

Global Financing Facility

Civil Society and Youth-led Organization Landscape Assessment

April 2023

Country Report: Kenya

Number of respondents: 33

PAI conducted an open consultation in February and March 2023 inviting civil society organizations (CSOs) and youth-led organizations (YLOs) to share their perspectives about civil society and youth engagement in country-level policy processes as well as global health financing fora, including those related to the Global Financing Facility (GFF). The survey, which was publicly available in both English and French, received a total of 150 responses from 33 GFF focus countries. The survey elicited feedback on the on the CSO/YLO landscape in each GFF partner country, including strengths, gaps and challenges faced by CSO/YLOs in their work and engagement in GFF processes. The findings from the consultation will be used to define opportunities to strengthen multi-sectoral collaboration, including increasing meaningful CSO/YLO engagement GFF



processes at the country level. The survey is also intended to identify priorities and opportunities to strengthen CSO/YLO networks to ensure they are positioned, resourced, and equipped to act as advocates to advance sexual, reproductive, maternal, newborn, child and adolescent health and nutrition (SRMNCAH-N).

Overview

Thirty-three respondents to the 2023 CSO/YLO Community Survey reported working in Kenya. Of these organizations, twelve identified themselves as CSOs, fifteen identified themselves as YLOs, three as a CSO/YLO social movement or coalition, one as an international NGO (INGO), one as a community-based policy think tank, and one as a research institute. Eleven respondents receive funding from PAI from any funding source, six of which received funding as past GFF-funded partners whose awards had ended as of the time of the survey. A total of 20 respondents do not receive or have not received funding from PAI, and one was unsure whether it receives or has received funding from PAI.

Survey respondents were asked to select all the geographic levels at which they work (e.g., subnational, national, regional, and global). Of the respondents who work in Kenya, their geographical focus was as follows: 22 work at the sub-national level, 25 work at the national level, 11 work at the regional level, and six work at the global level. Though the organizations reported working in Kenya, eight of them also work in other countries, such as Burkina Faso, Cameroon, Democratic Republic of Congo, Ethiopia, Ghana, Liberia, Malawi, Mali, Mauritania, Nigeria, Rwanda, Senegal, Tanzania, and Zambia, among others. As a result, some of the findings presented in this report may also reflect the respondents' experience working regionally and globally.

Most of the respondents that work in Kenya reported working in health and nutrition (including SRMNCAH-N), gender equality, and climate change. Of those that work in health and nutrition, the organizations that responded to the survey focus on the following areas: sexual and reproductive health (SRH), adolescent health, and nutrition. Respondents also predominately conduct the following activities: advocacy, youth engagement, and civic engagement.

Tables 1, 2 and 3 below provide additional information about the respondents' work by sector, areas of focus in health and nutrition, and specific activities. Please note that the respondents selected all answer choices that were relevant.

Table 1. Sectors in which respondents work in Kenya, 2023 CSO/YLO Community Survey

Sectors	Number of respondents
Health and nutrition, including SRMNCAH-N	31
Climate change	18
Education	14
Human rights	11
Gender equality	25
Humanitarian	3
Governance	14
Youth and women's economic empowerment	1

Table 2. Health and nutrition focus areas of respondents in Kenya, 2023 CSO/YLO Community Survey

Health and Nutrition Focus Area	Number of respondents
Sexual and reproductive health	30
Maternal health	22
Newborn and child health	19
Adolescent health	27
Nutrition	23
Menstrual health	1
Neglected tropical diseases (NTDs), including malaria	1
Mental health	1
Global Health innovations including vaccines, medicines, devices, diagnostics, and digital tools	1
Immunization and primary care	1
Non-communicable diseases (NCDs)	1

Table 3. Activities that responding organizations implement in Kenya, 2023 CSO/YLO Community Survey

Organizational Activity	Number of respondents
Advocacy	33
Research	17
Accountability and monitoring	21
Civic engagement	24
Youth engagement	29
Health financing	14
Policy development	18
Technical assistance	11
Coalition building	23
Service delivery	12
Health-related community education	2
Health R&D and regulatory strengthening	1

As indicated in Table 4 below, most of the respondents in Kenya categorized their significant accomplishments or “wins” as the following: effectively carried out youth engagement, supported policy development, mobilized domestic resources for health and/or nutrition and implemented high-impact programs.

