



**KENYA**

Sexual Reproductive  
Health and Rights Alliance



YOUR SRHR

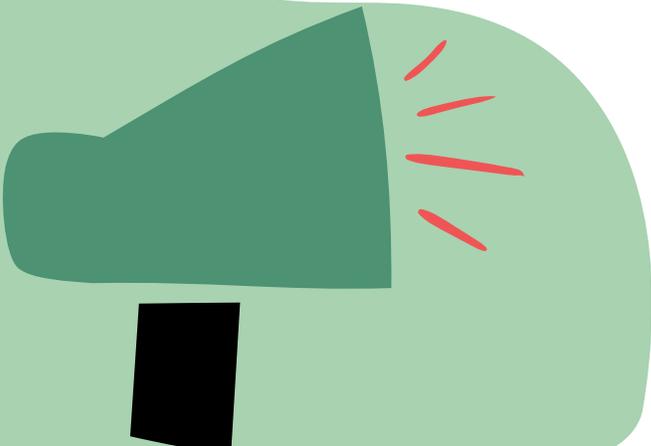


# POLICY ADVOCACY

Workbook  
2024



RIGHT HERE  
RIGHT NOW





**LOGO  
ELEMENTS  
DEFINED**



Viewed holistically with the symbols surround  
overall, our core presents the message and  
of change for a better future.

# AMPLIFY CHANGE

*Embracing Growth,  
Amplifying Impact*

- Our advocates are inquisitive individuals with an eye to quality.
- Our advocates are individuals who have encountered in the past.
- They are ambitious.



*Something needs  
to change,*



**RIGHT HERE  
RIGHT NOW**



**SR**  
**HR**  
Alliance



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*Information, Services and an Enabling Environment*

## Introduction

Policymaking is essentially a national process with specific moments/opportunities for sub-national governments. There are several opportunities to participate in the policy making/review processes and one does not need to be involved in all of its stages for successful advocacy. This learning material provides you with practical information on the policymaking processes, how to participate and why it's important for sexual reproductive health and rights advocacy.

As the largest national network of sexual reproductive health and rights CSO's, SRHR-A has first-hand knowledge and practical experience of how people are impacted by laws and policies that restrict sexual reproductive health and rights. SRHR-A's work on policy advocacy is informed by its mission - to promote the sexual and reproductive health and rights of young people, women, and marginalized groups. The Alliance believes that the policy advocacy process is an important place to join our advocacy efforts because it's an opportunity for civil society to influence prioritization of sexual reproductive and rights programming by their governments and push for its inclusion in the development plans/agenda. The material is designed to provide an understanding of the SRHR policy landscape the policy advocacy opportunities at sub-national and national level and how to leverage the advocacy opportunities at these levels. The environment continuously changes, as some advocacy actions prompt responses, the strategies employed thus need to be flexible to change with the changing environment. Several interrelated policy frameworks in place influence the advocacy work and determine the responsiveness of the ecosystem.



## 1. WHAT IS A POLICY?

In the context of legislation, policy is a document which outlines what a government or an individual aims to achieve for society. It sets out the goals and activities planned to achieve a certain purpose.

## II. WHO INITIATES POLICY?

Any person may originate a policy idea since, according to the Kenya Constitution any person has a right to petition Parliament or County Assembly to consider any matter within its authority. It is recommended that the person who originates a policy idea prepares a policy brief. The brief combines research synthesis and strategy recommendations. It sets down the methods and principles that will be followed in attaining the identified purpose. The Political Manifesto of the Government of the day is also a recognized source of policy





## Constitutional provisions

- Article 10 recognizes public participation as one of the national values.
- Article 118 requires Parliament to conduct its business in an open manner and to facilitate public participation and involvement in the legislative and other business of Parliament and its committees. It also prohibits Parliament from denying the public and media access to its sittings unless there are any justifiable reasons.
- Article 196 contains a similar requirement for County Governments
- Article 119 provides for the right of persons to petition Parliament to consider any matter within its authority, including enacting, amending, or repealing any legislation.

