

Strategic Plan

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Information | Services | Enabling Environment

Facilitated and compiled by

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2021-2025

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Abbreviations and Acronyms

AA!	Africa Alive.	UNESCO	United Nations Education, Scientific and Cultural Organization.
ADS Nyanza	Anglican Church of Kenya development services.	UNFPA	United Nations Population Fund.
AGM	Annual General Meeting.	UNICEF	United Nations Children's Fund.
AIDS	Acquired, Immune Deficiency Syndrome.	WOFAK	Women Fighting AIDS in Kenya.
ASRH	Adolescent Sexual Reproductive Health.	GBV	Gender based Violence.
AIRSHIP	Ambassador for youth Reproductive Health Education Programs.	SGBV	Sexual Gender based Violence.
BPEST	Business, Political, Economic, Social, technological and Environment Analysis.	LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning.
CSA	Center for the Study of Adolescence.	CSE	Comprehensive Sexuality Education.
CLK	Childline Kenya.	SDG	Sustainable development goal.
CHAI	Clinton Health Access Initiative.	M & E	Monitoring and Evaluation.
CSO	Civil Society Organizations.	VSL	Village saving and loaning.
FHOK	Family Health Options Kenya.	MCF	Micro-Finance.
GoK	Government of Kenya.	PHE	Public Health Education.
HIV	Human Immuno-deficiency Virus.	OCA	Organizational Capacity Assessment.
ICT	Information Communication and Technology.	YFS	Youth friendly Services.
KMET	Kisumu Medical Educational Trust.	FGM/C	Female genital mutilation/cutting.
MoH	Ministry of Health.	HMIS	Health Management Information System.
NAYA	Network for Adolescent Youth of Africa.	IEC	Information, Education Communication.
NPC	National Programme Coordinator.	NGO	Non-governmental Organizations.
NSC	National Steering Committee.	INGO	International Non-governmental Organizations.
RHRN	Right Here, Right Now.	ICPD	International Conference on Population and development.
SRHR	Sexual Reproductive Health Rights.	TWG	Technical Working group.
SWOT	Strengths, Weaknesses, Opportunities and Threats.		
UNAIDS	United Nations AIDS Fund.		

Foreword

From the National Steering Committee Chair

SRHR Alliance – Kenya Strategic Plan 2021-2025, which outlines the strategic visions and goals we have identified to help the Alliance realize her full potential and better fulfil the mission to serve the society as -Kenyan citizens as well as the wider community as global citizens.

The process of formulating this Strategic Plan has given us the opportunities to -reflect on past achievements, emerging strengths and challenges, determine our vision, mission and goals in the light of challenges ahead, and put forward innovative strategies to support accelerated improvements in the realization of quality, responsive and accessible SRHR information and services for all.

The strategic themes as highlighted by our Strategic Plan attest to our commitment to achieve excellence through our core functions of mobilizing, empowering, developing and sustaining of evidence based SRHR programmes and organizations as well as our duty to engage stakeholders and the community for enabled environment to enjoy full rights of SRH by all.

In order to implement the strategic aims, we need to develop an enabling environment in which our human, financial and physical resources are appropriately allocated and deployed to help us attain sustainable excellence in programming, implementation, advocacy and policy influence. Similarly, the Alliance aims to maintain a world-class infrastructure that supports our partner organizations' endeavors in an information age.

The Strategic Plan represents the concerted efforts of the Alliance stakeholders, whose valuable input has been incorporated in this document. Let me take this opportunity to thank all of them for giving us so much food for thought during the process of consultation and drafting of the Strategic Plan. I would like to thank, in particular, the National Steering Committee for approving the Strategic Plan and taking up the responsibility for overseeing and monitoring its implementation.

I am sure through collaboration of our partner organizations and supporters, the goals we aspire to accomplish will in time translate into milestones that will make us proud. By investing in the future of the Alliance we are investing to build a better future for our young people in Kenya, the region and global communities. I would like to invite you to join hands with us to help this fine and unique Alliance maintain its characteristics whilst fostering its further developments. May I thank you heartily for taking an interest in the future of our Alliance and the communities we serve.

Dr. Charles Wafula, PhD

NSC – Chair

2021

Acknowledgement

from the National Coordinator

The Alliance believes that Sexual Reproductive Health and Rights is a Human Right. We acknowledge the extraordinary progress of the past two decades that has changed the SRHR landscape in Kenya, with the realization of international agreements and commitments to address SRHR. We also recognize that young people, women and marginalized groups still experience some of the poorest reproductive health outcomes and so for the last nine years, the Alliance has successfully implemented SRHR programs that have focused on improving the SRHR for adolescent girls, women and the marginalized groups. And with this we have gained a unique position, experience and expertise to effectively deliver SRHR interventions in Kenya.

Our focus is to ensure that sexual reproductive health for all is realized and our 2021-2025 strategy sets out how we intend to accomplish this by ensuring that no one is left behind. We will aim for excellence in our work and matched with the loyalty of our supporters, beneficiaries, partners and donors this gives us the confidence to launch this ambitious strategy. In this five-year strategy, we are committed to being externally engaged, open to opportunity, and willing to integrate change on a continuous basis. In this regard, we have scaled up our programs to include humanitarian programming, expansion into different sectors, innovation & technology, and building new partnerships, especially with the private sector.

I would like to appreciate all Alliance members who have walked this journey and who continue to prioritize and promote SRHR in their respective organizations and spaces. Special thanks go to the National Steering Committee, the technical committee, the secretariat, youth council, staff at member organizations, and young people for their valuable guidance and the role they played during the planning, developing and the validation process during the development of this strategic plan. I would also like to thank the Ministry of Health and Ministry of Education for continuously supporting the Alliance over the years, and to the County Governments, our close allies and partners, we are grateful for your partnership and collaboration without whom implementation of our programs would be very difficult. Special acknowledgement and appreciation to our international partners especially the Dutch Ministry of Foreign Affairs, Embassy of the Netherlands in Kenya, Rutgers, SIMAVI, Dance 4 Life, Choice for Youth Sexuality IPPF and Aidsfonds! for the strong financial, technical and moral support over the years. Dr. Charles Oyaya and his team at IDEA, thank you for steering and facilitating this process.

It is our hope that during the implementation of this strategic plan you will not only constructively critique but also propose realistic ways for us to not only improve but ensure that the expectations and targets set are achieved or even exceeded.

Our success depends on our ability to stay true to our mission, our core values, our ability to work together and to do all this as a team.

Sincerely,

Mwikali Kivuvani

National Coordinator
SRHR Alliance

Executive Summary

The Sexual Reproductive Health and Rights (SRHR) Alliance Kenya is a national consortium of 17 civil society organizations and institutions working to promote the sexual and reproductive health and rights of young people and women in Kenya. The organizations have experience and expertise in implementing SRHR and GBV programming supported by evidence-based research with a particular emphasis on adolescents especially girls, women and marginalized groups including people living with HIV, disabilities and LGBTIQ community, aged 10-24 years in Kenya. In Kenya, our partners comprise of a diverse group of passionate SRHR champions and advocates who ensure that every person enjoys his or her sexual and reproductive health and rights irrespective of their background.

This strategic plan forms a basis for programming and advocacy in emerging SRHR priorities, emerging global trends and other health, social and environmental concerns. The plan has been developed through a participatory and consultative process which began with internal and external consultative meetings with key and relevant stakeholders, Key Informant Interviews (KII's), desk review of the previous strategic plan, a review of other strategic Alliance documents

and a 3-day consultative workshop with the National Steering Committee (NSC), secretariat and young people. The Alliance engaged a consultant who facilitated the development process finalizing it with a validation meeting with member organization, staff, and external partners (developmental partners, Government line ministries/agencies, County governments, key SRHR stakeholders and our beneficiaries, (young people and communities).

The Strategy is informed by the success and challenges in delivering the objectives of the 2015-2019 strategy which

- Contributed to major achievements in SRHR for young people in Kenya;
- Addressed the challenges of access and uptake of SRH services and information by young people at youth friendly centers and
- Created enabling environments for SRHR advocacy for young people and communities in Kenya.

The 2021-2025 plan articulates and is geared towards increasing scale up of interventions that support comprehensive and quality SRHR services, provision of comprehensive sexuality education (CSE) and empowerment of young people to advocate for their own SRHR. The priorities under this strategic plan are aligned with international, regional and national instruments such as the Sustainable Development Goals (SDGs) 3, 4, 5 and 10 which encompass the areas of SRHR, gender and education, ICPD Program of Action (PoA), Convention on the Rights of the

Child (CRC), the Maputo Protocol, the Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013). The strategy also addresses priorities of the Constitution of Kenya (2010), National Reproductive Health Policy (2007), National School Health Policy (2009), National Gender-Based Violence (2014) which are all aimed at ensuring healthy and productive young people in line with vision 2030.

In the next five years, the Alliance strategic objectives include:

Objective 1	Objective 2	Objective 3	Objective 4
To improve policy, legal and governance environment for the realization of the sexual and reproductive health and rights of young people, women and the marginalized;	To increase demand for and sustainable access to quality sexual and reproductive health (SRH) services and rights including comprehensive sexuality education and information for adolescent and young people, women, the vulnerable and marginalized in diverse settings;	To strengthen SRHR research, M&E and knowledge management capacity for evidence-based decision making and programming; and	To strengthen institutional capacity of the Alliance and forge strategic partnerships for successful resource mobilization for sustainable response to SRHR challenges/interventions at all levels.

The plan recognizes that sustaining the promotion and protection of SRHR at national and county levels is ambitious and expensive and to do that, the Alliance must vigorously and tirelessly source for funds and use all opportunities; which entails diversification of funding from international and regional partners, advocating for an increase in domestic funding, Private Public Partnerships (PPPs) and growing its membership.

1.0

Introduction and Background

1.1 Introduction

This document describes SRHR Alliance's Strategy for the next five -year period 2021-2025 and lays out the strategic themes, goals and activities that will provide the overall direction for the Alliance to implement its agenda. The Strategic Plan was developed through a process involving engagement from the alliance members, and analysis and inputs. The first step involved a three-day workshop bringing together the Alliance staff and the National Steering Committee members to review the Alliance's Strategic outlook, environment and Strategic Plan 2015-2019, and to identify new priorities for the next strategic plan period 2021-2025. The workshop process involved carrying out strategic analysis (PESTEL, SWOT, Risk and Stakeholder analysis); review of the strategic plan 2015-2019 and formulation of the Alliance's next strategic plan Key informant interview were also held with various Alliance stakeholders to provide further recommendations on areas the organization should focus on.

The new strategic plan 2021-2025 builds upon the key achievement, challenges experienced and lessons learnt by the Alliance to date and take into account the changing economic, social and legal environment within which the Alliance operates. In line with this, one of the key focus of the strategic plan is sustainability both in terms of institutional and financial sustainability. With current change in the funding environment,

the Alliance has identified the need for a robust resource mobilization and financial sustainability strategy that will enable it to expand, diversify and effectively leverage on the available funding opportunities both globally and domestically.

Given the cross-cutting nature of SRH, the Alliance aims to provide a more holistic and multi-sectoral, inclusive approach to SRH which will incorporate broad area of issues including climate change, WASH economic empowerment among others. This has led to the need to revise the Alliance's mission statement to reflect this new approach. Broadly, the Strategic Plan focuses on four strategic intervention areas including:

Improving policy and legal environment for SRHR;

- **Increasing demand for, and sustainable access to quality sexual and reproductive health (SRH) services and rights;**
- **Strengthening SRHR research and M&E capacity for evidence based advocacy, decision making and programming; and**
- **Strengthening institutional capacity and strategic partnerships for comprehensive and sustainable response to SRHR challenges at all levels.**

1.1.1

Vision, Mission, and Core Values

Our Vision

Sexual and reproductive health and rights for all.

The Mission

To harness strategic partnerships that promote sustainable realization of SRHR for young people, women, and marginalised groups and that contribute to empowerment and sustainability of communities.

Our Core Values

The Alliance is guided by core values that are shared and espoused by the partners. They form the foundation for interactions within the Alliance and with external stakeholders.

- **Respect for diversity.**
- **Commitment to partnership.**
- **Commitment to deliver value for money.**
- **Respect for human rights.**
- **Commitment to uphold integrity and accountability.**
- **Commitment to learning and innovation.**

1.1.2

Our Why

The key objectives of the Alliance include:

- i. To increase access to comprehensive sexuality education and Sexual and Reproductive Health information among young people.
- ii. To increase demand for and access to quality sexual and reproductive health (SRH) services.
- iii. To create an enabling environment for the realization of the sexual and reproductive health and rights of young people, women and the marginalized.

