DSW KENYA

STRATEGIC PLAN 2018 - 2022

Preamble

This strategic plan sets out DSW's areas of priority in Kenya. It describes the objectives and expected results regarding four goals: Demand for and access to sexual reproductive health, elimination of gender related discrimination and inequality, empowering young people to participate in decision-making processes and improving young people's access to socio-economic opportunities.

This plan has been conceived in the context of Kenya's national long-term development blue-print, popularly known as vision 2030, and is drawn from DSW's global strategy.

This plan is an internal tool and remains a living document, which will be regularly updated on the basis of learning and contextual changes. It is tailored to DSW's planning and management needs and has been developed for the use and benefit of DSW's work. Progress towards achieving the objectives of this strategy will be reported annually.

Table of Contents

Foreword

Abbreviations

ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
CHEWs	Community Health Extension Workers
CHMT	County Health Management Team
CHWs	Community Health Workers
CIDP	County Integrated Development Plan
DSW	Deutsche Stiftung Weltbevoelkerung
EU	European Union
FP	Family Planning
HTC	HIV Testing and Counseling
IEC	Information, Education and Communication
MCH	Mother and Child Health
NCPD	National Council for Population and Development
RH	Reproductive Health
T4MC	Together for Mothers and Children
WCD	World Contraception Day

1. About DSW Kenya

Deutsche Stiftung Weltbevölkerung (DSW) is an International Non- Governmental Organisation that is locally registered. We are a global development organisation that focuses on the needs and potential of the largest youth generation in history. We are committed to creating demand for and access to health information, services and supplies and economic empowerment for youth. We achieve this by engaging in advocacy, capacity development, and reproductive health initiatives, so that young people are empowered to lead healthy and self-determined lives..

DSW's office in Kenya was established in May 2000 in Nairobi. It has additional offices in Mombasa and Kitale with programme interventions in 19 counties: Homa bay, Kakamega, Bungoma, Kisumu, Migori, West Pokot, Uasin Gishu, Trans Nzoia, Nandi, Nakuru, Laikipia, Nyandarua, Embu, Meru, Kirinyaga, Nairobi, Kilifi, Kwale and Mombasa.

2. Contextual analysis

DSW Kenya operates in a dynamic environment. Infrastructural development, technological advancement, change in Kenya's economic classification to a lower-middle income country, policy and legal changes, young age structure, shifting global development priorities and climate change all affect DSW's operating environment.

Addressing the sexual and reproductive health (SRH) needs of young people remains a priority for DSW in Kenya. Due to the large youth population in Kenya, poverty and inadequate access to health care, some youth do not get opportunities to acquire life skills. Consequently, these youth involve themselves in risky behaviour exposing them to negative social and economic outcomes such as drug addiction, school dropout, crime, social unrest, unemployment, unintended pregnancies and life threatening sexually transmitted diseases and infections.

The following are some of the key elements that inform DSWs work on health and development.

2.1. Health indicators

Kenya reported an improvement in **infant and under 5 mortality** indicators, between 2009 and 2014. The country's infant and under-5 mortality rates reduced from 52 to 39 (infant) and 74 to 52 (under 5) deaths per 1,000 births (KDHS 2014). This could be attributed to the fact that over the same period the proportion of births that were attended to by skilled health providers increased from 44% to 62%. However, Kenya's maternal mortality is still high at 360 deaths for every 100,000 live births[1].

The **contraceptive prevalence** rate increased from 46% to 58% between 2009 and 2014. During the same period, unmet need for family planning decreased from 26% to 18%. Despite this progress, about 18% of teenagers aged 15-19 years in Kenya are

[1] Between 2016 and 2030, as part of the Sustainable Development Goals, the target is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births – World Health Organisation (WHO)

already mothers or pregnant with their first child.

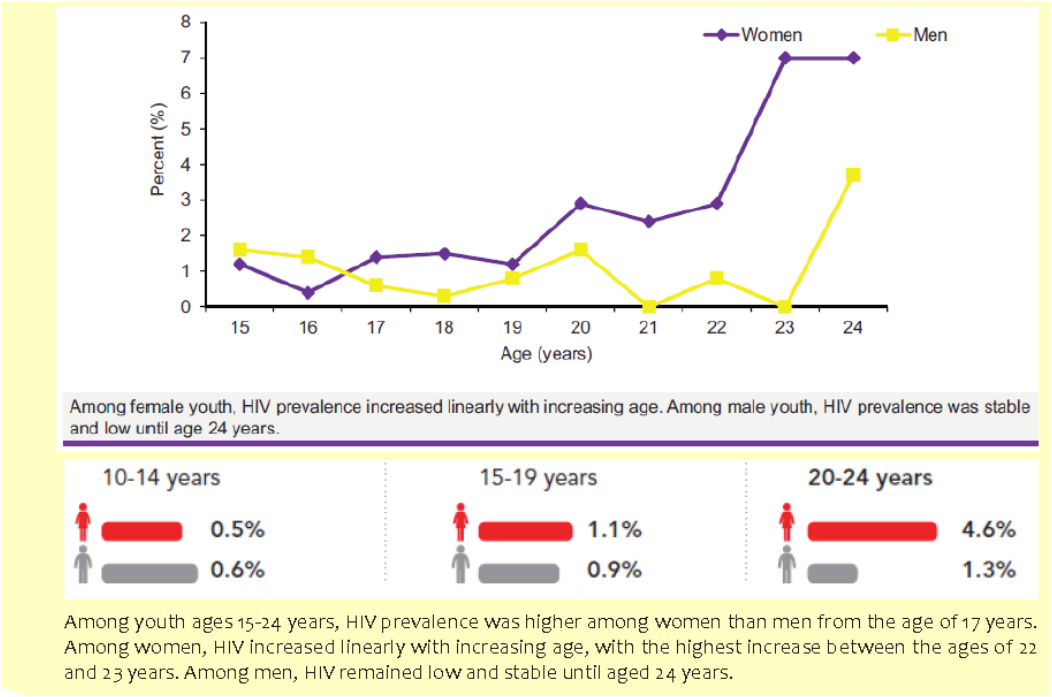
According to the Kenya Health Facility Assessment 2015, 94% of primary health facilities in Kenya provide at least three modern contraceptives while 79% of secondary and all tertiary health facilities provide at least five modern contraceptive methods.

INDICATOR	RATE
Total Fertility Rate (TFR)	3.9
Modern Contraceptive Prevalence Rate (mCPR)	53%
Unmet need for Family Planning	18%
Infant Mortality	39/1,000
Under Five Mortality	52/1,000
Deliveries by skilled provider	61%
Maternal Mortality	362/100,000
Child Vaccinations	79%
Households with Insecticide Treated Nets (ITN)	59%
HIV Prevalence	5.6%

Source: Kenya Demographic and Health Survey 2014

Availability of reproductive health services and commodities is still not universal at various health facilities. According to KASPA 2010, only 12% of health facilities provide youth friendly services.

Approximately 29% of all new **HIV** infections are among adolescents and youth (MoT/ Kenya HIV Estimates; UNAIDS/NASCOP.) AIDS is the leading cause of death and morbidity among adolescents and young people in Kenya. In 2014, 9,720 adolescents and young people died of AIDS related complications in Kenya.

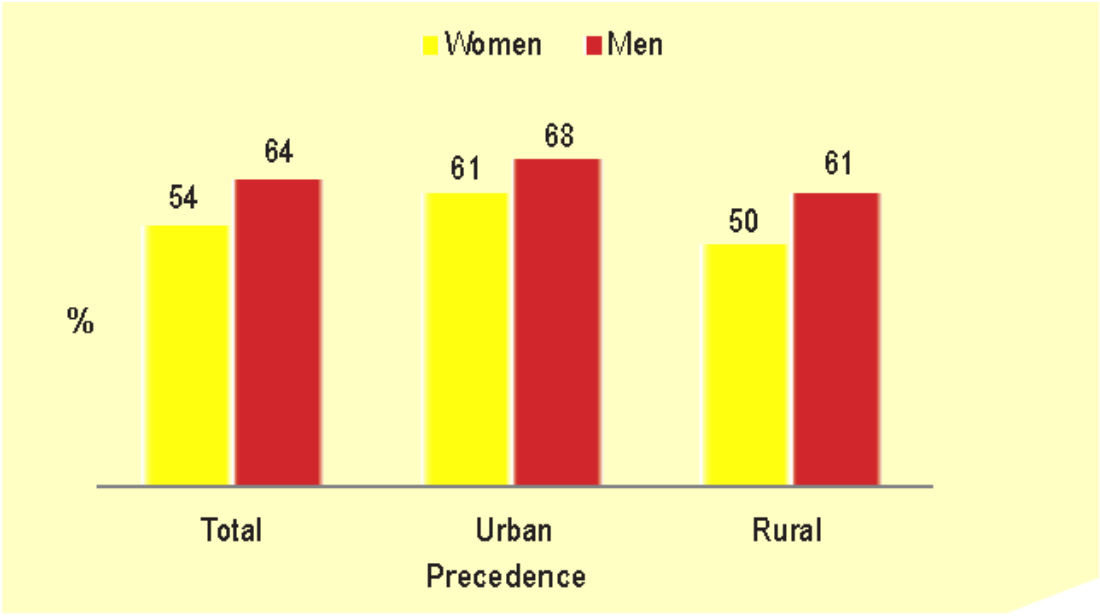


Source: Kenya's Fast-track Plan to End HIV and AIDS Among Adolescents and Young People: The National AIDS Control Council

Study findings show that more girls than boys use condoms at their first sexual encounter. As sexual relationships build, more women aged 15-24 years are reported to abandon use of condoms with partners of unknown status (89%). Adolescents and youth account for 70% of Kenya's pregnancies[2].