Table 4. Respondents’ accomplishments and “wins” in Kenya, 2023 CSO/YLO Community Survey

Organizational Accomplishment or “Win”	Number of respondents
Mobilized multilateral or bilateral resources for health and/or nutrition	10
Mobilized domestic resources for health and/or nutrition	21
Supported policy development	24
Supported a specific policy win	17
Implemented high-impact programs	21
Effectively carried out civic engagement	19
Effectively carried out youth engagement	26
Conducted impactful research	15
Convened or assumed a leadership role in coalitions	17
Developed knowledge products for target populations that have been adopted by government and health facilities	1
Successfully conducted social accountability and provided evidence for improvement of service delivery	1
Engagement with country governments and multilateral organizations	1
Tracked FP2030 commitments in Kenya through the motion tracker framework	1

CSO/YLO Capacity Gaps and Opportunities

The respondents that work in Kenya ranked the activity of the broader CSO/YLO community in Kenya as a 6.5 out of 10 where 1 indicates the CSO/YLO community is not active; 5 indicates that it is moderately active including dynamic coalitions and partnerships; and 10 indicates that it is highly active in a manner that leads to impact. These organizations provided the following additional information about their ranking of the CSO/YLO landscape:

- The CSO/YLO community “is active in the manner that leads to impacts which has been shown and witnessed in our community we work in.”
- “Youth Mentorship Programs have been shown to increase academic achievement, improve social skills, and reduce risky behaviors.”

- “By providing access to technology and digital skills, [our organization] has been able to empower individuals to become financially independent and improve their lives. Moreover, by offering a safe workspace where people can work on their online jobs, they have helped to reduce unemployment and improve the standard of living for many individuals in the community.”
- “The formation of the Kisumu UHC Alliance back in 2019 has been a vital part of UHC-SRH implementation in Kisumu County. The Alliance complemented the efforts of the County government, helped to address the gaps in health, and ensured that policies were implemented to achieve the UHC Agenda.”
- CSO/YLOs have “trained youth budget champions who do social audit findings to influence county budget allocation of resources.”
- “Only national organizations get the opportunity, and it is not spread in different communities.”
- “Kenya has the advocacy and accountability group that is bringing together partners for engagement. We have also built networks in counties with CSO Network forums. Each year we build the capacity of youth leaders on advocacy for SRH in counties.”
- CSO/YLOs have “taken the lead in the Global Fund Writing process and implemented high-impact programs. One such program is the HER Voice Fund program, targeting seven grantees in different counties to enhance the leadership, capacity, and opportunities for AGYW (Adolescent Girls and Young Women) to be at the ‘driver’s seat,’ co-creating and co-structuring conversations and processes at the community, county and national level.”
- “Through the Sister-to-Sister program supported by GFF, we have developed and presented a comprehensive training manual targeting adolescent and young mothers seeking services.”
- “The CSO/YLO are very vibrant and capacitated.”
- “Low financial support and/or lack of financial support hinders CSOs from doing effective service delivery.”
- “Some of the YLOs have limited resources to participate in platforms and limited institutional capacity to participate.”
- “CSO/YLOs are active in advocacy and program implementation in the communities they serve and represent, and this leads to achieving outcomes set and, in the long term, impacts.”
- “Members of Technical Working Groups at the county level participated in the development of the Adolescent handbook and costed family health operational plan.”

- CSO/YLOs have “participated in a Pilot Project for Tools for Integrated Management of Childhood Illness (TIMCI) and had great impact and lessons for the entire world to use towards better management and reduced morbidity and mortality in children under 5.”
- “Youth-led organizations lack capacity and resources to thrive in their advocacy and program.”

