



# **FAMILY HEALTH OPTIONS KENYA (FHOK)**

## **STRATEGIC PLAN 2015– 2020**

***“Your Health, Our Concern”***

## TABLE OF CONTENTS

<b>LIST OF ABBREVIATIONS</b> .....	<b>iii</b>
<b>FOREWORD</b> .....	<b>i</b>
<b>ACKNOWLEDGEMENT</b> .....	<b>ii</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>iv</b>
<b>1.0 INTRODUCTION AND BACKGROUND</b> .....	<b>6</b>
1.1 Background.....	6
1.2. Country context .....	7
<b>2.0 SITUATION ANALYSIS</b> .....	<b>8</b>
2.1 Review of FHOK Performance to Date.....	7
2.2 Key challenges and emerging issues FHOK encountered during the period.....	11
2.3 Addressing the challenges in the next strategic plan 2015– 2020.....	11
2.4 Internal and external analysis.....	12
<b>3.0 STRATEGIC DIRECTION</b> .....	<b>13</b>
3.1 Vision .....	13
3.2 Mission .....	13
3.3 Core Values.....	13
3.4 Rallying Cry .....	13
3.5 Philosophy .....	13
3.6 Strategic Themes .....	13
3.7 Strategic outcomes and objectives .....	14
<b>4.0 INSTITUTIONAL FRAMEWORK FOR PLAN IMPLEMENTATION</b> .....	<b>18</b>
4.1 Organisational Structure.....	18
4.2 Implementation Matrix.....	18
4.3 Staffing.....	19
4.4 Resources Mobilization.....	19
4.5 Coordination.....	19
4.6 Risks and Assumptions .....	19
<b>5.0 MONITORING AND EVALUATION FRAMEWORK</b> .....	<b>20</b>
<b>APPENDIX 1</b> .....	<b>22</b>
ORGANISATIONAL STRUCTURE.....	22
<b>APPENDIX 2</b> .....	<b>23</b>
IMPLEMENTATION MATRIX.....	23
<b>APPENDIX 3</b> .....	<b>49</b>
INTERNAL AND EXTERNAL SITUATION ANALYSIS .....	49

## LIST OF ABBREVIATIONS

AACSE	Age Appropriate Comprehensive Sexuality Education
AWP	Annual Work Plan
CBO	Community Based Organization
CCT&P	Cervical Cancer Treatment and Prevention
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CHW	Community Health Workers
CHV	Community Health Volunteers
CMIS	Central Management Information System
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organizations
CRA	Commission on Revenue Allocation
CRR	Centre for Reproductive Rights
DCS	Director of Clinical Services
DFA	Director of Finance and Administration
DRM	Director Resource Mobilization
E-CMIS	Electronic Central Management Information System
ECOSOC	Economic and Social Council
ED	Executive Director
ESA	Eastern and Southern Africa
FBO	Faith Based Organizations
FCMC	Family Care Medical Center
FIDA	Federation of Women Lawyers in Kenya
FGM	Female Genital Mutilation
FHTI	Family Health Training Institute
FHOK	Family Health Options Kenya
GCACI	Global Comprehensive Abortion Care Initiative
GF	Global Fund
HELB	Higher Education Loans Board
HIV	Human Immunodeficiency Virus
HENNET	Health NGOs Network
IA	Internal Auditor
IBP	International Budget Partnerships
ICT	Information Communication Technology
IGA	Income Generating Activity
IOP	Individual Operational Plan
IPPFAR	International Planned Parenthood Federation, Africa Region
KDHS	Kenya Demographic Health Survey
KEMSA	Kenya Medical Supplies Agency
KEPH	Kenya Essential Package for Health
KEWOPA	Kenya Women Parliamentarian Association
KNHCR	Kenya National Commission on Human Rights
KOGS	Kenya Obstetrical and Gynecological Society
LAN	Local Area Network
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MCM	Medical Centre Manager
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOEST	Ministry of Education Science and Technology
MPOa	Maputo Plan of Action
MOU	Memorandum of Understanding
NASCOP	National AIDS & STI Control Program
NCD	Non Communicable Disease
NCPD	National Council for Population and Development
NEC	National Executive Council

NGO	Non-Governmental Organization
NHIF	National Hospital Insurance Fund
NSSF	National Social Security Fund
CAC	Comprehensive Abortion Care
PESTEL	Political, Economic Social, Technological, Environmental and Legal
PHE	Population Health and Environment
PM	Program Manager
PSRI	Population Studies and Research Institute
QOC	Quality of Care
RHMNCH	Reproductive, Maternal, Newborn, Child and Adolescent Health
RH	Reproductive Health
SGBV	Sexual and Gender Based Violence
SRHR	Sexual Reproductive Health and Rights
STI	Sexual Transmitted Infections
TWG	Technical Working Group
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Childrens' Fund
UPR	Universal Periodic Review
VCT	Voluntary Counseling and Testing
WAN	Wide area Network
YAM	Youth Action Movement
YFS	Youth Friendly Services

## **FOREWORD**

This document highlights the strategic direction of Family Health Options Kenya (FHOK) for the period, 2015 -2020 in its efforts to achieve its vision of seeing all people exercising their sexual and reproductive health rights and accessing quality health services.

The plan has responded to the nationally agreed principles and priorities as reflected in the National Reproductive Health Strategy 2014 and IPPF Strategic Framework implementation plan 2016 – 2019. However, we retain a realistic view of the need to balance competing priorities with the challenges of providing quality, comprehensive and integrated SRH information and services to the young people, marginalized and the underserved population.

FHOK conducted a situational analysis that comprised a detailed assessment of SRHR challenges and service delivery. It took stock of its internal strengths and weaknesses as well as the external opportunities and challenges. In addition, it conducted a stakeholder analysis to identify its stakeholders, their expectations and functional relationships. This analysis was instrumental in identifying the strategic issues that needed to be addressed. This also helped in the revision of Vision and Mission statements, Core Values and Strategic Objectives.

To attain targets set in the Strategic Plan, FHOK will promote the twin spirit of cooperation, consultation and effective partnership with the Ministry of Health at National and County levels, development partners, young people, public and private institutions, relevant stakeholders and communities.

During the Strategic Plan period, situations and trends may change, making it necessary to review and if need be, revise the plan. FHOK will facilitate such reviews as necessary while ensuring that it remains focused on set strategic objectives and true to its vision and mission.

I wish to express my deep gratitude and appreciation to the Strategic Planning team, NEC members, staff, IPPFAR and all those who participated in the preparation of this Strategic Plan.



**Rufus Mwamburi**  
**National Chairperson.**

## **ACKNOWLEDGEMENT**

I wish to express special gratitude and appreciation to all those who participated in the preparation of this Strategic Plan. By developing this Strategic Plan (2015-2020), FHOK has not only re-aligned its objectives and repositioned itself as a leader in provision of SRHR services but has also charted the strategic direction it will take in delivering on its core mandate.

In order to remain exceptional in the delivery of high quality integrated SRH services, we have developed strategies that will enhance the Association's competitive edge. The ambitious direction we have chosen will see us improve our quality of care, strengthen resource mobilization capabilities, develop a robust social enterprise, strengthen the provision of SRHR services in humanitarian and crisis settings, passionately and boldly facilitate young people to access age appropriate comprehensive sexuality education and realize their sexual rights, engage women and youth leaders as advocates for change and transform our volunteer structure.

This is more so the reason why as a team, we must work far much harder than before. Without the commitment and hunger to translate these strategies into action, our plan will remain just that: a plan. The five year period of this plan will be a time of assessing and deepening our approaches, allowing us to respond to change while remaining faithful to our mission and vision. The entire process accorded us the opportunity to step back and scrutinize, evaluate, consider and question our strategies in a manner not afforded by the daily pace of the Organization.

This plan is the result of hard work, drafts and meetings by the Strategic Planning Committee. It has been developed with broad involvement and guidance from FHOK NEC Members and staff. I therefore would like to thank the NEC Members for their input, encouragement and support. I also wish to thank workshop participants who included, FHOK Heads of Departments, Managers, Doctors, Nursing Officers, Staff, Young People, IPPFAR, our partners and all our stakeholders for their contribution and active participation during all the consultative processes.

Our sincere gratitude to Stirling Consulting Agency for facilitating the planning process using an adaptive and highly consultative approach. Stirling's environmental scan and organizational assessment helped us assess both the challenges and opportunities we are likely to face over the next five years and set the context for the choices reflected in this strategic plan.

