

Piloting youth participation – *Youth Participation in Kenya*

In Western Kenya community health committees started working with young people to improve access to quality SRHR information and services for youth. After the pilot, bottlenecks to effective meaningful youth participation were researched. This research identifies barriers and enablers of youth involvement in detail.

Youth assigned to service roles

The Community Health Committees (CHCs) decide about local health matters, including SRHR issues. They include local authorities, formal health and SRHR-service providers, community leaders and community representatives. At this stage, elected youth representatives are involved and assigned certain roles within the committee like raising awareness on SRHR issues, counselling peers and referring youth to health services. They also have a supporting role in the Community Health Committee, like taking notes and driving health facility vehicles. However, these roles do not yet improve youth access to quality SRHR services.

Although youth were represented in all committees and adults had a positive perception towards this kind of youth involvement, their roles are not really *meaningful*. Young representatives themselves are eager to be involved in decision-making on health service provision and setting the health agenda. They would like to have their opinions heard, for instance on budget allocations and project management of youth SRHR programmes. They also feel adults are not suited to address youth SRHR issues.

Barriers to youth participation

Youth face several barriers for improved participation. At the individual level young people are sometimes unable to participate because they have no financial means for transport or lunch. At the committee level, many adults felt youth lacked the attitude, ability or skills needed for leadership roles, for instance adequate knowledge on SRHR. Yet young people indicated that the slow implementation of youth SRHR activities discouraged them from actively attending meetings. Moreover, youth felt they were not given an opportunity and their views were not taken seriously by older committee members.

Recommendations

- Schedule activities in agreement with young representatives so they can volunteer after school or college hours. Plan for a sustainable succession system to address the migration of youth members because of job opportunities or marriage.

Facts about the research

Where?

Nyanza and Western regions of Kenya

By whom?

- Tropical Institute of Community Health of the Great Lakes University of Kisumu (GLUK)
- Simavi

For whom?

Communities, local governments and formal health care services, youth aged 15-24.

Scope of the research

Interviews and focus group discussions with group members, volunteers and representatives (15-24 years) and committee members.

- Be clear about the role of young volunteers, their performance and expectations. Sensitise youth on volunteering and their right to participate, and expand opportunities for youth involvement.
- Develop the capacity of youth representatives through activities like mentoring, (refresher) training and assignments that can equip them with the relevant knowledge and experience necessary to take up leadership roles.
- Motivate and reward youth with reimbursements for transport and lunch, and with non-monetary incentives like certificates.
- Encourage local leaders to recognise youth representatives; this helps to strengthen the status of young people within the community.
- Encourage adults to understand the importance and benefits of meaningful youth participation. Including the voice of youth in planning SRHR-interventions means a better understanding of young people's needs and helps to create better solutions.