The responding organizations that work in Kenya listed the top four areas in which they need the most support related to organizational development:

- Financial management (e.g., Fundraising, business development, procurement, donor relations, grants management) -- *69% of respondents*
- Project Performance Management (e.g., M&E, SMART metrics) -- *59% of respondents*
- External Relations (e.g., Media and press engagement, social media, community, and beneficiary engagement, private sector engagement, government relations, donor engagement) -- *47% of respondents*
- Partnerships and Coalitions (e.g., Coalition creation, coordination, management) -- *47% of respondents*

The survey respondents listed the top three areas that their organization needs the most support related to technical capacity as follows:

- Domestic resource mobilization -- *69% of respondents*
- The latest techniques/competencies/policies/trends in SRMNCAH-N -- *59% of respondents*
- Advocacy -- *56% of respondents*

To address the areas where respondents would need support related to organizational development and technical capacity, the respondents listed the following top three interventions:

- Funding (e.g., grants) -- *88% of respondents*
- Working session or technical consultation with a technical expert (1:1) -- *56% of respondents*
- In-person training -- *53% of respondents*
- Multi-stakeholder collaboration (including government stakeholders, multilateral and bilateral stakeholders, CSOs/YLOs, etc.) -- *50% of respondents*

Most respondents (84%) preferred that these interventions be offered in a hybrid format with in-person and virtual components.

SRMNCAH-N Policies and Health Financing Priorities and Challenges

Of the respondents that work in Kenya, eight reported being very familiar, eighteen were somewhat familiar, two were not familiar with the country's government priorities related to SRMNCAH-N. Twenty-eight reported engaging in work related to the development of policies that are supportive of SRMNCAH-N in their country context. Of the respondents that reported engaging in policy development and health financing in the past, they listed the key entry points for their engagement as follows:

- Participation in CSO/YLO networks
- Direct advocacy toward country government representatives
- Engagement in-country government policy level fora

The respondents reported that the following are the most pressing opportunities and/or needs to advance or sustain SRMNCAH-N in their country context:

- Domestic funding community ownership, and advocacy
- Capacity building and mentorship
- Accountability strengthening for CSO/YLOs and training on the use of SRMNCAH-N tools, including scorecards
- Education to rural communities, including community sensitization and dialogues on SRMNCAH-N
- “Strengthening multi-stakeholder engagement and platforms.”
- “There is an existing gap of real-time responsive data that can be useful for tracking commitments within the communities. The voices of women and girls are still neglected and their agency to demand their rights is still limited due to the patriarchal system in the country.”
- Supply chain and commodities:
 - “Lack of FP Commodities in the county and lack of proper monitoring chain of FP commodities in Kenya.”
 - “Strengthening and digitalizing the health department referral system.”
 - “Strengthening the community health and PHC processes to ensure availability of FP commodities to the dispensaries at the convenience of the young people.”
 - “Supply-side challenges due to suboptimal function of health systems.”
- Policies related to SRMNCAH-N:
 - “The opportunities lie within the costed plans, the need is for sustained advocacy and community engagement and education to ensure domestic resources are allocated and sustained to reduce teenage pregnancy, maternal mortality and newborn and child mortality.”
 - “Need for enabling policy for YSRHR; need to incorporate RMNCAH in the new Kenya Health Sector Strategic Plan.”
 - “Proper policy implementation frameworks and stronger law enforcement institutions.”

- “Review of ASRH Policy and its implementation and access to FP in hard-to-reach areas to reduce teenage pregnancy.”
- “Advocacy for country investments, training of government officials on program-based budgeting.”
- Provision of basic health services
 - “Increase the urgency of health-related self-care among adolescents and young people (AYP) to enable them to prevent and treat diseases in a safe and supportive environment.”
- Mental health services:
 - “Integration of Mental Health into SRMNCAH-N.”
 - “Sexual education for youth in schools and mental health to manage ASRH issues.”
 - “Establish SRH themes as part of physical and mental health aspirations.”

They also reported the following as the greatest challenges to advancing these opportunities:

- Lack of funding for SRMNACH-N issues
- Lack of funding for civil society and youth engagement
- Limited coordination among SRMNACH-N stakeholders
- Lack of political support for SRMNACH-N issues

Global Financing Facility (GFF)

Before receiving this survey, 20 respondents that work in Kenya reported that they were aware of GFF. Nine respondents were engaged in GFF processes, while three had attended a GFF information session, and eight had heard of the GFF. Four respondents were not familiar with the GFF before receiving the survey. According to respondents that were at least somewhat aware of the GFF, they described the greatest value add of the GFF as follows:

- “To get more funds for developing our organization and also helping the people we are serving.”
- To “drive more equitable health expenditure in the counties we are working in.”
- “The catalytic role in pushing for domestic financing forces counties to streamline and ensure timely disbursements; supporting counties to allocate funds for RMNCAH.”
- “Bringing together CSOs for accountability.”
- “Strengthen collaboration and coordination and facilitate dialogue among government ministries at national and county levels, civil society, development partners, academia private sector and communities supporting implementation and monitoring of RMNCAH-N services.”