I am confident that this Plan will serve as FHOK's framework for decision making, a basis for planning, resource mobilization and utilization, result based management, monitoring and evaluation for the next five years.



**Edward Marienga**  
**Executive Director**



## **EXECUTIVE SUMMARY**

This strategic plan articulates Family Health Options Kenya's (FHOK) strategic direction for the year 2015 – 2020. It sets out nine broad strategic areas that will establish a commonly shared vision for the future of the Association and its role in the broader mission of providing quality, comprehensive and integrated SRH information and services with special focus on young people, marginalized and the underserved.

The strategies and objectives set out in this plan aim to strengthen the core activities of the Association, as well as invest in strategic areas that will make it achieve its vision of having all people exercising their Sexual and Reproductive Health Rights and accessing quality health services. FHOK will also be embarking on a series of robust initiatives that aim to re-position it as a leader in SRHR services.

### **Strategic Areas of focus**

1. Access to quality integrated SRH services and information
2. Young People
3. Advocacy
4. SRHR in humanitarian and crisis settings
5. Resource Mobilization
6. Research, Monitoring and Evaluation
7. Governance Practices
8. ICT for improved operational efficiency
9. Finance and administration

The Strategic Plan will be implemented within the logical framework (log frame) or matrix which details out:

- Key activities for each strategy
- Performance indicators
- Expected outputs/results
- Responsibility centres within FHOK
- Key partners/stakeholders outside the Association such as young people, National and County Governments, IPPF, development partners, Civil Society Organisations, FBOs, CBOs, private sector and communities as appropriate.
- Time frame – the target date within which the activities of the Strategic Plan will be implemented and outputs/results realised.

It is important to note that the implementation matrix will be an important management tool during Strategic Plan implementation in the context of:

- Preparing APB, budgets and allocation of resources
- Management and coordination of implementation plan
- Developing and operationalising comprehensive monitoring and evaluation (M & E) system including research.
- Monitoring progress and feedback reporting during implementation of the plan.
- Evaluating outputs/inputs and outcome or impact as well as reporting and disseminating findings/results.

## **Strategic Planning Process**

The Strategic Planning process adopted a comprehensive and participatory process to ensure maximum contribution by NEC Members, Volunteers, Management, Staff, Partners and Stakeholders. The key steps included but not limited to:

- i) Comprehensive pre-planning meetings and briefings by FHOK Management and the Consultant to create shared understanding of the purpose, process and expected results of the exercise.
- ii) Review of all the relevant documents and reports as part of preparation for situation analysis.
- iii) Establishment of Strategic Planning Committee consisting of representatives from all FHOK departments and the Consultant. The committee held a series of working meetings from Situation Analysis to preparation of the Final Strategic Plan, 2015 -2020
- iv) The comprehensive situation analysis included:
  - Review of achievements and challenges encountered during implementation of previous Strategic Plan 2009-2013
  - Review of FHOK performance to date, challenges encountered and suggestions for improvement
  - FHOK Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis
  - Analysis of Political, Economic, Socio-Cultural, Technological, Environmental and Legal (PESTEL) environment of FHOK
  - FHOK Capacity Needs Assessment/Review
  - Partnerships and Stakeholders Analysis
  - Risks and Assumptions Assessment
- v) Preparation of Zero Draft and subsequent First Draft Strategic Plan 2015 - 2020 with inputs and comments by both the NEC Members and Management incorporated at all stages
- vi) Comprehensive Strategic Planning Workshop attended by NEC Members, Heads of Departments, Centre Managers, Nurses, Program Managers and Coordinators.
- vii) Preparation of Final Strategic Plan 2015-2020 by the Consultant
- viii) Final dissemination meeting of the draft Strategic Plan to Partners and Stakeholders.
- ix) Submission of Final Strategic Plan to management of FHOK by the Consultant.

## 1.0 INTRODUCTION AND BACKGROUND

### 1.1 Background

Family Health Options Kenya, FHOK (formerly Family Planning Association of Kenya-FPAK) was registered in 1962 by a group of volunteers as an autonomous, non-profit, non-partisan and non-discriminatory national NGO. The Association has a long history of leadership in SRHR programs in Kenya and is recognized for pioneering Family Planning (FP) services, Family Life Education for young people, and providing integrated Clinic and Community based service delivery approaches.

FHOK was affiliated to the International Planned Parenthood Federation (IPPF) in 1962 and was recognized as a fully accredited member in the year 2004. Membership in IPPF accords FHOK an annual unrestricted grant, technical assistance, and program backstopping. IPPF is the largest Non-Governmental Organization (NGO) in promoting family planning and Sexual Reproductive Health and Rights (SRHR) with over 180 Member Associations worldwide.

Since its registration in 1962, FHOK has been reviewing and remodeling itself in line with the emerging SRHR challenges by providing quality, comprehensive and integrated SRH information and services to all; with special focus on young people, the marginalized and the underserved. FHOK has also refocused its programs in order to respond to four outcome areas fronted by IPPF namely:

OUTCOME	DESCRIPTION
OUTCOME 1	Governments respect, protect and fulfill sexual and reproductive rights and gender equality
OUTCOME 2	People empowered to act freely on their sexual and reproductive health and rights
OUTCOME 3	Quality integrated sexual and reproductive health services delivered
OUTCOME 4	A high performing, accountable and united association

FHOK increases access to and use of integrated Sexual and Reproductive Health services and information through static clinics, outreaches and community based activities. Integrated services include family planning, Maternal, Child health and nutrition services, comprehensive abortion care, post abortion care (PAC), emergency contraception, management of STIs, curative services, HIV prevention, treatment and care, Reproductive Tract Cancer screening and treatment among others

FHOK has presence in seven counties with a staff establishment of 180. It operates 13 Clinics and ten Youth Centers in which three are stand-alone while the other seven are within the static clinics. Eight out of the thirteen clinics are in FHOK's own premises.

FHOK has 37 active branches with 2,533 members spread all over the country. Volunteers play an important governance role by providing oversight, policy guidance, direction and leadership at all levels.

FHOK enters this planning period with a keen desire to reposition herself as the leading provider of SRH services offering a wide range of services to a diverse population using innovative approaches and modes of service delivery. This will require technical and financial support from various sources.

## **1.2. Country context**

Significant progress has been made in achievement of various RH indicators over the last five years. However more concerted efforts are needed to sustain gains made and address unmet needs among underserved and marginalized populations.

### **HIV and AIDS**

National HIV prevalence stands at 5.6% with approximately 106,000 new infections reported in 2012. Women are disproportionately affected with HIV prevalence at 6.9% compared to men at 4.4% (KAIS, 2012).

### **Fertility preferences and Family Planning**

Total fertility rate remains high at 3.9% and by age 20 almost half of women have already begun child bearing. Contraceptive prevalence rate is 58% with regional variations and nearly 1 in 3 women seek family planning services from private facilities. Approximately 1 in 5 adolescent girls aged 15-19 years are mothers or pregnant with first child.

### **Child Health**

Infant mortality rate decreased from 52/1,000 live births in 2008/09 to 39/1,000 live births in 2014 while under 5 mortality was documented at 52/1,000 live births in 2014. About 79% of all children received basic vaccines.

### **Maternal Health**

Ninety six percent of pregnant women received antenatal care (ANC) but only 58% attended the recommended four visits or more. Sixty nine percent of women were tested for HIV during ANC visits. Nearly 6 out of 10 women were assisted by a skilled provider during delivery. Maternal mortality decreased from 488/100,000 live births in 2008/09 to 362/100,000 in 2014.

### **Reproductive Tract Cancers**

Ten percent of women have had breast examination from a health care provider and self-examination. Only 14% of women have been screened for cervical cancer despite 76% having heard about cervical cancer. Approximately 65% of men have heard about prostate cancer, but only 3% have been screened by a health care provider.

## Sexual and Gender based Violence

According to KDHS 2014, 45% of women and 44% of men aged 15-49 reported having experienced physical violence. Sexual violence was reported at 14% and 6% by women and men respectively. Nearly 4 in 10 married women and 1 in 10 of married men experienced physical or sexual violence from their spouses. Only 44% of women and 27% of men ever sought assistance to stop physical or sexual violence they were experiencing.

