Strategic plan 2015- 2019

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List of Abbreviations and Acronyms

AA	Africa Alive!
ASRH&R	Adolescent Sexual and Reproductive Health and Rights
AIDS	Acquired Immune Deficiency Syndrome
AMREF	African Medical and Research Foundation
ASRH	Adolescent sexual and reproductive health
ASK	Access, Services and Knowledge Programme
CEOs	Chief Executive Officers
CBOs	Community Based Organizations
CHWs	Community Health Workers
CSA	Centre for the Study of Adolescence
CSE	Comprehensive Sexual Education
FGM	Female Genital Mutilation
FP	Family Planning
GLUK	Great Lakes University of Kisumu
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
ICT	Information, Communication, Technology
IEC	Information, Education and Communication
MDGs	Millennium Development Goals
MOE	Ministry of Education
MOU	Memorandum of Understanding
NCPD	National Council for Population and Development
MOH	Ministry of Health
NGO	Non Governmental Organization
NPC	National Programme Coordinator
NSC	National Steering Committee
NAYA	Network of Adolescents and Youth of Africa
PBO	Public Benefits Organizations
M&E	Monitoring, Evaluation
RHCS	Reproductive health commodity security
SAIPEH	Support Activities in Poverty Eradication and Health
SD	Sexual Diversity
SGBV	Sexual & Gender Based Violence
SRH	Sexual Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STI	Sexually transmitted infection
UFBR	United for Body Rights
UNFPA	United Nations Family Population fund
WSWM	World Starts With Me
YEA	Youth Empowerment Alliance
YFC	Youth Friendly Centers
YFS	Youth friendly Services

Executive Summary

The SRHR Alliance is a coalition of civil society organizations and institutions working to promote the sexual and reproductive health and rights of young people and women in Africa, Asia and the Europe. The alliance was first established in the Netherlands in 2010. In Kenya, the Alliance brings together 17 organizations. The Alliance is currently implementing the Unite for body rights (UFBR) Programme (2011-2015) and the Access, Services and Knowledge (ASK) Programme (2013-2015) in 15 counties with support from the Dutch Ministry of Foreign Affairs through Rutgers WPF, AMREF, SIMAVI, Dance 4 life, Choice for Youth and Sexuality, IPPF, Stop AIDS Now!, and Child Helpline International. With both programmes expected to come to an end in 2015, the need to explore avenues of sustaining the Alliance and the existing interventions is critical. It is against this backdrop that the Alliance has engaged in the process of charting its strategic direction which has produced this strategic plan document.

The SRHR Alliance strategic plan has been developed to provide overall direction and guidance for implementing its agenda for 2015 -2019. It sets out a vision for the changes in the lives of women, adolescents, youth and marginalized groups that the Alliance seeks to bring about based on an extensive analytical and consultative process. The strategy was developed through a process that included engagement and feedback from the Alliance partners, analysis and inputs of a three days workshop and one day consultative forum to review the draft strategic plan helped to ensure that the strategy is evidenced-based.

The development of the strategic plan was also shaped by a number of key broader processes. the preparations for the review of the ICPD beyond 2014 and the post-2015 MDGs development agenda, Rio+20, and the United Nations Secretary General's Global Strategy for Women's and Children's Health.. Moreover, the principles of aid effectiveness, including the centrality of ownership described in the Paris Declaration on Aid Effectiveness, have served as an important foundation.

The Strategic Plan is focused squarely on propelling the Alliance beyond the current funding phase in 2015. It seeks to consolidate the experiences, lessons, best practice and gains realized since the inception of the Alliance.

The strategic plan identifies four strategic priorities to implement within the sexual and reproductive health and rights. These include; advocacy to improve enabling environment, capacity development of partners, increasing demand, supply and access to SRH services and building and sustaining the SRHR Alliance. These interventions will aim to; (a) ensure that SRH and rights are given increased priority in policies, planning and budget allocations in the health and other relevant sectors at National and County levels; (b) increased provision of SRHR services commodities to the target groups and reducing gender-based violence and FGM/C ; (c) comprehensive sexuality education for adolescents and youth; (d) enhanced institutional, technical and programming capacities of Alliance partners and (e) growing the Alliance into a dynamic and sustainable entity.

1.0 Introduction

The SRHR Alliance strategic plan has been developed to provide overall direction and guidance for implementing its agenda for 2015 -2019. The framework presents the conceptual and operational basis for the Alliance to contribute towards achieving the goals of the Programme of Action of the ICPD and the MDGs with regard to SRHR. The Alliance is committed to accelerating action towards achieving universal access to reproductive health within a rights-based and comprehensive approach.

The Strategic Plan sets out a vision for the changes in the lives of women, adolescents, youth and marginalized groups that the Alliance seeks to bring about based on an extensive analytical and consultative process. The strategy was developed through a process that included engagement and feedback from the Alliance partners, analysis and inputs of a three days workshop and one day consultative forum to review the draft strategic plan helped to ensure that the strategy is evidenced-based. These helped to position the plan to effectively meet the needs of those that the Alliance serves. It will improve the Alliance's ability to respond to the dynamic and changing operating environment.

The Strategic Plan is focused squarely on propelling the Alliance beyond the current funding phase in 2015. It seeks to consolidate the experiences, lessons, best practice and gains realized since the inception of the Alliance. The starting point for the strategy development process was the findings and recommendations set out in the 2014 UFBR/SRHR Alliance Kenya mid term review report.[1]

The development of the strategic plan was also shaped by a number of key broader processes. the preparations for the review of the ICPD beyond 2014 and the post-2015 MDGs development agenda, Rio+20, and the United Nations Secretary General's Global Strategy for Women's and Children's Health.. Moreover, the principles of aid effectiveness, including the centrality of ownership described in the Paris Declaration on Aid Effectiveness, have served as an important foundation.