Comprehensive knowledge of HIV is an indicator that measures how much young people (15-24 years) know about transmission and prevention of HIV. Comprehensive knowledge includes knowing that condoms and monogamy prevent HIV transmission, that a healthy-looking person can have HIV infection, and rejects the two most common misconceptions about HIV transmission. The Millennium Development Goal (MDG) target for comprehensive knowledge on HIV among all youth was 85%. This goal was not attained in Kenya.

[2] Kenya fast-track plan to end HIV and AIDS along adolescents and young people in Kenya - National AIDS Control Council



Level of comprehensive knowledge among youth (15 to 24) (Source KDHS2008/09)

Source: Kenya's Fast-track Plan to End HIV and AIDS Among Adolescents and Young People: The National AIDS Control Council

Only 23.5% of adolescents aged 15-19 years know their HIV status. Among those aged 15-19 only about half have ever tested for HIV. Out of those aged 10-19 years, 105,679 are in need of Antiretroviral Therapy (ART).

According to the Kenya Demographic and Health Survey (2014), 75.3% of females aged 18-24 who reported sexual violence did not know where to seek services, only 44% had a skilled birth attendance. The report further indicates that 10% of HIV positive antenatal care (ANC) attendees did not receive prevention of mother-to-child transmission (PMTCT) care and 12,940 new HIV infections among children with 17% of newborns born to women living with HIV not tested for HIV.

About 70% of all pregnancies occur among women below 24 years and 1 out of 4 Kenyan teenage adolescent girls aged between 15 – 16 years have already begun child bearing (High priority areas Nyanza and Coastal regions where teenage pregnancy rates are 27 and 26 percent respectively) (KAIS 2012).

2.2. Population size, growth and composition

Kenya has an estimated population of 49.7 million with 33% of the population aged 10 -24 years.[3]

The dependency ratio was recorded at 80.3 dependants for every 100 people in the working age (15-64 years). It indicates that Kenya's population-age structure is youthful with 40% below 15 years and 57% between 15 to 64 years.

This population age structure makes rapid economic growth more difficult because most of the resources are spent on meeting the increasing social needs (health, housing, education, water and sanitation) of the rapidly growing population.

Kenya's Population Policy for National Development (Sessional Paper No. 3 of 2012 on Population Policy for National Development) recognizes that the rapid growth of the population size is a constraint to development. The policy proposes a reduction in the fertility levels to 2 children per woman by 2050. Currently, the fertility level stands at 4 children per woman (KDHS 2014).

If this trend continues and Kenya achieves a fertility level of 2 children per woman by 2050, then the population size will increase to 59 million in 2030 and 75 million in 2050 with the proportion of those aged below 15 years decreasing to 33% and 25% respectively.

Reduction in the dependency ratio will contribute towards helping Kenya benefit from demographic dividend. A demographic dividend refers to the accelerated economic development that a country can attain by slowing down the pace of population growth while at the same time making strategic investments in the health, education, economic, and governance sectors.

[3] State of World Population, 2017: United Nations Population Fund - https://www.unfpa.org/data/world-population/KE

Kenya has domesticated the *African Union Demographic Dividend Road Map*. *Kenya's Demographic Dividend Roadmap* harmonizes the Kenya's national long-term development blue-print (Vision 2030) goals for achieving higher incomes and a better quality of life for its citizens and the Kenya's Population Policy for National Development (Sessional Paper No. 3 of 2012 on Population Policy for National Development), which seeks to match the population growth with available resources.

Kenya will achieve the following results by 2050 through implementation of activities aimed at achieving the demographic dividend[4]:

- Investments per capita will increase from the current US$ 200 to US$2,000.
- Fertility levels will decline to an average of 2 children per woman from the current 4 children per woman thereby decreasing the dependency ratio.
- Even with an increase in the population size unemployment will be 8 million which is a reduction from the current 10 million. These results are consistent with aspirations of Kenya's Vision 2030.

2.3. Gender related discrimination and inequality

Inequality is defined as the extent to which benefits of economic welfare produced in an economy varies from that of equal shares among the population (SID 2004). According to a report published by World Bank in 2015[5], the gap between the rich and the poor in Kenya is one of the highest in Africa with 62% of Kenya's National wealth being controlled by less than 10,000 people.

Inequality and discrimination affects women and girls disproportionately in all spheres of life including health, education, political representation and labour market. This underlies the high incidences of gender based violence.

KDHS 2014 shows that 45% of women and 44% of men age 15 -49 in Kenya have experienced physical violence since the age of 15. However, because women are socialized to accept and tolerate gender based violence, they continue to disproportionately bear the burden of gender based violence.

[4] Kenya's Demographic Dividend Roadmap: National Council For Population And Development - http://www.ncpd.go.ke/wp-content/uploads/2017/06/Kenya-Demographic-Dividend-Roadmap.pdf

[5] Poverty in a Rising Africa

Research shows that women who experience partner violence are more likely to have babies with low birth weight, are at much greater risk of induced abortions and are more likely to be living with HIV and AIDS. Gender based violence is recognized as a human right violation. Kenya has in place a number of laws and legal provisions besides ratifying a number of international and regional treaties that safeguard and protect individuals from violence. These now form part of Kenyan law according to article 6 of the Constitution of Kenya.

The 2014 Education Statistical booklet indicates that at primary level, though the gross enrolment rate[6] is over 100%, the net enrolment rate[7] is 88%. The primary school net enrolment for boys is 90% and that of girls is 86%. This implies that about 1.3 million primary school age children are not in school. Out of this number, 55% are girls. The overall pupil-teacher ratio at primary school level is 30 pupils per teacher. This is below the recommended ratio of a maximum of 40 pupils per teacher.

At the secondary school level, the gross and net enrolment rates stand at 59% and 47% percent respectively. This implies that over half of the secondary school-age teenagers are not in school. In 8 of the 47 counties, less than 20% of the secondary school-age pupils are in school while in 5 counties the proportion of pupils attending secondary school is at least 80%. Out of the 2.3 million pupils enrolled in secondary school, 48% are female indicating a small gender disparity.

The overall pupil-teacher ratio at the secondary school level is 20 pupils per teacher, which is well below the recommended maximum ratio of 40 pupils to 1 teacher.

Though the ratio of pupils to teachers is better at secondary school level compared to the primary school level, it could partly be explained by the fact that about half of the secondary school-age pupils are not in school. That notwithstanding, the proportion of primary school pupils who transitioned to secondary school has risen steadily from

[6] total enrollment in a specific level of education, regardless of age, expressed as a percentage of the eligible official school-age population corresponding to the same level of education in a given school year.

[7] enrolment of the official age group for a given level of education expressed as a percentage of the corresponding population.

55% in 2009 to 65% in 2012 and 80% in 2014.

2.4. Economic environment

The *Kenya Economic Report 2015* shows that following the rebasing of the national accounts in 2014, the Kenyan economy grew at 3.3% in 2009, peaking at 8.4% in 2010 before declining to 6.1% in 2011 and 5.3% in 2014.

Although economic growth in the recent years has been fairly good, it is lower than the *Kenya Vision 2030* target of 10% per annum from the year 2012 onwards.