## County Governments Act (CGA) provisions

Public participation as the premise on which devolution is anchored is addressed under section 87 of the County Governments Act (CGA) which among other things provides for -

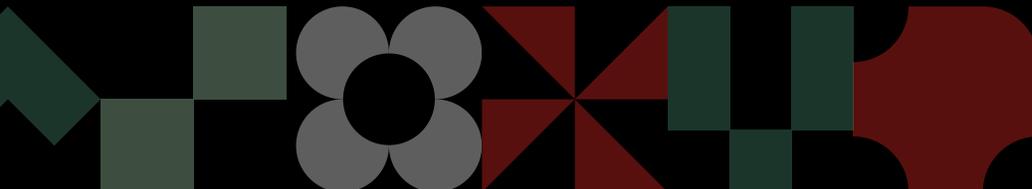
- (a) access to information and data relevant to and related to policy formulation
  - (b) reasonable access to the process of formulating policy and other government programs.
  - (c) protection and promotion of minorities within counties; and
  - (d) recognition of non-state actors in formulation and implementation of policies.
- 

## IV. FEATURES OF A POLICY FRAMEWORK



### **The policy framework must comprise:**

- Introduction
- Situation analysis;
- Challenges or problems or issues to be addressed
- An analysis of the existing legal framework, including international law governing the matter,
- Strategies for its implementation
- Actors or stakeholders including their roles and responsibilities
- Targeted audience and their role and obligations
- Monitoring and evaluation mechanism
- Review measures
- Conclusion and the way forward
- Provision of a legal instrument to for its operationalization



## IV. FEATURES OF A POLICY FRAMEWORK

### County Level Key Actors include

- 1.The Executive, which includes the Governor, County Executive Committee, responsible County Executive Committee Member, departments, agencies, and other technocrats
- 2.The County Assembly, which includes the Speaker, the Clerk, the members of the Assembly, Committees and their technocrats; and
- 3.County Government Press

## VI. PROCESS OF PUBLIC POLICY MAKING

### Key Stages in the County Policy Making Process;

- **Policy Initiation** - Policy initiation is a function of several players including government ministries, departments and agencies (MDAs), citizens, institutions, and stakeholder groups among others. Once the proponent generates the idea, they inform the County Executive concerned who propels it to the ministerial level. The relevant MDA formulates policy guidelines which are put into writing for discussion purposes within the MDA and other government departments.
- **Research** - During this stage, the respective MDA undertakes comprehensive and comparative research on the matter to be regulated. Expert opinion on the problem at hand should be sought.
- **Negotiation and Public Participation** - In this stage the substantive contents of the draft policy framework are debated and negotiated with various stakeholders, such as **opposition parties**, the public, non-governmental organizations, and all other interest groups. During this time, the MDAs prepare discussion documents on the policy or law to facilitate debate, comment, and feedback. Stakeholder participation may take different forms such as **attending committee hearings, setting up meetings with departmental heads, organizing workshops**, seminars, or retreats, **using the media** to outline the issues and similar entities to **lobby, publication of extracts** in newspaper articles or other online platforms and making **contributions during public fora** and **submitting written opinions** and **memoranda**.

- **Finalization of the Policy** - The policy is finalized by the relevant MDA. This comes after the policy has been properly debated and the concerned MDA consolidates the issues and options available and draws up a final policy document.
- **County Executive Committee Approval** - Once the relevant County Executive Committee Member is satisfied that proper analysis has been conducted, different approaches have been identified and discussed, and that the policy document outlines the best option available to address the policy issue, he/she submits the policy to the County Executive Committee for approval.
- **County Assembly Approval** - After approval by the County Executive Committee, the policy document is published and tabled in the Assembly for debate and approval. The policy document may be approved with or without amendments. Where significant changes are likely to be made on the policy, the views of the Executive may be invited for value addition and further clarification. Also, the policy may be subject to further public and stakeholder consideration.
- **Assent** - The approved policy is sent to the County Governor to formally endorse, by affixing the County Seal and signing the policy. This process is called 'assent'.
- **Publication** - Upon assent, the policy is published as a White Paper. The Executive is expected to widely circulate the policy and to keep the public informed of the likely effects of the Policy. The White Paper is a statement of intent and a detailed policy plan, which often forms the basis of legislation.
- **Draft Bill (if needed)** - Some policies are 'self-executing' policies, which means they are effective immediately without the need for legislation or other type of implementing action. For other policies, it may be decided that a new law is necessary to achieve its objectives and aid implementation, the concerned MDA will commence the process of drafting the Bill to give full effect to the policy directives. In its early stages it is called a legislative proposal. Once it has been tabled it is called a Bill. Policy advocacy work generally falls into one of the following two categories: policy change or policy implementation:

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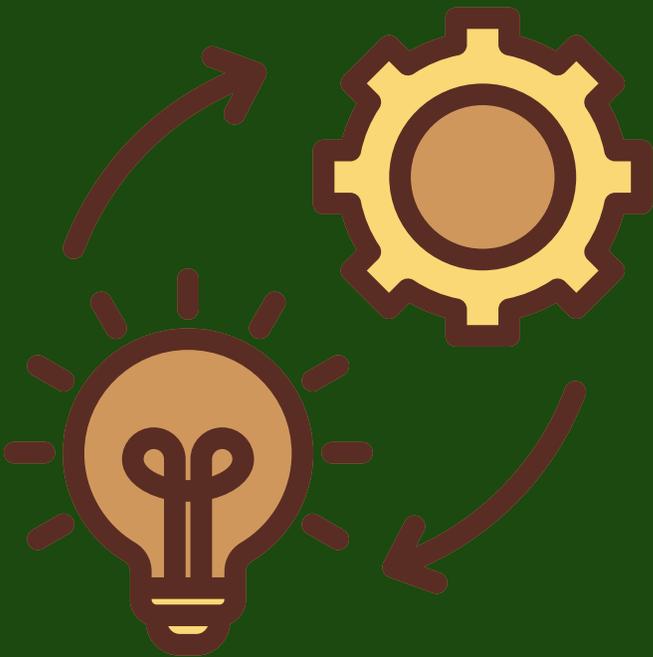
## Policy CHANGE includes:

- Policy development: creating a new policy proposal or policy guidelines
- Placement on the policy agenda: inclusion of a policy proposal on the list of issues to which policymakers give serious attention
- Policy adoption: official acceptance of a policy proposal, perhaps through an ordinance, ballot measure, legislation, or legal agreement
- Blocking a harmful policy: opposition that prevents a policy proposal from being adopted
- Resource allocation: committing or allocating resources within a budget



## Policy IMPLEMENTATION includes

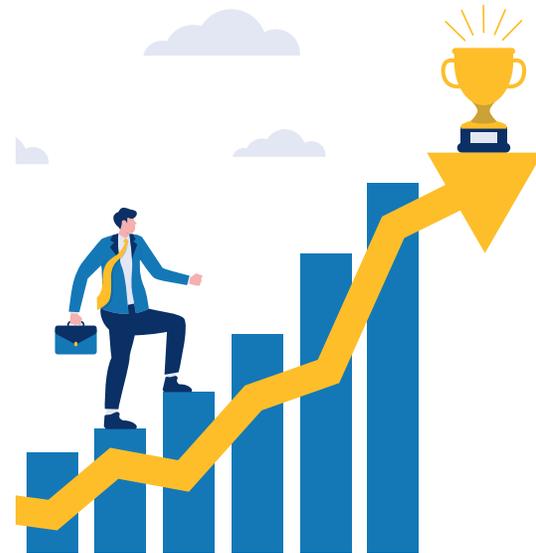
- Putting an adopted policy into practice: providing the funding, resources, and/or quality assurances required to implement the policy
- Policy maintenance: preventing resource cuts or other negative changes from undermining a policy
- iPolicy monitoring and evaluation: tracking the implementation of a policy and ensuring that it achieves its intended impacts.