Women, adolescents and youth are the key targets of the SRHR Alliance's work. The Alliance will prioritize the most vulnerable and marginalized, particularly adolescent girls and also ethnic minorities, persons living with HIV, and persons with disabilities. The Alliance will work to improve their reproductive health and their ability to participate in the decision-making process on the issues that affect their lives, whether those decisions are made at the individual, familial, community, county or national levels.

The plan identifies four strategic priorities to implement within the sexual and reproductive health and rights. These include; advocacy to improve enabling environment, capacity development of partners, increasing demand, supply and access to SRH services and building and sustaining the SRHR Alliance. It defines the strategic objectives, outcomes, strategies, key activities and indicators for monitoring and evaluation. It also provides guidance for developing project-specific outputs.

[1] 2014 UFBR Alliance – Kenya mid term review report

2.0 An overview of SRHR Alliance - Kenya

The SRHR Alliance is a coalition of civil society organizations and institutions working to promote the sexual and reproductive health and rights of young people and women in Africa, Asia and the Europe. The alliance was first established in the Netherlands in 2010. In Kenya, the Alliance brings together 17 organizations comprising of Africa Alive (AA), Africa Medical Research Foundation (AMREF), Anglican Development Services (ADS) Nyanza, Centre for the Study of Adolescence (CSA), Clinton Health Access Initiative (CHAI), Child Line Kenya (CLK), Family Health Options Kenya (FHOK), Great Lakes University of Kisumu (GLUK), Kisumu Medical Education Trust (KMET), Maximizing facts on AIDS (MAXFACTA), NairoBits Trust, Network for Adolescence and Youth of Africa (NAYA), National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK), Support Activities in Poverty Eradication and Health (SAIPEH), World Starts With Me Alumni Youth Advocacy Network (WAYAN), Women Fighting AIDS in Kenya (WOFAK) and UNESCO.

Key objectives of the Alliance include:

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

The Alliance is currently implementing the Unite for body rights (UFBR) Programme (2011-2015) and the Access, Services and Knowledge (ASK) Programme (2013-2015) in 15 counties with support from the Dutch Ministry of Foreign Affairs through Rutgers WPF, AMREF, SIMAVI, Dance 4 life, Choice for Youth and Sexuality, IPPF, Stop AIDS Now!, and Child Helpline International. With both programmes expected to come to an end in 2015, the need to explore avenues of sustaining the Alliance and the existing interventions is critical. It is against this backdrop that the Alliance has engaged in the process of charting its strategic direction which has produced this strategic plan document.

Since inception in 2011, the alliance has provided a great platform and opportunity for advocacy at national and county levels. It has offered leverage on resources and expertise to do better programming and a framework for fundraising to partners beyond Dutch funding by mobilizing funds from local and other sources. The alliance has functioned well. The partners have benefited from capacity building of staff. It has also contributed to visibility, stability, creating and strengthening networks for the partner organizations. Working in an alliance has been affirmed as an effective way to have a bigger voice/influence in advocacy and also in fundraising. It has added value to the profile and work of the individual organizations; complimenting their individual strengths and weaknesses.

While the alliance is a work in progress and great strides have been made, there is still room for exploiting its own possibilities and opportunities to take it to a new level. These include strategically engaging and partnering with other key national and international actors to advance SRHR international and local agenda, and leveraging numbers to build a formidable voice. There have been few bold moves

and adventures on intra-alliance partnerships or collaborations but these will be up-scaled during the life of the strategic plan.

3.0 Context Analysis - Sexual and reproductive health situation, challenges and trends

2014 marks twenty years since the International Conference on Population and Development (ICPD) was held in Cairo, Egypt. The intervening years have seen remarkable progress in some areas and disappointments in others. Maternal deaths have fallen by nearly half over the past 20 years but approximately 800 women still die every day from childbirth and the complications of pregnancy, and more than 220 million women still have unmet needs for modern contraception. As a result, Millennium Development Goal (MDG) 5 on maternal health is currently the farthest from attainment, and is unlikely to be met. Economic growth has lifted millions from poverty but has not reduced inequality, and the disparities are stark.[2]

Despite the considerable progress, millions of people mostly disadvantaged women and adolescents still lack access to SRH information and services. In developing countries, about 201 million married women lack access to modern contraceptives. Globally, there are about 340 million new cases of sexually transmitted infections (STIs) each year, and 6,000 young people are infected with HIV every day. Out of the 6,000 people who are infected with HIV every day, over two-thirds occur in sub- Saharan Africa. Millions of women and adolescent girls continue to suffer from death and disabilities during pregnancy and childbirth.[3]

According to UNFPA global population report, there is an urgent need for dramatically increased investments in SRH information and services to address the global SRH challenges and the reproductive rights of populations and, particularly, the most vulnerable. Poor SRH accounts for an estimated one third of the global burden of illness and early deaths among women of reproductive age. Data from 94 national surveys indicate that the unmet contraceptive need among sexually active adolescents is more than two times higher than that among married women. 46 per cent of women face this problem in sub-Saharan Africa.

The inclusion of the maternal health goal in the MDGs and the new target of universal access to reproductive health constitute a clear recognition of the central role that SRH plays in development. The empowerment of women and young people so that they can exercise their reproductive rights is of critical importance. Couples and individuals need access to improved SRH information and services to be able to participate in the social development and economic life of their countries, as well as for improved quality of life. Therefore, increased efforts to demonstrate how the realization of reproductive rights through improvements in SRH is a necessary condition to achieve poverty reduction at both

[2] *UNFPA report*

[3] UNFPA and the UN Population Division 2008 and UNDP Public Choices, Private Decisions: Sexual and Reproductive Health and the Millennium Development Goals. Bernstein, Millennium Project, 2006.

household and macro-economic levels. The influence of reproductive rights on population dynamics such as fertility, mortality and age structure and their influence on social and economic development support a strong argument for policymaking on poverty reduction to increase interest in reproductive health investments.

