



STRENGTHENING COMMUNITY-BASED ORGANIZATIONS

Best Practice Note

2026



**A Best Practice Note from the Amplify Change
Supported Haki Yetu Wajibu Wetu Programme**

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***Haki Yetu;
Wajibu Wetu***

Background

Across Kenya, grassroots organisations including community-based organisations (CBOs), women-led groups, and youth networks play a critical role in delivering services, mobilising communities, and responding to local challenges. These organisations are often the first point of contact for communities facing issues such as gender-based violence (GBV), limited access to sexual and reproductive health services, poverty, and harmful cultural practices.

Despite their proximity to communities and deep contextual understanding, many grassroots organisations remain under-resourced and structurally weak. They often lack formal systems for governance, financial management, documentation, and strategic planning. As a result, their ability to engage effectively in policy advocacy and decision-making processes, especially at the subnational; county level, is limited.

At the same time, Kenya's devolved governance system provides an opportunity for citizen participation in planning, budgeting, and policy processes. However, participation spaces at the county level are frequently dominated by well-established NGOs and elite actors, leaving grassroots voices unheard. This creates a gap between policy decisions and the lived realities of communities. According to the World Bank, only about 20–30% of citizens in Kenya report participating in public consultations at the county level, with participation often skewed towards more educated and urban populations.

This project was designed to respond to this gap by strengthening the internal systems and structures of grassroots organisations while creating intentional approaches for their meaningful participation in county-level advocacy and decision-making platforms.

What we learnt



We started with the organizations 1st not advocacy. Organisation Capacity Assessment (OCA) to help identify CBOs' capacity-strengthening needs. Ensuring governance, registration and basic systems are in place or are been worked towards before they can effectively engage in decision making.



Even the bible says 2 is better than 1. 🙌. In office terms i think we can say partnership and accompanying the CBO's works best rather than one off trainings. We relied heavily on the CBO's knowledge to influence change in the community. CBO's already know the issues they just need access to the spaces and the confidence to influence decisions. Solutions and workable strategies lies with those affected the most.

Celebrate small wins, celebrate together, each other in joy and in difficult moments. This creates a sustainable movement



Community engagement is a powerful advocacy tool. The CBO's ensured the evidence they took with them in government TWG's were informed by their community and the community was willing to back them up.



Government is more responsive when engagement is collaborative rather than confrontational. (As seen in Mombasa and Kisumu Counties)



Invest in organisational sustainability from the beginning.

- Policies.
- Registration.
- Governance.
- Leadership succession.
- Fundraising.



Funders and development partners

Invest in organisational strengthening

Go beyond project funding and support grassroots organisations to build systems (governance, finance, documentation) that make them sustainable and credible.

Fund participation, not just time-bound programmes: Allocate resources specifically for grassroots actors to attend, prepare for, and follow up on advocacy and policy engagement spaces. Flexible funding for grassroots organisations may come in handy more than you ever think, for a lasting change that you can never imagine.



Civil Society Organizations

Create space for grassroots voices

Intentionally include grassroots organisations in coalitions, advocacy forums, and decision-making spaces; and by the way not just as participants, but as equal partners. Stop hoarding this spaces; remember we grow our communities by lifting others.

Mentor and accompany grassroots actors: Provide ongoing mentorship in advocacy, policy analysis, and engagement so they can confidently represent their communities. They say we can't lose our spark by lighting someone's else candle; remember?



Governments (National and Subnational)

Create inclusive participation structures

Actively invite and support grassroots organisations to attend public participation forums by sharing information early, simplifying processes, and decentralising meetings to community level.

Provide capacity support: Partner with civil society to offer basic training on policy processes, budgeting, and governance so grassroots actors can engage meaningfully; not just attend the boardroom meetings to take minutes and tick a box.



Community Based Organizations

Strengthen internal systems

Invest time in building simple but clear structures for leadership, financial management, and documentation to increase trust and effectiveness. This will increase your credibility for future funding.

Engage consistently in advocacy spaces: Attend public forums, build relationships with county officials, and speak from lived community experiences to influence decisions. You alone knows your story and your purpose.