The 2015 Kenya Economic Survey reported that 14.3 million Kenyans are employed in both the formal and informal sectors. The informal sector accounts for 83% of the total employment. In 2014, about 800,000 new jobs were created, mainly in the informal sector. Data from the World Bank published in 2016 shows that 22% of youth aged 15 -25 years are jobless[8].

General unemployment among persons aged 15-64 years stood at 8.6%. This was much lower than the unemployment levels among young persons aged 15-19 and 20-24 years, which stood at 16% and 13% respectively.

In an effort to address youth unemployment in the country, the government has put in place various strategies to trigger growth in the job market. One of the strategies is the affirmative action to reserve 30% of all government procurement opportunities for youth, women and persons with disability.

This policy action is referred to as *Access to Government Procurement Opportunities (AGPO)*. Other strategies include the setting up of Uwezo Fund, Youth Enterprise Fund, and the Women Enterprise Fund, which provide youth, and women with access to grants and interest-free loans to enhance set up of businesses and employment creation.

[8] Unemployment, youth total (% of total labor force ages 15-24) (modeled ILO estimate) https://data.worldbank.org/indicator/SL.UEM.1524.ZS?locations=KE

2.5. Health issues affecting young people

Studies show that young people who indulge in risky social behavior are likely to be predisposed to ill health. The main health issues affecting young people in the country, as reported by young people and older persons, include drugs and substance abuse, STI/HIV, Sexual Gender Based Violence (SGBV) and teenage pregnancy[9].

a) **Drug & substance abuse:** Increased drug and substance abuse is a rising major health problem facing young people in Kenya today. Drug and substance abuse by young persons impairs their judgment on sexual matters leading to risky and unsafe sexual behaviour.

b) **STIs/HIV:** STI/HIV has long been recognized as a major public health issue that contributes to the high disease burden in Kenya. This is common among youth due to engagement in early sex without protection and the use of alcohol and drugs, which inhibits prudent decision-making. In 2012, the HIV epidemic accounted for 15.3% of the national disease burden with 18.1% of deaths caused by AIDS related complications[10]..

c) **Sexual and gender based violence:** Sexual gender based violence is the most common of all forms of violence. Of the 37 percent of ever-married women who reported ever experiencing physical violence committed by their current or most recent husband or partner, 13 percent reported sexual violence (KDHS 2014).

d) **Teenage pregnancies:** Adolescents in Kenya face a myriad of challenges among them teenage pregnancy, unsafe abortion, female genital mutilation, child marriages sexual violence and sexually transmitted diseases(National Adolescent Sexual Reproductive health Policy 2015). KDHS 2014 reports that 15pecent of women age 20-49 had their first sexual encounter by age 15 and

[9] The National Adolescent Sexual and Reproductive Health Policy, 2015 http://www.popcouncil.org/uploads/pdfs/2015STEPUP_KenyaNationalAdolSRHPolicy.pdf

[10] The burden of HIV: Insights from the GBD 2010- a report by Washington University;

50percent by age 18 and 29percent of women age 25- 49 were married by age 18 and 48percent were married by age 20. This leads to high teenage pregnancies with severe impact on their life choices. . Other challenges are high levels of poverty among young people which precipitates their engagement in commercial sex in order to gain material benefit, parental negligence or lack of parental guidance and lack of or inadequate health information..

e) **Lack of employment and income opportunities:** Corruption, lack of capital and lack of knowledge and relevant skills are often cited as major barriers to young people making a living.

2.6. SWOT (Strengths, Weaknesses Opportunities, Threats) Analysis

Strengths	Weaknesses
• Professional and committed staff with strong sexual and reproductive health and rights, youth, programming, advocacy and community mobilisation skills. • Strong reputation for sexual and reproductive health and rights service delivery the Coast, Nairobi, and Western Regions • Strong advocacy reputation - partnerships with governmental and non-governmental organisations	• High staff turnover (low institutional memory) – weak knowledge management & succession planning structures • Over reliance on donor funding/lack of institutional funding/unrestricted funding • Weak internal communication • Internal skills are not tapped into when new opportunities arise. • Limited resources to engage meaningfully in global health and PHE • Limited expertise in specialist areas eg nutrition, budget advocacy, ICT

• Linkages with county governments, national governments and international governance level • Good relationship with government • Good donor relations with a number of key donors • Strong networks with like-minded institutions (civil society organisations, youth networks, women groups etc) • The organization size, structure, policies, guidelines and systems ensure effective and efficient response to issues	• Missing gap analysis to implement certain aspects of the strategic plan e.g CSE
Opportunities	**Threats**
• Constitution of Kenya 2010 which provides for devolution of health, public participation, gender equity among others • Engagement of DSW in development of policies eg family planning costed implementation plans, county integrated development plans, etc • Post 2015 development agenda - Sustainable Development Goals • Family planning 2020 targets and commitments • Free maternal child health services in government health facilities (for achievement of SDG 3 & 5) • New donors frontiers from the East • Global focus on "green" initiatives and PHE integration by donors	• Shift in donor priorities • Change in Kenya's economic classification to lower middle income country (donors shift from grants to economic cooperation) • Global economic slowdown • Changes in political environments e.g. 'Global gag' rule • Hostile laws and policies • Unhealthy competition among CSOs • Transient/dynamic nature of young people • Insecurity in arid and semi-arid areas over natural resources • Transitions occasioned by political changes e.g in counties.

3. Relevance to national & regional policies

3.1. Regional and international Policies

Kenya is a signatory to several international and regional human rights, health and sexual and reproductive health and rights treaties and declarations. These include:

a) The Abuja Declarations and Frameworks for Action on Roll Back Malaria, commonly referred to as the Abuja declaration, where African countries pledged to set a target of allocating at least 15% of their annual budget to improve the health sector.[11]

b) Maputo Plan of Action 2016-2030 of the African Charter[12] requires that **s**tate parties ensure that the right to health of women, including their sexual and reproductive health is respected and promoted.

c) Ministerial commitment on comprehensive sexuality education and SRH Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013)

d) Program of Action of the International Conference on Population and Development (ICPD, 1994)

e) Sustainable Development Goals (SDGs)

[11] Since the advent of devolution, health was largely devolved and is budgeted for at county level, making it impossible for Kenya to meet this obligation.

[12] https://au.int/sites/default/files/documents/24099-poa_5-_revised_clean.pdf

3.2. Family planning 2020 commitments

As part of its FP2020 commitments at the 2012 London Summit on Family Planning and in recognition of the need to reposition family planning in Kenya, the Ministry of Health (MOH) developed the National Family Planning Costed Implementation Program (NFPCIP). The plan describes five key interventions to increase contraceptive prevalence and the costs that will be needed to implement them, is expected to help increase contraceptive prevalence from 46% to at least 56% by 2015.

3.3. National Policies

a) **Constitution of Kenya (2010)**: This is Kenya's supreme law. Among the rights enshrined therein is the right of each individual "to the highest attainable standard of health, which includes the right to health care services, including reproductive healthcare".

b) **Kenya Vision 2030**: The national development blueprint which aims to transform Kenya into a "newly industrializing, middle-income country providing a high quality life to all its citizens by the year 2030".

   Under the social pillar, the country aims to provide an efficient and high-quality health care system with the best standards. Among other things, special attention will be paid to lowering childhood and maternal deaths.

c) **Kenya Health Policy (2012-2030)**: This policy has, as a goal, the attainment of the highest possible health standards in a manner responsive to the population needs. The policy gives focus to reproductive health services program interventions with improvements in availability of maternal and reproductive health commodities and a wide range of modern contraceptives methods. Community involvement in advocacy and distribution is a key emphasis of the strategies, leading to increased access, availability and use of family planning services.

d) **Kenya Health Sector Strategic and Investment Plan (KHSSP) (2013– 2017)**: This is the second medium term plan for health and its focus is guided by the goal of Vision 2030 that aims to "transform Kenya into a globally competitive

and prosperous country with a high quality of life by 2030". It guides both county and national governments on the operational priorities they need to focus on with regard to health. The sector plan puts a lot of emphasis on maternal and newborn health.

e) **National Reproductive Health Policy (2007)**: The goal of this policy is to enhance the reproductive health status of all Kenyans by increasing equitable access to reproductive health services, improving quality, efficiency and effectiveness of service delivery at all levels and improving responsiveness to client needs. The policy prioritizes safe motherhood, maternal and neonatal health, family planning, adolescent/youth sexual and reproductive health, and gender issues, including sexual and reproductive rights. Other priority components of RH addressed in this policy are: HIV/AIDS, reproductive tract infections, infertility, cancers of reproductive organs and RH for the elderly.