Adolescent girls are at greater risk of reproductive ill health. Almost 15 million adolescent girls become mothers every year. Among women who become mothers are under age 20. Around the world, as many as one in every three women has been beaten, coerced into sex, or abused in some other way – most often by someone she knows, including by her husband or another male family member.[4]

However, recent developments also create important opportunities. One half of global growth is presently coming from developing countries, which are projected to account for nearly 60 per cent of the world gross domestic product by 2030. Trade flows between South and North are increasingly vital, while South-South exchanges are sources of innovation and growth. These shifts also influence the development landscape: official development assistance has stagnated, but emerging powers are important new sources of financing for development. Meanwhile, public financing is dwarfed by private funding flows to developing countries, whether through investments, migrants' remittances or philanthropy. The spread of the Internet and mobile telephones has been remarkable, with more people now having access to a mobile phone than a toilet. These new technologies create opportunities for innovative ways to reach and improve the lives of people.

In the Kenyan context, young people 10-24 years constitute 36 % of the national population. These large proportions of the Kenyan population continue to grow in difficult and challenging political and socio-economic circumstances.

According to the Kenya Demographic Health survey, there has been a stall in fertility decline and low uptake of contraceptive use (KDHS, 08/09) especially among unmarried adolescent women which is at 26.8% compared to CPR of 46%.

The economic growth of Kenya has fluctuated over time with the economy growing at 7% in 2007 and retracting to less than 3% in 2008 with resurgence and growth to 5% in 2011. At the same time inflation grew from 9% in 2010 to 19% in 2011. These economic changes have had far reaching consequences especially among the young people. There are approximately two million unemployed people in Kenya with 60% of these being below 30 Years with a majority lacking any meaningful vocational skills to drive the economy.

The new constitution provides renewed attention to health and reproductive health needs of the Kenyan people including the youth. The democratic space has expanded under this constitution

[4] *UNFPA strategic plan 2014-2017*

providing opportunities for advocacy for SRHR resource allocation, service provision, promotion and protection of the youth health rights.

According to the findings of ASK baseline survey, a majority of young people have the right to information and attitudes and on various SRHR issues. A significant number amongst them still lack the correct information and the right attitudes i.e. knowledge on HIV/AIDS of HIV/AIDS, STI and contraceptives. Socio-cultural and health system barriers are impeding youth's access to sexual and reproductive health services, and these need to be addressed in order to observe gains. Health facilities need to increasingly focus and prioritize on offering quality Youth Friendly Services. These should actively address the fears of lack of confidentiality resident among the youth which would lead to increased uptake of these services. There was no significant gender disparities found in access to Sexual and Reproductive health services and Rights, but rather the socio-cultural and health system barriers applied across board to all the youth. Sexual and Reproductive health Rights for young people across all the counties are discouraged by the community and even discussion of sex and sexuality is still considered taboo. There is still a need for SRH advocacy and public education among the youth in the areas of focus. Greater focus is required targeting the gatekeepers to change perceptions on sexual and reproductive health and rights of the youth. Comprehensive sexuality education is not provided in Kenyan schools and a non examinable life skills curriculum is presented to fill this gap.[5]

4.0 Purpose Statements and Core Values

The statements describe the vision, mission and the core values. These reflect the common ground for the Alliance partners.

4.1 Vision

Sexual reproductive health and rights for all

4.2 Mission

To harness partnerships to promote the realization of sexual and reproductive health and rights for young people, women and marginalized groups.

4.3 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 the external stakeholders. Below are the core values.

1. Respect for diversity.
2. Commitment to partnership.
3. Commitment to deliver value for money
4. Respect for human rights.

[5] ASK Baseline report 2014 - Kenya

5. Commitment to uphold integrity and accountability.
6. Commitment to learning and innovation.

5.0 Strategic Direction

SRHR Alliance will invest in four priority areas of intervention: advocacy to improve enabling environment, capacity development of Alliance partners, increasing demand, supply and access to SRH services, building and sustaining the Alliance. These interventions will aim to; (a) ensure that SRH and rights are given increased priority in policies, planning and budget allocations in the health and other relevant sectors at National and County levels; (b) increased provision of SRHR services commodities to the target groups and reducing gender-based violence and FGM/C ; (c) comprehensive sexuality education for adolescents and youth; (d) enhanced institutional, technical and programming capacities of Alliance partners and (e) growing the Alliance into a dynamic and sustainable entity.

The Alliance will pursue four strategic objectives based on the set priorities:

1. To advocate for policies and legislations that promote access to Sexual and reproductive health and rights at both National and County Levels.
2. To strengthen the capacity of alliance partners to facilitate increased access to sexual and reproductive health and rights for young people, women and marginalized
3. To improve Sexual and reproductive health status among young people, women and Marginalized populations.
4. To create a dynamic, sustainable Alliance and strategic partnerships that lead to successful resource mobilization and SRHR interventions.

5.1 Advocacy to improve SRHR enabling environment

The SRHR Alliance main focus will be to influence significant increase in the priority given to SRH in policies, development frameworks, plans and budget allocations in health systems and other relevant sectors at national and county levels. Policies should be accompanied by the appropriate allocation of resources for implementation and be given prominence in poverty reduction strategies. Within health-sector planning, the Alliance will advocate for the delivery of an essential SRH package including youth friendly services as part of basic health services at Health facilities and primary health care levels.

The Alliance will apply advocacy as a key strategy to improve the enabling environment. It will engage the relevant sectors of the national and county government s to influence legislation, policies and resource allocation toward SRH agenda. It will also undertake research to develop evidence base for advocacy.

5.1.2 Strategic Objective 1: To advocate for policies and legislations that promote access to Sexual and reproductive health and rights at both National and County Levels.

Outcome 1.1: Increased financial commitment and support for sexual and reproductive health and rights at both National and County Levels.