## VII. WHAT CAN POLICY ADVOCACY ACHIEVE

Policy advocacy's fundamental goal is to further the realization of health rights of all people within a country. It creates opportunities for creative organizing and coalition-based advocacy on sexual and reproductive rights. Its therefore a useful tool to promote, for example:

1. Actual legislative or policy change
2. The development of programs and systems that will further the realization or implementation of health rights
3. Greater transparency in how decisions impacting health rights are carried out by governments
4. More regularized dialogue between government and civil society on health rights issues
5. The development of accountability systems



## VIII. ADVANTAGES OF ENGAGING IN POLICY ADVOCACY

Participating in policy advocacy has several benefits for civil society actors including

- Gaining commitment from Governments to address a particular rights violation
- Contributing to the achievement of organizational advocacy goals
- Building long-term coalitions with a broad range of civil society actors to support sexual reproductive health and rights issues and human rights more generally
- Empowering people affected by rights violations to claim their rights
- Raising the profile of your organization as a credible voice with the media, members, parliamentarians, funders, civil society and clients/service users. This can help create 'advocacy capital' which can be used in other related forums
- Developing relationships with Government officials
- Attracting media coverage to sexual reproductive health and rights issues
- Increasing capacity to apply a rights-based approach to service delivery, advocacy and policy analysis
- Accessing new networks of civil society actors

## PRACTICAL TIPS:

Strategic entry points in the policy advocacy process for civil society organizations; General points to consider

- No one-size-fits-all approach to any policy-making process
  - Strategies will vary from county-to-county
  - No need to engage in whole process, can pick and choose based on resources, time, etc.
  - There are three main ways in which CSOs engage in policy advocacy at national and subnational levels;
- a) **Invited spaces:** - Any organization may be invited to attend policymaking drafting sessions either by the department in charge or leadership
- b) **Created spaces:** - Organizations autonomous activities related to policymaking processes at either level
- c) **Joint spaces:** - Organizing joint activities with government departments or civil society organizations interested in policy issue



# Spaces and Opportunities for CSO and Young People's Engagement

1. Making a submission either individually or jointly (before policy initiation, find out if there is a related policy addressing issue of concern)
2. Coalition-building and organizing/participating in civil society processes and joint submissions (agree on how have they will participate, what issues will they cover)
3. Submitting data/case study reports as evidence during policy initiation
4. Participate in and provide technical input to the zero draft of the policy document
5. Convene strategic consultative meetings with key stakeholders seeking dialogue on policy (as early as possible) to influence policy draft or have technical team respond to concerns raised
6. Mobilize support to push for inclusion of your agenda in policy (sending the recommendations to the key stakeholders you are targeting)
7. Support policy development/review process by providing information, data, recommendation, feedback on draft versions of the policy
8. Attending the drafting session and briefing the technical teams one on one
9. Work in coalition with other CSOs to articulate common issues for advocacy through a representative
10. Media work on acceptance/rejection of recommendations
11. Translating the policy into county plans and disseminating the policy
12. Hold government officials accountable to live up to their obligations/ fulfill standards set in the policy
13. Monitor resource allocations and expenditure linked to implementation of policy
14. Preparing a mid-term assessment of implementation and using that in advocacy