f) **National Reproductive Health Strategy (2009 – 2015):** The overall goal of this strategy is to facilitate the operationalization of the National Reproductive Health Policy through a national multi sectoral approach.

g) **Reproductive Health Commodity Security Strategy (2013-2017)**: This strategy was developed to guide the planning, implementation, coordination, supervision, monitoring and evaluation of reproductive health commodities in Kenya in order to ensure "uninterrupted, accessible and affordable supply of reproductive health commodities to all people that need them, whenever and wherever they need them."

h) **National Family Planning Guidelines for Service Providers**: Provides structures for building the capacity of health workers to provide comprehensive family planning services.

i) **National Adolescent Sexual and Reproductive Health Policy (2015)**: This policy aims to enhance sexual and reproductive health status of adolescents in Kenya and contribute towards realization of their full potential in national development. The policy intends to bring adolescent sexual and reproductive health and rights issues into the country's mainstream health and development agenda.

j) **County Integrated Development Plans (CIDPs)**: Kenyan counties are

constitutionally mandated to develop County Integrated Development Plans that guide their planning for five years. Integrated Development Planning is about the County identifying its priority development issues, problems, challenges and opportunities, followed by formulation of development vision, objectives and strategies as well as the identification of policies, institutional frameworks, projects and programmes. The process links planning to the county's budget (i.e. allocation of internal or external resources). This ensures co-ordination, effectiveness and efficiency in resource use and service delivery.

4. DSW Positioning

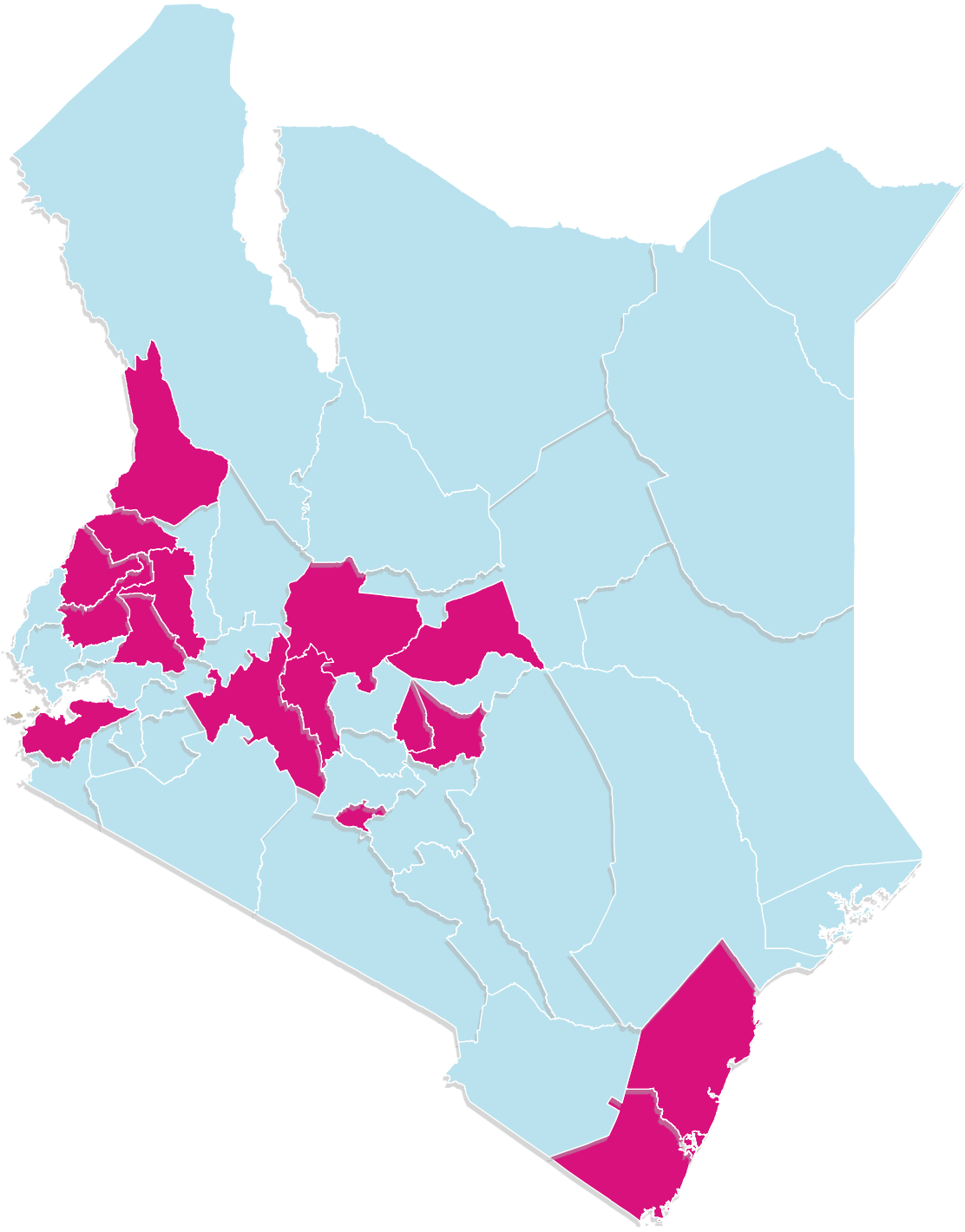
Youth bulges have become a global phenomenon and Kenya is no exception to this trend.

In Kenya, the youth bulge presents a number of challenges for both the youth and the country. The youth are, and will remain, a significant share of Kenya's population for the foreseeable future. Approximately 85% of the world's young people live in developing countries where poverty levels remain high and resources are constrained

Most will become sexually active before their 20th birthday. In this group rates of early and unplanned pregnancies, unsafe abortions, maternal deaths and injuries, and sexually transmitted infections (STIs), including the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) are very high. Adolescent girls are two to five times more likely to die during pregnancy or childbirth than women in their twenties[13].

[13] World Health Organization (WHO) and United Nations Population Fund (UNFPA): Pregnant Adolescents: Delivering on global promises of hope Geneva. 2006

COUNTIES IN FOCUS



33% of Kenya's population is aged between 10 and 24 years old[14], resulting from a reduction in infant mortality rates but retaining a relatively high fertility rate.

[14] State of World Population, 2017: United Nations Population Fund - https://www.unfpa.org/data/world-population/KE

In the context of this strategic plan, young people are defined as those aged 10-24 years. This group combines adolescents (aged 10-19 years) and youth (aged 15-24 years). While age-appropriate educational needs may exist before this period, it is in this age-range that most people begin to actively explore their sexuality and require sexual and reproductive health information and services.

Needs vary considerably within the age-group, and among young people in different circumstances (married/unmarried, parents, students, workers etc).

DSW Kenya intends to focus on developing and implementing appropriate strategies, policies and programmes to mitigate the risks and challenges the youth face. Engaging the youth is therefore no longer a choice but an imperative in the development process. DSW's work will advocate for, and analytically discuss strategies for engaging the youth through **empowerment, strategic placement education, and employment.**

On **SRH services, information and commodity provision,** DSW Kenya believes that youth and particularly young women respond well to service uptake in a youth-friendly environment that is responsive to young people's needs.

Gender-transformative programming

DSW Kenya believes that influencing national policy formulation and working closely with national and county governments on budget advocacy towards the legal means to respect and protect Sexual Reproductive Rights and eliminate gender discrimination and inequality and making the resources to address health related challenges for youth and adolescents will enhance access to Reproductive health information and services.

Empowerment and Participation: DSW believes in mentorship, inclusive and meaningful youth participation in policy formulation and implementation, and participation in development initiatives at the local and national levels.

Access to opportunities for youth: DSW Kenya believes that improved and equal access to socio-economic opportunities for both men and women can go a long way in achieving the SDGs.

5. Theory of Change

As we move into the sustainable development goals era and in order to achieve sustainable improvements in the health of young people, DSW will need to rethink it's investments in young people, their advocacy and capacity-building needs and the significant change they desire, as well as the impact of that change and how it will be measured.

DSW believes that one of the main levers to achieve poverty reduction and to improve human well-being is the empowerment of youth and women to make informed and independent choices about their sexual and reproductive health as well as ensuring their access to related services and supplies.

Research shows that as a result of comprehensive sexuality education, information, and services, women and men tend to have fewer children at a later age and with more space in between. Consequently, these children are provided with better care and education, leading to a large group of youth with improved employment opportunities and enhanced living standards. At the same time, access to quality health facilities, counselling and life skills training substantially contributes to reducing maternal and child morbidity and mortality.