1.1.3

Target Groups

The primary target group in the Alliance is adolescents especially young girls, young people aged 10 – 24 years, women and marginalized groups including; vulnerable young people in urban slums, fishing communities and hard to reach rural areas; young people in refugees' settlements; young people living with HIV/AIDS; young people with disabilities and young people among key populations.

1.1.4

Governance

The Alliance operates within four mains structures; the National Steering Committee (NSC) which consist of heads of member organizations and is the highest decision-making organ with responsibility for all decisions relating to the strategic direction and governance of SRHR Alliance; The secretariat headed by the National Coordinator (NC) who is also an ex-official member of the NSC and is responsible for the overall coordination of the Alliance and its programmes.

2.0

Context and Problem Analysis

2.1 SRHR progress and Challenges

In 1994, 179 governments adopted the International Conference on Population Development Program of Action (PoA) which placed human wellbeing at the center of sustainable development rather than achieving numeric demographic targets. The PoA has been hailed as remarkable in its recognition of reproductive health as human right. Since its adoption there have been significant global gains made towards expanding access to reproductive health. This includes reduction in maternal related deaths, lowering of birth rates including by adolescents, increased use of contraceptives as well as rise in education levels.

However, despite the progress made there still challenges that need to be addressed before the goals of the program are fully realized. Lack of access to sexual and reproductive health care remains a significant global health concern for men, women, trans and intersex people around the world. It is currently estimated that approximately 800 women still die every day from childbirth and complications of pregnancies, and more than 202 million women still have unmet needs for modern contraception. Globally, half of new HIV infections occur in 15-to-24-year-olds, and one third of new cases of curable sexually transmitted infections (STIs) affect people younger than 25. There are about 376 million new cases of sexually transmitted infections (STIs) each year and about 1.8 million new HIV infections. Furthermore about 7.4 million people lack HIV treatment.

Moreover, the achievements made have not been even, with some regions lagging behind or making little or slower progress. In Africa, less than one-third of the population has access to sexual and reproductive health services. In sub-

Saharan Africa, where a large number of people live in poverty, women's sexual and reproductive health is undermined by gender inequality and other factors that impede on women's freedom to make decisions about sex and reproduction. In 2017, more than 90% of maternal death occurred in low resource settings with sub-Saharan Africa accounting for about two thirds of maternal deaths. Contraceptive prevalence rate also remains low compared to global rate estimated at 38.6% and 17.6% in East and Southern Africa and West and Central Africa respectively and the Adolescent Birth Rate (ABR) is twice higher compared to the global rate at 118 births per 1,000 girls. It has been projected that between 2015 and 2035 sub-Saharan Africa will have one of the highest increases in the number of live births among adolescent girls from an annual average of six million to about 9.2 million if the current trend is maintained.

In Kenya

In Kenya, it is estimated that about 33% of the population is composed of persons aged 10-24 years. The median age at first sex in Kenya is about 18 years for women and 17 years for men. Though the median age at first sexual intercourse has remained stable over time, about 12% of young women and 21% of young men aged between 15-24 years have had sexual intercourse before age 15, while 47% of young women and 55% of young men between the ages of 18-24 years have had sexual intercourse before age 18 years.

According to Kenya Demographic and Health Survey 2014, one in every five adolescent girls between the ages of 15-19 have begun child bearing (KDHS 2014). Among the adolescent girls who had begun child bearing, 29% reported that the previous birth or current pregnancy was unintended. The current estimates put adolescent birth rate at about 96 per 1,000 women aged 15 to 19. The maternal mortality ratio was estimated at about 510 per 100, 000. The contraceptive prevalence rate is estimated 65% with unmet need for family planning at 14%. According to the 2014 KDHS, the contraceptive prevalence rate among sexually active unmarried girls aged 15-19 years was 49% while unmet need for contraceptives for married adolescents 15-19 years was 23%.

In Kenya, 51% of new HIV infections that occurred in 2015 were among young people aged 15-24 years. This is further compounded by the fact that comprehensive knowledge of HIV among adolescents stands at 52% for girls and 58% for boys, while the rate of condom use among sexually active adolescent girls and boys is 56% and 66%, respectively.

According to a national study on unsafe abortion in Kenya, women below age 19 years who sought care for abortion-related complications in health

facilities in 2012, accounted for 17% of all women seeking post-abortion care services. Additionally, women below age 19 years accounted for about 45% of severe abortion-related admissions in hospitals. Evidence also shows that adolescents living in marginalized communities such as informal settlements have poorer sexual and reproductive health (SRH) outcomes compared with their counterparts living in other urban settlements. Similarly, adolescents living with disabilities tend to face heightened vulnerability to SRH risks due to inadequate information and services targeting their specific needs.

Sexual and Gender Based Violence remains a key issue of concern among adolescents in Kenya. According to 2014 KDHS, about 7% girls and 3% of boys aged 15-19 years have ever experienced sexual violence, while 32% of girls and 42% of boys reported ever experiencing physical violence since age 15. The capacity of adolescents to report violence remains limited with only 33% of girls and 20% of boys aged 15 – 19 years demonstrating capacity to seek help. The national prevalence of female genital mutilation (FGM) on the other hand stands at 11% among adolescent girls aged 15-19 years, with disparities ranging from 1% in Western to 98% in North Eastern region.

2.2 Alignment to Global and regional policy context

Kenya's commitment to addressing SRH issues is demonstrated by the fact that the country is a signatory to several international and regional treaties and declarations. These include Convention on the Rights of the Child (CRC) ratified in 1990, Program of Action of the International Conference on Population and Development (ICPD, 1994, the SDGs, the Maputo Protocol and the Ministerial Commitment on Comprehensive Sexuality Education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013) among others.



The Sustainable Development Goals 3 (ensure healthy lives and promote wellbeing of all ages) and 5 gender equality and women empowerment set out the global agenda for SRHR. They include several targets related to health, education, gender equality and empowerment of women and girls.

In 2019, while marking the 25th anniversary of the ICPD Program, governments further reaffirmed their commitment to fully implementing the Program of Action (PoA) noting that SDGs could not be attained unless the ICPD Program of Action were met. These commitments are centered around the following:

- Achieving universal access to sexual and reproductive health rights as part of universal health coverage this includes zero unmet need for family planning information and services, zero preventable maternal deaths and morbidities, comprehensive and age -responsive information, education and adolescent -friendly comprehensive, quality and timely services
- Address sexual and gender-based violence and harmful practices including zero sexual and gender-based violence and harmful practices, elimination of all forms of discrimination against all women and girls
- Mobilize the required financing to finishing ICPD Programme of Action and sustain the gains already made
- Draw on demographic diversity to drive economic growth and achieve sustainable development
- Uphold the right to sexual and reproductive health services in humanitarian and fragile contexts

The States obligation to protect and to promote women's enjoyment of sexual and reproductive rights requires states to both remove obstacles and create an enabling environment. Eliminating stigmatization and discrimination related to reproductive health is essential for the promotion of women and girls' rights to contraception and safe abortion services. This entails supporting women's empowerment; sensitizing and educating communities, religious leaders, traditional chiefs and political leaders on women's sexual and reproductive rights; and training health care workers. The table below presents the reproductive health rights, legal and policy indicators.

Table 1: Reproductive health rights: Legal and Policy indicators

Name/ description of indicator	Codes	Explanation of the indicator codes	Explanation of the indicator codes
Indicator 1 – Constitutional provision on the right to health	Yes	There is a constitutional provision on the right to health	
	Yes*	The constitutional provision specifically speaks of right to reproductive health	
	No	There is no constitutional provision on the right to health	
Indicator 2 – Joined CARMMA campaign	Yes	Country has joined and launched a CARMMA campaign	
	No	Country has not joined the CARMMA campaign.	
Indicator 3 – Government funding for health at least 5% of GDP ²⁰	Yes	Government funding for health is at least 5% of GDP	
	No	Government funding for health is less than 5% of GDP	
Indicator 4 – Government funding for health at least 15% of annual budget ²¹	Yes	Government funding for health is at least 15% of annual budget	
	No*	Target of 15% government funding for health of annual budget is not achieved but country is making progress; percentage is between 10% and 15%	
	No	Target of 15% government funding for health of the annual budget is not achieved; percentage is below 10%	
Indicator 5 – Legal guarantees to access safe abortion	When life mother is endangered	Yes	Abortion is allowed when the life of the mother is in danger
		No	Abortion is not allowed when the life of the mother is in danger

	When mental and or physical health of mother is threatened	PH	Abortion is allowed when the physical health of the mother is threatened
		MH	Abortion is allowed when the mental health of the mother is threatened
		PH+MH	Abortion is allowed when the health of the mother is threatened (physical and mental health both mentioned explicitly)
		H	Abortion is allowed when the health of the mother is threatened (no further specification given)
		No	The mother's health is not provided as a grounds for accessing safe abortion
	In case of sexual assault, rape or incest	Yes	Abortion is allowed in case of sexual assault, rape or incest
		No	Abortion is not allowed in case of sexual assault, rape or incest
	In case of foetal impairment	Yes	Abortion is allowed in case of foetal impairment (when survival of foetus is threatened, when foetus suffers from serious deformities incompatible with survival or in case of impairments after birth).
		No	Abortion is not allowed in case of foetal impairment (when survival of foetus is threatened, when foetus suffers from serious deformities incompatible with survival or in case of impairments after birth)
	On other grounds	Yes	Abortion is allowed on other grounds than the ones listed above ²² (footnote is provided with explanation on grounds for abortion provided for)
		No	Abortion is not allowed on other grounds than the ones listed above

2.3 Constitutional, legal and Policy framework

Kenya has established a favorable legal and policy framework for addressing Sexual Reproductive Health (SRH) issues. These include

1. **The Constitution of Kenya (2010),**
2. **Health Act, Sexual Offences Act (2006),**
3. **Children's Act (2001),**
4. **Counter Trafficking in Persons Act (2010),**
5. **Prohibition of FGM Act (2011), Person with Disability Act (2003),**
6. **HIV and AIDS Prevention and Control Act (2006), and Marriage Act (2014),**
7. **National Reproductive Health Policy (2007), National Youth Policy (2007),**
8. **Sessional Paper No. 3 on Population Policy for National Development (2012),**
9. **Gender Policy in Education (2007), Kenya Health Policy (2012-2030),**
10. **Kenya Health Sector Strategic and Investment Plan (2013-2017),**
11. **Education Sector Policy on HIV and AIDS (2013),**
12. **National School Health Policy (2009),**
13. **National Gender-Based Violence (2014) and**
14. **Kenya Vision 2030.**

Article 26 (4) outlines broad legal framework with regard to safe and post-abortion care. It allows abortion where in the opinion of a trained health professional there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

Article 35 (1) (b) provides every citizen the right of access to information held by another person and required for the exercise or protection of any right or fundamental freedom.

Article 43 (1) (a) and (2) guarantees the right of every person to the highest attainable standard of health, which includes the right to health care services, including reproductive health care as well as the right not to be denied emergency medical treatment.

Article 45 (2) of the Constitution of Kenya set the minimum age of free consent to sexual activity and marriage at 18 years for both girls and boys.

Article 53 (1) (c) and (d) guarantees every child the right to health care and to be protected from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labor.

Article 55 (d) of the Constitution further requires the State to take measures, including affirmative action programmes, to ensure that the youth are protected from harmful cultural practices and exploitation.

Article 56 (e) also requires the State to put in place affirmative action programmes designed to ensure that minorities and marginalized groups have reasonable access to water, health services and infrastructure.

In line with the National Reproductive Health Policy, (2007) objective of improving sexual and reproductive health of adolescents and youth the National Adolescent Sexual and Reproductive Health Policy, 2015 aims to enhance the SRH status of adolescents in Kenya and contribute towards realization of their full potential in national development. The Policy intends to bring Adolescent Sexual and Reproductive Health and Rights issues into the mainstream of health and development.

2.4

Analysis of the SRHR Alliance's internal and external environment

There are many factors that influence and/or affect the effectiveness of SRH interventions and outcomes within the external and internal environment of the organization. These factors must be identified with the objective and target of ensuring universal access to sexual and reproductive health services and rights agreed in accordance with the Programme of Action (PoA) of the International Conference on Population and Development (ICPD) are to be realized.