1.1.1 Key activities:

a. Review and advocate for modification of laws and policies or enactment of new laws and policies to ensure the facilitation of equitable access to SRH education, information and services, and commodities.
b. Advocate for inclusion of SRHR in poverty eradication, post MDGs and other development frameworks using evidence-based arguments and emphasizing reproductive rights at National, regional and International levels
c. Involvement in health- and education sector reforms and planning for the incorporation of SRH services into health and education plans and budgets;
d. Advocate for access of SRH information, services and commodities for marginalized and vulnerable populations such as adolescents, young people, the poor, marginalized groups, people living with HIV and AIDS, persons with disabilities,
e. Contribute to health-system strengthening and reform processes to enhance capacity to deliver SRH services,
f. Participate in Counties budget making and tracking processes to influence allocation of resources to SRHR agenda.
g. Monitor implementation of the existing policies

Outcome 1.2: Improved quality of SRH services for young people, women and marginalized groups.

1.2.1 Key activities

a. Engage the National and County governments to prioritize RH commodity supply
b. Advocate for employment and deployment of adequate and skilled RH staff by county governments.
c. Influence the County Governments to prioritize health infrastructure (ICT, Equipments, Referral systems, structures)
d. Advocate for increased provision of comprehensive YFS in health facilities

5.2 Capacity development of partner organizations

The Alliance will implement interventions to strengthen the capacity of partners to increase demand for SRH, deliver effective programs and effectively undertake advocacy. Capacity development will be advanced through: institutional strengthening, building and using a knowledge base (knowledge management), promoting and strengthening partnerships with a focus on learning, focused thematic trainings and promoting performance standards and good practices for SRHR components.

5.2.1 Strategic Objective 2: Strengthened partnerships and capacities of alliance members to facilitate effective and quality sexual and reproductive health and rights programmes for young people, women and marginalized groups.

Outcome 2.1: Strengthened institutional, thematic, technical and programmatic capacity of alliance members to facilitate increased access to SRHR information and services for young people, women and marginalized groups.

2.1.1 Key activities

a. Institutional capacity building of partners to undertake effective evidence based programming on key SRHR thematic areas
b. Build capacity of partners to improve health systems and deliver SRH services to young people, women and marginalized
c. Build capacity of partners to conduct effective M&E and research on SRHR issues for the target groups.
d. Training on SRHR thematic areas
e. Build the capacity of partners to integrate ICT use in SRHR programming

Outcome 2.2: strengthened partners' capacity to advocate and demand for accountability by the government and other key stakeholders towards improving the quality of SRHR of young people, women and marginalized groups.

2.2.1 Key Activities

a. Build capacity of Alliance members to undertake effective SRHR advocacy
b. Build the capacity of members to generate and use evidence base for advocacy

Outcome 2.3 Strengthened capacity of partners to improve health systems and deliver SRH services to young people, women and marginalized

2.3.1 Key activities

a. Assess members capacity needs on improving health systems
b. Train members on strengthening health systems

Outcome 2.4 Enhanced capacity of partners to conduct research on SRHR on young people, women and marginalized.

2.4.1 Key activities

a. Conduct institutional capacity assessment of partner organizations to undertake SRHR operations research
b. Conduct (facilitate) training on SRHR operations research for alliance members

Outcome 2.5 Enhanced capacity of partners to integrate ICT use in SRHR programming

2.5.1 Key activities

a. Conduct institutional capacity assessment of partner organizations to undertake SRHR operations research
b. Conduct(facilitate) training on SRHR operations research for alliance members

5.3 Programming to support increase in demand, supply and access to SRHR services and commodities

The Alliance will implement programs to promote increased demand, access and delivery of SRHR services including the essential SRH package, reproductive health commodities with strengthened monitoring. Emphasis will be placed on the greater availability of youth-friendly SRH information and services, through schools, health facilities and outreach activities. Another area of focus is sexual and gender-based violence (SGBV) and harmful practices such as female genital mutilation/cutting (FGM/C) and early marriages. A particular focus will be the integration of SGBV programming into broader SRH services. Work on FGM/C will up scale successful models that have used a human rights-based approach to engage communities to act collectively to renounce the practice.

The Alliance will support delivery of SRHR services in the basic health-care facilities at district and local levels, through functioning health systems that prioritize quality, equity and integration and are equipped with accountability mechanisms for users and providers. The SRH package should universally include: family planning services; pregnancy related services, including skilled attendance at delivery, emergency obstetric care and post abortion care; STI and HIV prevention and management; prevention and early diagnosis of breast and cervical cancers; prevention of SGBV ; ASRH; and RHCS for each component of the package

It will support the integration of HIV and SRHR services since it matters enormously from a user's perspective. This provides them with an opportunity to deal with the health-care system as one, in testing its quality and in feeling supported. It helps to determine the extent to which users trust the system and its value in resolving their problems, which, in turn, will determine continuity of use.

The Alliance will support comprehensive SRH education and a package of social protection services for adolescents and youth, including SRH. At a minimum, these will include life skills education, sexuality, psychosocial counseling, contraception, HIV-prevention, STI- prevention/ treatment and maternal health services;

The major aspects that programming will cover include:

1. Strengthening the ability of community-based organizations and leaders to raise awareness of reproductive rights, leverage resources and community support and enhance their role in monitoring the quality of the service delivery.
2. Enhancing the capacity of service providers, teachers, peer educators and counselors in SRHR thematic and technical knowledge and interpersonal communication skills.
3. Strengthening the knowledge and ability of the media to accurately report on SRHR issues;
4. Providing support for innovative communication programmes that increase access to information and services, especially for adolescents, including social marketing and media;

5. Partnering with schools and other programmes for youth (e.g., peer education) for the provision of SRH information and education both in and out of school, including the institutionalization of life-skills and SRH education in schools.
6. The integration of HIV prevention, management and care in SRH services.
7. Linking SRH education programmes in schools and communities and youth-friendly services with information, communication, technology (ICT) - based programmes;

The Alliance will design and implement programs through the Alliance members. A key strategy will be to undertake joint programmes among clusters of partners with common interests and those operating in the same geographical regions.

5.3.1 Strategic Objective 3: To improve Sexual and reproductive health status among young people, women and marginalized populations.