This strategic plan is aligned to and will contribute to attainment of various national and international commitments and policies. At national level, the plan is aligned to the Kenya Health Strategic and Investment Plan 2013-2018, National Reproductive Health Policy, Kenya National AIDS Strategic Plan 111, Adolescent Sexual and Reproductive Health Policy 2015, Kenya Vision 2030 , National Reproductive Health and HIV Integration Strategy and the Kenya Health Policy among others. The strategic plan will also contribute to the attainment of the Sustainable Development Goals and Fp2020 commitments.

### 2.0 SITUATION ANALYSIS

As part of preliminary preparation for FHOK Strategic Plan; situation analysis exercise was conducted with the following results.

#### 2.1 Review of FHOK Performance to Date

Key **Achievements** over the last four years

##### Access

Over 20% annual increase in uptake of comprehensive and integrated SRH information and services for communities living within poor and marginalized areas, key populations ( sex workers, LGBTIs, injecting drug users) young people, adolescents and people having HIV and AIDS:

**Table 1: Comprehensive and integrated service statistics (2011- 2014)**

<b>Services</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
Family Planning Services	107,155	290,106	348,932	416,226
Abortion Services	6,052	7,361	10,113	26,510
HIV/AIDS Services	183,882	184,458	297,760	489,498
STI Services	12,613	9,183	45,811	80,185
Other SRH Services	193,763	293,175	358,816	840,187
Total SRH Services	503,465	784,283	1,061,432	1,852,606
SRH Services for youth	197,598	245,859	316,564	511,256
CYP	41,007	83,223	67,865	103,249
Total				

- FHOK contributed 3% to national new users of Family Planning in 2014 according to data from reproductive health and maternal unit.
- Expanded geographical coverage of Comprehensive and integrated SRH information and services to Malindi, Kajiado, Kakamega, Homa Bay, Migori, Nyeri and Garissa Counties.
- Establishment and operationalization of effective eCMIS in 12 out of 14 Familycare Medical Centres.
- Reproductive tract cancers and abortion related services integrated within the static clinical services and outreaches enhancing access to the services, and reducing associated stigma and discrimination.
- Increased focus on SRHR needs for sexual minorities and young key populations (LGBTIs, young people in prisons, young sex workers and young injecting drug users), young special populations ( young adolescent mothers, young people having HIV and AIDS, street families, out of school children).

### **Adolescent**

- Increased uptake of youth friendly services by young people across all the Youth Centres as seen in the table below:
- More young people involved in planning, designing, executing and monitoring of the youth programme. In addition, Youth Action Movement (YAM) actively engaged in governance of FHOK through policy work and decision making.
- Four additional youth centres opened in Meru, Malindi, Bondo and Nyeri to expand youth friendly services to poor and marginalized young people.
- Strengthened existing IGAs in youth centres through increased funding and diversification which led to increased income generation, economic empowerment of young people and improved linkage with SRHR.
- Increased integrated SRH services for young people from 197,598 in 2011 to 511,256 by 2014

### **Advocacy**

- FHOK was elected as a member of the Africa Union Economic, Social and Cultural Council (AU-ECOSOC) Permanent General Assembly. This election increased visibility internationally and national. FHOK used this membership to champion post 2015 development framework in line with the Common Africa position paper.
- Spearheaded formation of Comprehensive Sexuality Education (CSE) national Technical Working Group (TWG). The TWG worked with Government and stakeholders to champion the inclusion of AACSE in the School Curriculum.
- Influenced budgetary allocation for FP in Kisumu County by spearheading Civil Society Organizations (CSOs) Networks in successfully lobbying for the inclusion of Family Planning in the county budget.

### **Abortion**

- A member of national Maternal Neonatal and Child Health TWG
- FHOK participated in the development of guidelines for reduction of maternal mortality and morbidity due to unsafe abortions

- Strengthened quality of care for abortion related services across FHOK service delivery points
- Increased post abortion FP service uptake to over 80% across FHOK service delivery points

### **HIV and AIDS**

- FHOK is a member of national MARPs Technical Working Group
- Strengthened services for priority and key populations to include LGBTI
- Increased HIV services by over 200% over a four year period
- Integrated HIV services across all service delivery points including community outreaches
- Strengthened meaningful involvement of young people in HIV programming
- Attained A1 rating under Global Fund Round 7 funded interventions which strengthened organizational capacity in delivering TB, Malaria, HIV and AIDS services.

### **Governance**

- Increased membership of volunteers as reflected in the table below:

<b>ITEM</b>	<b>YEAR</b>				
	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Membership recruitment	950	1,298	2,181	2,533	1,975
Clients mobilization by volunteers for SRH service utilization	0	0	346	1,500	2,000
No of active branches	19	33	46	33	37

- Establishment of volunteer unit
- Development of volunteer policy
- Revision of FHOK constitution

### **Finance and administration**

- Decentralization eight Clinics which led increased generation of more revenue and delivery of cost effective services.
- FHOK income has increased from Ksh 355,768,798 in 2010 to Ksh 518,318,849 in 2014 which represents a 46% jump in income as reflected in the table below. See Table below

Currency	Kenya Shillings				
Year	2010	2011	2012	2013	2014
Income	355,768,796	355,768,597	467,462,840	466,082,242	518,318,849

- FHOK underwent a restructuring process which saw her reorganize its departments to focus more on clinical services and resource mobilization. The assessment also ensured result based staffing, focused on performance.
- Staff development scheme initiated to assist staff to gain the necessary knowledge and skills to perform their work exceptionally.

### **Resource mobilization**

- Increased resources through establishment of a fully-fledged and operational resource mobilization unit.
- Establishment of a Learning Centre which has conducted several national and international trainings on FP, quality of care, monitoring and evaluation among other courses.
- Sustainability of community programmes by linking women groups to friendly micro-finance services. (114 women in Kisumu and 57 women in Nakuru)

### **Maintaining success and focusing ahead.**

FHOK will continue increase access to SRHR services through specific programmes targeting men (Male involvement) and linking SRH with sustainable development activities (use of men for demand creation and service delivery through: male champions and increased number of franchisees by static clinics).

The organization will also focus more on digital health/e-health including outreach data management. Strengthening resource mobilization unit and establishment of a vibrant social enterprise to generate resources for programme growth will be at the centre stage.

Integration of sustainability measures for all projects, strengthening the micro-finance initiative, financing long term projects, facility expansion and repositioning FHOK as a leader and pioneer in SRHR at the County level will ensure continued growth and greater achievements.

## **2.2 Key challenges and emerging issues FHOK encountered during the period**

- Change of policy environment and the devolution of health services which affected health functions.
- Insecurity and terrorism which affected service delivery in some parts of the Country.
- Limited resource base and increased competition from SRH stakeholders
- Changing donor priorities, emerging partnerships and alliances.
- Increased cost of commodities such as contraceptives due to high taxes levied by the Government.
- High unmet demand for SRH services countrywide
- Balancing mandate of serving the underserved and marginalized and sustainability of the organization

## **2.3 Addressing the challenges in the next strategic plan 2015– 2020**

- Scaling up advocacy efforts and adapting to emerging issues such county plans.

- Increase resource mobilization strategies (social enterprise, targeted annual fundraising campaigns with volunteers, FHTI and improving on local income generation).
- Application of knowledge management practices- market research, documentation, and encourage innovation.
- Expand volunteer base including recruitment of policy makers as volunteers.
- Strengthen demand creation and linkage to service delivery.
- Targeted membership recruitment in line with required skills set, review of membership categories and current branch structure.
- Track and align to donor changing priorities and strengthen result based management.
- Strengthen ICT, research and M & E especially costing for services to ensure value for money.

#### **2.4 Internal and external analysis**

This section broadly outlines the findings of external and internal analyses including stakeholder perceptions (Appendix 2). The findings has informed the process of reviewing FHOK's objectives, strategies and organisation structure.

### 3.0 STRATEGIC DIRECTION

#### 3.1 Vision

All people exercising their Sexual and Reproductive Health Rights and accessing quality health services

#### 3.2 Mission

To provide quality, comprehensive and integrated SRH information and services to all; with special focus on young people, marginalized and the underserved.