Policy Chart

as at July 2026



Table with Summary of National Level Frameworks/Policies

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
1. Constitution of Kenya 2010 Articles 26; 43; 53–57 The Constitution of Kenya 2010 guarantees the rights of an individual to the highest attainable standard of health, including reproductive health.		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	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'	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
		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		
		53–57 Rights of special groups: 53(1)(c) Children have right to basic nutrition and health care		
		54(1)(c) and (e) People with disability have right to reasonable access to health facilities, access to materials and devices		
		55(a)(d) Youth have right to relevant education and protection to harmful cultural practices and exploitation		
		56(e) Minority and marginalized groups have reasonable access to health services		

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement	6
2.	National Reproductive Health Policy 2022-2032	The policy originally aimed to address Kenya's changing socioeconomic status and shifting healthcare needs, focusing on: • Universal Health Coverage: Integrating services into the <u>Linda Mama Program</u> for skilled pregnancy and birth care. • Sustainable Financing: Shifting away from historical bilateral donor dependency toward local resource ownership. • Adolescent Healthcare: Managing the needs of a population where close to 25% are adolescents. • NCD Integration: Screening and treating reproductive system cancers, such as cervical cancer.	Approved: While the Ministry of Health utilizes parts of the document for funding allocation and <u>Priority Research and Learning Agendas</u>, the struck-down clauses regarding abortion restrictions and age-based screening limits cannot be legally enforced as written. The policy framework remains in active tension with evolving reproductive laws, including ongoing appellate court battles over broader reproductive rights and separate legislative tracks like the Assisted Reproductive Technology Bill	MOH launched the Policy in 2022 without public participation and were forced by the court to withdraw it and invite submissions from public	
3.	National Guidelines For Provision Of Adolescent And Youth Friendly Services In Kenya	Minimum guidelines for youth-friendly services require services and spaces to be accessible, equitable, acceptable, and confidential. Core standards mandate non-judgmental trained staff, affordable or free services, convenient operational hours (including evenings or weekends), and active youth participation in program design and feedback	Approved	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.	The Childrens Act 2022	The Bill replaces the Children's Act 2001. It includes significant SRH provisions	Assented	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 Assisted Reproductive Technology Bill	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.	Approved by both houses of parliament awaiting ascension	- 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	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	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)	• Access to services • Inclusivity • MYE • 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.
8.	The Facilities Improvement Financing Bill 2023	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	Assented to in 2023 The Facilities Improvement Financing Act_2023.pdf (kenyala w.org)	• Budget advocacy • SRHR commodities procurement • Counties developing own regulations/subsidiary legislation • 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 • Counties do not necessarily require to pass any enabling legislation to grant facilities financial autonomy • Bill calls for integration of facilities into the government's financial management information system

No.	SRHR Frameworks and Aspirations	Thematic/Priority areas	Status of implementation	Gaps/Opportunities for engagement
9.	The Social Health Insurance Act 2023	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	Assented	• Access to affordable healthcare services • Budget advocacy • Inclusivity • provide submissions for consideration in the review process • Counties will be developing own regulations/subsidiary legislation once assented
10.	The Health Act 2017	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.	Assented Health Act No. 21 of 2017.pdf (kenyalaw.org)	• Access to services • Rights based approach • Inclusivity- Counties have own regulations/subsidiary legislation which they review regularly

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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_17of2017.pdf (kenyalaw.org)	• Menstrual Hygiene products • Budget advocacy for MHM • Counties develop own regulations/subsidiary legislation once assented
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)	• Sexual and gender based violence • Sexual exploitation and harassment • Counties will be developing own regulations/subsidiary legislation once assented
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 Act17of2014.pdf (kenyalaw.org)	• Sexual and gender based violence • Sexual exploitation and harassment • Counties will be developing own regulations/subsidiary legislation once assented