Tables 2-3 present the results of the analysis of both the SRHR Alliance's internal and external environmental including Political, Economic, Socio-Cultural, Technological, Environmental and Legal (PESTEL); and Strength, Weakness, Opportunities and Threat (SWOT) analyses

Table 2: Political, Economic, Socio-Cultural, Technological, Environmental and Legal (PESTEL) Analysis

Environment	Challenges for SRHR Alliance	Opportunities for SRHR Alliance	How has the environment changed over the last 5 years for SRHR Alliance?	How is the environment likely to change over the next 5 years for SRHR Alliance?	What are the possible risks/obstacles to achieving SRHR Alliance objectives?
Political	<ul style="list-style-type: none"> → Lack of political goodwill at national to implement SRHR Policies and guidelines e.g., CSE → Change & transitions of key health personnel at county level e.g., firing of CECs → Politically Marginalized counties still contributing to low SRHR Indicators → Reduced influence for the alliance in the MoE 	<ul style="list-style-type: none"> → Goodwill from the national and county executives: Interest & commitment to support health e.g., Big 4 agenda → Health financing commitment e.g., NHIF broadening package of care → Increased funding for the marginalized areas → National & County first ladies supporting SRHR agendas 	<ul style="list-style-type: none"> → Conservative voices are gaining political traction & visibility 	<ul style="list-style-type: none"> → More restricted space during electioneering period e.g., emotive topics like CSE, abortion → New political formations post BBI 	<ul style="list-style-type: none"> → Electioneering year in 2022

Environment	Challenges for SRHR Alliance	Opportunities for SRHR Alliance	How has the environment changed over the last 5 years for SRHR Alliance?	How is the environment likely to change over the next 5 years for SRHR Alliance?	What are the possible risks/obstacles to achieving SRHR Alliance objectives?
Economic	<ul style="list-style-type: none"> → Reduced funding mechanisms because of middle income status → Increased poverty i.e., increased wealth gap → Increased marginalization in country → Allocation of resources for counties based on the population resulting to marginalization of counties → High Debt burden → High cost of living 	<ul style="list-style-type: none"> → Diversify economic space to the east → Source for the non-traditional funders → Build broader partnerships (partner with other country alliances) → Advocate for increased domestic health financing → Increased social accountability 	<ul style="list-style-type: none"> → Reduced donor funding → Reduced partnerships based on donor interest → Change from Aid to Trade → Journey to self-reliance → More people are vulnerable to adverse SRHR indicators 	<ul style="list-style-type: none"> → Less investment in health leading to more people being vulnerable to adverse SRHR indicators → Kenya is currently indebted thus investments will reduce from social investments to servicing debts 	<ul style="list-style-type: none"> → Increased poverty thus reduced health indicators → Change in priorities in the households → Increased mortalities → Catastrophic health expenditures among the vulnerable and marginalized groups → Reduced donor funding
Socio-cultural	<ul style="list-style-type: none"> → Cultural oppositions to SRHR issues → Medicalization of FGM → Harmful cultural practices e.g., FGM/c 	<ul style="list-style-type: none"> → Cultural institutions as entry points e.g., cultural elders can be used as entry points for SRHR, fight against SGBV → Use of culture to improve SRHR e.g., Male circumcision → Political good will and declarations to end harmful practices including FGM & beading → Free primary education has increased literacy 	<ul style="list-style-type: none"> → Shift from cultural to medicalized FGM 	<ul style="list-style-type: none"> → Progressive context due to increased access to information, education → Progressive Regional laws that can be adapted in country → Increased evidence for SRHR programming 	<ul style="list-style-type: none"> → Upsurge in HIV/ AIDS & STIs cases due to lack of access to information

Environment	Challenges for SRHR Alliance	Opportunities for SRHR Alliance	How has the environment changed over the last 5 years for SRHR Alliance?	How is the environment likely to change over the next 5 years for SRHR Alliance?	What are the possible risks/obstacles to achieving SRHR Alliance objectives?
Technological	<ul style="list-style-type: none"> → Increasing online sexual violence, exploitation, cyber bullying → Increased online hackers: data insecurity 	<ul style="list-style-type: none"> → Data protection and cyber-crime laws → Increased social-media channels for information dissemination → E & M health solutions development over 80% → internet penetration, over 100% mobile penetration 	<ul style="list-style-type: none"> → Increased utilization of e & m health platforms for information & linkage to health services → Improved attention on online safety for children → Utilization of online platforms as an alternative voice for advocacy → World becomes a global village: replication & scale of High Impact & evidence-based initiatives made easier 	<ul style="list-style-type: none"> → Emergence of innovative ICT solutions for SRHR programming → More use of technology for health solutions 	<ul style="list-style-type: none"> → Increasing online abuse & cyber bullying
Environment	<ul style="list-style-type: none"> → Continued deforestation, logging, huge plastic disposal in water bodies → Reduced focus in Primary school environmental clubs for kids → Adverse impact of climate change on human health 	<ul style="list-style-type: none"> → Improved political commitment to conserving the environment → Increased renewable energy & going green initiatives → National strategy on climate change mitigation and adaptation 	<ul style="list-style-type: none"> → Improving political commitment for environmental conservation and protection → Increased awareness on environmental conservation → Increased appreciation of the need for health sector climate change adaptation and mitigation strategy 	<ul style="list-style-type: none"> → More commitment and investment by government → Integrating Population Health & Environment as a programming theme e.g., FP/ SRHR & Environment → Linkage between SRHR issues & environment 	<ul style="list-style-type: none"> → Global denial of climate change → Intensification of the adverse impact of climate change on public health

Environment	Challenges for SRHR Alliance	Opportunities for SRHR Alliance	How has the environment changed over the last 5 years for SRHR Alliance?	How is the environment likely to change over the next 5 years for SRHR Alliance?	What are the possible risks/obstacles to achieving SRHR Alliance objectives?
Legal	<ul style="list-style-type: none"> → Passing of non-progressive laws at the national and county levels → Lack of implementation of court orders 	<ul style="list-style-type: none"> → Support in development of policies & bills → Ride on global & strategic litigation 	<ul style="list-style-type: none"> → Reinstatement of safe abortion guidelines → Legal awards by Kenyan courts emphasizing rights of SGBV survivors → Progressive Interpretation and implementation of laws e.g., Maputo ruling & the penal codes 	<ul style="list-style-type: none"> → Expansion of the legal SRHR cases and better judgement → Review of CEDAW report: Commitment to SRHR and gender equality & women empowerment 	<ul style="list-style-type: none"> → Political interferences & intimidation of judiciary processes → Passing of Non-progressive laws → Risk of getting conservative judges making non-progressive judgements
Funding/ financing	<ul style="list-style-type: none"> → Shift and reduced funding for CSOs due to the change in status to middle income and global economic recession → Donor dependence by NGOs → Weak local NGOs capacities → Changing priorities of donor countries 	<ul style="list-style-type: none"> → Increased new global funding mechanism that we can tap into e.g., GF → New innovative financing mechanisms e.g., non-traditional funders, private sector, social enterprises, Development Impact Bonds 	<ul style="list-style-type: none"> → Change from AID to trade → Shift in US funding policies 	<ul style="list-style-type: none"> → Increased USAID funding directed to local NGOs i.e., Journey to Self-reliance 	<ul style="list-style-type: none"> → Decline in international development financing → Due to the weak local NGOs capacities, attracting funding becomes difficult

Environment	Challenges for SRHR Alliance	Opportunities for SRHR Alliance	How has the environment changed over the last 5 years for SRHR Alliance?	How is the environment likely to change over the next 5 years for SRHR Alliance?	What are the possible risks/obstacles to achieving SRHR Alliance objectives?
Faith/ Religious	<ul style="list-style-type: none"> → Conservative religious beliefs e.g., Catholics do not approve contraceptives usage → Religious communities' opposition to CSE 	<ul style="list-style-type: none"> → Window to use religious leaders as entry point for SRHR programming → Emergence of faith-based NGOs who can be used as a bridge → Sensitization & Provision of factual content and sensitization of leaders → The church can be supportive based on our approach 	<ul style="list-style-type: none"> → Increased opposition voices → Increased progressive leaders 	<ul style="list-style-type: none"> → Increased progressive leaders → Increased opposition 	<ul style="list-style-type: none"> → Confrontation & conflict with the religious entities
Global context	<ul style="list-style-type: none"> → Negative political reactions affecting Cross country programming in SRHR → Cross border behavior that beat laws e.g., seeking abortion services → Global Gag Rule affecting programming for SRHR e.g., PLGHA 	<ul style="list-style-type: none"> → Ride on global instruments e.g., BSI, CEDAW shadow report, → Regional parliament (East African parliament), Tanzania court of appeal upheld age of marriage from 14 to 18 yrs for girls 	<ul style="list-style-type: none"> → Increased global commitments e.g., the Packard Health, Danish and Gates foundation, Global Financing Facility (GFF) commitments to increase funds 	<ul style="list-style-type: none"> → USA conservative political establishment-affects SRHR program funding → Global Gag Rule: shift in funding agendas for different donors 	<ul style="list-style-type: none"> → Increased constriction from conservatives globally

Table 3: SWOT Analysis

		STRENGTH	WEAKNESSES	
Analysis focus	What are the strengths?	What are the Weaknesses?	How can the weaknesses be overcome?	
SRH & R governance, advocacy, policy influencing and Social Accountability	<ul style="list-style-type: none"> → Human resource (Volunteers, Young people and community champions willing to support SRHR agenda). → Support of key influences in Government committing to support the alliance. → Synergies of efforts among members of alliance with difference expertise 	<ul style="list-style-type: none"> → Limited support of private sector (media reporting negatively on SRHR) → Institution of high learning not investing on SRHR research → Limited information hold government accountable on commitments and agreements signed. → The alliance members not cohesive in advocacy efforts 	<ul style="list-style-type: none"> → Empower communities, young people to influence policies and ensure government are accountable. → Clear commitment and responsibility of alliance members to influence policy through a well-coordinated approach and by strengthening the alliance advocacy-working group. → Explore partnership with high learning institution 	
Partnership, alliance and coalition building	<ul style="list-style-type: none"> → The Alliance partnering with other alliances working on SRHR. → Investing in partnership through activities collaboration with various CSOs and communities 	<ul style="list-style-type: none"> → Balancing interest and various agenda of partner organization. → Partners not at the same level hence different level of engagement interest and capacity of member organizations and partners. 	<ul style="list-style-type: none"> → Enhancing open culture, trust building and clear responsibility. → Strengthen communication among partners → Designing Tailored capacity development for members to be at the same level. 	
Capacity development and HR for SRH&R	<ul style="list-style-type: none"> → Alliance members have a unique niche on various SRHR thematic areas. 	<ul style="list-style-type: none"> → The expertise is not full capitalized by the alliance → Limited financial support to support young people and strengthen mentorship program 	<ul style="list-style-type: none"> → Ensuring a clear database to map the expertise available within the alliance. → Explore local funding to support young people and use innovative models such as volunteerism to strengthen mentorship 	

		STRENGTH	WEAKNESSES	
Analysis focus	What are the strengths?	What are the Weaknesses?	How can the weaknesses be overcome?	
Access to UHC and SRH Services	<ul style="list-style-type: none"> → The Alliance has expertise to influence health system at county level. → Participating in various TWGs advancing UHC. → Member organization have health facilities and work with government health facilities 	<ul style="list-style-type: none"> → The SRH services not integrated within UHC → Limited capacity to work with health facilities managed by the government/private sector / FBOs and Communities. 	<ul style="list-style-type: none"> → Strengthen the capacity of health care workers to advocate for improved Health systems. → Mapping and strengthen selected center of excellence → Strengthen referral systems → Advocating for integration of SRH in UHC 	
SRHR, FGM/C and SGBV	<ul style="list-style-type: none"> → A pool of champion working on ending FGM and SGBV → Documentation of FGM and SGBV through presenting of abstract to various conference 	<ul style="list-style-type: none"> → Limited multi-sectoral approach in addressing FGM among Alliance members and working with other organization working on ending FGMC 	<ul style="list-style-type: none"> → Strengthen multi-component approach and working with partners dealing with FGM → Developing Intervention to eliminate FGMC 	
Integration of economic empowerment and livelihoods in SRHR programming	<ul style="list-style-type: none"> → Promising Innovative economic models from trained peer educators 	<ul style="list-style-type: none"> → Limited coordinates approach in addressing economic empowerment and livelihoods 	<ul style="list-style-type: none"> → Investing on economic empowerment and livelihoods. → Possibly incorporate economic empowerment as a consideration in approaches 	
Community participation and empowerment	<ul style="list-style-type: none"> → Engaging communities in planning for SRHR activities → Empowering communities with social accountability skills 	<ul style="list-style-type: none"> → Opposition by communities in certain SRHR thematic areas such as abortion and LGBTQI. → Only working with limited communities in Kenya 	<ul style="list-style-type: none"> → Reaching out to other communities → Opposition to monitoring and continuous dissemination of facts on SRHR 	
Education, communication and media campaigns	<ul style="list-style-type: none"> → Using digital platforms to disseminate SRHR information → Expertise on developing messages on SRHR 	<ul style="list-style-type: none"> → Limited feedback on people engaging in social media → Low response among Alliance members in integrating ICT on SRHR programming 	<ul style="list-style-type: none"> → Implement the alliance communication strategy and social media strategy. → Integrate new digital interventions with SRHR. 	