#### 3.3 Core Values

<b>Non-discrimination</b>	We seek to dignify every person regardless of race, gender, creed, economic or health status and age. We treat people equally and also seek to understand people's differences and points of view without compromising our core mission
<b>Integrity</b>	We show impartiality, fairness and honesty while upholding the highest ethical standards when providing SRH services
<b>Quality service</b>	We maintain a high level of knowledge, skills and standards as we provide SRH services to clients. We maintain confidentiality whilst upholding the highest standards of service
<b>Team Work</b>	We contribute fully to the activities of the team to address shared challenges through common effort.
<b>Innovation</b>	We always work to find sustainable solutions in a changing environment through creativity and innovations

#### 3.4 Rallying Cry

*Your Health, Our Concern*

#### 3.5 Philosophy

In pursuit of her mission, FHOK believes in upholding professionalism, respect and quest for confidentiality, fairness, accountability, transparency, equity and the right to choice

#### 3.6 Strategic Themes

1. Access to quality SRH services and information
  2. Young people
  3. Advocacy
  4. SRHR in humanitarian and crisis settings
  5. Resource mobilization
- Supporting Strategies**
6. Monitoring and evaluation
  7. Information and Knowledge Management
  8. Governance Practices
  9. Information Communication Technology (ICT)
  10. Finance and Administration
  11. Partnership, Communication and External Relations

### 3.7 Strategic outcomes and objectives

The expected outcomes and strategic objectives to be achieved are outlined below:

#### Core Services

**Outcome 1:** Increased utilization of integrated SRH services

**Strategic objective:** To increase access and use of SRHR information and services

This objective will be achieved by implementing the following activities:

- Providing integrated SRH services at Static Clinics and outreach
- Training staff on integrated SRHR services
- Creating demand for SRHR services
- Improving quality of care in Familycare Medical Centres and outreach settings
- Procuring essential commodities and supplies including buffer stock.
- Establishing and equipping of new health facilities with modern medical equipment
- Refurbishing health facilities
- Diversifying SRHR services
- Conducting routine quality assurance assessments

**Outcome 2:** Empowered young people exercising their SRHR, leadership and entrepreneurial skills

**Strategic objective:** Increase young people's access to youth friendly SRHR information and services, entrepreneurship and leadership skills.

This objective will be achieved by implementing the following activities:

- Developing a mobile application for AACSE information sharing (interactive social media platform and E Curriculum)
- Integrating arts and culture in all youth centers to promote delivery of CSE
- Enhancing/promoting the role of teachers, parents and care givers in the delivery of CSE
- Supporting National and County Governments, and partner organization to develop and deliver quality CSE programs
- Implementing Youth Leadership and Mentorship programs
- Training staff and partner health service providers on provision of YFS
- Training young people on entrepreneurship skills.
- Provision of integrated youth friendly services targeting the marginalized youth.

**Outcome 3:** Respect, protection and fulfilment of SRHR and gender equality

**Strategic objective:** Strengthen FHOK advocacy at National, Regional and International level.

This objective will be achieved by implementing the following activities:

- Reviewing and implement FHOK advocacy strategy
- Lobbying for review of national SRHR advocacy policy
- Monitoring Government commitment to international agreements through UPR and ECOSOCC processes.

- Advocating for supportive laws and policies to address: CSE, LGBTI rights, Abortion , and integration of Population, Health and Environment
- Participating in SRH TWGs both at national and county levels
- Lobbying policy makers for SRH friendly bills
- Lobbying National and County Governments for SRH budgetary allocations
- Monitoring implementation of SRHR budgets in counties
- Lobbying County governments to integrate SRH in their investment plans
- Facilitating public forums to promote inclusion of SRHR in County budgeting process
- Facilitate County leaders forums to advocate for implementation of FP 2020 commitments
- Advocate for implementation of CSE curriculum in schools
- Advocate for budgetary allocation for YFS at County level
- Conducting advocacy trainings for staff and stakeholders on: Policy formulation and implementation, Budget tracking, Litigation on SRH issues
- Engaging FHOK volunteers in SRHR advocacy for both policy and resource allocation at the National and County level

**Outcome 4:** Enhanced delivery of quality integrated sexual and reproductive health services in Humanitarian and crisis settings

**Strategic objective:** To strengthen provision of SRHR services in Humanitarian and crisis settings

This objective will be achieved by implementing the following activities:

- Building partnership and enhancing coordination during crisis situation
- Procuring essential commodities and supplies
- Providing technical support in SRH for staff in facilities within the affected area.
- Strengthen referral mechanism
- Providing Comprehensive SRHR including SGBV services for the affected population.
- Sensitizing communities on available SRHR services (radio messages, leaflets, press releases, and sessions with health work force)
- Developing an organizational Disaster Management Strategy
- Integration SGBV indicators in the CMIS
- Training service providers and Community Health Volunteers (CHVs) in Minimum Initial Service Package (MISP)
- Strengthening integration of SGBV in FHOK programs
- Strengthening Population, Health and Environment integration

## Support Services

**Outcome 5:** A high performing and sustainable organization.

**Strategic objective:** To diversify and grow FHOK's resource base

This objective will be achieved by implementing the following activities:

- Reviewing and implement resource mobilization strategy
- Recruiting qualified staff (marketing, business administration)
- Establishing a resource mobilization unit
- Providing external technical assistance and consultancies.
- Establishing supply chain system for distribution of RH commodities, equipment, consumables
- Developing under-utilized plots

- Developing funding proposals
- Developing donor database
- Establishing partnerships with corporates, private foundations and individuals of high net worth for funding
- Establish Social Enterprise (Branding and selling contraceptives)
- Establishing distribution channels for branded condoms (partner with hotels ,taxi and night clubs)
- Installing automated condom and lubricant dispensers in strategic places
- Establishing FHOK health TV station
- Establishing SRHR radio station
- Establishing an online marketing application for SRH commodities
- Organizing annual SRH event (walk/run – fertility reproductive cancers-Breast, prostate)

**Outcome 6:** Enhanced operational efficiency and effectiveness

**Strategic objective:** To strengthen monitoring, evaluation and research capacity

This objective will be achieved by implementing the following activities:

- Updating monitoring and evaluation framework for effective organizational performance.
- Maintaining an updated M & E database
- Developing and implementing M&E performance plan
- Training staff on data management and use for decision making
- Establishing and maintain resource reference portal
- Developing an outreach data collection platform
- Using biometric data capturing tools in clinics
- Strengthening data quality across all SDPs
- Conducting performance assessment in all SDPs
- Conduct regular project evaluations ( baseline, midterm and end term evaluations)
- Documenting evidence based interventions, high impact programs, and best practices
- Establishing a Research Unit and conducting research on topical issues.
- Developing partnerships with research institutions to undertake SRHR research activities

**Outcome 7:** Improved organizational operations and performance

**Strategic objective:** Strengthen information and knowledge management for improved performance

This objective will be achieved by implementing the following activities:

- Acquire updated SRHR information resources
- Participating in SRHR conferences, workshops, meetings and seminars
- Creating platforms for knowledge capturing and sharing
- Subscribe to local and international SRHR networks
- Establishing E-learning center
- Establishing E-library
- Capture and document tacit knowledge
- Mapping and auditing SRHR knowledge

**Outcome 8:** A well governed and high performing organization

**Strategic objective:** To strengthen governance and grow membership base

This objective will be achieved by implementing the following activities:

- Recruiting more members including young volunteers with varied skills.
- Reviewing membership structure and categories
- Automating membership registration and renewals
- Reviewing constitution and to align branches with devolved government system
- Training volunteers in governance and management
- Revive dormant branches
- Creating strategic partnerships and networks
- Conducting regular governance meetings
- Review YAM operational policies
- Recruit and engage young volunteers in leadership and SRHR advocacy
- Conduct regular YAM governance meetings

**Outcome 9:** Improved efficiency and ICT support to FHOK operations

**Strategic Objective:** To strengthen an integrated ICT system to support FHOK operations

This objective will be achieved by implementing the following activities:

- Finalize and implement ICT policy including ICT Disaster Recovery and BYOD Policy
- Procuring appropriate software and hardware to enhance efficiency
- Upgrading ICT infrastructure including ICT back-up system.
- Acquiring Audit software
- Developing and maintaining a reliable WAN and LAN
- Establishing a web portal for SRH information
- Establishing a robust Information Security Management System
- Establishing an efficient communication infrastructure including social media and M-Health.
- Training staff to enhance ICT skills and competence

**Outcome 10:** Prudent financial management for growth and sustainability

**Strategic Objective 1:** To strengthen financial and administrative management , accountability and human resource capacity.