DSW's theory of change is based on the following premises:

1. Socio-economic empowerment accelerates change in attitudes in regards to family planning.
2. Creating supportive environments through working with communities in a multi-stakeholder approach is key to achieving change for young people.
3. Gender equality and socio-economic empowerment are interlinked goals, which need to be addressed in an integrated way in order to effectively achieve sustainable global development.
4. A combination of both rights-based and development-led approaches is ideal to best serve communities in low- and middle-income settings.

5. Sustainable change is best achieved by empowering beneficiaries to become active agents of change.

To achieve our goals, we

- Work at local, national and international level
- Advocate for sufficient resources and enabling policies for good SRHR to be put in place and implemented
- Improve the ways in which SRHR services and information for youth are designed and implemented
- Hold ourselves accountable through measuring the results of our work sand adjusting our approaches as necessary to achieve maximum impact

6.0. Goals

DSW's work during the life of this strategy will focus on advocating for, and analytically discuss, strategies for engaging the youth through empowerment, education, and employment. This will be done through achieving four goals that include stimulating demand for and access to sexual and reproductive health services, eliminating gender-related discrimination and inequality, youth participation in decision making and improved and equal access to socio-economic opportunities.

Failure to provide appropriate opportunities for this large segment of the population will have enormous economic, political, cultural, and social consequences. Engaging the youth population fully is therefore no longer a choice but an imperative in the development process.

Below are the broad goals:

a) Demand for and access to Sexual Reproductive Health
b) Elimination of gender related discrimination and inequality
c) Youth participation in decision making
d) Access to socio-economic opportunities
e) organisational growth, sustainability and visibility of DSW in Kenya

6.1. Goal 1

Foster demand for and access to health information, health supplies and youth friendly services, particularly for sexual and reproductive health

Youth and adolescents form the biggest cohort of Kenya's population, which has implications on the country's health and development agenda.

DSW Kenya will respond to the multifaceted challenges facing young people in Kenya by employing a gender-sensitive, multi-stakeholder, youth-oriented integrated approach that will mobilise and create demand and access for health services and information particularly for sexual and reproductive health through the youth club network in Kenya.

DSW Kenya believes that young people respond well to service uptake in a youth-friendly environment that is responsive to young people's needs. Action will continue in our current programme locations in Kenya while documenting good practices for replication and scale-up within the life of the strategic plan.

Further, DSW will pursue opportunities for new programme initiatives in new geographical areas and at the same time employ a gender-sensitive programming approach while working with other like - minded organisations.

Primary Strategies to create demand and access will include:

- Youth Friendly service provision
- Research for data generation
- Mobilization, sensitization and awareness creation
- Provision of technical support to health service providers in Youth friendly services
- Advocacy for investment in Youth Friendly services at county and national level

Objectives:

1. Improve young people´s access to affordable, quality health supplies, comprehensive sexuality education and to youth friendly services.

Indicator 1.1.1 : Proportion of young men and women utilizing youth-friendly sexual and reproductive health services in target areas.

Objective 1.2: Demand for gender-sensitive health information, youth-friendly services and SRH supplies in target areas is increased.

Indicator 1.2.2: Young men and women demanding youth–friendly sexual and reproductive health services.

6.2. Goal 2:

Advance the respect and protection of sexual and reproductive rights, with a focus on eliminating gender-related discrimination and inequality

Kenya has a favourable legal and policy framework. Kenya's Constitution lays a foundation upon which sexual and reproductive rights including gender rights for all

Kenyans are protected. Sexual and reproductive rights issues are also addressed within various legislative and policy frameworks. These include the Sexual Offences Act (2006), Children's Act (2001), Prohibition of FGM Act (2011), HIV and AIDS Prevention and Control Act (2006), Marriage Act (2014), National Reproductive Health Policy (2007), National Youth Policy (2007), National Gender-Based Violence (2014) among others.

DSW Kenya is strategically placed as an advocacy champion within the health sector in Kenya. The National Adolescent Sexual and Reproductive Health Policy 2015, which recognises the sexual and reproductive health needs of Kenyan adolescents, provides a solid foundation for advocacy.

Using the available policy framework, DSW Kenya will continue performing the key role of influencing national policy formulation as well as monitor implementation of the legal provisions and frameworks for the promotion and protection of sexual reproductive health rights and work closely with national and county governments on budget advocacy to ensure there are:

i. Legal means to respect and protect sexual and reproductive rights and eliminate gender discrimination and inequality,
ii. Resources to address health related challenges for youth and adolescents.

Our work will specifically include: developing the capacities of the youth club network and their champions (including policy makers and duty bearers) through advocacy; policy awareness events; awareness creation on sexual and reproductive rights; and addressing Sexual Gender Based Violence (SGBV) and other harmful cultural practices.

We will advocate for male involvement strategies while working with other stakeholders by forming networks both at the county and at the national level to monitor and demand accountability for sexual reproductive health rights' violations. Lessons learnt at different levels will be generated from the interventions to inform research and evidence-based advocacy on improving policy formulation and

implementation.

Primary Strategies under this goal

- Capacity development of the youth club networks and their champions
- Promotion of Male involvement
- Influencing national policy formulation
- Budget advocacy
- Research

Objective 2.2: Inclusion of and investment for sexual and reproductive health and rights in international and national policy and legal frameworks are promoted.

Indicator:

2.2.1: Instances of targeted stakeholders demonstrating uptake of messages on sexual and reproductive health and rights
2.2.2: Networks of Civil society groups advocating for the implementation of policies and laws that promote and protect Sexual reproductive rights with a particular focus on elimination of gender related discrimination and inequality.
2.2.3: Increase in resource allocation for the protection and promotion of SRHR at national and county levels

6.3. Goal 3:

Empower young people to make their voices heard in decision-making processes at local, national, and global levels

DSW Kenya strives to provide holistic responses to challenges and needs of young people through our youth club network which is rooted at the heart of Kenya's communities – in informal settlements and hard to reach areas. The youth club network is DSW's niche in empowering young people in a structured manner.

DSW Kenya will target the youth through their clubs and Youth Empowerment Centres in all project areas and strengthen their capacity in political, cultural and socio-economic issues, to understand and articulate underlying issues that are related to sexual and reproductive health and rights hindering youth and especially girls' empowerment.

DSW will use a gender sensitive youth-friendly approach in creating knowledge and developing skills in governance, civic education, good leadership and life skills amongst young people. This will ensure that the youth club network is stable and ready to engage with decision makers effectively. Engagement with the decision makers will include sharing knowledge on meaningful and inclusive youth participation and awareness on commitments made. Appropriate platforms at the local, national and international levels to have the voices of the empowered youth heard, will be provided. We will also work to ensure that there is inclusive and meaningful youth participation in policy formulation and implementation, and participation in development initiatives at the local and national levels. Our strategies will involve mentorship and inclusion.

Primary Strategies

- Strategic placement - Organized groups, clubs
- Capacity development
- Mentorship and inclusion
- Youth engagement with the decision makers
- Women and girls' empowerment
- Knowledge creation and skill development

Objective 3.1: Young people's gender awareness as well as their leadership, advocacy and life skills in target areas are improved.

Indictor 3.1.1: % Increase of young men and women that report a positive change of leadership skills following DSW training.

6.4. Goal 4:

Improved and equal access to socio-economic opportunities of vulnerable young people

Kenya's economy growth recorded a 0.1% increase from 5.7 to 5.8% in 2016, still way below the *Kenya Vision 2030* target of 10% per annum with agriculture, which accounts for 32.6% of the country's economy, recording a decline from 5.5% in 2015 to 4% in 2016[15].

[15] KNBS, 2017

The implication is that the current economic growth and resources generated annually cannot adequately cater for the population that is growing at 2.9% per annum. Young people in Kenya constitute a third of the country's population, the majority of the country's potential labour force. Most of them are either unemployed or underemployed[16]. Broader socio-economic factors facing the youth such as poverty, lack of education and limited economic opportunities and particularly for women may contribute to poor health access[17].

Owing to the economic marginalization of youth, the government, the private sector as well as civil society organizations have focused attention on the need to create jobs and enhance the capacities of the youth to earn decent livelihoods.

DSW Kenya believes that improved and equal access to socio-economic opportunities for both men and women can go a long way in helping Kenya achieve her Sustainable Development Goals targets. DSW Kenya will seek to address the challenges that prohibit young people and especially young women and girls from accessing interventions that are aimed at helping them. These challenges include idleness, lack of information on existing initiatives, programme restrictions by institutions, lack of capital for youth to start or expand their income generating activities, corruption, lack of basic and professional knowledge and skills.

