in this endeavour should be institutionalised efforts aimed at eradicating the stigma that has historically been placed upon members of the LGBTIQ community, including LGBTIQ adolescents, at the community, family, and individual level. Additionally, the Ministry of Health in conjunction with relevant government agencies and institutions, particularly the Ministry of Education and the Legislature must support appropriate policies and programs, as well as legal reforms and enforcement of the same that seek to reduce the prevalence of harmful traditional practices occasioned on LGBTIQ adolescents; some of which are sexually abusive thus necessitating SRH services. Although the statistics on the cases of expulsion on the basis of sexual orientation, gender identity and expression are sparse, there

[20] LGBTI-Psychosocial Services and Support Adolescents and Young People in Gauteng, Pretoria South Africa: Profiling the Psychosocial Support Services of OUT (Servicing the Lesbian, Gay, Bisexual and Transgender Community). Retrieved from https://www.omicsonline.org/open-access/lgbtipsychosocial-services-and-support-adolescents-and-young-people-in-gauteng-pretoria-south-africa-profiling-the-psychosocial-su-2155-6113-1000608.pdf on 11 June 2019

are numerous cases where adolescents have been expelled from school on this basis. This then leads to harmful practices such as conversation therapy which are the arbitrary conditions for readmission.

The introduction of laws that outlaw discrimination on grounds of sexual orientation and gender identity and expression is an evidence-based intervention that has been shown to reduce harmful practices against members of the LGBTIQ and should be pursued as a legitimate public health intervention with benefits extending from the LGBTIQ community to the larger society. The outlawing of conversion therapies for LGBT adolescents and genital mutilation against intersex adolescents, is another example of an effective evidence-based approach to promoting sexual and reproductive health of adolescents. Lastly, the needs and experiences of LGBTIQ adolescents should be integrated in the management of health consequences of harmful traditional practices, interventions aimed at preventing, responding to and mitigating these practices, as well as research into these harmful practices.

e) Drug and Substance Abuse

Although statistics are unavailable in Kenya, other jurisdictions have noted a higher incidence of drug use among LGBTIQ adolescents than non-LGBTIQ adolescents.[21] This may be attributable to[22] the lack of LGBTIQ-friendly approaches and interventions which means that LGBTIQ adolescents are left out in the provision of vital information that is integral to their enjoyment of the highest attainable standard of sexual and reproductive health. The provision of accurate information on the dangers of drug and substance abuse and the provision of medical, legal and psychological services must take into account the lived experiences of members of the LGBTIQ community that contribute to their higher likelihood of abusing drugs and the sexual and reproductive health needs that may then arise as a result.

f) Sexual and Gender-Based Violence (SGBV) amongst Adolescents to Improve Response

LGBTIQ adolescents have a higher likelihood of violence and discrimination than non-LGBTIQ adolescents. This is owing to religious and cultural belief within the society and communities they in. Additionally, these services (including medical, legal and psychosocial support) made available in instances of SGBV, should integrate fully the unique experiences of LGBTIQ adolescents. These range from intimate, the use of sexual violence as a conversion therapy tactic, and rape myths surrounding LGBTIQ adolescents. In preventing, responding to and mitigating sexual and gender based violence against LGBTIQ adolescents,

[21] Supra Note 7 above.
[22] NIDA. (2017, September 5). Substance Use and SUDs in LGBT Populations. Retrieved from https://www.drugabuse.gov/related-topics/substance-use-suds-in-lgbt-populations on 2 May 2019

law enforcement and health services providers should keep in mind the stigma associated with LGBTIQ and its effect on reporting abuses and their consequences, among other factors. The coordination of multi-sectoral and multi-pronged responses to SGBV should also consider and integrate the diversity of LGBTIQ victims and survivors of SGBV as well as myths, misconceptions and stereotypes that underlie rape culture and their negative effects on the prosecution of sexual violence.

g) Address SRHR needs of Marginalized and Vulnerable Adolescents

Although LGBTIQ adolescents can be legitimately considered to be marginalised and vulnerable, it is also important to understand that sexual orientation and/or gender identity and expression intersect with other forms of marginalisation and vulnerability, affecting this group in unique ways. For example, although LGBTIQ adolescents face a heightened risk of violence, a higher likelihood of engaging in drug use, and higher likelihood of being exposed to sexual exploitation, this group might face heightened risks when also exposed to factors such as poverty, being transgender or intersex, or living in conflict or disaster areas. Adopting a framework that addresses the intersection of these forms of marginalisation and vulnerability also enables the government and its partners to plan and respond effectively to challenges experienced by specific groups. Initiatives catered to specific groups (e.g. adolescents with disability, for example) should treat this group as a group with as much diversity as the rest of society. The generation and utilization of data on marginalised and vulnerable adolescents, including data collection and analysis processes, must adopt and implement an intersectional approach which favours a critical approach to analysing challenges faced by certain groups, including LGBTIQ adolescents.