This objective will be achieved by implementing the following activities:

- Automating accounting systems in all health facilities
- Integrating accounting software with CMIS
- Compliance with organization and donor requirements
- Lobby for tax exemption.
- Upgrading and expansion of FHOK Offices, stores, warehouses and Clinics.
- Procurement and proper management of assets, stocks, commodities and equipment.
- Assessing internal control systems
- Reviewing, policies and operational manuals
- Review and implement facility decentralization policy
- Review Internal Audit manual
- Undertaking organizational risk assessment

- Training staff on risk management
- Upgrading central warehouse
- Operationalization of Human Resource Information System (HRIS)
- Staff management and development
- Develop and implement annual procurement plan for RH commodities
- Develop and implement e-procurement system
- Carrying out employee satisfaction surveys

**Outcome 11:** Strengthened partnerships and improved organizational visibility.

**Strategic Objective:** To establish strategic partnerships and communication

This objective will be achieved by implementing the following activities:

- Developing and implementing FHOK communication strategy
- Developing and using social media to create demand for SRHR services
- Sensitize editors and journalists on SRH issues
- Developing SRHR articles and documentaries for print and electronic media
- Sensitize staff on FHOK communication strategy
- Branding all FHOK facilities and materials
- Disseminating best practices and lessons learnt
- Developing/ reviewing client- service charters for clinics
- Facilitating partners' meetings at County and National level on SRH issues
- Join/form Alliances with other SRHR oriented organizations.

## **4.0 INSTITUTIONAL FRAMEWORK FOR PLAN IMPLEMENTATION**

### **4.1 Organisational Structure**

The organisational structure will provide both institutional and functional framework for implementation of the Strategic Plan. The NEC and Management will provide critical governance and leadership oversights in ensuring proper implementation of the plan. The Executive Director will provide continuous functional leadership supported by teams of both technical and administration staff in FHOK<sup>1</sup>

### **4.2 Implementation Matrix**

The Strategic Plan will be implemented within a result based matrix<sup>2</sup>which details out:

- Key activities for each strategy
- Performance indicators
- Expected outputs/results
- Responsibility centres within FHOK
- Key partners/stakeholders outside FHOK
- Time frame – the target date within which the activities of the strategic plan will be implemented and outputs/results realised.

It is important to note that the implementation matrix will be an important management tool during strategic plan implementation in the context of:

- Preparing budgets and allocation of funds and resources
- Management and coordination of plan implementation
- Developing and operationalising comprehensive monitoring and evaluation (M & E) system

<sup>1</sup> Appendix 1 contains the new structure of the Organization.

<sup>2</sup> Appendix 2 contains the implementation matrix of the strategic plan.

- Monitoring progress and feedback reporting during plan implementation
- Evaluating and disseminating outputs/results and outcomes impact as.

#### **4.3 Staffing**

Human resource capacity of the Association will be a critical requirement for plan implementation. Consequently; during the plan implementation period, the association will endeavour to utilize the capacity of personnel through focused deployment of qualified and experienced staff as well as training and competency development. The association will collaborate with various institutions and partners in providing SRHR training in various areas.

#### **4.4 Resources Mobilization**

Successful implementation of this Strategic Plan will not only depend on the quality and commitment of the NEC and staff but also on prudent management of funds and other resources. Financing of the plan will be through resource mobilization from Government and partners. The Association will also consider alternative strategies for local resource mobilization which will include but not limited to:

- Social enterprise including facility development.
- Establish supply chain system for distribution of RH commodities, equipment, consumables
- Establishing FHOK health TV and radio
- Enhanced networking and collaboration with existing and potential partners

#### **4.5 Coordination**

Development and management of FHOK and other investments will demand involvement and participation of diverse partners and other stakeholders at different stages and levels. Consequently, the Association will play an instrumental role in ensuring efficient and effective coordination of SRHR partners. This will be achieved through establishment and maintaining strong linkages with partners through various forums. The Association will therefore be looking forward to integrated coordination of stakeholders that guarantee efficient and effective service delivery to young people, under served and marginalised population.

#### **4.6 Risks and Assumptions**

The development and subsequent implementation of the Strategic Plan takes into consideration risks and assumptions that may influence or impact on the results and impact of the plan implementation. The risks and assumptions include but not limited to:

- That political, social and economic environment will remain favorable and enabling for delivery of SRHR services
- The NEC will provide full leadership, commitment and support for the Management through guidance; oversight and supervision
- The partners and other stakeholders will support and be collaborative in delivering SRHR services
- FHOK will re-position itself, exploit its SRHR comparative advantages and remain competitive in its areas of focus
- RH commodities, equipment, consumables prices will be fairly stable.
- Inflation rate will remain low or stable.

## 5.0 MONITORING AND EVALUATION FRAMEWORK

FHOK will monitor and undertake evaluation of the plan's implementation in order to provide feedback information on progress, outputs/results realized and more importantly, timely information for decision making and taking corrective actions; modifying implementation as dictated by the changing conditions of the operational environment, as well as for ensuring optimum impact of the plan implementation.

In order to achieve this, the Organization will develop and implement a comprehensive Monitoring and Evaluation (M&E) System, which is aligned to the priorities and strategic objectives of the plan. The areas to monitor will include, but will not be limited to: performance, utilization of resources, impact of SRHR programs, coordination, implementation of priorities and institutional capacity development. The monitoring process will involve regular collection and analysis of information on the progress of the Strategic Plan implementation. The process will include the following among other activities:

- Regularly checking whether the implementation is on course in relation to the set objectives;
- Supporting documentation of the process of implementation
- Taking corrective measures as appropriate;
- Ensuring that allocated resources are being utilized as intended in a cost-effective and efficient manner.

Evaluation will focus on both internal results as well as achievements realized in implementing the activities. In addition, regular impact assessments will be conducted to establish the levels of achievements and sustainability.

The NEC, Executive Director, Heads of Departments and Technical staff will be responsible for the implementation of the targets that fall under their jurisdictions. This will be achieved by ensuring that departments prepare Annual Work Plans (AWPs) for each year of implementation; and all individuals in management prepare Individual Operational Plans (IOPs). Establishment of Performance Management System that includes Performance Appraisals and subsequent improvement efforts will form the basis for a robust M&E system.

Targets and performance indicators will form the basis for monitoring and evaluation and will be detailed out (in quantitative and qualitative terms) especially at the AWPs, and IOPs levels.