DSW Kenya will design and implement youth-sensitive initiatives that will improve their capacity to accessing socio-economic opportunities to develop, set up and maintain successful income generating activities. Specifically, DSW Kenya will engage in local and national advocacy initiatives to address pro-poor policies, poor pay, exploitation by employers, harassment by authorities or employers, corruption and lack of capital for the youth.

[16] Labour and Economic survey report 2010
[17] NAYS, 2015

DSW Kenya will also advocate for the implementation of socio-economic empowerment initiatives that meet the needs of the vulnerable youth and especially girls and women. This will include vocational skills training, employability skills, entrepreneurship and resource-mobilization. The organisation will seek partnership with other agencies on ongoing interventions and programmes addressing youth socio-economic empowerment like UWEZO, NYS, WEF, YEDF, CDF, and AGPO initiatives to enhance a responsive environment to the needs of vulnerable youth in Kenya.

Majority of young persons between ages 10-19, who would ordinarily be expected to be in school, report to be involved in economic activities to find a way to survive[18]. DSW will respond to this by working closely with schools and the Ministry of Education to ensure that vulnerable youth and adolescents access support to remain and complete their school programmes.

Primary Strategy

- Vocational skills training.
- Employability and entrepreneurship skills.
- Resource mobilization & linkage to microfinance institutions.
- Access to capital for youth to start or expand their income generating activities.
- Engage in local and national advocacy for pro-poor initiatives.

Objectives:

4.1: Partnerships and networks regarding young people´s socio-economic opportunities in target areas are developed.

> **Indicator 4.1.1:** Increase of linkages, strategic partnerships and networks with a focus on young men and women's socio-economic opportunities resulting from DSW interventions.

4.2: Young people in target areas are provided with training and capacity development to foster their economic and social resilience.

[18] NAYS, 201511th 1108

Indicator4.2.1: % increase of young men and women reporting improved economic opportunities resulting from involvement in DSW interventions.

6.5. Organizational Development

Organisational development will be a critical factor in delivering this strategy. During this period, DSW will define its growth and invest in developing its internal capacity in order to enhance its effectiveness. The organisation will also focus on strengthening board governance for strategic policy direction and oversight. This will set the tone for greater accountability.

DSW projects to grow its programme coverage into new geographical regions as well as deepen its interventions in existing programme areas. DSW will continue to seek innovative approaches to adolescent reproductive health and youth empowerment programming, actively participate in technical platforms and provide leadership in reproductive health discourse through product development and documentation of stories of change for learning.

Emerging trends indicate that access to comprehensive sexual reproductive health and rights is hampered by among other things gender based discrimination and inequality and lack of youth participation in decision making processes. This will inform our areas of growth.

In order to achieve the projected growth and ensure its sustainability, DSW Kenya will put in place measures to grow and diversify its resource base by proactively securing new funding sources with a particular focus on securing long term strategic funding from institutional donors while ensuring that traditional funders are maintained.

Further, DSW will increase the capacity of its human resource by attracting, training and retaining competent staff, strengthen its systems & processes for accountable

and efficient resource deployment and effective programme delivery and create a value driven culture in an environment that supports growth and innovation.

Additionally, DSW will strengthen its Monitoring and Evaluation systems through development of a robust monitoring and evaluation platform and capacity building of staff to ensure optimal use of resources for the attainment of set goals and targets. To do this, DSW will develop annual operational plans with defined outputs and indicators informed by this strategic plan, conduct regular lesson learning and review sessions and document best practises.

A mid- term evaluation of this strategy will be undertaken in the third year of implementation involving all staff and board members followed by an external end of strategy evaluation.

Primary strategy

- Strengthening board governance for strategic policy direction and oversight
- Expansion of programme coverage into new geographical regions
- Securing long term strategic funding from institutional donors
- Development of a robust M& E platform
- Capacity Development of human resource
- Documentation of best practises
- Grow and diversify resource base by proactively securing new funding source

Objectives

Strengthened and enhanced organisational growth, sustainability and visibility in Kenya

Objective 5.5.1 To strengthen board and staff capacity for effective oversight and efficient programme delivery

Indicator 5.5.1 accountable and effective programme

Objective 5.5.2. To diversify and increase DSW's resources to ensure growth and sustainability

Indicator 5.2.2 Long term and diverse funding streams

Objective 5.5.3 To enhance programme delivery through enhanced M& E and communication systems

Indicator 5.5.3 An efficient and impactful programme

6.6. Strategic partnership building:

Over the years, DSW has continued to build and nurture strategic partnerships across levels to promote demand for and access to reproductive health information and family planning services. DSW will strengthen its partnerships with development and funding agencies, International and local organisations to mobilise support for reproductive health information and services. In addition, DSW will strengthen its partnerships with government departments and line ministries, academic and research institutions and community based organisations and youth focused networks. This will be anchored on a partnership strategy that is being developed.

At the county level, DSW will work with relevant committees of the county assemblies to raise awareness on the need for increased investment on family planning and reproductive health services, influence the policy agenda at the county level and support the functioning of Technical Working Groups. Further, DSW will strengthen the capacity of youth champions and networks of youth serving organisations to raise awareness on and build knowledge of reproductive health issues and advocate for increased resource allocation for family planning.

Primary strategies

- Stakeholders/partnership analysis for likeminded partners
- Capacity development for youth serving CSOs
- Awareness creation among partners
- Support the functioning of Technical Working Groups
- Develop a partnership strategy
- Support and participate in networks related tour work

7. Indicator Target table

Goal 1: Foster demand for and access to health information, health supplies and youth friendly services, particularly for sexual and reproductive health					
Objective 1. 1. Improve young people´s access to affordable, quality health supplies, comprehensive sexuality education and to youth friendly services.					
Indicator 1.1.1: proportion of young people utilizing youth friendly sexual and reproductive health services in target areas	Targets				
Output indicator	2018	2019	2020	2021	2022
Number of young people reached with SRH & FP information: disaggregated by sex, age and topic	35,000	40,000	42,000	45,000	48,000
Number of young people trained as peer educators/mentors/champions on SRH	400	520	640	760	880
Number of young people reached with sexual reproductive health services: Disaggregation by service, age and sex[19]:	8,000	9,000	13,000	15,000	18,000
Number of young people using modern contraception Disaggregation by type[20]	3,000	4,000	7,000	9,000	10,000
Number of young people who have counselled, tested for STI/ HIV	4,000	6,000	7,000	8,000	10,000
Number condoms distributed to young people	170,000	250,000	400,000	600,000	840,000
Number of girls receiving sanitary kits.	400	800	1,200	2,500	4,000
Number of youth centres/ health facilities providing youth friendly services within the working areas.	15	18	25	30	45

[19] *Service:- FP, Cervical & breast cancer screening, Post abortion care, counselling SGBV, ANC, PNC, Skilled birth delivery*

[20] *Oral Pills, Injectable, Implants, Emergency contraception, IUD 5 yrs., IUD 10 Yrs, Male & female sterilization*

Objective 1.2: Demand for gender-sensitive health information, youth-friendly services and SRH supplies in target areas is increased.	Targets				
Output indicator	Targets				
Indicator 1.2.2: Young men and women demanding youth–friendly sexual and reproductive health services.	2018	2019	2020	2021	2022
Number of active youths strengthened to advocate for SRH/FP services	500	620	740	760	880
Number of youth advocates disaggregated by Sex trained on advocacy.	400	520	640	760	880
Number of decision makers knowledgeable on youth friendly SRH services	110	150	200	250	300
Number of decision makers supporting the youth SRH/FP service provision	30	45	60	80	100
5.2 Goal 2: Advance the respect and protection of sexual and reproductive rights, with a focus on eliminating gender-related discrimination and inequality					
Objective 2.2: Inclusion of and investment for sexual and reproductive health and rights in international and national policy and legal frameworks are promoted.					
Out - put Indicator	Targets				
2.2.1: Instances of targeted stakeholders demonstrating uptake of messages on sexual and reproductive health and rights	2018	2019	2020	2021	2022
Number of stakeholders integrating gender equality on SRHR	325	340	357	376	395
2.2.2: Networks of Civil society groups advocating for the implementation of policies and laws that promote and protect Sexual reproductive rights with a particular focus on elimination of gender related discrimination and inequality.	9	10	11	12	13
2.2.2.1: # of CSO networks advocating for the implementation of policies and laws that promote and protect SRHR	9	10	11	12	13
2.2.3: Increase in resource allocation for the protection and promotion of SRHR at county levels	5%	5%	5%	5%	5%
Number of Policies and guidelines that are gender sensitive/transformative	6	7	8	9	10
Percent of Youth groups adhering to the two thirds gender rule in leadership roles	50%	75%	80%	85%	90%