		STRENGTH	WEAKNESSES	
Analysis focus	What are the strengths?	What are the Weaknesses?	How can the weaknesses be overcome?	
Research, M&E and strategic information/ knowledge management	<ul style="list-style-type: none"> → Conducts operational researches aimed at generating new knowledge for evidence base advocacy and SRHR programming → Existing M&E TWG 	<ul style="list-style-type: none"> → Weak coordination of the M&E working group → Research has been donor driven 	<ul style="list-style-type: none"> → Ensure quarterly meetings for the M&E TWG meeting → Identify priority research areas for the Alliance 	
Institutional Governance and capacity	<ul style="list-style-type: none"> → Existing governance documents and implementation → Existing decision-making structure 	<ul style="list-style-type: none"> → Delayed process of the registration → Limited functionality of the TWG's existing in the NSC 	<ul style="list-style-type: none"> → Active follow up on the progress of registration → Guidance of the NSC TWG's through TOR'S 	
Financing/ funding and Resource Mobilization	<ul style="list-style-type: none"> → Existing Resource Mobilization Plan → Established TWG for Resource Mobilization → Existing funding → Visibility of the Alliance → Good relationship with donors → Alliance is strategically placed for other sources of funding (network) → Membership within the Alliance gives the Alliance expertise to respond to different calls 	<ul style="list-style-type: none"> → RM is done by the secretariat → Limited functionality of the RM TWG 	<ul style="list-style-type: none"> → Implement the RM plan → Guidance of the NSC TWG's through TOR'S 	
Financial management & procurement	<ul style="list-style-type: none"> → Effective finance systems 	<ul style="list-style-type: none"> → Rely on Host organization systems 	<ul style="list-style-type: none"> → Registration of the Alliance 	

		OPPORTUNITIES	THREATS	
Focus of analysis	What are the opportunities?	What are the threats?	How can the threats be overcome?	
Political	<ul style="list-style-type: none"> → Good Relationship with key government officials supporting SRHR. → Working with Foreign Government agency supporting SRHR 	<ul style="list-style-type: none"> → Inconsistency of government commitment in advancing SRHR agenda → High turnover key influencers and not willing to address and support sensitive issues. → Not being reelected during elections 	<ul style="list-style-type: none"> → By ensuring the Alliance works with government institutions through binding MOUs and not individuals → Presenting SRHR through briefs and facts and using evidence to advance SRHR 	

Funding	<ul style="list-style-type: none"> → Available Local Funding → Tapping to pool of expertise 	<ul style="list-style-type: none"> → Shrinking International Donor funding → Donors shifting focus on SRHR programing 	<ul style="list-style-type: none"> → Tapping into local available funding → Explore social enterprise opportunities → Explore working with local private sector
Partner linkages	<ul style="list-style-type: none"> → Good Relations with local and international partners → Reaching out to private sector 	<ul style="list-style-type: none"> → Limited resources available partners / competing interest 	<ul style="list-style-type: none"> → Reaching out to new frontiers of funding
Legal	<ul style="list-style-type: none"> → Policies and frameworks promoting SRHR 	<ul style="list-style-type: none"> → The policies not being implemented and with variance in interpretation 	<ul style="list-style-type: none"> → Use existing policies to advance then SRHR → Explore legal address in polices that are not progressive → Continuous advocacy to ensure the policies and framework are implemented → Dissemination of the policies
Technological	<ul style="list-style-type: none"> → Deliberate uptake of emerging technologies and innovations → More technology shows more information and helps with transparency and accountability 	<ul style="list-style-type: none"> → Mitigating the risk on using various ICT models 	<ul style="list-style-type: none"> → Developing online tools for documentation and dissemination of SRHR information
Economy	<ul style="list-style-type: none"> → High return on investing on SRHR 	<ul style="list-style-type: none"> → Shifting focus of Government to invest in Health by focusing on infrastructure. 	<ul style="list-style-type: none"> → By documenting economic value of SRHR to the economy. → By using available alternative models to invest on SRHR
Social and cultural	<ul style="list-style-type: none"> → Progressing changes in cultures and norms / Young people are interested in SRHR → Open conversation on SRHR 	<ul style="list-style-type: none"> → Resistance by the communities and old generation not willing to embrace and support SRHR 	<ul style="list-style-type: none"> → Tapping to the pool of young people interested in advancing SRHR agenda
Faith/ Religious	<ul style="list-style-type: none"> → Emerging Religious groups advancing SRHR 	<ul style="list-style-type: none"> → Inconsistency on religious group advancing only Reproductive health not SRHR 	<ul style="list-style-type: none"> → Engage with organization with existing relationships with religious groups.
Environment	<ul style="list-style-type: none"> → Explore integrating emerging social issues such as climate change with SRHR 	<ul style="list-style-type: none"> → Dynamic changes in climate change, poor sanitation and increasing population 	<ul style="list-style-type: none"> → Investing in Integration of Social issues such as education water and sanitation climate change with SRHR
Global	<ul style="list-style-type: none"> → Connect with outside organizations to invest in SRHR → Commitments after ICPD 	<ul style="list-style-type: none"> → Shifting focus on other issues 	<ul style="list-style-type: none"> → Championing Integration of SRHR with other social issues

3.0

Strategic Direction and Approach

The Strategic Plan presents the framework for the Alliance to pursue its vision of ensuring sexual and reproductive health and rights for all in Kenya and builds on the Alliance's distinctive and unique position as the only coalition of SRH organizations in Kenya as well as the achievements realized and lessons learnt from the implementation of Strategic Plan 2015-2919.

3.1 Strategic goal and objectives



Strategic goal

The goal of the Alliance is to promote sustainable realization of SRHR for all and to contribute to empowerment and sustainable development of communities, young people, women and marginalised groups.

Objective

1

To improve policy, legal and governance environment for the realization of the sexual and reproductive health and rights of young people, women and the marginalized.

2

To increase demand for and sustainable access to quality sexual and reproductive health (SRH) services and rights including comprehensive sexuality education and information for adolescent and young people, women, the vulnerable and marginalized in diverse settings.

Objective

3

To strengthen SRHR research, M&E and knowledge management capacity for evidence-based decision making and programming

4

To strengthen the institutional capacity of the Alliance and forge strategic partnerships for successful resource mobilization for sustainable response to SRHR challenges/interventions at all levels.

3.2 Strategic Approach

The Alliance will adopt and use a combination of participatory, technical and multi-sectoral approaches to realize the objectives of the Strategic Plan. These include building viable and strategic partnerships and collaborations with various INGOs, NGOs, CSOs, public and private sector entities at various levels. The approach will emphasize flexibility, innovation and mutual exchange of ideas including complementary use of expertise and resources with partners and member organizations. The strategic approach will also put emphasis on periodic institutional reflections and system adaptability to effectively respond to the environmental and market dynamics within the health sector and industry.

Table 4: Expected Outcomes around each strategic intervention focus area

S/ No.	Strategic Focus Area	Strategic Objective (SO)	Strategic Interventions	Expected Outcomes
1.	Building enabling environment for SRHR	SO1: To improve policy, legal and governance environment for the realization of the sexual and reproductive health and rights of young people, women and the marginalized.	<ul style="list-style-type: none"> → Develop a multi-level advocacy strategy/program for gender-sensitive, adolescent and youth-friendly and socially inclusive SRHR → Build enabling policy legal and regulatory environment for SRHR → Advocate for increased public investment and budget allocation for SRHR → Strengthen strategic linkages, multi-sectoral coordination and networking for SRHR at all levels → Strengthen community structures, systems and institutions to ensure effective participation and social accountability 	<ul style="list-style-type: none"> → Supportive policy and legal environment for SRHR especially for adolescent and young people established → Increased budget allocation for sexual and reproductive health and rights at both national and county levels. → Strengthened capacity to advocate and demand social accountability → Improved SRHR stakeholder coordination and linkages → Improved SRHR governance at all levels → Strengthened community-based systems for SRHR

S/ No.	Strategic Focus Area	Strategic Objective (SO)	Strategic Interventions	Expected Outcomes
2.	Increasing demand and sustainable access to quality SRHR services	SO2: To increase demand for and sustainable access to quality sexual and reproductive health (SRH) services and rights including comprehensive sexuality education and information for adolescent and young people, women, the vulnerable and marginalized in diverse settings.	<ul style="list-style-type: none"> → Design, develop and implement a comprehensive and integrated universal SRH coverage program/strategy for adolescents, young people, girls, women, vulnerable and marginalized populations → Strengthen health system capacity for sustainable provision of quality SRHR services → Increase demand, uptake and utilization of SRH services → Reduce/eliminate FGM/C and SGBV and increase access to support services (psycho-social, medical, legal, social protection etc.) → Strengthening economic empowerment and livelihoods programming for SRHR → Advocate for comprehensive SRHR education and information for young people, women and marginalized groups → Increase access to SRH services and rights in humanitarian and emergency settings → Increase access to SRHR services in industry, agricultural, mining, tourism and other productive sectors → Advocate for integration of SRHR in climate change adaptation and mitigation 	<ul style="list-style-type: none"> → Increased access to quality SRH services at all levels of the health system including humanitarian and emergency settings → Increased demand, uptake and utilization of SRH services especially among adolescents and young people → Improved county health systems capacity to deliver quality SRH services to adolescents, young people, women and marginalized groups. → Improved capacity of young people, women and marginalized groups to make informed decisions and choices and demand for their SRH services and rights. → Reduced FGM/C and SGBV cases → Sexual and gender -based violence (SGBV) and FGM/C integrated into programming of broader SRH intervention. → Increased access to comprehensive SRHR education and information for young people, women and marginalized groups → Improved integration of economic empowerment and livelihoods and climate change adaptation and mitigation in SRHR programming → Increased private sector (industry, agricultural, mining, tourism and other productive sectors) participation in provision of SRHR services

S/ No.	Strategic Focus Area	Strategic Objective (SO)	Strategic Interventions	Expected Outcomes
3.	SRHR research, M&E and knowledge Management	SO3: To strengthen SRHR research, M&E and knowledge management capacity for evidence -based decision making and programming.	<ul style="list-style-type: none"> → Develop and implement SRHR research agenda informed by the SRHR Alliance Strategic Plan → Strengthen capacity in evidence-based planning, programming and decision making → Strengthen planning, M&E and results -based performance management systems and capacity for effective tracking of the Strategic Plan performance and SRH indicators at all levels → Establish multi-sectoral and integrated SRHR knowledge platform for learning and exchange 	<ul style="list-style-type: none"> → Improved SRHR research and M&E capacity at both secretariat and member organizations level → Increased use of ICT to access and share SRHR information by young people → Improved capacity in SRHR research and knowledge management → Increased access to and utilization of strategic information for evidence based SRHR programming and decision making → Increased production of SRHR knowledge products (policy briefs, Journal articles, newsletters, reports and blogs etc.) → A well-functioning web based SRHR knowledge platform for online learning and exchange

S/ No.	Strategic Focus Area	Strategic Objective (SO)	Strategic Interventions	Expected Outcomes
4.	Strengthening institutional capacity and strategic partnership	SO4: To strengthen institutional capacity of the Alliance and forge strategic partnerships for sustainable response to SRHR challenges at all levels	<ul style="list-style-type: none"> → Strengthen corporate governance, leadership and institutional capacity → Strengthen human resource development and management systems → Strengthen financial management, accountability and reporting systems → Strengthen ICT support systems → Strengthen corporate communication, brand management and visibility → Strengthen membership support, communication and engagement → Build strategic partnership and resource mobilization capacity for sustainable financing of the SRHR Alliance programs 	<ul style="list-style-type: none"> → Improved institutional capacity at both secretariat and regional focal point levels for effective program delivery and coordination → Human resource and financial management systems strengthened and well-functioning → Increased Alliance brand visibility → Improved good corporate governance practices and culture → Diversified and sustainable resource base → Improved resource mobilization, management and grant reporting capacity → Increased membership base → Increased and sustained partnerships for SRHR → Well established and functioning ICT and cyber security system

3.3 Building enabling environment for SRHR

Strategic Objective (SO) 1

To improve policy, legal and governance environment for the realization of the sexual and reproductive health and rights of young people, women and the marginalized.