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## TALK TO US

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## VISIT US ONLINE



**@KenyaSRHR**

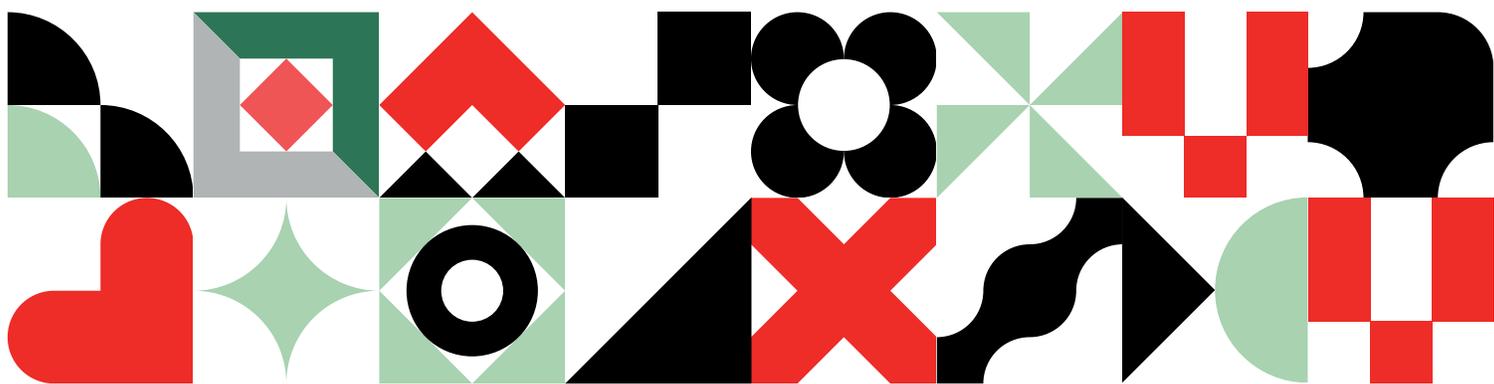


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# Policy Chart

as at Jan 2024



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## Table with Summary of National Level Frameworks/Policies

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
<p><b>1. Constitution of Kenya 2010 Articles 26; 43; 53-57</b>  <b>The Constitution of Kenya 2010 guarantees the rights of an individual to the highest attainable standard of health, including reproductive health.</b></p>		<p><b>26 (1) Every person has the right to life (2) Life of a person begins at conception (3) No person shall be deprived of life intentionally (4) Abortion is not permitted unless in the opinion of a trained health professional, there is for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law</b></p>	<p><b>The State is obligated to fulfill SRHR 'progressively', depending on the available resources This requires it to demonstrate 'measurable progress towards the full realization of the SRHR and to restrain from adopting 'regressive measures'</b></p>	<p><b>These instruments place an obligation on the state to respect, protect, and fulfill the sexual and reproductive health rights of all Kenyans by ensuring that essential services are available, accessible, acceptable and of good quality The State is further obligated to fulfill those rights that require immediate realization such as freedom from discrimination and freedom to control one's health and body</b></p>
		<p><b>43 (1) (a) Right to the highest attainable standard of health, which includes reproductive health care (2) A person shall not be denied emergency medical treatment</b></p>		
		<p><b>53-57 Rights of special groups: 53(1)(c) Children have right to basic nutrition and health care</b></p>		
		<p><b>54(1)(c) and (e) People with disability have right to reasonable access to health facilities, access to materials and devices</b></p>		
		<p><b>55(a)(d) Youth have right to relevant education and protection to harmful cultural practices and exploitation</b></p>		
		<p><b>56(e) Minority and marginalized groups have reasonable access to health services</b></p>		

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
2.	National Reproductive Health Policy 2022-2032		Under review	MOH launched the Policy in 2022 without public participation and were forced by the court to withdraw it and invite submissions from public
3.	Minimum Guidelines for Provision of Youth Friendly Services			Although the national government has clear policy directions on the provision of youth friendly services it has failed to allocate resources that would operationalize its provision Health is budgeted for in general and recurrent costs take up the highest allocations of the budget with up to 70% for most counties
4.	National Adolescent Sexual and Reproductive Health Policy 2015.		Under review	MOH with influence from opposition groups want to erase the words "sexual" and "rights"; Also proposed that CSE be replaced with health education
5.	Children Bill 2021	The Bill replaces the Children's Act 2001. It includes significant SRH provisions	Under development	MOH adamant that Children's Bill 2021, Adolescent Reproductive Policy 2022 and National Reproductive Health Policy 2022 require provisions of reproductive health services to children to be subject to the express consent of parents or guardian
6.	The Reproductive Healthcare Bill 2019	An ACT of Parliament to provide for the right to reproductive health care; to set the standards of reproductive health; provide for the right to make decisions regarding reproductive health; and for connected purposes The object of this Act is to—(a) provide a framework for the protection and advancement of reproductive health rights for every person;(b) create an enabling environment for the reduction in maternal morbidity, child morbidity and child mortality; and(c) ensure access to quality and comprehensive health care services to every person.	Assented	- Access to RH services- Development of county regulations/subsidiary legislation