Outcome 3.1: Increased demand, uptake and utilization of SRH services (including family Planning, skilled delivery, ANC, HTC, HIV treatment, VMMC, STI management etc) *that meet human rights standards for quality of care and equity in access*.

3.1.1 Key Activities:

a. Provision of SRHR services
b. Media and social campaigns
c. Support community sensitization.
d. Development and dissemination of IEC materials
e. Support community participation in provision of SRHR services

Outcome 3.2: Strengthened capacity of health systems to deliver SRH services to young people, women and marginalized groups.

3.2.1 Key activities

a. HR capacity enhancement: Training of HCW, CHV's, Peer educators
b. Support to commodity supply chain systems: logistics; training on commodity management (planning and forecasting), promoting social accountability to improve service delivery
c. Strengthening Referral systems: development of referral tools; follow up
d. Health systems strengthening – continuous quality improvement through training

Outcome3.3: Increased Capacity of young people, women and marginalized groups to make informed decisions and choices.

This outcome focuses on comprehensive sexuality education. The Alliance will work on ensuring that curricula meet international standards and on training educators who deliver comprehensive sexuality

education that promotes respect for gender equality and the rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality

3.3.1 Key Activities

a. Support the development and implementation of the National guidelines on CSE
b. Support integration of CSE in the National curriculum
c. Support development of new CSE tools
d. Support delivery of CSE to target groups
e. Build capacity of resource persons in CSE
f. Provision of SRHR information and education to target groups
g. Utilization of online platforms (e and m health)
h. Community dialogue outreaches
i. Media programmes/campaigns
j. Peer education programmes
k. Use of folk media
l. Development and dissemination of IEC materials.

Outcome 3.4: integration of SGBV, FGM/C and HIV prevention, management and care into broader SRH programming.

3.4.1 Key activities

a. Support up-scaling of successful models to fight FGM and SGBV using a human rights-based approach to engage communities to act collectively to renounce the practice
b. Support dissemination of SGBV policy for implementation
c. Support domestication of existing laws on FGM
d. Engage counties to allocate resources towards FGM and SGBV interventions
e. Generate evidence base on FGM to support programming
f. Support interventions to address SRHR issues affecting young people living with HIV and young women living with HIV

Outcome 3.5: Increased, integrated use of ICT in SRHR programming by partners

3.5.1 Key Activities

a. Training on use ICT in SRHR programming for alliance members
b. Support use of ICT tools in SRHR programming by partners
c. Support adoption and use of the youth hub developed by NairoBits and Africa Alive by other partners.
d. Post stories and articles on quarterly basis on the alliance website
e. Increase adoption and sharing of information developed by other partners

5.4 Building and sustaining the Alliance

To effectively implement and deliver on the strategic plan for 2015-2019, it is essential for the Alliance to build institutional capacity and enhance its sustainability. The Alliance will enhance her identity, visibility, leadership and governance, and resource base.

5.4.1 Strategic Objective 4: To build institutional capacity and sustainability of the Alliance to effectively implement and deliver the strategic plan for 2015-2019.

Outcome 4.1 Strengthened identity, visibility and governance strengthen

The Alliance will retain its current name and legally register. The name SRHR Alliance - Kenya reflects its mandate and unique niche. Legal identity will enable the Alliance to transact business as a legal person, engage with other stakeholders especially the government without undue limitation and add value to resource mobilization. It will work towards establishing membership with the current partners as the founding members. The membership will be initially restricted to the current partners till the Alliance is well established. Membership will then be opened to other like minded organizations through a phased/gradual process.

The Alliance will upon registration establish a board of nine members. The board members will be elected by the Alliance partners from among its rank. They will serve for a term of two (2) years on rotational basis. The constitution will define the roles and responsibilities of the Board, membership, secretariat and the standing/technical committees.

4.1.1 Key Activities

a. Establish a governing board and align other structures to operate under the board
b. Induct the board and develop governance policy
c. Institute a focused leadership of the alliance
d. Work with the current hosting arrangement of the Alliance in one of the member organizations. It is cost effective and not bureaucratic and provides technical help. This will be a medium term measure while working towards an independent office.
e. Establish regional focal points to drive regional and county agenda e.g. Coast, Nyanza, Nairobi
f. Continue to enhance Alliance brand and visibility through a clearly established communication and public relations strategy

Outcome 4.2 Diversified and sustainable resource base

The Alliance will invest time and resources to strengthen its brand, visibility and resource mobilization.

4.2.1 Key activities

a. Develop state of the art fundraising/marketing tools – brochures, annual reports, attractive website,
b. Review and improve the Alliance brand - identity, logo, motto and colors
c. Strengthen visibility through documentation, public relations and communication
d. Develop quality proposals and bids for fundraising.

e. Involve and utilize the partners fundraising technical capacities to mobilize resources for the Alliance
f. Leverage on attractiveness of Alliances to donors to fundraise

Outcome 4.3: Increased effectiveness and capacity of the secretariat to coordinate the Alliance

The Alliance will maintain a lean but effective secretariat that facilitates efficient, responsive coordination, equal playing ground and democratic processes.

4.3.1 Key activities

a. Procure administrative and logistical facilities and tools
b. Develop relevant policies and systems including financial, human resource, M&E and administrative
c. Establish an independent office by the end of the strategic plan period

5. 5 Cross cutting strategies

5.5.1 Research

The objective of research is to establish an evidence-base for SRHR advocacy and programming at national, county and international levels.