- “Increasing dedicated resources for SRMNCAH-N through a multi-stakeholder approach, opportunity to build up a strong advocacy movement for SRMNCAH-N.”
- “Improving the quality of SRMNCAH-N services.”
- “GFF strengthens the MNCH and the antenatal visits and nutrition, reducing the mortality rate and has enhanced safe deliveries and healthy children.”
- The GFF is “key in advancing efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children.”
- Capacity development of CSO/YLOs
- The GFF is a “high-level advocacy and technical knowledge sharing platform and provides funding for organizations driving change.”
- “Inclusion of community based CSO networks that ensure accountability at the county level where GFF funds are actually disbursed. It also provides an opportunity for inclusive decision-making and transparency in GFF commitments and resources that allow for tracking and monitoring.”
- “Supporting youth programs for effective and meaningful advocacy.”

Respondents that work in Kenya also reported being engaged in other health-focused platforms, financing mechanisms, and networks globally, regionally, and nationally, including World Health Organization (WHO), AMREF local CSO Network, RMNCAH-N Country Platform, PMNCH, UHC2030's CSEM, ENAP+EPMM, AlignMNH, White Ribbon Alliance, and the Global Fund to Fight HIV, Tuberculosis and Malaria. Generally, respondents reported that CSO/YLOs in their networks learn about engagement opportunities or health and development mechanisms through the following avenues:

- Social media
- Peer organizations or coalitions
- WhatsApp and/or e-mail groups or listservs

Out of the total of 33 respondents that work in Kenya, 15 (45%) were aware of GFF-related activities that were underway in their country at the time of the survey, while nine respondents were not aware of GFF-related activities, and nine declined to respond. The following GFF-related activities were underway in their country at the time of the survey:

- GFF Multi-stakeholder Country Platform
- CSO/YLO Country GFF Coalition
- Consultations related to the country's Investment Case
- Other GFF meetings/stakeholder consultations
- Consultations with GFF Liaison Officer

Five respondents reported being very familiar with their country's Investment Case implementation status, while eleven were somewhat familiar, and five were not familiar at all. One reported that this question was not applicable because they do not work in a GFF partner country. Additional outreach to CSO/YLOs that work in Kenya should include background information about the GFF generally, as well as the GFF processes that are underway in this country.

Fourteen respondents that work in Kenya reported that CSO/YLOs have been invited to engage in GFF processes in their country, including:

- GFF Multi-stakeholder Country Platform
- CSO/YLO Country GFF Coalition
- contributions to the country's Investment Case
- GFF meetings/stakeholder consultations
- Engagements with GFF Liaison Officer
- Joint Learning Agenda by the GFF Secretariat

Five respondents said CSO/YLOs have not been invited to engage in GFF processes, while five were unsure for the following reasons:

- "It's a closed group."
- "Not getting opportunities to meet them."
- "Not having conversation with them."
- "The information is not reaching us; the information is not trickling down."

Four respondents reported that there is a CSO/YLO Country GFF Coalition in their country, while four said there isn't and thirteen were unsure. These respondents also ranked their relationship with the GFF Liaison Officer a 2.8 out of 10, where 1 indicates no relationship between CSO/YLOs and the GFF Liaison Officer, 5 indicates some engagement and communication between the two, and 10 indicates active engagement and collaboration between CSO/YLOs and the GFF Liaison Officer. One survey respondent reported that "supportive and accessible GFF Liaison Officers that also support CSOs/YLOs, especially with information on the GFF processes in-country" are vital to ensuring meaningful engagement.