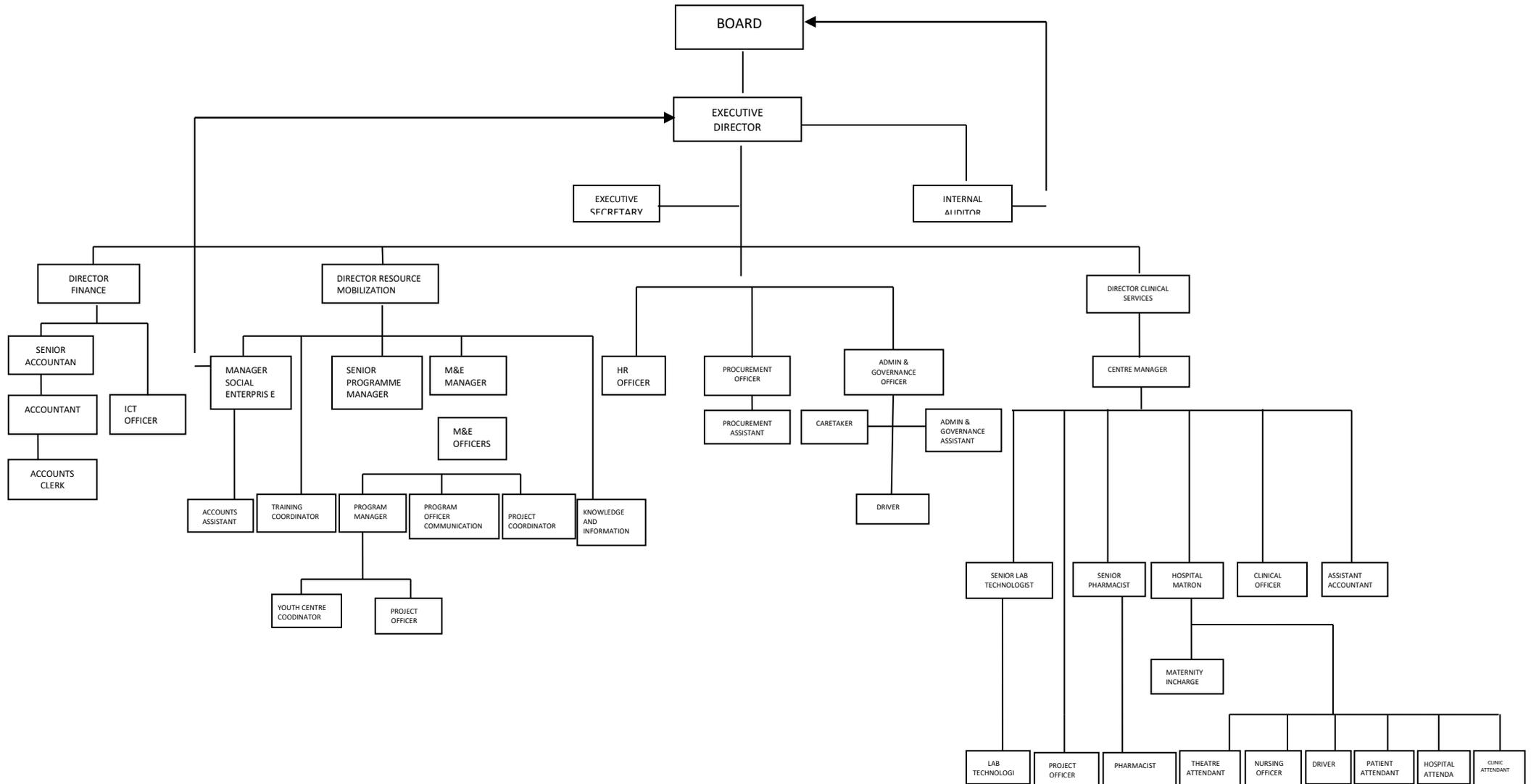
The results of both monitoring and evaluation will be reported regularly (monthly, quarterly and annually etc) as will be dictated by the M&E system and the activities specific to the various departments. The reports will contain information on achievements, challenges encountered, limitations in implementation; and emerging issues as well as recommendations for interventions in order to improve performance, results/outputs and outcome or impact of plan implementation.

FHOK will ensure adequate ICT infrastructure and human resource capacity for efficient and effective monitoring and evaluation of plan implementation. Similarly, coordination and integration within and between departments particularly with regard to information sharing on activities will be a critical feature in ensuring holistic implementation of the Strategic Plan within the framework of the vision, mission, priority areas and strategic objectives.

Finally, mid-term and end-of-term evaluation of plan implementation will be crucial especially the latter thus providing accurate data for the review of the five (5) year period of implementation and basis for preparation of the subsequent strategic plan for FHOK.

# APPENDIX 1

## ORGANISATIONAL STRUCTURE



## APPENDIX 2

### FIVE YEAR STRATEGIC PLAN – 2015 - 2020

#### IMPLEMENTATION MATRIX

**Priority area 1:** Integrated SRH services

**Strategic Objective 1:** To increase access to and use of SRH information and services

**Outcome 1:** Increased utilization of integrated SRH services

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Enhancing delivery of SRH service	Provide integrated SRH services at static clinics and outreach	No of integrated services provided  No of clients served	Client records  Service statistics	Centre managers	MOH, private practitioners, NGO's, CBO, FBO	Ongoing
	Train staff on integrated SRH services	No of people trained  No of trainings conducted	Training attendance list  Training report		MOH, private practitioners NGO's,CBO,FBO	Ongoing
	Create demand for SRH services	% increase in clients	Service statistics reports		Community, Key populations, MOH private practitioners ,NGO's,CBO,FBO	Ongoing
	Improve quality of care in Familycare medical centresand outreach settings	Quality care assessment scores  Quality of care reports	Feedback from clients  Quality of care assessment tool  Accreditation certificate  Supportive supervision reports	Centre managers	MOH, Donors	Ongoing

	Conduct routine quality assessment	No of health facilities scoring above 80%	Quality assessment reports	Centre managers	MOH	Ongoing
Enhanced provision of commodity and supplies	Procure essential commodities and supplies including buffer stock	Type of commodities and supplies received on time  Quantity of commodities and supplies received  Commodities and supplies report	Procurement records  Delivery notes	Centre managers	MOH, Suppliers	Ongoing
	Establish and equip health facilities with modern medical equipment	No of health facilities with modern equipment	Commodity stock status report			Ongoing
Expansion of SRH and other medical services	Establish and equip health facilities with modern medical equipment	No of health facilities with modern equipment	Commodity stock status report	Centre Managers	MOH, Donors, Suppliers	Ongoing
		No of new facilities established	New facilities completion reports	Centre managers, DCS, DFA	MOH, donors, suppliers	Ongoing
	Refurbish health facilities	No of facilities refurbished	Facility refurbishment reports	Centre managers, DCS, DFA	MOH, donors, suppliers	Ongoing
			Completion reports			
Diversify SRH services	-No of specialized services introduced -No of clients accessing non SRH services	-Service statistics report	Centre managers, DCS	MOH, donors, specialists	Ongoing	

**Priority Area 2:** Young people accessing SRH services

**Strategic Objective 2:** To enable young people to access comprehensive sexuality education and realize their sexual rights

**Outcome 2:** Empowered young people exercising their SRHR, leadership and entrepreneurial skills

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Promoting access to age appropriate CSE by young people	Develop a mobile application for AACSE information sharing (interactive social media platform and E Curriculum)	No. of young people accessing CSE through the mobile platforms	Downloads reports	Program Manager Youth	Software Companies, Mobile Phone Service Providers, MoEST	Q3 2017
		No. young people using the interactive platforms	Social media likes and dislikes.			
		No. of active social media platforms	Evaluation reports			
		No. of young people reached through the E-Curriculum				
	Integrate arts and culture to promote delivery of CSE	No of youth centres integrating arts and culture in CSE delivery  No. of young people enrolled at the center	CSE reports Center activity reports	PMY	County Government, Ministry of Youth Affairs, UNFPA, IPPF	Q2 2017
	Enhance/promote the role of teachers, parents and care givers in the delivery of CSE	No. of teachers, parents and caregivers trained on AACSE	Training reports  Service statistics	Program Manager Youth	MOH, MoEST	Ongoing
	Support National and County Governments, and partner organization to develop and deliver quality CSE programs	No of youths receiving AACSE through National slum upgrade program, County governments and other partners	CSE programs  CSE program reports	PMY	County Government, MYA, UNFPA, IPPF	Q4 2016
Development of	Implement Youth	No. of young people	Participants	PMY	IPPF, UNFPA,	Ongoing

youth leadership skills	Leadership and Mentorship programs	trained and mentored	attendance list  Training reports		County Governments,	
Strengthening provision of YFS	Train staff and partner health service providers on provision of YFS	No. of health service providers trained  No. of young people accessing YFS	Participants attendance list  Training reports	PMY	MOH, IPPF, UNFPA, County governments	Ongoing
	Provide integrated YFS targeting marginalized youths	No of integrated YFS provided by type and sex	Service statistics reports  Youth Centre activity reports	PMY	MOH, IPPF, UNFPA, County governments	Ongoing
Promotion of youth entrepreneurship	Train young people on entrepreneurship skills	No. of young people trained on entrepreneurship	Participants list of attendance	PMY	Micro finance institutions, UNFPA, Youth fund, Uwezo fund etc	Q1 2016

**Priority Area 3: SRHR advocacy**

**Strategic Objective 3:** Strengthen FHOK advocacy at national, regional and international levels

**Outcome 3:** Respect, protection and fulfilment of sexual and reproductive rights and gender equality

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Development of advocacy strategy and policy	Review and implement FHOK advocacy strategy	Approved advocacy strategy	FHOK advocacy strategy	PM advocacy	NCPD, MOH, NCPD, HENNET	Q2 2016
	Lobby for review of national SRHR advocacy policy	Approved national SRHR advocacy policy	Reviewed National SRHR advocacy policy	PM advocacy	NCPD, MOH	On going
	Monitor Government commitment to international agreements through UPR and ECOSOC processes (MPOa, ESA,90-90-90,FP 2020, CEDAW)	No. of international commitments implemented by the National Government	International agreements  Minutes of the meetings,  UPR,ECOSOCreports ,  ESA,SDGs progress report	ED, PM advocacy	KNCHR, CRR,FIDA, UN agencies,	On going
Advocating for emerging SRHR issues	Advocate for supportive laws and policies to address: LGBTI rights, Abortion, and PHE	No of supportive laws and policies addressing SRHR emerging issues	Supportive SRHR laws and policies on emerging issues	PM advocacy PM Abortion PM LGBTI	IPAS,KNCHR, GALC, HENNET,CRR,FI DA, KOGS	Ongoing
Strengthen collaboration and partnership with national and county Governments in provision of SRHR services	Participate in SRH TWGs both at national and county levels	No of SRHR committees and TWGs attended	Minutes of the TWGs, reports of the meetings	PM advocacy	County and National Governments, MOH, NCPD, HENNET, KEWOPA, parliamentary committee on health	Ongoing