Recommendations for the Implementation of ASRH Policy

The ASRH Policy states that it shall be implemented "in line with existing national policies and strategies through a multi-sectoral approach that includes collaboration and partnerships with state and non-state actors including adolescents." As stated in the foregoing, Article 43 (1) of the 2010 Constitution provides the legal framework underpinning the provision of adolescent friendly and adolescent centred health care in the country. By entitling "every person" to the "highest attainable standard of health… including reproductive healthcare," Articles 21, 43 (1), 53(1) and 56 of the Constitutional provides a strong legal foundation for the protection and promotion of the rights of LGBTIQ adolescents to sexual and reproductive health.

LGBTIQ adolescents experience stigma violence, discrimination, and exclusion that prevent this group from enjoying the highest standard of sexual and reproductive health in the country. In the foregoing, this policy brief has discussed how the continued existence of laws criminalising same-sex conduct have contributed to a state of affairs in which the health needs of LGBTIQ adolescents are inadequate and in most instances, unmet. Any efforts aimed at supporting access to and provision of high quality and affordable adolescent-friendly SRH services must include LGBTIQ adolescents for them to be deemed sufficient.

1. The MOH together with civil society actors as well as other service providers, should lead evidence-based initiatives which shall then see resource allocation for ASRH programmes that address specific needs of and challenges faced by LGBTIQ adolescents as part of efforts to secure funding, coordinate and harmonise donor support and establish financial mobilization efforts aimed at funding LGBTIQ adolescent sexual and reproductive health initiatives.

2. The MOH to enhance the disaggregation of data to include information on education level, income level, ethnicity, religious background, disability, as well as sexual orientation and gender identity. In addition to this, data protection, the right to privacy, and the use of data for the use it was intended for are important components for the health management information system.

3. We recommend for capacity building initiatives aimed at enhancing the knowledge, skills, experience of healthcare workers who provide services to LGBTIQ adolescents. In particular, these capacity building initiatives should provide LGBTIQ sensitivity training, information on the lived experiences and sexual and reproductive health needs of LGBTIQ adolescents, as well as approaches aimed at enhancing LGBTIQ-centeredness and friendliness in providing adolescent sexual and reproductive health services.

4. We recommend that the Ministry of Health work closely with civil society organisations, including members of the RHRN Kenya, in integrating LGBTIQ-centeredness and friendliness in providing adolescent sexual and reproductive health services. Overall capacity-building initiatives should be part and parcel of efforts to integrate the needs and experiences of LGBTIQ adolescents in all aspects of the health sector including training. In terms of service delivery systems, the Ministry of Health should ensure that adolescent sexual and reproductive health services are delivered in "ways that are responsive to specific needs, vulnerabilities and desires of adolescents."[23] Adolescents include a wide group of individuals who are in and outside school, of productive and working age, and living in different socio-economic contexts. In the foregoing, it has been established that LGBTIQ adolescents experience differentials in access. Additionally, the institution of specific approaches to the implementation of the ASRH Policy with a view to recognising the needs and challenges faced by LGBTIQ adolescents will be an important step in the full implementation of the policy in line with the implementation framework. Indeed, the ASRH Policy mentions components such as equitability, privacy and confidentiality, adolescent involvement, and reliability and consistency as key to assessing whether health services are to be considered adolescent friendly. The incorporation of an understanding of LGBTIQ adolescents' experiences, challenges, and needs is in step with this approach.

[23] Ministry of Health, Government of Kenya. (2015). National Adolescent Sexual and Reproductive Health Policy pp. 24. Retrieved from https://www.popcouncil.org/uploads/pdfs/2015STEPUP_KenyaNationalAdolSRHPolicy.pdf on 2 May 2019.