Eleven respondents working in Kenya reported that their organization has engaged in GFF processes, while ten said they had not, and three were unsure. Organizations reported engaging in the following GFF processes in their country:

- GFF Multi-stakeholder Country Platform
- CSO/YLO Country GFF Coalition
- Civil Society Coordinating Group (CSCG)
- Development efforts related to the country's Investment Case
- GFF meetings / stakeholder consultations

Four respondents described their engagement in GFF processes as very impactful, four said it has been somewhat impactful, three were unsure, one reported they were not engaged, while twenty-one declined to answer. When asked to describe their organization's contributions to these GFF processes that led to impact, they said:

- “Developing a case study on GFF; hosting a GFF Coordination Technical Working Group; developing gender indicators for use in the next iteration of the Investment Case.”
- “Conducted Maternal and perinatal death surveillance and response (MPDSR) capacity building in 3 counties.¹ We have built the capacity of YLO for advocacy in 8 counties and worked on budget lines for FP/SRH in three counties.”
- “Took part in the development of the RMNCAH-N Country Platform Workplan and prioritized the needs of AYP in the activities.”
- “Partnered with HENNET (the NGOS/YLOs coalition) to advocate for the establishment of the Kenya multi-Stakeholder Country Platform for RMNCAH and Nutrition, connected HENNET to the GFF Liaison Officer, and built capacity of local organizations on the GFF process.”
- “Joint advocacy that led to the creation of the Multi-stakeholder Country Platform; Sensitizing over 20 YLOs on GFF, supporting the review of 2 major GFF policy documents, conducting research on GFF and prioritization of AYSRH, founding member of Kenya GFF CSOs group.”
- “Worked with adolescent girls and young women within the community. We do sensitization on SRMNCAH-N, which enables them to understand the importance of antenatal visits and nutrition.”
- “We participate in the monitoring of health services rendered locally in Siaya County, Kenya.”
- “Engagement in the GFF Civil Society Coordinating Group (CSCG) has led to change in how organizations engage with the GFF and the advocacy they carry out.”
- “We participated in the development of an advocacy strategy for GFF work two years ago, and not sure what happened after that process.”

Respondents working in Kenya reported that the following top three factors enable meaningful CSO/YLO participation in GFF processes:

- Open communication with GFF stakeholders (e.g., GFF Liaison Officer, GFF NGO Host)
- Invitations to attend GFF meetings and stakeholder consultations
- Opportunities to engage in the GFF Multi-stakeholder Country Platform

¹ <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/maternal-and-perinatal-death-surveillance-and-response>.

According to the respondents, the top three barriers that hinder meaningful CSO/YLO engagement in GFF processes in Kenya are:

- Inability to participate in GFF meetings and stakeholder consultations
- Lack of communication from GFF stakeholders (e.g., GFF Liaison Officer, GFF NGO Host)
- Inability to engage in the GFF Multi-stakeholder Country Platform

Respondents also said that CSO/YLOs need the following information to engage effectively in GFF processes in their country:

- Basic information about the GFF
- Regular information about health financing mechanisms (e.g., country, multilateral, and bilateral)
- Country government targets related to SRMNCAH-N
- Data resources for SRMNCAH-N advocacy and accountability
- How to apply for grant funding through the GFF NGO host
- Capacity building for domestic resource mobilization
- Best practices on civil and youth engagement in GFF processes

Respondents also mentioned the following when asked to provide additional information about meaningful civil society and youth engagement in GFF and country-led SRMNCAH-N processes:

- “The GFF needs to make clear the role of CSOs/YLOs in monitoring implementation of RMNCAH investment frameworks otherwise these groups get locked out of the process. Without clear guidance governments may not feel obliged to open the space up for CSOs/YLOs.”
- CSO/YLO engagement “helps the organization to get funds and also to advertise the name of the organization on global levels.”
- “There is a need to strengthen national and subnational working groups.”
- “Meaningful civil society engagement means knowledge empowerment, structured engagement and implementation support.”
- “Being able to participate in fora helps to access ideas that could be taken into consideration for implementation.”
- “Engagement can be done better at the moment because participation is locked to select few CSO/YLOs with no grassroots representation.”

Respondents in Kenya listed the following future opportunities to strengthen CSO/YLO engagement with GFF processes at the global, regional, and country levels:

- Help CSO/YLOs “get enough funds to support community activities, and to learn more about world networks activities and how to manage ours.”
- “Collect data from CSO scorecards and produce shadow reports that are upscaled to regional and global levels for accountability.”
- “Meaningful and ethical engagement of YLOs will set strategic directions (related to policy, technical, and financial decisions) for the national and county approach to RMNCAH-N investments and financing.”