	Lobby policy makers for SRH friendly bills	No of parliamentary sessions on SRHR followed and influenced  Quantity and quality of favourable SRHR statements made by politicians	Hansard  Compendium of bills	ED, PM Advocacy	Policy makers at all levels	Ongoing
	Lobby National and County Governments to budget for SRHR budgetary allocations	Amount of resources allocated and spent on SRH services	National and County approved budget documents, audit reports, expenditure reports	PM advocacy	MOH,NCPD, CRA, IBP, SRHR ALLIANCE, HEENET,NAYA Auditor General	Ongoing
	Monitor implementation of SRHR budget in the counties	No of counties budgeting and implementing SRHR services	SRHR budgets at national and county levels	PM Advocacy	MOH at National and County Governments	Ongoing
	Lobby County Governments to integrate SRH in their investment plans	Number of counties with SRH in their investment plans	SRH investment plans	PM advocacy	MOH,NCPD, CRA, IBP, SRHR ALLIANCE, HEENET,NAYA	Ongoing
	Facilitate public forums to promote inclusion of SRHR in County budgeting process	No of public forums facilitated  No of people attending public forums	Public forum reports  Participants attendance list  Photos of the events	PM advocacy	Community leaders, publics	Ongoing
	Facilitate County leaders forums to advocate for implementation of FP2020 commitments	No of FP2020 commitments implemented  No of forums facilitated  No of County leaders attending forums	FP 2020 implementation reports (mCPR),	PM advocacy	NCPD, UNFPA, Intrahealth, JHPIEGO,ICRH	Ongoing
Promotion of SRHR among young people in	Advocate for implementation of CSE curriculum in schools	No of schools implementing AACSE curriculum	AACSE curriculum	PM advocacy	MOEST,MOH, CSA,ICL, UNESCO,	Q4 2017

schools					NCPD, UNFPA, HENNET	
	Advocate for budgetary allocation for YFS at county levels	% increase in budgetary allocation for YFS No of health facilities offering YFS at national and county levels	Youth friendly services report  County Budgets  County Investment Plans	PM ADVOCACY	NCPD,UNFPA, UNESCO,CSA, NAS COP	Ongoing
Advocacy capacity building	Conduct advocacy trainings on: 1. Policy formulation and implementation 2. Budget tracking 3. Litigation on SRH issues	No of staff and stakeholders trained  Training reports	Participants attendance list	DHR, PM advocacy	NCPD, IBP,FIDA,CRR,H ENNET	Q4 2016
	Engage FHOK volunteers in SRHR advocacy for both policy and resource allocation at the National and county level	No of volunteers involved in SRHR advocacy at national and county levels	Documentary evidence of SRHR issues addressed	National chairperson	Volunteers	Ongoing

**Priority Area 4:** Provision of SRHR services in Humanitarian and crisis settings

**Strategic Objective 4:** To strengthen provision of SRHR services in Humanitarian and crisis settings

**Outcome 4:** Enhanced delivery of quality integrated sexual and reproductive health services in Humanitarian and crisis settings

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Reproductive Health in Humanitarian and crisis settings (MISP)	Conduct a rapid RH needs assessment on the crisis situation	No. of needs assessment studies conducted	FHOK Repository	ED, Governance	MOH, Local Government, NCPD, Agencies/partners in Humanitarian situation	Ongoing
	Coordinate agencies, and partners in response to crisis situation	Coordination mechanism set in place	Coordination reports	Director of Clinical Services  Knowledge Management	Ministry of Health, Kenya National Commission of Human Rights, community Local Government, relevant CSOs	Ongoing
	Procure essential commodities and supplies	No of PPE and supplies procured and supplied	Local purchase order, delivery note, purchase requisition	Director of Clinical Services  Finance and Administration	KEMSA, PSI, IPPF, UNFPA, Suppliers	Ongoing
	Provide technical support in SRH for staff in facilities within the affected area	Types of technical support provided	Participants attendance list  Reports	Director of Clinical Services	MOH, Community Health Workers, Humanitarian Agencies	Ongoing
	Strengthen referral mechanism	No of facilities implementing effective referrals	Referral directory	Director of Clinical Services	MOH, Community Health Workers, Humanitarian Agencies	Ongoing
	Provide Comprehensive SRHR including SGBV	No of integrated SRHR/SGBV services	Service Statistics	Director of Clinical Services	MOH, Community	Ongoing

	services for the affected population	provided in humanitarian and crisis situation settings		M&E reports	Health Workers, Local NGOS, Humanitarian agencies	
	Sensitize communities on available SRHR services (radio messages, leaflets, press releases, sessions with health work force)	No of messages developed and disseminated	SRHR messages FHOK repository	Director of Clinical Services Knowledge Management	MOH, Agencies and partners in Humanitarian situation, affected community	Ongoing
	Develop an organizational disaster management strategy	Approved disaster management strategy	FHOK Repository Strategy document	Governance Director of Clinical Services	Kenya National Commission of Human Rights, NCPD, MOH, IPPF,	Q1 2017
Promote access to Sexual and Gender Based Violence (SGBV) and SRH services	Review SGBV indicators in the CMIS	No of revised indicators	SGBV indicators	Director of Clinical Services Knowledge Management/Communication	MOH, Human Rights Organizations, CSOs, IPPF, NCPD	Ongoing
	Train service providers and CHVs in MISP	No of staff and CHVs trained on MISP	Participants attendance list Training report	Director of Clinical Services Knowledge Management Center Managers	DHR, CHW	Ongoing
	Provide friendly MISP for young people, women and marginalized population in crisis settings	No of facilities providing friendly MISP No of services provided Number of SGBV cases reported	Service statistics SGBV case Register	Director of Clinical Services Managers M&E	MOH, Police, Shelter Homes, Legal institutions, CSOs, Community	Ongoing
	Integrate SGBV in FHOK programs	No of programs integrating SGVB	SGBV Reports FHOK programs	Director of Clinical Services Knowledge Management/Communication	IPPF, Human Rights agencies, CSOs,	Ongoing
Strengthening of Population Health and Environment	Provide comprehensive FP/SRH services within PHE programs	No of PHE programs integrating SRH	PHE program Reports	Director of Clinical Services	IPPF, development partners	Ongoing

integration		No of FP/SRHR services provided	Service statistics	M&E		
	Sensitize communities on FP/SRHR in Population and Environment activities	No of communities sensitized	Community sensitization reports	Director of Clinical Services M&E/Research Knowledge management/ Communication	IPPF, development partners	Ongoing

**Priority Area 5: Effective resource mobilization**

**Strategic Objective 5: To diversify and grow FHOK's resource base**

**Outcome 5: A high performing and sustainable organization**

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Strengthen Resource Mobilization Unit	Review and implement resource mobilization strategy	Approved resource mobilization strategy	Reviewed resource mobilization strategy	DRM		Q2 2016
	Recruit qualified staff (marketing, business administration)	No of staff recruited by expertise	Staff profiles/CV Staff procurement report	HRM		Q2 2016
	Establish a fully-fledged resource mobilization unit	Operational resource mobilization unit	List of staff	ED, DRM	Development partners, Private foundations, Suppliers, Clients	Q1 2016
Strengthen Internal resource mobilization	Develop resource mobilization trainers	No of trainers in the database	Consolidated list of trainers	Human resource		Q2 2016
	Provide technical assistance to external organizations at a fee	Types of technical assistance provided Amount raised	Technical assistance reports(TA) Signed contracts with organizations	DRM Training Manager	External organizations	Ongoing