Despite the broadly enabling policy and legal environment for SRHR in Kenya, there still exist a number of contestations and gaps with respect to access to access of SRH services, safe abortion, contraceptives and comprehensive sexuality education especially for the adolescents and young people. To achieve this objective, the Alliance will apply advocacy tools to influence the policy, legal and governance environment and ensure increased access, and uptake of SRHR services and information and also increased public investment towards universal health coverage.

Key interventions

- i. **Develop a multi-level advocacy strategy/program for gender-sensitive, adolescent and youth-friendly and socially inclusive SRHR**
- ii. **Strengthen strategic linkages, multi-sectoral coordination and networking for SRHR at all levels**
- iii. **Strengthen community structures, systems and institutions to ensure effective participation and social accountability**

3.3.1 Strategic Intervention 1.1

Develop a multi-level advocacy strategy/program for gender-sensitive, adolescent and youth-friendly and socially inclusive SRHR

Key activities

- i. Review, update and disseminate the existing advocacy strategy
- ii. Build institutional capacity (knowledge & skills) of partners for effective SRHR advocacy
- iii. Monitor implementation of the advocacy strategy and existing SRHR policies

Expected Results

- i. An Advocacy strategy that aligns with the strategic plan
- ii. Strengthened technical capacity of partners
- iii. Increased advocacy efforts by Alliance members in national, regional and international SRHR arena

3.3.2 Strategic Intervention 1.2

Create an enabling policy legal and regulatory environment for SRHR

Key activities

- i. Review and advocate for modification of laws and policies or enactment of new laws on SRHR
- ii. Advocate for inclusion of SRHR in the implementation of relevant SDGs, regional instruments and national and county development frameworks.
- iii. Advocate for increased public investment

- and budget allocation for SRHR at both National and County levels
- iv. Support various counties in the development of SRHR policies and guidelines
- v. Participation in county TWGs and health system strengthening and reform processes
- vi. Monitoring the implementation of existing policies

Expected Results

- i. New SRHR friendly laws and policies developed, enacted and existing ones fully implemented.
- ii. SRHR mainstreaming guidelines
- iii. More funds allocated to SRHR at both national and county levels
- iv. Development of County specific SRHR guidelines and frameworks.
- v. Improved access to comprehensive SRHR information, education and services for young people

3.3.3 Strategic Intervention 1.3

Advocate for increased public investment and budget allocation for SRHR and ensure effective budget tracking at national and county levels

Key activities

- i. Strategic positioning of the Alliance with the Council of Governors (COG).
- ii. Participate in county budget making and tracking processes to influence allocation of resources to SRH.
- iii. Capacity strengthening partners on social accountability and budget making cycle/ process
- iv. Monitoring allocation and disbursement of budget for SRHR

Expected Results

- i. Visible presence of the Alliance in counties
- ii. Increased budget allocation for SRHR
- iii. Increased social accountability especially by young people and communities on the budget processes
- iv. Monitor disbursement of funds and improve further budget allocation

3.3.4 Strategic Intervention 1.4

Strengthen strategic linkages, multi-sectoral coordination and networking for SRHR at all levels

Key activities

- i. Hold strategic partnership forums to advocate for the realization of international and regional commitments to address SRHR
- ii. Build on existing synergies through sharing of expertise in development and dissemination of SRHR information and resources to support cross cutting advocacy agenda
- iii. Review, update, and disseminate communications strategy
- iv. Monitor the implementation of the communications strategy

Expected Results

- i. Strengthened advocacy partnerships and build on existing commitments
- ii. Updated communications strategy aligned with the strategic plan
- iii. Effective, integrated and coordinated communication,
- iv. Increased documentation and sharing by the Alliance and member organizations

3.3.5 Strategic Intervention 1.5

Strengthen community structures, systems and institutions to ensure effective participation and social accountability

Key activities

- i. Capacity strengthening policy makers to effective participation on SRHR issues in the community.
- ii. Train CHVs and young people on social accountability and auditing mechanisms.
- iii. Support duty bearers and rights holders dialogue meetings/public participations on SRHR issues.
- iv. Capacity strengthening communities to advocate for and monitor delivery of SRHR services and information.

Expected Results

- i. Strengthen community participation and oversight
- ii. Investments in existing community structures and SRHR issues.
- iii. Improved support to duty bearers in handling SRHR issues.
- iv. Improved community perception of SRHR issues through dialogue to further advocacy and demand for SRHR access and services

Strategic Objective (SO) 2:

To increase demand for and sustainable access to quality sexual and reproductive health (SRH) services and rights including comprehensive sexuality education and information for adolescent and young people, women, the vulnerable and marginalized in diverse settings.

Adolescence and young people face major health risks especially in relation to reproduction and sexuality. They are vulnerable to unwanted

pregnancies, unsafe abortions and risk of contracting STIs including HIV/AIDs, sexual and gender-based violence (SGBV), harmful practices such as female genital mutilation/cutting (FGM/C), early marriages and stigma and discrimination. Poor and marginalized adolescents and youth have the greatest health burden. In particular the homeless and adolescent living with disabilities are more prone to sexual abuse resulting into unwanted pregnancies and HIV /other STIs.

Under strategic area, the key interventions will focus on the following:

Key interventions

- i. **Design, develop and implement a comprehensive and integrated universal SRH coverage program/strategy for adolescents, young people, girls, women, vulnerable and marginalized populations**
- ii. **Strengthen health systems for sustainable provision of comprehensive, quality SRHR services**
- iii. **Increase demand ,uptake and utilization of SRH services**
- iv. **Reduce/eliminate FGM/C and SGBV and increase access to support services (psycho-social, medical, legal, social protection etc.)**
- v. **Strengthening economic empowerment and livelihoods SRHR programming for young people**
- vi. **Increase access to SRH services and information in humanitarian, emergency settings, industry, agricultural, mining, tourism and other productive sectors**
- vii. **Advocate for integration of SRHR in climate change adaptation and mitigation**

3.3.6 Strategic Intervention 2.1

Design, develop and implement a comprehensive and integrated SRH program/strategy for diverse settings for adolescents, young people, girls, women, vulnerable and marginalized populations

Key activities

- i. Design, develop and implement a comprehensive integrated country level SRHR program
- ii. Develop an M&E framework to monitor the comprehensive integrated country level SRHR program

Expected Results

- i. Integrated and comprehensive SRHR program adopted by the County and National government
- ii. Monitor integrated SRHR program

3.3.7 Strategic Intervention 2.2

Strategic Intervention 2.3: Strengthen health system for sustainable provision comprehensive SRHR services

Key activities

- i. Advocate for deployment and placement of skilled health workers in tertiary institutions for the provision of quality SRHR services.
- ii. Train Community Health Workers (CHWs) and Peer educators on comprehensive SRHR to improve the HR capacity in the facilities.
- iii. Strengthen SRH commodity supply chain systems: logistics; training on commodity management (planning and forecasting), commodity security and social accountability to improve service delivery
- iv. Strengthen the Health Management Information System (HMIS); setting up systems, training in data collection, developing data collection tools
- v. Support strengthening of the referral system

Expected Results

- i. Improved quality SRH-YFS services and information
- ii. Increased capacity of SRH services and information by health care staff at facility and community level
- iii. Strengthened County commodity supply systems
- iv. Efficient Referral system
- v. Efficient and effective HMIS systems improving SRH service delivery

3.3.8 Strategic Intervention 2.3

Increase demand, uptake and utilization of SRH services

Key activities

- i. Advocate for the provision of comprehensive YFS in health facilities at all levels
- ii. Support media programs /campaigns
- iii. Support community awareness and sensitization forums and dialogues on SRHR issues
- iv. Development and disseminate digital contents and IEC materials including for people with disabilities such as braille and recordings for the deaf.

Expected Results

- i. Increased number of health facilities providing comprehensive YFS services
- ii. Increased social media presence and following by adolescents and youth
- iii. Increased awareness on SRHR issues by the communities
- iv. Increased knowledge levels
- v. Strengthened capacity of teachers in CSE delivery
- vi. CSE integrated into national basic education and teacher training curriculum

- vii. Increased engagements and conversations on SRHR through different platforms

3.3.9 Strategic Intervention 2.4

Reduce/eliminate FGM/C and SGBV and increase access to support services (psycho-social, medical, legal, social protection etc.)

Key activities

- i. Scale up, design and implement innovative and community initiatives to eliminate SGBV including FGM/C
- ii. Strengthen and support enforcement of the laws and policies that protect young girls and women from SGBV/FGM/C e.g. Sexual offences Acts, FGM Act
- iii. Use the GTA approaches to train/sensitize law enforcement, child welfare and judiciary on how to handle SGBV/FGM/C cases
- iv. Engage cultural leaders and other community gate keepers to reduce/eliminate SGBV and harmful practices.
- v. Advocate for allocation of resources by counties for SGBV/FGM/C initiatives including safe houses for victims of SGBV and harmful practices.

Expected Results

- i. Innovative initiatives including male and community engagement to end SGBV and harmful practices implemented
- ii. Enforced SRHR laws and policies i.e., Sexual offences Act, GMC Act
- iii. Reduced cases of SGBV and harmful practices.
- iv. Prioritization of SGBV prevention activities in the county plans, budgets and allocation
- v. Community awareness on SGBV and harmful practices to young people women and men

3.3.10 Strategic Intervention 2.5

Strategic Intervention 2.5: Strengthening economic empowerment and livelihoods programming for SRHR

Key activities

- i. Capacity building & system strengthening for target community groups to advocate for full implementation of “No one left behind” to ensure girls have an education.
- ii. Support linkage and integration of innovative livelihoods and economic models & SRHR in community -based initiatives (funding facilities, business capacity building integration of SRHR; MCF linkage with SRHR; VSLs; digital literacy)
- iii. Design, develop & support innovative business accelerators, hackathons & hubs for SRHR

Expected Results

- i. Access to education and vocational training by girls and women
- ii. Community based and initiated SRHR economic empowerment and livelihoods programs
- iii. Piloted innovative community based SRHR livelihoods models
- iv. New and increased opportunities for young people through innovative business accelerators, hackathons & Hubs established and functioning

3.3.11 Strategic Intervention 2.6

Advocate for comprehensive SRHR education and information for young people, women and marginalized groups

Key activities

- i. Design, develop and deliver innovative in and out of CSE curriculums and programs

- ii. Advocate for inclusion of CSE in National Curriculums and in the teachers curriculum/training at tertiary level
- iii. Utilize and support delivery of CSE to young people using different platforms E & M health, Art, Music, Youth camps, online radio and Youth hub
- iv. Support media programmes/campaigns
- v. Development and dissemination of IEC materials.

Expected Results

- i. Increased awareness and access to SRHR information and services for young people
- ii. Digital SRHR interventions documented and learnings shared
- iii. Strengthened capacity of teachers in CSE delivery
- iv. CSE integrated into national curriculum
- v. Increased engagements and conversations on SRHR through different platforms

3.3.12 Strategic Intervention 2.7

Increase access to SRH services and rights in humanitarian and emergency settings

Key activities

- i. Build strategic partnerships with organizations intervening in diverse settings
- ii. Develop customized SRHR materials/curriculum/information i.e., IEC, protocols, SOPs)
- iii. Capacity build county health & emergency response teams to appropriately address SRHR needs (provide services and information).

Expected Results

- i. Increased number of organizations/businesses in diverse settings providing quality SRHR information and services.
- ii. Increased demand, awareness, access, uptake and utilization of SRHR services and information
- iii. Emergency response teams trained on addressing SRHR in emergency and diverse setting

3.3.13 Strategic Intervention 2.8

Increase access to SRH services and rights in industry, agricultural, mining, tourism and other productive sectors.