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
7.	The Primary Health Care Bill 2023	<p>AN ACT of Parliament to provide a framework for the delivery of, access to and management of primary health care; and for connected purposesThe objects of this Act is to—(a) promote and fulfill the rights of all persons in Kenya towards the progressive realization of their right to the highest attainable standards of health care;(b) promote the implementation of primary health care through a systemic approach and clear delineation of roles of all stakeholders towards realization of universal health coverage;(c) provide for the establishment of primary health care networks, community health units and other stakeholder centered engagement forums for sustainable provision of primary health care services;(d) provide for the role of the multidisciplinary team in the provision of primary health care services; and(e) provide for the role of community health officers, community health assistants and community health promoters in the provision of community based primary health care services</p>	<p>Assented in 2023 however, there are interest groups who have taken it back to court and the ruling is pending ThePrimaryHealth CareAct_2023.pdf (kenyala w.org)</p>	<ul style="list-style-type: none"> <li>• Access to services</li> <li>• Inclusivity</li> <li>• MYE</li> <li>• Counties will be developing own regulations/subsidiary legislation. Financing aspects for this Bill are not clear. FIF says nothing about the PHC Bill. This Bill does not also does not explain how PCNs will receive and manage resources. It is unclear if individual facilities within the network will continue to budget and plan their resources independently or as a group with a network. Unclear also how financial accounting systems will be put in place within the networkThe SHI Bill does not reference the PCN even though many of the functions described in the Bill such as benefits setting, tariff setting, accreditation, empanelment, contracting etc will encounter these networks Unanswered questions such as does the PHC Fund purchase services from the PCN or from individual facilities.</li> </ul>
8.	The Facilities Improvement Financing Bill 2023	<p>AN ACT of Parliament to provide for public health facility improvement financing; the management and administration of facility improvement financing; and for connected purposes The object and purpose of this Act is to—(a) provide for an efficient, secure and accountable mechanism for the collection, retention and management of revenue derived from health services rendered at public health facilities in Kenya;(b) establish a governance framework that will facilitate effective planning, coordination, mobilization and access of public health facilities' improvement financing in Kenya;(c) provide for the appropriation, management and use of budgeted health services revenue to supplement operations and facilitate quality service delivery in public health facilities;(d) promote equitable health facilities improvement financing including benefit sharing in accordance with the relevant laws of Kenya; and(e) provide for a unified system to guide financial management in public health facilities, improving efficiency and effectiveness and ultimately quality health service delivery</p>	<p>Assented to in 2023 The Facilities Improvement Financing Act_2023.pdf (kenyala w.org)</p>	<ul style="list-style-type: none"> <li>• Budget advocacy</li> <li>• SRHR commodities procurement</li> <li>• Counties developing own regulations/subsidiary legislation</li> <li>• The Bill restores autonomy to health facilities they had before devolution. Facilities can retain any unspent funds at the end of the fiscal year preventing county treasuries from taking back unspent funds</li> <li>• Counties do not necessarily require to pass any enabling legislation to grant facilities financial autonomy</li> <li>• Bill calls for integration of facilities into the government's financial management information system</li> </ul>

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
9.	The Social Health Insurance Act 2023	<p>An ACT of Parliament to establish the framework for the management of social health insurance; to provide for the establishment of the Social Health Authority; to give effect to Article 43(1)(a) of the Constitution; and for connected purposes The objects of this Act shall be to –(a) provide a framework for improved health outcomes and financial protection in line with the right to health and universal health coverage;(b) realign healthcare systems, processes and programs for responsiveness, reliability and sustainability of health care in Kenya; (c) enhance the pooling of resources and risks based on the principles of solidarity, equity and efficiency so as to guarantee access to health care services to all; and(d)promote strategic purchasing of healthcare services</p>	<p>Under review, interest groups took it to court over a number of issues including proposed deductions based on salaries earned. Ruling pending The Social Health Insurance Act_2023.pdf (kenyalaw.org)</p>	<ul style="list-style-type: none"> <li>• Access to affordable healthcare services</li> <li>• Budget advocacy</li> <li>• Inclusivity</li> <li>• provide submissions for consideration in the review process</li> <li>• Counties will be developing own regulations/subsidiary legislation once assented</li> </ul>
10.	The Health Act 2017	<p>AN ACT of Parliament to establish a unified health system, to coordinate the inter-relationship between the national government and county government health systems, to provide for regulation of health care service and health care service providers, health products and health technologies and for connected purposesThe objects of this Act are to;(a) establish a national health system which encompasses public and private institutions and providers of health services at the national and county levels and facilitate in a progressive and equitable manner, the highest attainable standard of health services; (b) protect, respect, promote and fulfill the health rights of all persons in Kenya to the progressive realization of their right to the highest attainable standard of health, including reproductive health care and the right to emergency medical treatment;(c) protect, respect, promote and fulfill the rights of children to basic nutrition and health care services contemplated in Articles 43(1) (c) and 53(1) (c) of the Constitution;(d) protect, respect, promote and fulfill the rights of vulnerable groups as defined in Article 21 of the Constitution in all matters regarding health; and (e) recognize the role of health regulatory bodies established under any written law and to distinguish their regulatory role from the policy making function of the national government.</p>	<p>Assented Health Act No. 21 of 2017.pdf (kenyalaw.org)</p>	<ul style="list-style-type: none"> <li>• Access to services</li> <li>• Rights based approach</li> <li>• Inclusivity- Counties have own regulations/subsidiary legislation which they review regularly</li> </ul>