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14.	Comprehensive Sexuality Education Bill		Deadlocked: - The 2023 National Assembly Motion: MP Jane Maina (Kirinyaga) successfully sponsored a motion urging the Ministry of Education to introduce structured health, wellness, and sex education into the national curriculum to combat spiking triple threats: HIV/AIDS, teenage pregnancies, and gender-based violence. - The Ministry's Directive: Education Cabinet Secretary Julius Ogamba confirmed that sex education will not be a standalone core subject. Instead, an age-appropriate system integrates these concepts into existing subjects like Biology, Christian Religious Education (CRE), and Life Skills. Intensity scales up naturally as students progress from Grade 1 through Grade 12		
15	Return to School Guidelines 2020	The term "Return to School Guidelines 2020" in Kenya refers to two distinct policy actions taken by the Ministry of Education (MoE) in response to the massive education disruptions caused by the COVID-19 pandemic. The primary policy framework is the National Guidelines for School Re-Entry in Early Learning and Basic Education (launched on December 1, 2020). It handles socio-educational re-entry, particularly for pregnant teenagers and vulnerable children. The secondary protocol handles health and safety re-entry following the pandemic lockdowns.	Launched and disseminated	1.To provide re-entry process guidelines for all learners who drop out of school at basic education level. 2. To reinforce the existing legislation, policies and guidelines on access to quality basic education. 3.To outline the roles and responsibilities of key stakeholders in the school re-entry process. 4.To improve performance monitoring of the school re-entry system.	
16.	Action Plan on ending Teenage Pregnancies in Kenya	The overarching framework for addressing this issue is the National Commitment Plan to End the "Triple Threat" by 2027. Driven by the Ministry of Health (MoH) and the National Council for Population and Development (NCPD), this multi-sectoral strategy focuses on cutting teenage pregnancies, new HIV infections, and sexual and gender-based violence (SGBV) among adolescents	Was launched	1. To strengthen multi-sectoral coordination for adolescent health and reduction of teenage pregnancy at national and County level 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. 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 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. 5.To strengthen data collection and recording; analysis; reporting and utilization to inform evidence based interventions.	
17.	Kenya AIDS Strategic Framework	This framework marks a massive operational shift, moving away from the old, disease-specific model of the Kenya AIDS Strategic Framework II (KASF II 2020–2025). Instead, it fully integrates the HIV response into the broader primary healthcare system to achieve universal health coverage and prepare for a drop in international donor funding	Approved		

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18.	Menstrual Health Management Policy and Strategy 2019–2030	The Kenya Menstrual Hygiene Management (MHM) Policy 2019–2030 is a comprehensive, 11-year roadmap launched by the Ministry of Health. It establishes menstruation as a matter of basic human rights, public health, and gender equity rather than a hidden social taboo.	Approved	Follow implementation committee through the ministry of health
19.	Standard and Guidelines for reducing morbidity and mortality from unsafe abortion	The Standards and Guidelines for Reducing Morbidity and Mortality from Unsafe Abortion in Kenya is a vital regulatory text issued by the Ministry of Health (MoH). First launched in 2012, this framework provides the clinical and operational blueprint for healthcare workers to manage unintended pregnancies, execute safe terminations within the law, and deliver post-abortion care (PAC)	Approved also Known as PAC guidelines	Follow up on dissemination and implementation
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	Approved	-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	8	• Tana River, Makueni, Kilifi, Elgeyo Marakwet, Tharaka-Nithi, Nakuru, Narok, Kakamega
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, Nakuru Nandi, Nyeri
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	47	• All Counties
8.	Human Resources for Health (HRH) strategic plan	4	• Nyamira, Nandi, Nairobi, Mombasa
9.	County Reproductive Health Strategy	4	• Busia, Machakos, Mombasa, Homabay, Kisumu
10.	County Adolescents-and-Youth Multi-Sectoral-Action Plan	2	• Migori, Kisumu
12.	County Adolescent and Young People Sexual Reproductive Health/ HIV Strategic Plan	1	• Kilifi
13.	County Family Planning Costed Implementation Plan (FP CIP)	13	• Nandi, Muranga, Mombasa, Meru, Machakos, Kitui, Kakamega, Homa Bay, Kisumu, Kiambu, Makueni, Kilifi, Busia
14.	Family Planning, Reproductive, Maternal And New-Born Child Health Communication Strategy	4	• Turkana, Samburu, Tanariver and Makueni
15.	County strategy for ending Tuberculosis	8	• Trans-nzoia, Kirinyaga, Uasin Gishu, Kakamega, Kiambu, Kisumu, Siaya, Homabay



Sexual Reproductive
Health and Rights Alliance

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