Key activities

- i. Design and develop a comprehensive assessment on SRHR service delivery in the specific sectors
- ii. Design, develop and implement sector specific SRHR service delivery programs
- iii. Advocate for the involvement of private sectors in the provision of quality SRH services

Expected Results

- i. Private sector involvement in SRHR service delivery assessed and documented.
- ii. Sector specific SRHR service delivery programs designed and implemented.
- iii. Increased access and uptake of SRHR services and information in the sectors.

3.3.14 Strategic Intervention 2.9

Advocate for integration of SRHR in climate change adaptation and mitigation

Key Activities

- i. Design, develop and implement PHE Programs that can reduce population pressure.

- ii. Strengthen the delivery mechanisms of SRH services for women and girls during disasters/ post-disasters
- iii. Sensitize policy makers and local leaders on the effects and linkages of climate change and SRHR.

Expected Results

- i. Strengthened local government by conducting environmental and SRHR awareness and providing training to elected officials especially young people and women.
- ii. Empowerment programs for women to ensure resilient communities where women and girls can adapt to climate change to ensure secure livelihoods
- iii. Research and Advocacy in different areas including democracy, governance, human rights, access to justice, climate change, SRHR and gender issues.
- iv. Population, health and environment (PHE) programs designed and implemented

3.4 Strengthen SRHR research, M&E and Knowledge Management Capacity

Strategic Objective (SO) 3

To strengthen research, M&E and knowledge management capacity for evidence-based decision making and programming in SRHR.

Sustainable response to the complex problem of SRHR is largely influenced by strong commitment to availing quality data, information or evidence in a timely manner for effective evidence-informed decision making. The Alliance will strengthen the M&E capacity to effectively track local, national, regional and global SRHR

indicators and performance of the SRH challenges addressed by SDG goal 1, Good health and wellbeing (SDG 3), Gender rights (SDG 5) and (SDG 10) reduction of inequalities of the marginalized and disadvantaged

Under the strengthening research, M&E and knowledge management capacity strategic focus area, the key interventions will focus on the following:

Key interventions

- i. **Develop and implement SRHR research agenda informed by the SRHR Alliance Strategic Plan**
- ii. **Strengthen capacity in evidence-based planning, programming and decision making**
- iii. **Strengthen planning, M&E and results-based performance management systems and capacity for effective tracking of the Strategic Plan performance and SRHR indicators at all levels**
- iv. **Establish multi-sectoral and integrated SRHR knowledge platform for learning and exchange**

3.4.1 Strategic Intervention 3.1

Develop and implement SRHR research agenda informed by the SRHR Alliance Strategic Plan

Key activities

- i. Context scoping to identify research gaps on SRHR and other priority areas
- ii. Conduct research with national, regional and international academic/learning institutions and publish findings in relevant journals
- iii. Strengthen capacity of young people on research and knowledge management

- iv. Develop research grant proposals for fundraising
- v. Establish linkage with research institutions and publish findings in relevant journals

Expected results

- i. Increased evidence to inform SRHR programming and advocacy initiatives
- ii. SRHR research priorities identified
- iii. Increase in research grants awarded
- iv. Partnerships and linkages with SRHR and research institutions established
- v. Research findings published and disseminated through online knowledge platforms

3.4.2 Strategic Intervention 3.2

Strengthen capacity in evidence-based planning, programming and decision making

Key activities

- i. Conduct a baseline survey to identify capacity needs and gaps among member organizations to undertake operation Research for effective evidence-based programming on key SRHR thematic areas
- ii. Design a capacity building plan on SRHR operations research and evidence- based decision making, planning and programming including integration of ICT

Expected Results

- i. Baseline study and capacity needs and gap assessment conducted
- ii. Improved capacity among member organizations to undertake operation research and in evidence- based planning, programming & decision making
- iii. Enhanced capacity of partners to integrate ICT use in SRHR programming

3.4.3 Strategic Intervention 3.3

Strengthen planning, M&E and results-based performance management systems and capacity for effective tracking of the Strategic Plan performance and SRHR indicators at all levels

Key activities

- i. Organize joint learning and planning workshops
- ii. Designing and developing of tools for tracking results-based performance
- iii. Tracking implementation of the SP and SRH indicators
- iv. Develop Harmonized Data collection tools

Expected Results

- i. Evidence based plans developed & adopted
- ii. Tools developed and used to track performance
- iii. Improved performance management of the SP
- iv. Improved data collection processes and Systems

3.4.4 Strategic Intervention 3.4

Establish multi-sectoral and integrated SRHR knowledge platform for learning and exchange

Key activities

- i. Establish a research and knowledge management platform/hub
- ii. Develop SRHR knowledge management framework
- iii. Strengthen visibility through documentation, public relations and dissemination of knowledge products targeting different groups

Expected Results

- i. SRHR research and knowledge management platform/ hub established
- ii. Visibility of the Alliance as an authority on SRHR nationally, regionally and globally

3.5 Strengthening institutional capacity and strategic partnerships

Strategic Objective (SO) 4

To strengthen institutional capacity of the Alliance and forge strategic partnerships for sustainable response to SRHR challenges at all levels

The Alliance must establish healthy organizational structures and accountability systems responsive to its diverse strategic and operational needs. The strategy will focus on developing best corporate governance and management systems and practices including performance management. Efforts shall be made to and effort's will be made to promote good governance practices by identifying, developing and nurturing effective and committed leaders for the SRHR

3.5.1 Strategic Intervention 4.1

Strengthen corporate governance (Human Resources and Management Systems, financial management, accountability and reporting, ICT, Communication and brand management and visibility) leadership and institutional capacity of the Alliance

Key activities

- i. Constitution and operationalization of the Board based on critical skills set (expertise) and governance policy
- ii. Establish a fully equipped and independent office for the secretariat
- iii. Strengthen regional focal points to drive regional and county SRHR agenda

- iv. Review and develop governance and management policies, guidelines, board charters, statutes and manuals
- v. Enhance Alliance brand and visibility
- vi. Strengthen management systems including financial, human resource, M and E and administrative systems

Expected Results

- i. Legally registered organization with the NGO Board of Kenya
- ii. Constitution of a functional Board with relevant skills and expertise
- iii. Strengthened and independent Secretariat
- iv. Governance policy documents operationalized
- v. Enhanced visibility and recognition of the Alliance SRHR programming and advocacy at national, regional, and international level
- vi. Implementation of the Alliance Communication Strategy

3.5.2 Strategic Intervention 4.2

Strengthen ICT support system

Key Activities

- i. Establish an effective and secure ICT system for the Alliance

Expected Results

- i. Automated Alliance processes
- ii. Efficient operation of the Alliance ICT system

3.5.3 Strategic Intervention 4.3

Strengthen organizations communication, brand management and visibility.

Key activities

- i. Strengthen and revitalize the Alliance online marketing strategy in line with emerging SRHR priorities
- ii. Share success stories and articles on quarterly basis on the alliance website and social media
- iii. Develop/review state of the art fundraising/marketing tools – brochures, annual reports
- iv. Review and improve the Alliance brand – identity, logo, motto and colors

Expected Results

- i. Increased online visibility of the Alliance Communication Strategy
- ii. Vibrant SRHR social media forums increasing visibility and access to SRHR information
- iii. SRHR brand enhanced

3.5.4 Strategic Intervention 4.4

Strengthen membership support, communication and engagement

Key activities

- i. Payment of membership fee by all member organizations
- ii. Conduct OCA for alliance members organizations
- iii. Engage member organizations in regular planning and review forums through joint programming.
- iv. Develop a communication strategy to ensure consistent communication within the Alliance partners

- v. Expand Alliance membership if and when necessary.

Expected Results

- i. Paid membership of partners
- ii. Increased involvement of member organizations in program development and implementation
- iii. Regular communication with member through various channels including forums, newsletters, reports etc.

3.5.5 Strategic Intervention 4.5

Build strategic partnership and resource mobilization capacity for sustainable financing of the SRHR Alliance programs

Key activities

- i. Review and develop the resource mobilization and sustainability plan
- ii. Diversify funding and revenue streams for the Alliance
- iii. Advocate for increase in domestic funding for health
- iv. Identify potential donors and establish resource mobilization partnerships and networks

Expected Results

- i. Resource mobilization and sustainability plan implemented
- ii. Increase in income and funding through diversification
- iii. Aligned strategic and communication plans and strategies
- iv. Joint resource mobilization initiatives
- v. Financial sustainability and reserves

4.0

Implementation, Monitoring, Evaluation and Risk Management Framework

SRHR Alliance undertakes the implementation of this strategic plan following its approval by the NSC and adoption by the member organizations. Appropriate mechanisms and structures will be progressively established in order to position the Alliance to achieve the articulated goals and strategies.

4.1 Implementation Approach

To ensure and maintain a consistent, focused and yet flexible implementation process, a three-year rolling operational plan and budget (2021-2023) will be developed. The operational plan will delineate strategies to improve Alliance's competitiveness and how best to maximize and leverage available sources of funding including grants, consultancy fees, private sector giving, and government funding where possible. On the basis of the operational plan, annual action plans and budgets will be developed to implement specific activities by the various units at various levels of the organization.

Revenue generation, annual budget allocations, and reallocations will demonstrate alignment with the priorities of the strategic plan and related initiatives. These will include both recurring allocations for ongoing initiatives, and non-recurring allocations for special one-time initiatives. As a requirement, monthly and quarterly budget performances will be prepared as an instrument for financial monitoring, accountability and prudent decision-making.

4.2 Implementation Structure

The Strategic Plan will be implemented within our overall institutional governance, management and accountability structure. The structure aims to:

- i. **Reduce governance and management risks;**
- ii. **Increase efficiency and accountability for performance and results;**
- iii. **Improve the effectiveness of financial investments;**
- iv. **Optimize the flow of information between SRHR Alliance and external constituencies**
- v. **Increase our local, national, regional international visibility and presence.**

4.3 Monitoring and Evaluation framework

This framework will be established to ensure effective monitoring of progress and evaluation of interventions. The aim of the framework will be threefold:

- **To track progress in the implementation of the Strategic Plan;**
- **To provide quality, timely and accurate evidence/information to aid decision making at different levels of the organization; and**
- **To ensure maximum accountability for implementation and performance.**

4.4.1 Monitoring Processes

The implementation of the Strategic Plan will be monitored regularly and by the different structures of the alliance. The monitoring process will involve information gathering and feedback through periodic Board meetings; quarterly review meetings; performance appraisals; quality audits, health and safety audits, customer satisfaction, staff and management team meetings; and annual reports. In addition, periodic review and monitoring visits by various funding partners will be considered as key elements of the monitoring framework.

A comprehensive review on the progress of the strategic plan will be conducted annually and will include an assessment of funding investments vis-à-vis progress on critical benchmarks. Based on this review and changes in the funding environment, adjustments may be made to the strategic plan as appropriate. Annual progress reports will be presented to the Board at the Annual General Meeting

4.4.2 Evaluation Processes

The evaluation function will involve both process and impact evaluation approaches.

1 Process Evaluation:

This will involve quarterly reviews, annual general meetings, annual financial audits, and the midterm review/evaluation to determine the extent to which short term and medium- term objectives are being achieved. This will provide the basis for making improvement and adjustments during the course of the implementation process.

2 End term Strategic Plan Evaluation:

This will focus on assessing and evaluating the overall performance, outcomes and impacts of the strategic Plan implementation. The outcome of the evaluation will provide the basis for the next SRHR Alliance strategic planning cycle. An external evaluation team will conduct both midterm and end term evaluations with SRHR Alliance providing logistical and administrative support. The terms of reference will be guided by the objectives of the Strategic Plan.

3 Specific Project Evaluations:

Specific project evaluations will be undertaken based on specific project activities and funding agreements. During implementation of specific projects, the alliance will monitor its performance by measuring the progress against intended results.

Table 5: SRHR Strategic Plan 2021-2025 Monitoring and Evaluation framework

Frequency	Target	Focus	Level of monitoring and evaluation
Monthly	Monthly activity reports	→ Identify activities whose implementation is delaying delivery of outputs, and plan to address challenges	Activity level
Quarterly	Quarterly progress and performance reports	→ Hold quarterly review meetings to assess implementation progress towards the annual targets → Identify outputs whose achievement during the year is threatened, and plan to address challenges affecting them	Output level
Annually	Annual progress and performance reports	→ Internal assessment of progress, issues and challenges affecting achievement of outputs, and make recommendations of priorities for coming year.	Output level
Mid term	Mid-term review/evaluation report	→ In depth external evaluation to examine accomplishments over the first half of the plan implementation against expected results → Identify progress, issues and challenges affecting achievement of outcomes and make recommendations for adjustments during the remaining half of the strategic plan period	Outcome level
End term	End term review/evaluation report	→ In depth external evaluation to assess progress and success of the Strategic Plan in achieving intended outcomes and impacts as well as the overall institutional goals, and make recommendations for the next strategic plan	Organizational goal - Outcome and impact level

4.4 Planning assumptions and risk assessment and mitigation

There are various assumptions and risks that are inherent in the implementation of this strategic plan, which need to be recognized and stated. The completion of a strategic plan is only but the first step towards a long uncertain journey since the environment within which it is to be implemented is itself dynamic. Invariably those who have developed the plan cannot forecast

with confidence all the factors that will influence decision making over the implementation period. Against this background, the Alliance will undertake to regularly assess the environment and those factors that may work against the realization of the Strategic Plan objectives; prepare action plans; and share with the members and partners the decisions taken to mitigate the risks.