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
11.	The Basic Education (Amendment) Act 2017	AN ACT of Parliament to amend the Basic Education Act Amendment of section 39 of No. 14 of 2013.(k) provide free, sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution who has reached puberty and provide a safe and environmentally sound mechanism for disposal of the sanitary towels.Amendment of section 88 of No. 14 of 2013.(g) conditional capitation funds to facilitate the acquisition of sufficient and quality sanitary towels to every girl child registered and enrolled in a public basic education institution who has reached puberty	Assented Basic Education Amendment Act 17 of 2017.pdf (kenyalaw.org)	<ul style="list-style-type: none"> <li>• Menstrual Hygiene products Budget advocacy for MHM</li> <li>• Counties develop own regulations/subsidiary legislation once assented</li> </ul>
12.	The Protection Against Domestic Violence Act 2015	An ACT of Parliament to provide for the protection and relief of victims of domestic violence; to provide for the protection of a spouse and any children or other dependent persons, and to provide for matters connected therewith or incidental thereto	Assented? Protection Against Domestic Violence Act 2015.pdf (kenyalaw.org)	<ul style="list-style-type: none"> <li>• Sexual and gender based violence</li> <li>• Sexual exploitation and harassment</li> <li>• Counties will be developing own regulations/subsidiary legislation once assented</li> </ul>
13.	The Victim Protection Act 2014	AN ACT of Parliament to give effect to Article 50 (9) of the Constitution; to provide for protection of victims of crime and abuse of power, and to provide them with better information and support services to provide for reparation and compensation to victims; to provide special protection for vulnerable victims, and for connected purposesThe objects and purposes of this Act are to-(a) recognize and give effect to the rights of victims of crime; (b) protect the dignity of victims through-(i) provision of better information, support services, reparations and compensation from the offender, in accordance with this Act;(ii) establishment of programs to assist vulnerable victims;(iii) supporting reconciliation in appropriate cases by means of a restorative justice response;(iv) establishment of programmes to prevent victimization at all levels of government; (v) preventing re-victimization in the justice process; and (c) promote cooperation between all government departments and other organizations and agencies involved in working with victims of crime.	Assented? Victim Protection Act 17 of 2014.pdf (kenyalaw.org)	<ul style="list-style-type: none"> <li>• Sexual and gender based violence</li> <li>• Sexual exploitation and harassment</li> <li>• Counties will be developing own regulations/subsidiary legislation once assented</li> </ul>