In partnership with research institutions the Alliance will conduct research to:

1. Support policy analysis and research on SRH as part of poverty-eradication and public health issues;
2. Support policy studies on the extent to which current SRH information and services meet the needs of the poor;
3. Generate the evidence base to influence policy debates on SRH, including such aspects as public expenditure tracking, benefit cost-benefit analyses of SRH interventions and programmes;
4. Support policy studies and research on gender-based violence and its links to SRH, including HIV transmission;
5. Studies on local best practices on SRH and supporting the adaptation of international evidence based standards in collaboration with universities, research centers and professional associations;
6. Strengthen capacity of partners to conduct and publish quality SRHR research

Outcome 5.1: SRHR research publications in national and international journals and abstracts presented at national and international conferences

5.1.1 Key activities

a. Establish research topics/issues
b. Mobilize resources for research

c. Establish linkage with research institutions
d. Conduct SRHR Research,
e. Share findings with Alliance members and key stakeholders
f. Write SRHR abstract for conferences
g. Publish findings in relevant journals

5.5.2 Strengthening Partnership and involvement

Outcome 5.2: Sustained partnerships and increased synergy that lead to successful resource mobilization and effective SRHR interventions

5.2.1 Key Activities

a. Design and implementation of joint projects by partners
b. Establish regional clusters for joint advocacy and programming
c. Exchange visits
d. Quarterly and annual meetings
e. Joint resource mobilization initiatives
f. Information sharing and learning through e platforms
g. Develop and use knowledge base (knowledge management)
h. Develop and apply performance standards, best practices and a system of peer accountability
i. Annual and quarterly information sharing and learning forums
j. Inter-organizational attachment of staff (buddy system)

Outcome 5.4: Strengthened commitment and participation to attain the strategic plan agenda.

Going forward, the Alliance will leverage and built on the existing partners' commitment and wealth of resources. The partners, during interviews conducted as part of the strategic planning process, affirmed their desire and commitment to move the Alliance forward beyond the current funding period. The reasons cited include: partners are willing to contribute a diversity of resources; the ongoing bilateral partnerships within the Alliance are valued and partners are committed to move them forward. In advocacy the numbers count; the Alliance provides opportunities to tap into the experience and knowledge of others; It is a good alliance to belong to – focused on SRH and first one which is program oriented; It provides Solidarity for fundraising and programming.

The partners are committed to contribute; membership fees, staff time to attend to Alliance's agenda and activities, opportunities for learning to other partners, platforms/mechanism for advocacy at county level, technical support in resource mobilization.

5.4.1 Key Activities

a. Tap into membership subscription, technical expertise, the members staff time and other resources to enhance a sense of ownership of the Alliance by the members
b. Support joint programming and activities among the partners

c. Pursue good practices; inclusion and involvement of partners in planning, decision making and implementation of activities plus transparent and democratic processes
d. Continually engage the members to understand and respond to their expectations
e. Commit to MOUs and make them binding and living documents
f. Develop a code of conduct that binds the alliance members – RULES OF ENGAGEMENT
g. Establish a dispute resolution mechanism

6.0 Monitoring and Evaluation

The Alliance has several planning, monitoring and implementation processes through which the implementation of this strategic plan will be monitored. The strategy implementation framework included in this strategy will form the basis for monitoring and evaluation. Appropriate monitoring tools will be developed to facilitate the process. The main stages at which monitoring will be done are described here under:

Annual joint planning: the Alliance will monitor progress during the annual planning forums attended by all the partners based on specific progress indicators.

Quarterly meetings: The Alliance will review performance against the strategic plan parameters during the quarterly meetings.

Technical committees meetings: During these meetings the Alliance technical teams will review performance of their respective areas of responsibilities

A mid term review: The Alliance will organize and conduct a mid term review of this strategy in 2017 aimed at reviewing the progress and accomplishments against the planned results. The review will also look at challenges and lessons learnt. Appropriate changes will be made to meet the aspirations of this strategic plan.

End of term evaluation: The Alliance will conduct an end of term evaluation in 2019 to review its overall performance against the strategic plan objectives, strategies and results.

7.0 Strategy Implementation Framework

Strategic Objectives	Outcomes	Strategies and key Activities	Indicators
1. Advocacy to improve enabling environment Strategic Objective 1: To advocate for policies and legislations that promote access to Sexual and reproductive health and rights at both National and County Levels.	Outcome 1.1: Increased financial commitment and support for sexual and reproductive health and rights at both National and County Levels.	a. Review and advocate for modification of laws and policies or enactment of new laws b. Advocate for inclusion of SRHR in poverty eradication, post MDGs and other development frameworks c. Involvement in health- and education sector reforms and planning d. Advocate for access of SRH information, services and commodities for the target groups e. Contribute to health-system strengthening and reform processes f. Participate in Counties budget making and tracking processes g. Monitor implementation of the existing policies	Laws and policies successfully influenced and implemented County budget submission forums the Alliance has participated in Advocacy forums conducted or participated in Dialogue meetings supported Level of increase in access to information and services
	Outcome 1.2: Improved quality of SRHR of young people, women and marginalized groups.	a. Engage the National and County governments to prioritize RH commodity supply b. Advocate for employment and deployment of adequate and skilled RH staff by county governments. c. Influence the County Governments to prioritize health infrastructure (ICT, Equipments, Referral systems, structures) d. Advocate for increased provision of comprehensive YFS in health facilities	Level of increase in RH commodity supply Increase in skilled HR staff in Counties Improvements achieved on SRH related infrastructure development
2. Capacity development of partners Strategic Objective 2: Strengthened partnerships and capacities of alliance partners to facilitate effective and quality sexual and reproductive health and rights programmes for young people, women and marginalized groups.	Outcome 2.1: Strengthened thematic, technical and programmatic capacity of alliance partners to facilitate increased access to SRHR information and services for young people, women and marginalized groups.	a. Institutional capacity building of partners to undertake effective evidence based programming on key SRHR thematic areas b. Strengthen capacity of partners to improve health systems and deliver SRH services to young people, women	No of institutional partner members with increased capacity on SRHR advocacy Increase in ability to improve health systems