4.5 Planning assumptions

First, this Strategic Plan is based on the assumption that the political, economic and regulatory environment will remain supportive for public benefit organizations engaged in SRHR initiatives. It is noteworthy that in recent years, restraints on state support for and negative political statements about SRHR have raised serious concerns about access to quality of SRHR services especially for adolescents and young people. It is therefore assumed that the uncertain political economy of the SRHR is not just going to present a risk but also an opportunity for high level advocacy.

Additionally, the Plan is designed in a way that requires strategic partnership with development partners despite indications of reducing donor funding for Kenya as lower middle-income country. It is therefore assumed that there will be sufficient international and local interest in SRHR to enable collaboration with public, development partners, private foundations, private sector and philanthropies in supporting the Strategic Plan interventions over the Plan period.

Furthermore, it is assumed that while a growing and diversified resource base will hasten progress toward achieving the strategic plan goals, SRHR Alliance will remain committed to improving performance in strategic areas regardless of changes in the resource base. In this regard, since the Alliance may not be able to accomplish all that we want to, it is assumed that the Board and Management will have the courage to focus on what can be done particularly well, while at the same time offering the excellent core programs and service that the Alliance must provide. This will entail making difficult choices about compelling priorities and opportunities for real distinction.

This strategic plan does not capture all that the organization wants to do and the factors that are likely to influence its decisions or affect its progress; it is meant, instead, as a starting point, given our appreciation of the current environment, to provide a framework within which to focus efforts and make effective use of available resources.

4.6 Risk assessment and mitigation

SRHR Alliance is likely to face a wide range of strategic, financial, operational and environmental risks or events and scenarios which may represent material threats to the organization and the success of the Strategic Plan. SRHR Alliance will therefore establish a strategic risk management system to continually and effectively analyze, profile, control, manage and mitigate the identified risks. The risks may relate to financial, environmental hazards, business operations and strategic risks such as reputational damage, competition, customer demands, regulatory, political trends, technological innovations and social and cultural trends. The purpose of the risk management system will therefore be to:

- **Facilitate better and informed decision making at all levels;**
- **Increase the likelihood of achieving the strategic plan objectives;**
- **Protect and create value for the organization;**
- **Improve the organization's competitive advantage; and**
- **Protect the organization's reputation.**

Table 6: Risk Assessment and Mitigation Matrix Framework

Risk Assessment	Probability (Low, Medium, High)			Impact (Low, Medium, High)			Risk Mitigating Measures
A: INHERENT/ STRATEGIC RISK							
Contextual risks → Opposition negativity → Negative Cultural Practices → Negative Political Will ie Global Gag Rule,			High			High	→ Continuous Advocacy → Creating Innovative Ways for Programming → Partners need to contextualize programming according to Country Agenda and not the Donor driven agenda
Stakeholder/ Partnership risks → Competition → Competing Priorities based on donor funding			Medium			High	→ Consensus Building → Joint programming/ Planning → Prioritizing the Alliance → Engagement of alliance and its members as a consultancy firm
Governance and leadership			Low			Low	→ Operationalization of the Alliance leadership structures
Intergovernmental relational risks			Low			Low	→ Building relationships with donors
Legal and regulatory risks → Laws/ policies that restrict SRHR services provision e.g Abortion & Penal Code → The Alliance Legal Entity			Low			Low	→ Continuous Advocacy for change of laws

Funding → Donor landscape changing → Competing priorities (Agriculture & Climate Change)		High			High	→ Diversification of Funding → Resource Mobilization being a collective priority → Align programs to changing funding themes
B: OPERATIONAL RISKS:						
Membership management → Lack of members' commitment towards joint funding → Members Relationship based on one funder ie GUSO		Medium			High	→ Increased donor focus on funding alliances and coalitions
Staffing/HR risks → Lack of funding for the Alliance beyond donor Funding		Medium			High	→ sustainable way of managing of the Alliance operations
Infrastructure/technology risks → Back up of Alliance data → Independence of the Alliance → Cyber security		Low			Medium	→ Backup systems in place → Registration of Alliance to become a legal Entity
Operation and maintenance → Donor Dependency		Low			Medium	→ Sustainable management systems for operations → Collective Resource Mobilization with member organization
Integrity (theft, fraud) risks		Low			High	→ Checks and Balances ie Internal and External Audits

Information management, planning and reporting → Loss of Alliance Documents → Poor Planning → Late Reporting → Sub- standard Reporting		Low		Medium	→ Back up data and documents → Regular review and planning forums
C: CONTROL RISK					
Budget risks → Missing out on critical priorities in the budget making processes		High		Medium	→ Continuous evaluation of priorities –Evidence Based programming
Financial Policies and Procedures		Low		Low	→ Implementing of the financial operational plan once the organization is registered
Internal control risks		Low		Low	→ External Audits → Registration → Oversight by NSC Members → Committee that work with secretariat → Institutional audit to look at the alliance policies (analyze gaps)
Funds Flow (disbursement) risks		Low		Low	→ Internal Control Measures
Financial Reporting and Monitoring		Low		Medium	→ Adhering to the financial frameworks and controls

5.0

Costing and Financial Resource Requirements

To implement the Strategic Plan, the Alliance will require a large outlay of financial resources and will require innovative and viable revenue generation strategies targeting diverse sources including members contributions, donor funding, corporate (CSR), international foundations, income generating activities including consultancy services, research grants and partnerships.

Grants as summarized in Table 7 below. (See Annex 2 for detailed costing of the Strategic plan).

Table 7: Strategic Plan Cost Summary (In KES/USD) 2021 -2025

Cost categories	Year 1: 2021	Year 2: 2022	Year 3: 2023	Year 4: 2024	Year 5: 2025	TOTAL
1. PERSONNEL COSTS	20,647,584.00	21,679,963.20	22,763,961.36	23,902,159.43	25,097,267.40	114,090,935.39
2. PROGRAM COSTS						
Building Enabling Environment for SRHR	10,230,000.00	15,615,000.00	13,360,000	16,120,000.00	17,910,000.00	72,325,000.00
Increasing demand and access to quality SRHR services, SRHR research	27,778,300	28863300	28863300	28863300	28863300	143231500
M&E and knowledge management	9,223,300	12972550	11773300	12862550	11462800	58294500
Strengthening institutional capacity and strategic partnership	6,108,400	7689900	4377400	5137400	5387400	28700500
Sub Total	53,340,000.00	65,140,750.00	58,374,000.00	62,983,250.00	63,623,500.00	302,551,500.00
3. GOVERNANCE COSTS	450,000.00	480,000.00	550,000.00	600,000.00	650,000.00	2,730,000.00
4. CAPITAL EXPENDITURE	250,000.00	280,000.00	300,000.00	300,000.00	350,000.00	1,480,000.00
5. OPERATING & ADMINISTRATIVE EXPENSES	1,207,855.00	1,328,640.50	1,461,504.55	1,607,655.01	1,768,420.51	7,374,075.57
GRAND TOTAL	75,895,439	88909353.7	83,449,465.91	89,393,064.44	91,489,187.91	428,226,510.96

6.0

Annexes

ANNEX 1: Personnel Cost

Cost categories	Qty	Year 1: 2021	Year 2: 2022	Year 3: 2023	Year 4: 2024	Year 5: 2025	TOTAL
1. PERSONNEL COSTS							
Executive Director (CEO)	1	4,745,112.00	4,982,367.60	5,231,485.98	5,493,060.28	5,767,713.29	26,219,739.15
Programs Manager	1	3,124,800.00	3,281,040.00	3,445,092.00	3,617,346.60	3,798,213.93	17,266,492.53
Research, M&E and KM Manager	1	2,880,000.00	3,024,000.00	3,175,200.00	3,333,960.00	3,500,658.00	15,913,818.00
Finance and Operations Manager	1	2,160,000.00	2,268,000.00	2,381,400.00	2,500,470.00	2,625,493.50	11,935,363.50
ICT Manager	1	1,440,000.00	1,512,000.00	1,587,600.00	1,666,980.00	1,750,329.00	7,956,909.00
Fundraising & External Relations Officer	1	3,001,752.00	3,151,839.60	3,309,431.58	3,474,903.16	3,648,648.32	16,586,574.66
Project Accountant	1	1,110,000.00	1,165,500.00	1,223,775.00	1,284,963.75	1,349,211.94	6,133,450.69
Procurement Assistant	1	882,720.00	926,856.00	973,198.80	1,021,858.74	1,072,951.68	4,877,585.22
Admin Assistant	1	759,000.00	796,950.00	836,797.50	878,637.38	922,569.24	4,193,954.12
Driver/Messenger	1	544,200.00	571,410.00	599,980.50	629,979.53	661,478.50	3,007,048.53
TOTAL		20,647,584.00	21,679,963.20	22,763,961.36	23,902,159.43	25,097,267.40	114,090,935.39

ANNEX 2:Costed Implementation Framework

Strategic Intervention 14: Strengthen strategic linkages, multi-sectoral coordination and networking for SRHR at all levels			Strategic Intervention 15: Strengthen community structures, systems and institutions to ensure effective participation and social accountability		
Activity	Objectives	Indicators	Activity	Objectives	Indicators
Hold strategic partnership forums to advocate for the realization of international and regional commitments to address SRHR	Strengthened partnerships and build on existing commitment	Availability of communication strategy			
Build on existing synergies through sharing of expertise in development and dissemination of SRHR information and resources to support cross cutting advocacy agenda	Increased documentation and sharing by partner organizations	Number of partnership forums held and partnerships created			
Review, update, and disseminate communications strategy	An updated communications strategy that is aligned with new strategic plan	Existing communication strategy			
Monitor the communications strategy	More consistent communication, visibility, and stronger networking and partnership; increased documentation and sharing by partner organizations	Availability of monitoring reports			
Capacity strengthen policy makers to make informed decisions on effective participation in SRHR issues in the community.	Investments in existing community structures and SRHR issues Strengthened community participation and oversight.	Number of capacity building sessions			
Train CHVs and young people on social accountability and auditing mechanisms	Strengthen community participation and oversight	Number of CHVs and young people trained			

Strategic Intervention 2.5: Strengthening economic empowerment and livelihoods programming for SRHR