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
14.	Comprehensive Sexuality Education Bill		Under development	
15.	Return to School Guidelines 2020		Launched and disseminated	<ol style="list-style-type: none"> <li>1.To provide re-entry process guidelines for all learners who drop out of school at basic education level.</li> <li>2. To reinforce the existing legislation, policies and guidelines on access to quality basic education.</li> <li>3.To outline the roles and responsibilities of key stakeholders in the school re-entry process.</li> <li>4.To improve performance monitoring of the school re-entry system.</li> </ol>
16.	Action Plan on ending Teenage Pregnancies in Kenya		Was launched	<ol style="list-style-type: none"> <li>1. To strengthen multi-sectoral coordination for adolescent health and reduction of teenage pregnancy at national and County level</li> <li>2. To identify, integrate and recommend appropriate interventions to address the key drivers of Teenage Pregnancy and risk of HIV infection, GBV, FGM, HIV and child marriages.</li> <li>3.To promote use of innovations and technology for adolescent's health and reduction of teenage pregnancy and HIV infection, GBV, FGM, and child marriage</li> <li>4. To strengthen Advocacy and political leadership support at all levels for Adolescent Health and reduction of teenage pregnancy, GBV, FGM, HIV infection and drug and substance abuse.</li> <li>5.To strengthen data collection and recording; analysis; reporting and utilization to inform evidence based interventions.</li> </ol>
17.	Kenya AIDS Strategic Framework			
18.	Menstrual Health Management Policy and Strategy 2019-2030			
19.	Standard and Guidelines for reducing morbidity and mortality from unsafe abortion			
20.	The Kenya Demographic and Health Survey (KDHS)	The Kenya Demographic and Health Survey conducted every 5 years in Kenya.The primary objective is to provide up-to-date estimates of demographic, health, and nutrition indicators to guide the planning, implementation, monitoring, and evaluation of population and health-related programs at the national and county levels		-The survey is an opportunity to build evidence for advocacy work-It also provides an opportunity to push for inclusion of key indicators on SRHR indicators not included

## Status of County Health Sector Plans & Other medium term health plans

County Health Sectoral Plan (CHSP) and five-year County Health Sector Strategic and Investment Plan (CHSSIP) will generally focus on the entire county health sector and county health departments. However, the health department may have program-specific strategic plans that complement and support both the CHSP and the CHSSIP. This review revealed that county health departments have developed a variety of such plans including County Community Health Strategy; County Nutrition Action Plans (CNAP); County HIV/AIDS Strategic Plans; County Health M&E ; Human Resources for Health (HRH) Strategic Plans; County Reproductive Health Strategy; County Adolescents-and-Youth-Multi-Sectoral Action Plan; County Sexual and Reproductive Health Strategy; County Adolescent and Young People Sexual Reproductive Health/ HIV Strategic Plan; and County Family Planning Implementation Plan (FP CIP).

No.	Strategy Description	No. of counties with plan	Counties List
1.	County Health Sectoral Plan – Ten Year	2	• Tana River, Makueni
2.	County Health Sector Strategic Plan – five year	13	• Baringo, Busia, Elgeyo Marakwet, Kiambu, Kilifi, Kisumu, Mombasa, Nakuru, Meru, Nandi, Nyeri, Samburu, Turkana
3.	County Community Health Strategy	2	• Tharaka Nithi, Laikipia
4.	County Nutrition Action Plan (CNAP) –	27	• Baringo, Busia, Bomet, Elgeyo Marakwet, Embu, Homa Bay, Garissa, Kiambu, Kilifi, Kisumu, Makueni, Marsabit, Muranga, Mombasa, Nakuru, Nandi, Nandi, Nyeri, Samburu, Siaya, Taita Taveta, Tana River, Tharaka Nithi, Turkana, Vihiga, West Pokot
5.	County HIV/AIDS Strategic Plans	47	• All counties
6.	County AIDS Implementation Plans	47	• All counties
7.	County Health M&E Plan	5	• Baringo, Turkana, Samburu, Kakamega, Busia
8.	Human Resources for Health (HRH) strategic plan	4	• Nyamira, Nandi, Nairobi, Mombasa
9.	County Reproductive Health Strategy	1	• Busia
10.	County Adolescents-and-Youth Multi-Sectoral-Action Plan	2	• Migori, Kisumu
11.	County Sexual and Reproductive Health Strategy	1	• Kisumu
12.	County Adolescent and Young People Sexual Reproductive Health/ HIV Strategic Plan	1	• Kilifi
13.	County Family Planning Costed Implementation Plan (FP CIP)	8	• Nandi, Muranga, Mombasa, Meru, Machakos, Kitui, Kakamega, Homa Bay
14.	Family Planning, Reproductive, Maternal And New-Born Child Health Communication Strategy	1	• Turkana
15.	County strategy for ending Tuberculosis	1	• Trans-nzoia