		and marginalized c. Strengthen capacity of partners to conduct research on SRHR on young people, women and marginalized. d. Strengthen the capacity of partners to integrate ICT use in SRHR programming	No. of institutional partner members with increased capacity on evidence based SRHR thematic areas programming
	Outcome 2.2: strengthened partners' capacity to advocate and demand for accountability by the government and other key stakeholders towards improving the quality of SRHR of young people, women and marginalized groups.	a. Build institutional capacity of partners to undertake effective SRHR advocacy b. Enhance advocacy knowledge and skills	No of institutional partner members with increased capacity to strengthen health systems and quality SRH services delivery No of strategic partnerships created for partner organizations by the alliance
	Outcome 2.3 strengthened capacity of partners to improve health systems and deliver SRH services to young people, women and marginalized	a. Assess members capacity needs on improving health systems b. Train members on strengthening health systems	No of institutional partner members with increased capacity to undertake SRHR operations research No of SRHR operations research conducted
	Outcome 2.4 Enhanced capacity of partners to conduct research on SRHR on young people, women and marginalized.	a. Conduct institutional capacity assessment of partner organizations to undertake SRHR operations research b. Conduct (facilitate) training on SRHR operations research for alliance members	No of SRHR new innovations/models on SRHR programming and service delivery
	Outcome 2.5 Enhanced capacity of partners to integrate ICT use in SRHR programming	a. Conduct institutional capacity assessment of partner organizations on ability to integrate ICT use in SRHR programming b. Conduct(facilitate) training on integration of ICT use in SRHR programming for alliance members	No of institutional partner members with increased capacity to integrate ICT use in SRHR programming SRHR best practices, lessons learnt and human interest stories shared on online platforms
3.Programming to promote increased demand and delivery of SRHR services and commodities Strategic Objective 3: To improve Sexual and reproductive health status among	Outcome 3.1: Increased demand, uptake and utilization of SRH services (including family Planning, skilled delivery, ANC, HTC, HIV treatment, VMMC, STI management etc) *that*	a. Provision of SRH services b. Media and social campaigns c. Support community sensitization. d. Development and dissemination of IEC materials	The number of target groups reached through the various methods Quantity and quality of IEC materials disseminated

young people, women and Marginalized populations.	*meet human rights standards for quality of care and equity in access.*		
	Outcome 3.2: Strengthened capacity of health systems to deliver SRH services to young people, women and marginalized groups.	a. HR capacity enhancement: Training of HCW, CHV's, Peer educators b. Support to commodity supply chain systems: logistics; training on commodity management (planning and forecasting), promoting social accountability to improve service delivery c. Support physical improvement of Health Facilities d. Support strengthening of referral systems e. Strengthening the HMIS: setting up systems; training in data collection; developing data collection tools.	Number trained Commodity support provided Physical facilities improved Referral tools developed and follow up done Number of people trained
	Outcome3.3: Increased Capacity of young people, women and marginalized groups to make informed decisions and choices.	a. Support integration CSE in the National Curriculum b. Support delivery of CSE to target groups c. Build capacity of resource persons in CSE d. Provision of SRHR information and education to target groups e. Utilization of online platforms (e and m health) f. Support community dialogue outreaches g. Support media programmes/campaigns h. Development and dissemination of IEC materials.	Level of success achieved in implementation of CSE curriculum Number of resource persons Number of online platforms utilized
	Outcome 3.4: Sexual and gender and based violence (SGBV) and FGM/C integrated into programming of broader SRH intervention.	a. Implement interventions to eliminate FGM/C practices using a human rights-based approach to engage communities to act collectively to renounce the	FGM/C interventions successfully implemented SGBV interventions successfully

		practice. b. Implement interventions to advocate against gender and sexual-based violence c. Collaborate with other CSOs actors to fight FGM/C and SGBV	implemented
	Outcome 3.5: Increased use of ICT to access and share SRHR information by young people	a. Promote use of ICT tools by partners b. Promote, refer and use the youth hub developed by NairoBits and Africa Alive. c. Post stories and articles on quarterly basis on the alliance website d. Increase adoption and sharing of information developed by other partners	Increase in number of young people accessing SRHR information and engaging their peers using ICT Increase in number of partners integrating ICT into their programming
4.Building and sustaining the Alliance Strategic Objective 4: To build institutional capacity and sustainability of the Alliance to effectively implement and deliver on the strategic plan for 2015-2019.	Outcome 4.1: Strengthened identity, visibility and governance	a. Establish a governing board b. Induct the board and develop governance policy c. Institute a focused leadership of the alliance d. Establish regional focal points to drive regional and county agenda e. Continue to enhance Alliance brand and visibility	Existence of a functioning board A clearly defined Leadership structure Existence of regional focal points
	Outcome 4.2: Diversified and sustainable resource base	a. Develop state of the art fundraising/marketing tools – brochures, annual reports, attractive website, b. Review and improve the Alliance brand - identity, logo, motto and colors c. Strengthen visibility through documentation, public relations and communication d. Develop quality proposals and bids for fundraising. e. Involve and utilize the partners fundraising technical capacities to	2-3 funding sources for the Alliance A communication/PR strategy document in place

		mobilize resources for the Alliance f. Leverage on attractiveness of Alliances to donors to fundraise	
	Outcome 4.3 Increased effectiveness and capacity of the secretariat to coordinate the Alliance	a. Procure administrative and logistical facilities and tools b. Develop relevant policies and systems including financial, human resource, M&E and administrative c. Establish an independent office by the end of the strategic plan period	Policy documents in place Existence of adequate administrative facilities An independent office for the Alliance
5.Cross cutting strategies 1.Research	Outcome 5.1: SRHR research publications in national and international journals and abstracts presented at national and international conferences	a. Establish research topics/issues b. Mobilize resources for research c. Establish linkage with research institutions d. Conduct SRHR Research, e. Share findings with Alliance members and key stakeholders f. Write SRHR abstract for conferences g. Publish findings in relevant journals	Number of research projects completed and abstracts presented at conferences Number of published research findings
2.Strengthening Partnership	Outcome 5.2: Sustained partnerships and increased synergy that lead to successful resource mobilization and effective SRHR interventions	a. Implementation of joint programmes by partners b. Establish regional clusters for joint advocacy and programming c. Exchange visits d. quarterly and annual meetings e. Joint resource mobilization initiatives f. Information sharing and learning through forums and internet/social media	Number of meetings/forums held and attendance Number of exchange visits undertaken Joint resource mobilization initiatives undertaken

Annex 1: Profiles of SRHR Alliance – Kenya Partners

Africa Alive! Is a 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 behaviour 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).