STRATEGIC FOCUS 3: SRHR RESEARCH, M&E AND KNOWLEDGE MANAGEMENT

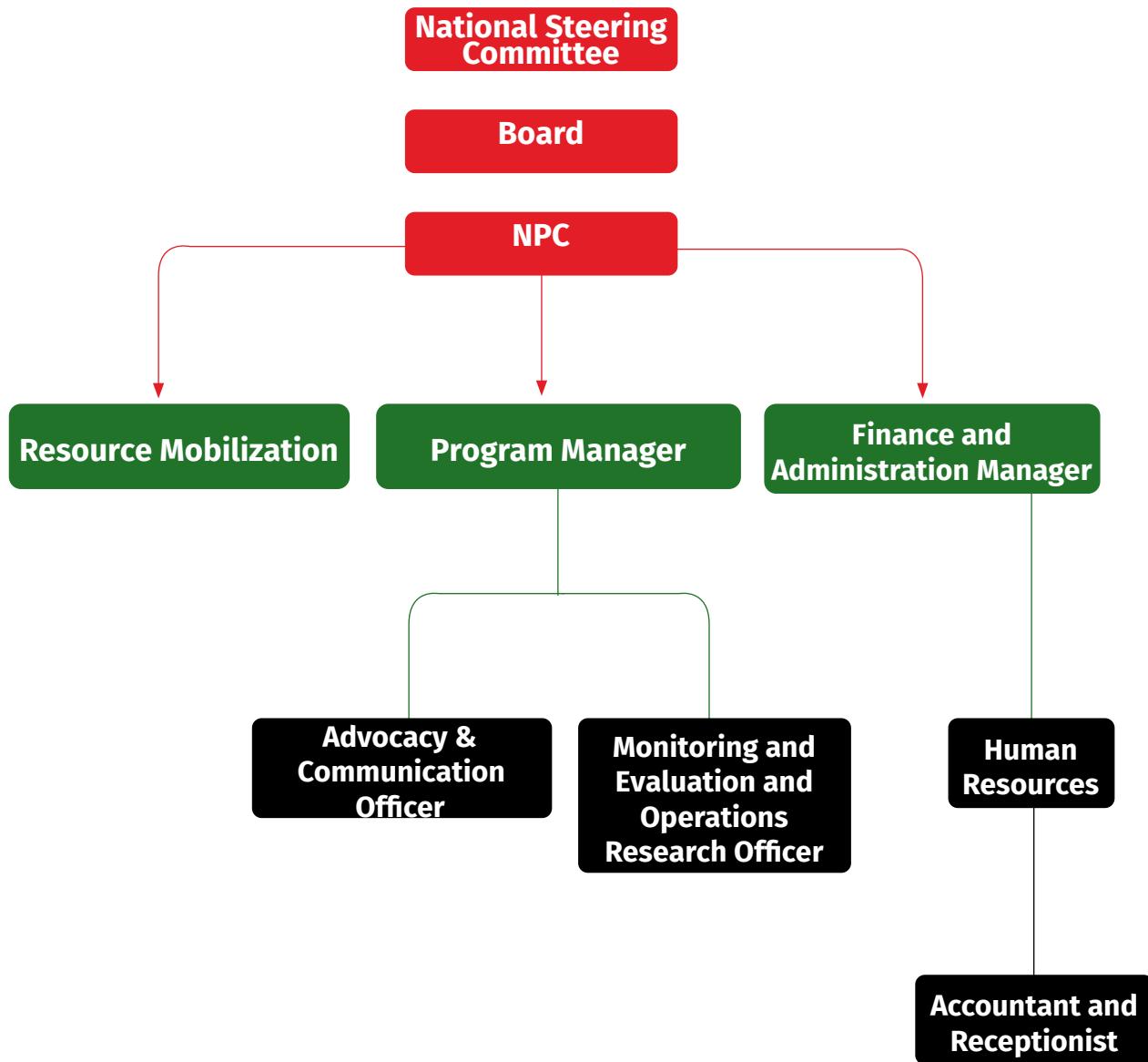
Strategic Objective (SO) 3: To strengthen SRHR research, M&E and knowledge management capacity for evidence-based decision making and programming.
Outcomes: (a) Improved SRHR research and M&E capacity at both secretariat and member organizations level; (b) Increased use of ICT to access and share SRHR information by young people; (c) Improved capacity in SRHR research and knowledge management; (d) Increased access to and utilization of strategic information for evidence based SRHR programming and decision making; (e) Increased production of SRHR knowledge products (policy briefs, Journal articles, newsletters, reports and blogs etc; and (f) A well-functioning web based SRHR knowledge platform for online learning and exchange

STRATEGIC FOCUS 4: STRENGTHENING INSTITUTIONAL CAPACITY AND STRATEGIC PARTNERSHIP

STRATEGIC OBJECTIVE (SO): To strengthen connectivity of the Alliance and favor strategic integration.

STRATEGIC OBJECTIVE (S04): To strengthen institutional capacity at the Atlantic and regional levels for sustainable response to SKH challenges at all levels.

ANNEX 3: SRHR Alliance Organogram



ANNEX 4: Profiles Of SRHR Alliance Member Organizations and Partners



Africa Alive! (AA)

Youth-serving organization started in 1998 with a vision to build and empower a healthier HIV/AIDS free generation of African youth. Africa Alive! seeks to promote positive behavior change among young people through advocacy, empowerment, partnership and resource/community mobilization. The organization promotes the full participation of young people at every level of programme implementation using audience and message strategy of edutainment (entertainment education).



AMREF Health Africa

Africa's largest International Health NGO. Founded in 1957 as the Flying Doctors of East Africa to provide critical health care to remote communities in East Africa, the organization has since grown to become the main African based International Organization working in Health Development. Amref Health Africa's vision is for "lasting health change in Africa": communities with the knowledge, skills and means to maintain their good health and break the cycle of poor health and poverty and their mission is to improve the health of people in Africa by partnering with and empowering communities, and strengthening health systems. With a focus on women and children, Amref Health Africa works with the most vulnerable African communities to achieve lasting health change; ensures that health systems are functional and empower communities to play their role because they have the solutions to their problems.



ADS Nyanza

Anglican Development Services (ADS) Nyanza is a Faith Based organization serving vulnerable communities in Nyanza province. Its goal is to increase access to secure and sustainable livelihood and economic opportunities through integrated and participatory community development, capacity building and economic empowerment programs



Ambassador for Youth and Adolescents Reproductive Health Programme (AYARHEP)

AYARHEP is an organization established in May 2016 and focused on promoting youth and adolescent reproductive, health and rights. The organization was started by a group of youth leaders and youth activists with passion in addressing human, health and reproductive rights issues of young people.



The Centre for the Study of Adolescence

CSA is an independent non-partisan, non-profit organization established in 1988 working in the field of adolescent sexual and reproductive health including HIV/AIDS. CSA's mandate is to advocate and implement for policies and programs that enable young people to exercise choice, access to services and participate fully in activities that promote their health and well-being. CSA has a strong background in community mobilization, adolescent program design and development, research, monitoring and evaluation and advocacy. CSA works with a wide range of youth, in and out of school and special groups of adolescents such as married young girls and has been at the fore front of policy development and advocacy both at the grassroots level and at the national level working with public sector and parliamentarians in promoting and creating visibility for ASRHR issues. Under the SRHR Alliance, CSA works in Western, Central, Coast and Nairobi Regions.



Child Line Kenya: Child Line Kenya

CLK is a national Non-Governmental Organization (NGO) established in 2005 and works to promote children rights and protection through both response and prevention interventions. CLK operates the National's only 24-hour, toll-free telephone helpline Child Helpline 116, where children and concerned adults can call in to report child abuse. Management of the Helpline is done through a partnership between the Government of Kenya through the Department of Children Services and Childline Kenya. To successfully provide services to children, CLK trains child protection actors in Kenya on the role of the children helpline as reporting mechanism for child safety, case management and referral guidelines, children rights and other child protection laws. CLK works closely with the Police, Hospitals, Teachers Service Commission, Ministries of Education and Health, CSOs, FBOs, and caregivers among other government and non-governmental agencies in provision of child protection services.



Family Health Options Kenya (FHO)

FHO is a local NGO and has been a leading service provider of sexual and reproductive health services in the country for the last five decades. FHO has presence in seven of the eight provinces with a strong grassroots network and has played a leading role in providing sustainable, innovative and comprehensive services in response to health and socio-economic needs of all Kenyans. Since its inception, it has been a center of excellence in providing capacity building in sexual and reproductive health. It is also committed to offering quality services as well as championing sexual and reproductive health and other rights. It works to ensure the empowerment of young people so that they can exercise and enjoy these rights.



The Tropical Institute of Community Health and Development (TICH)

TICH is an international research and training Institution, established in 1998 and registered with the Ministry of Higher Education, Science and Technology and Lands under the Trust Act in the Republic of Kenya. TICH specializes in health systems capacity building, research and community development. The institute pools together a large body of researchers of diverse backgrounds drawn from 11 countries in Africa with vast experience.



Kisumu Medical and Educational Trust (KMET)

KMET is an indigenous NGO formed in Kenya in 1995 and dedicated to provision of quality Reproductive Health and Educational Services. K-MET exists to promote sustainable development among underserved communities through innovative health and education programs -KMET's Core Values are encapsulated in the acronym CHIGAID where: C – Community participation, H- Human rights promotion, I – Innovation, G – Gender Equity, A – Accountability, I – Integrity and D – Diversity. KMET also advocates for sexual and reproductive health rights.



Nairobits Trust

Nairobits is a not-for profit organization registered in 1999 and based in Nairobi working towards changing the lives of vulnerable 15- to 24-year-old youth in Kenya by improving their access to productive employment as well as their ability to cope with their social environment through creativity and innovation. Nairobits provides young people with training in ICT multimedia, entrepreneurship, reproductive health and rights and life skills in order to enhance their confidence and self-esteem as well as their chances for gainful employment. Since inception, Nairobits works with community-based organizations in reaching and training young people and has provided more than 7,000 young people from disadvantaged backgrounds with multimedia, SRHR, entrepreneurship and life skills. This involves partnering with the CBOs to set up information centers within their premises to ensure ease of access to the training by the youth and community ownership in the larger context. Today, over 60% of Nairobits graduates are gainfully employed both in corporate, NGOs and some are entrepreneurs. Under the SRHR Alliance, Nairobits works in Nairobi region.



Network of Adolescence and Youth of Africa (NAYA)

NAYA is a youth led regional advocacy network founded in October 2001 during the Second Adolescent International Conference convened by the African Regional Office of the Planned Parenthood Federation of America (PPFA). NAYA aims at enhancing the capacity of youth advocates and civil society organizations (CSO's) to advocate for comprehensive Sexual and Reproductive Health and Rights (SRHR). This NAYA achieves by enlisting the support of policy makers, opinion leaders, donors, the media, like-minded organizations and individuals in advocating for reforms and implementation of international, national and county policies and legislation to improve the quality and accessibility of Sexual and Reproductive Health and Rights information and services. Under the SRHR Alliance, NAYA works in Kisumu, Siaya and Migori.



National Empowerment Network of People Living With HIV/AIDS in Kenya (NEPHAK)

NEPHAK is an organization that unites individuals and support groups of PLHIV, community-based organizations, non-governmental organizations and networks into a national and formidable social movement to counter the impact of HIV and spearheads meaningful involvement of PLHIV towards the goal of zero new HIV infection, Zero stigma and Zero AIDS related deaths. NEPHAK runs programs in Advocacy, capacity building, peer and social support to those affected and living with HIV engaging members in national policy making, implementation, local service delivery as well as accountability mechanisms for improved healthcare and quality of life for PLHIV and their communities.



Support Activities in Poverty Eradication and Health (SAIPEH)

SAIPEH is an organization based in Kakamega County in Western region of Kenya and works to provide structural and sustainable support services to alleviate poverty and increase ways of bettering living standards of all members of the community, especially the orphans, vulnerable children, youth, women and the marginalized. This they do through development of strategies and initiatives at grass root level in the community that will enable these groups to be self-supportive and independent. SAIPEH integrates the sustainable services with SRHR supporting SRHR/HIV outreaches in and out of schools targeting young people, performing arts, community peer education and youth friendly services. SAIPEH has a strong community background and contributes immensely in supporting CSE implementation in Western region, under the SRHR Alliance. SAIPEH implements programmes in Kakamega and Busia Counties.



Women Fighting AIDS in Kenya (WOFAK)

WOFAK is an organization founded and registered in Kenya in 1994 by a group of women most of whom had tested positive to HIV. The founding group had in mind an entity that would provide them with a forum for mutual support and empowerment. Since inception, WOFAK has continued to grow to its present status of a national network of women living with HIV and AIDS, contributing significantly to national efforts aimed at prevention and to provide comprehensive care and support to women youth and children living with and affected by HIV and AIDS to enable them lead more wholesome lives. WOFAK's vision under strategic plan 2013- 2017 was crafted along the Kenya National HIV and AIDS strategic plan (KNASP III) 2008-2013 which strives for a 'Society free of HIV'. Today, WOFAK is visible in the Coast, Nyanza, Western, Rift Valley and Nairobi.

UNESCO



United Nations
Educational, Scientific and
Cultural Organization

UNESCO was created in order to respond to the firm belief of nations, forged by two world wars in less than a generation that political and economic agreements are not enough to build a lasting peace. UNESCO strives to build networks among nations that enable this kind of solidarity, by mobilizing for education so that every child, boy or girl, has access to quality education as a fundamental human right and as a prerequisite for human development and building intercultural understanding through protection of heritage and support for cultural diversity. According to the UN division of labour among the UN family, UNESCO is lead agency for ensuring high quality education for a more effective HIV response and is also a partner in reducing sexual transmission of HIV, policy development and stopping sexual and gender -based violence. UNESCO supports inclusion of comprehensive sexuality education, advocacy on emerging issues and generation of strategic information within the education sector.

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