Number of people disaggregated by Sex trained on gender mainstreaming.	400	520	640	760	880
5.3 Goal 3: Empower young people to make their voices heard in decision-making processes at local, national, and global levels.					
Objective **3.1:** Young people's gender awareness as well as their leadership, advocacy and life skills in target areas are improved.					
Out - put Indicator	Targets				
Indictor 3.1.1: % Increase of young people disaggregated by Sex that report a positive change of leadership skills following DSW training.	2018	2019	2020	2021	2022
Number of young people disaggregated by sex trained in Leadership skills	400	520	640	760	880
Number of young people disaggregated by sex trained in advocacy	400	520	640	760	880
Number of young people disaggregated by sex participating in public budget hearings	60	90	130	150	180
Number of people disaggregated by sex trained on gender	400	520	640	760	880
Goal 4: Improved and equal access to socio-economic opportunities of vulnerable young people					
Objective 4.1: Partnerships and networks regarding young people´s socio-economic opportunities in target areas are developed.					
Indicators**4.1.1:** Increase of linkages, strategic partnerships and networks with a focus on young men and women's socio-economic opportunities resulting from DSW interventions.	Targets				
Out – put Indicator	2018	2019	2020	2021	2022
Partnesrships/MOUs	11	13	15	18	21
Strategic objective **4.2:** Young people in target areas are provided with training and capacity development to foster their economic and social resilience.m					
Indicator4.2.1: % increase of young people reporting improved economic opportunities resulting from involvement in DSW interventions.	Targets				
Out – put indicator	2018	2019	2020	2021	2020

Number of young people disaggregated by sex trained in Entrepreneurship skills	300	350	420	480	600
Number of Young people disaggregated by sex benefiting from economic opportunities from the government	15	25	35	50	80
Percent of business surviving after three years on startup run by young men and women	35%	45%	50%	65%	75%
Number of groups running Income generating activities	75	110	110	120	135
Number of young people benefiting from government devolved funds as well as micro financing institutions	20	40	60	100	180
Number of groups benefiting from DSW's seed grants	25	40	35	40	60
Goal 5: To strengthen and enhance DSW's growth, sustainability and visibility in Kenya					
Objective 5.1 To strengthen board and staff capacity for effective oversight and efficient programme delivery					
Indicator 5.2.1: accountable and effective programmes	Targets				
Out – put indicator	2018	2019	2020	2021	2022
# of policies & strategies developed and reviewed	2	1	1	1	1
% increase in board participation in board meetings	2	3	4	5	7
Board governance manual developed and in use	N/a	1	N/a	N/a	N/a
%increase in projects	10%	15%	20%	23%	25%
#of staff with superior programming capacities	50%	60%	70%	80%	85%
#of staff demonstrating skills in gender programming					
% reduction in staff transition	30%	40%	40%	50%	50%
% Improvement in programme quality	50%	60%	70%	80%	85%
Objective5.2 To diversify and increase DSW's resources to ensure growth and sustainability					
Indicator 5.2.2 Long term and diverse funding streams	Targets				

Out – put indicator	2018	2019	2020	2021	2020
Resource mobilisation strategy completed and implemented	1	1	1	1	1
%growth in overall resource base for DSW	20%	25%	35%	40%	50%
#of successful funding proposals developed annually	3	5	6	7	8
% increase in new funding sources	30%	50%	60%	65%	70%
Objective5.3To enhance programme delivery through enhanced M& E and communication systems					
Indicator 5.3.3 An efficient and impactful programme	Targets				
Out –put indicator	2018	2019	2020	2021	2022
Type of M& E systems in place	1	1	1	1	1
#of staff trained and using the M& E systems	12	18	25	30	40
Quality of communication and branding strategies					
#of policies developed and reviewed	2	1	1	1	1
% reduction in audit queries	30%	50%	60%	70%	70%

8. Risk Matrix

Description	Risk	Risk Response Recommendation	Action(s)
Political Risks due to the Election 2017 is an election year in Kenya. The potential change of county officials after the elections could stall advocacy efforts, in particular to advance budget priorities in SRHR and FP. In addition, there is high political influence among young people at this time; since some young champions have become a target for politicians	**Very High**	Reduce the Risk	Work with potential incoming MCAs after the nominations to see how best DSW can coordinate the FP agenda
			Consider alternative activities in the project
			Engage the community assembly clerk
			Pre-signed memo among political aspirants
			Young people to be empowered through the Y2Y Life skills programme
			Engagement of technical staff at County level
			Post election engagement strategy
			Written commitment by nominated government officials
			Engage the Executive

MoH Strikes There have been frequent strikes in the health sector due to a lack of salary payments to doctors & nurses. This inhibits delivery of services including the ones DSW projects depend upon.	**Very High**	Reduce the Risk	Postpone activities where control cannot be ensured
Currency rate fluctuation This is an election year and there is an unstable currency rate shifts against the Kenyan Shilling. Some costs may accordingly become more expensive.	**Very High**	Reduce the Risk	Consider looking for financial institutions with low exchange rates in the last 12 months during budgeting
Shifts in Donor Priorities There is a shift from donors. They no longer prioritize on SRHR and FP for young people and hence DSW should review its strategic goals so as not to restrict funding	**Very High**	Reduce the Risk	Identify more donors and diversify
			Identify other areas for funding e.g youth empowerment
			Advocate for donors to prioritize on FP
			Integrate SRHR/FP in other programme
			Advocacy to donors to prioritize SRHR and FP
Reduced funding for Family Planning at Sub-national level	**Very High**	Reduce the Risk	Advocacy implementing officers to adjust their efforts to ensure that FP priority is reinforced

There is a probability of sub-national Counties to reduce Family Planning budget.			
Leadership and Management Practices are Disrupting Operations Management is a facilitating factor: all operations are managed, and both processes and staff can be managed effectively or ineffectively. Staff react to these practices.	High	Reduce the Risk	Inculcate a culture of value-driven practices Leadership and management training courses Strengthen and Implement the policy of a Person of Trust Regular feedback through a Survey Monkey, one-on-one discussions, a Suggestion Box, regular meetings with staff.
Delays in Reporting within Projects There are delays noticed in submitting internal reports within projects. This is likely due to poor workload planning or time management on the part of officers/managers. For this reason, project managers should have proper planning and project officers should know the reporting procedure.	High	Reduce the Risk	Project officers to submit their reports on time Proper documentation of facts should be ensured by project managers to avoid back and forth Project officers should send participants list on time so that Finance can process the payments on time. Mobilise resources
Delay in disbursement of funds from donors Donor may delay in disbursing funds/tranches. This	High	Reduce the Risk	DSW to adhere to the donor obligations and policies and engage with donors

can lead to an insufficient account balance, further leading to delayed payments.			Comply with reporting timelines
			Engage the donors
			Early planning and anticipation
Staff Capacity DSW Kenya needs to consider hiring more staff to handle heavy workloads.	High	Ensure Follow-up	Staff innovation capacity programs
			DSW to consider having volunteers and interns who could assist in workload and potentially an integration of youth champions in DSW's work
			Human resource to share the intern(s) policy
			Integration of staff and projects that can be co-financed
			Exchange programs within the Country office for learning purposes
High External Competition for Resources There is a high and continuous competition between DSW and other CSO organisations. While an ongoing risk, this is a particular challenge when there are only a few projects within DSW. In this environment, any	High	Reduce the Risk	Innovation i.e. engage with the youth more and make them part of DSW's project
			Contractual management, adherence to obligation and performance
			Resource mobilization. Team to fundraise proactively

non-compliance to donor regulations can also lend towards loss of donor funds.			Communications and Project managers to look for ways of marketing DSW Mobilize resources
Proposal Writing Fatigue Staff feel overworked and therefore withdraw from proposal writing. This inhibits continuous and high quality proposal development.	High	Reduce the Risk	Coordinate RM strategic Call for Proposal Engaging more staff members who are skilled in content development for proposal
Advocacy Create demand of SRHR services among young people but health centers do not have commodities for youth i.e Youth Friendly Services	High	Reduce the Risk	Advocacy on restocking Advocacy for emergency stocking Support MOH on stock planning and quantification Training on supply change Proper Planning
Road Accidents The fleet of vehicles used to implement programs in Mombasa is limited and hence the staff are forced to procure other means of transport which is a high risk. The vehicles used in activities are old and frequently break down and this could delay implementation of	Medium	Ensure Follow-up	Mobilize resources for the purchase of new vehicles

projects. In West Pokot, the implementing officer procures motorcycle services which is a risky mode of transportation.			
			Have rescue services i.e activate AA
			Regular service of vehicles
			Qualified service providers
<u>Staff Turnover</u> The continuous likelihood of staff turnover due to insufficient staff salaries, project changes (i.e. end of project tenure), or de-motivation	Medium	Ensure Follow-up	HR to conduct exit interviews to address staff welfare, motivation
			Salary reviews and standardization (Survey salaries that are in sync with market expectations, endeavor to have to good salary package & benefits)
			Capacity development for career growth and develop staff motivation strategy i.e. team building
			Succession planning to help reduce gaps from staff who have already left
			Motivation and appreciation of staff efforts in implementing activities and appreciate internal capacity