African Medical and Research Foundation (AMREF) Kenya: is an independent non-profit, non-governmental organization (NGO) founded in 1957. AMREF Kenya works to improving health and health care in Africa by partnering with local communities, building their capacity, strengthening health systems, research and advocacy. Its major targets are the vulnerable groups including women, children, the elderly, people with disabilities and the poor in rural and urban underserved areas. From 2007, the organization has been implementing a regional multi-site Nomadic youth (10-24years) reproductive health project which covers Kenya, Ethiopia, and Tanzania with funding from the Dutch Ministry of Foreign Affairs through AMREF Netherlands. Under the SRHR Alliance, AMREF works in Kajiado (Magadi Division) and Loitokitok Districts and targets to reach at least 50,000 Kenyan youth with SRH information and services.

Great Lakes University of Kisumu (GLUK) is an academic university whose aim is to develop effective managers of health and developments through community mobilization, organisation, training, technical support and management improvement. Through its programs, GLUK facilitates poverty reduction, health care and development by bridging training with service delivery programs, focusing on the needs of the most vulnerable members of the society. It develops tests and disseminates innovative and effective models of community based initiatives through research.

NairoBits Trust is a not-for profit organization registered in 1999 and based in Nairobi working toward 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 these youth with training in multimedia, entrepreneurship, reproductive health and rights (SRHR) and life skills in order to enhance their confidence and self-esteem as well as their chances for gainful employment. Since inception, NairoBits has provided more than 6,500 youth from disadvantaged backgrounds with multimedia, SRHR, entrepreneurship and life skills. Over 60% of these are gainfully employed both formally and informally. NairoBits works closely with community based organizations in reaching and training youth. This involves partnering with the CBOs to set up information centres within their premises to ensure ease of access to the training by the youth and community ownership in the larger context.

The Centre for the Study of Adolescence: The Centre for the Study of Adolescence 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 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. CSA 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. CSA has been working Rutgers/WPF and Simavi to provide comprehensive sexuality education through innovative approaches including ICT.

Clinton Health Access Initiative: In 2002, President Clinton launched the Clinton HIV/AIDS Initiative (CHAI) to bring care and treatment to people living with HIV/AIDS and to strengthen health systems in resource-poor countries. Over the past few years, CHAI have expanded their work to increasing access to high-quality treatment for malaria, accelerating the rollout of new vaccines, and lowering infant mortality in the countries in which they work.

Child Line Kenya: Child line Kenya: Is a non-governmental organization (NGO) that works in the child protection sector. Child line Kenya's work represents the resonating message that child abuse and violence against children have no place in our society. The organization operates the National Child Helpline 116, Kenya's only 24-hour, toll-free telephone and web-based helpline for children. They work with Government, other NGOs and civil society to break the silence on child abuse and create awareness of children's rights.

Family Health Options Kenya: Family Health Options Kenya (FHOK) is a local Non-Governmental organization which has been a leading service provider of sexual and reproductive health services in the country for the last five decades. It has presence in seven of the eight provinces with a strong grassroots network. FHOK 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.

Maximizing Facts on AIDS (MAXFACTA): It is a group founded by young people living with HIV/AIDS. It's a community-based organization founded in the year 2002 and registered it in 2003 to provide quality care, prevention and as a forum for mutual empowerment and support to enable them to live positively. With continuing need to support all the affected and infected youth, Maxfacta saw it fit to start a rescue centre for the affected youth.

Network of Adolescence and Youth of Africa (NAYA): The goal of NAYA is to contribute towards an enabling environment that will foster the empowerment of adolescent and youth sexual and reproductive health and rights. A society where the reproductive health and rights of adolescent and youths are recognized provided for and respected. NAYA advocates for the implementation of policies

and legislation on adolescent and youth sexual reproductive health through dissemination of information, championing and promoting their rights at national and community level.

National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK): The National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK) is a national Network that unites people living with HIV and those affected by TB and HIV/AIDS through posttest clubs, support groups, community based organizations, non-governmental organizations and networks.

UNESCO: In 1945, 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. Peace must be established on the basis of humanity's moral and intellectual solidarity. 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.

Women Fighting AIDS in Kenya (WOFAK): Women Fighting AIDS in Kenya (WOFAK) is a national non-governmental 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 and children living with and affected by HIV and AIDS to enable them lead more wholesome lives. WOFAK's vision under strategic plan 2007- 2011 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.

World Starts with Me Alumni Youth Advocacy Network (WAYAN): WSWM Alumni Youth Advocacy Network (WAYAN) is a youth-led advocacy network of youth from the regions of Nairobi, Nyanza and Central and Coast Kenya focusing on SRHR. WAYAN was the outcome of the successful implementation of the computer-based sexuality education program WSWM in secondary schools. Through advocacy and raising awareness, WAYAN aims to improve the SRHR situation of youth in Kenya.

The 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.

Kisumu Medical and Educational Trust (KMET) is an indigenous NGO formed in Kenya in 1995 and dedicated to provision of quality Reproductive Health and Educational Services. KMET also advocates for sexual and reproductive health rights.

Support Activities in Poverty Eradication and Health (SAIPEH): is a registered Non-governmental organization [NGO] based in Western province of Kenya. SAIPEH 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 and vulnerable children, youth, women and the marginalized through development of strategies and initiatives at grass root level in the community that will enable these groups to be self-supportive and independent. The Organisation runs a reproductive health and rights programme supporting HIV/AIDS outreach, performing arts and community peer education. It has a strong community background and contributes immensely in supporting CSE implementation in Western region, under the UFBR Alliance.