Under-budgeting Activity Costs Some activities have been improperly budgeted for and hence the actual expenditures outweigh the projected cost	Medium	Ensure Follow-up	Proper budgeting for Human Resource
			Ensure deliverables through similar activities in the event that the project officer is implementing two programs
			Open discussions with donors and negotiations where necessary
			Diversification, crosscutting, partnership
			Regular reviews/TAC/ Monthly budget tracking
Insecurity in some of the Kenyan counties There are some political instabilities (cattle wrestling in West Pokot) in some counties that DSW is working in. This poses a security threat in the implementation of projects	Medium	Ensure Follow-up	DSW to research more on the areas they are working in and avert insecurity situation (get 411 before the trip)
			Project officers in the field to advice on impending danger and advice delay of activities where insecurity is looming
High Mobility of Youth Champions There is a chance that youth champions trained under projects relocate to other localities, thereby reducing the project's advocacy impact (i.e. budget advocacy)	Medium	Ensure Follow-up	Capacity building development through Y2Y
			Innovation i.e. engage with the youth more and make them part of DSW's project
			Strengthen peer to peer education

Poor Integrity of Data / M&E Gaps CHVs reporting wrong data or reporting errors	Medium	Ensure Follow-up	Capacity development Supportive supervision
Poor compliance to DSW Policies Organization policies not adequately followed through and complied with.	Medium	Ensure Follow-up	Regular sensitization of staff Avail the policies
Equipment/Asset Management There are risks mentioned in the potential loss, theft, or failure of equipment, that DSW owns, including the P.A. system. For information management, staff keep most information and data on their individual computers (thus very vulnerable to data loss in the event of theft or computer failure)	Medium	Ensure Follow-up	Create automated back-up systems in the office for all computers so that all information is secured Maintain a working P.A system, or purchase a new system
Bank Payment System Failures The CBA bank had a system failure in early 2017 which caused delays in the salary payment, payment of suppliers and reimbursement of participants in workshops.	Low	Acceptable	Seek alternative payment systems to reduce this risk
			Insure DSW funds

Poor Participation among Stakeholders in Project Activities DSW workshops can be ill attended by key stakeholders e.g. MoH, the youth and community champions	Low	Acceptable	Project officers should build a relationship with participants so as to avoid their non-attendants
			Project officers to ensure that they have confirmed with participants on the date of event

9. Financing the Strategic Plan

In order to finance this strategic plan, DSW will restructure its resource mobilization, invest in building the fundraising capacity of its staff, continuously develop present and new revenue streams, develop an integrated strategic approach to donor relationship management and venture into new donor markets for fundraising at global and local level.

The existence of over 132 Y2Y clubs and networks provide an opportunity for DSW to transform itself to a grant making organization. In this way, our relevance and impact among young people through Y2Y networks will be more feasible and expansive.

Financial projections 2017- 2022

Strategic goal	Projected amount	Year				
		2018	2019	2020	2021	2022
Goal 1: Foster demand for and access to health information, health supplies and youth friendly services, particularly for sexual and reproductive health	2,380,989	390,000	429,000	471,900	519,090	570,999
Goal 2: Advance the respect and protection of sexual and reproductive rights, with a focus on eliminating gender-related discrimination and inequality	2,991,499	490,000	539,000	592,900	652,190	717,409
Goal 3: Empower young people to make their voices heard in decision-making processes at local, national, and global levels	2,442,040	400,000	440,000	484,000	532,400	585,640

Strategic goal	Projected amount	Year				
		2018	2019	2020	2021	2022
Goal 4: Improved and equal access to socio-economic opportunities of vulnerable young people	1,984,158	325,000	357,500	393,250	432,575	475,833
Goal 5: Strengthened and enhanced organisational growth, sustainability and visibility in Kenya	1,129,444	185,000	203,500	223,850	246,235	270,859

Primary strategy

- Increase capacity for Resource Mobilization
- Efficiency and effective use of the resource
- Product development
- Expand asset base of the organization
- Build unrestricted funding base

9. Glossary

Adolescents	Those between 10-19 years old (WHO / UN definition)
Age Appropriate	Suitability of information and services for people of a particular age, and in the case of the Policy, particularly in relation to adolescent development.
Child	Individual who has not attained the age of 18 years.
Comprehensive Sexuality Education	Age-appropriate, culturally relevant approach to teaching sexuality and relationships by providing scientifically accurate and non-judgmental information.
FP champions / ambassador	Senior government, legislative or civil society decision-makers or well-trained youth who voluntarily take extraordinary interest in the adoption, implementation, and success of family planning budgets, policies and programs.
Informed choice	Voluntary decision by a client to use/not use, a contraceptive method (or accept any SRH service) after receiving adequate information regarding the options, risks, advantages and disadvantages of all available methods.
Life skills	"Life skills are the strategies, abilities, expertise or competencies that enable adolescents to develop positive attitudes and responsible sexual behaviours, leading towards a healthy lifestyle." (DSW, 2006).
Outreach activities	Any activity in the community that is initiated or supported by a youth club and/or DSW staff/partners and that addresses community members and neglected groups of people. They reach out to community members with SRH-related information/health services.
Peer education	Process by which well-trained and motivated individuals lead organised educational and skills-building activities with their peers (members of the same age group, interests, sex, social background) to support and improve peers' health and well-being.

Population, Health, and Environment (PHE)	Cross-sectoral Population, Health and Environment (PHE) interventions integrate population aspects such as family planning with health and environmental issues.
Sexuality education	Education, designed to equip young people with the knowledge, skills, positive attitudes and values necessary to determine and enjoy their sexuality – physically and emotionally, individually and in relationships.
Young Adolescents	Those between 10-14 years old (this age group is defined by UN as "very young adolescents")
Young People	Those between 10-35 years old
Youth	Those between 15-24 years (cf. UN definition)
Youth Club	Organised group of young people between 10-24 years that meet regularly (at a particular location) in or out-of-school and is united by the common interest to address youth-relevant development issues, mainly Sexual and Reproductive Health and Rights (SRHR) including HIV/AIDS, drugs and other related social problems as well as environmental protection in the respective areas.
Youth Empowerment Centre (YEC)	Well-equipped, self-sustaining, multi-functional and youth-led centre that addresses the needs of youth in a holistic manner and plays a coordinating and supervisory role in respect of Model Clubs and Youth Clubs located in its area. It provides comprehensive SRHR information and services to members, visiting youth and the community, and is integrated into existing local structures, networks with government authorities, health facilities and NGO partners.
Youth-friendly	The characteristics of, for instance, policies, programmes, resources, services or activities that attract young people, meet their sexual and reproductive health needs, and are acceptable and accessible to a diversity of young people.

References

Kenya Health Facility Assessment 2015

Kenya Bureau of Statistics, 2010, ***2009 Kenya Population and Housing Census,*** Nairobi

Kenya National bureau of Statistics, ICF Macro, 2014, ***Kenya Demographic and Health Survey 2014***, Nairobi

Ministry of Devolution and Planning, ***2015 Economic survey***, Nairobi

Ministry of Education, ***2014 Basic education Statistical Booklet***, Nairobi

NASCOP, 2012 **Kenya AIDS Indicator Survey (KAIS)**, Nairobi

National Council for Population and Development, 2016 ***Kenya National Health Facility Assessment,*** Nairobi

National Council for Population and Development, 2015 ***National Adolescent and Youth Survey,*** Nairobi