	Partner with FCMC's to utilize idle space for income generation	Types of IGA initiated Amount raised	Financial Reports Signed contracts with suppliers/manufacturers/contractors	DRM, DCS, MCMs	MOH, Institutions of higher learning	Ongoing
	Establish supply chain system for distribution of RH commodities, equipment, consumables	No and types of RH commodities, equipment and consumables distributed through the supply chain system	Supply chain reports  Delivery notes	DRM Procurement Manager	FHOK FCMC  Suppliers	Q3 2016
	Develop under-utilized plots	No of plots developed  % increase in incomes from plots	Signed contracts with contractors	ED, DFA, DRM, Procurement	Private facilities, NGO's/FBO's/CBO's Suppliers, County Governments	Ongoing
Strengthen external resource mobilization	Develop funding proposals	No and type of proposals funded	Proposal documents	DRM	Donors	Ongoing
	Develop donor database	No and types of donors in the database	Donor database	DRM	Donors	Ongoing
	Establish partnerships with corporates, private foundations and individuals of high net worth for funding	No and types of partnerships established Amount raised through partnerships	Signed MOU's  Proposal documents	ED, DRM	Corporate organizations Private foundations Individuals	Ongoing
Development of social enterprises	Conduct market feasibility study on FP products and services	Timely submission of feasibility study report	Feasibility study report	DRM Marketing Manager	FHOK FCMCs	Q2 2016
	Establish social enterprise (Brand and sell contraceptives)	No and types of branded contraceptives sold	Sales reports Signed contracts with manufacturers	Marketing Manager DRM	Suppliers	Q3 2016
	Establish distribution channels for branded condoms (partner with hotels ,taxi and night clubs)	No of distribution channels established	Signed agreements Condom distribution reports	Marketing Manager DRM	Suppliers	Q3 2016

	Install automated condom and lubricant dispensers in strategic places	No of functional condom and lubricant dispensers  No. of condoms dispensed	Signed contracts/MOU'  Consumption reports	DRM Marketing Manager Procurement Manager	Suppliers FHOK FCMCs	Ongoing
Promoting visibility and image of FHOK	Establish FHOK health TV station	Operational TV station  % coverage	TV License	Marketing manager/communication manager	NGO's, Private organizations CBO's, MOH, Advertisers	Ongoing
	Establish SRHR radio station	Operational radio station  % coverage	Radio License	DRM Marketing manager Communication Officer, IT Officer	NGO's, Private organizations	Ongoing
	Establish an online marketing application for SRH commodities	Operational TV/radio station	Online application forms	DRM Marketing manager Communication Officer, IT Officer	Media service providers	Q4 2017
	Organize FHOK exhibition/marketing forums	No of SRH Education forums organized  No of exhibitions/marketing forums organized	Exhibitions/marketing forum reports		SRHR stakeholders	Ongoing
	Standardize FHOK products and services	No. of branded and repackaged resource materials  No of standardized facilities	Reports, Accession Registers	DRM, DCS, Info and Knowledge Management, Communication	IPPF, KM Africa	Ongoing
	Patent FHOK resources	No of resources patented	Patent reports	Patents	Q4 2017	Q1 2018
Strengthening Corporate Social Responsibility(CSR)	Organize annual SRH event (walk/run – fertility reproductive cancers- Breast, prostate)	No and type of annual SRH events organized  Amount raised from the event	Participants list  CSR reports	ED, -DRM, Marketing manager, Communication Officer	NGO's Development partners MOH, Clients	Ongoing
	Develop donor database	No and types of donors in the database	Donor database	DRM	Donors	Ongoing

**Priority Area 6:** Effective monitoring and evaluation of SRHR programs

**Strategic Objective 6:** To strengthen monitoring, evaluation and research capacity

**Outcome 6:** Enhanced operational efficiency and effectiveness

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Strengthen M&E for SRH service delivery and program areas	Update M&E framework for effective organization performance	Functional M&E framework	Updated M&E framework	M&E Program Staff Clinic managers	IPPF, MOH, SRH organizations, CHW's, Community, County Governments, NCPD	Q3 2016
	Maintain an updated M & E database	Update M & E database	M & E Database	M&E Program Staff Clinic managers	IPPF, MOH, SRH organizations, CHW's, Community, County Governments, NCPD	Ongoing
	Develop and implement M&E performance plan	Approved M&E performance plan developed	M&E performance plan  M&E reports	M&E Officer, Knowledge Management Officer, Communication Officer, Program Staff, Clinic managers	NCPD, CHW's, SRH partner org	Ongoing
Development of M&E capacity for improved performance	Train staff on data management and use for decision making	No of staff trained on M&E	Participants attendance list  Training reports	M&E Manager	MOH, CHW's	Ongoing
	Establish and maintain resource reference portal	Approved and updated online portal	Uploaded documents	M&E Manager, IKM	IPPF, MOH Suppliers	Ongoing
	Develop and implement an	Functional e- M&E	e-Reports	M&E manager	Suppliers	Q3 2017

	outreach data collection platform	platform		IT Officer		
	Use biometric data capture tools in clinics	No of clinics utilizing biometric data capture tools	e-Reports	M&E manager	IPPF, Donors	Q4 2018
	Strengthen data quality across all SDPs	No of clinics and programs using quality assurance tools  No of clinics scoring above 80% during RDQA	Quality assurance reports  Filled DQA tool	M&E Manager	IPPF, MOH	Ongoing
	Conduct performance assessment in all SDPs	No of performance assessments conducted	Completed assessment tools  Assessment reports	M&E Manager, project staff, Clinic managers		Ongoing
	Conduct regular project evaluations (baseline, mid-term and end-term evaluations)	No. of project evaluations conducted  No of projects utilizing evaluation results	Project evaluation reports	M&E manager	Research institutions MOH IPPF	Ongoing
	Document evidence based interventions, high impact programs, and best practices	No. of evidence based documents produced	Evidence based documents	M&E Manager	IPPF, MOH NCPD	Ongoing
Development of SRHR research	Establish a Research Unit	A functional Research unit	Research Unit documents	M&E manager	Research institutions, MOH, IPPF	Q4 2017
	Develop partnerships with research institutions to undertake SRHR research activities	No of partnerships developed  No of research studies conducted	Signed MOU's and Contracts  Research Reports	M&E manager	PSRI, Population Council, Institutions of higher learning, KEMRI and KNH(Ethical approval), NCPD	Q1 2018

**Priority area 7:** Information and knowledge management

**Strategic objective 7:** Strengthen information and knowledge management for improved performance

**Outcome 7:** Improved organizational operations and performance

<b>SRATEGIES</b>	<b>ACTIVITIES</b>	<b>PERFORMANCE INDICATORS</b>	<b>MEANS OF VERIFICATION</b>	<b>RESPONSIBILITY CENTER</b>	<b>KEY PARTNERS</b>	<b>TIME FRAME</b>
Strengthening access to information and knowledge	Acquire updated SRHR information resources	No. of SRHR resource materials acquired and processed	Information register	DRM ,Information and Knowledge Management	IPPF, WHO, Ministry of Health, Publishers, IFLA, AHILA,	Ongoing
	Participate in SRHR conferences, workshops, meetings and seminars	No. of staff participating in conferences/Workshops/ Meetings/Seminars  No of community knowledge dialogues	List of participants  Workshop reports	DRM ,Information and Knowledge Management	IPPF, WHO, Ministry of Health, Publishers, IFLA, AHILA,	Ongoing
Enhancing organizational learning and innovativeness	Create platforms for knowledge capturing and sharing	No of digital platforms- (SMS,Face book,twitter,talking books,Telemedicine, Webinars ,blogs etc)	Portals, website, intranets, internet repositories, library	DRM, Information and Knowledge Management, Communication, ICT, MCMs and Knowledge Management, Communication, ICT, MCMs	IPPF, Govt, Knowledge Mgt Africa	Ongoing
	Subscribe to local and international SRHR networks	No. of local and international networks subscribed to	MOUs signed		IPPF, Govt, Knowledge Mgt Africa	Ongoing
	Establish E-learning center	Functional E-Learning center	Learning center		IPPF, Govt, Knowledge Mgt Africa	Ongoing

	Establish E-library	Functional E-library	E-library		IPPF, Govt, Knowledge Mgt Africa	Ongoing
	Capture and document tacit (individual) knowledge	Quality of tacit knowledge acquired	Records of tacit knowledge		IPPF, Govt, Knowledge Mgt Africa	Ongoing
	Map and audit SRHR knowledge	Quality of knowledge audits	Knowledge audit report		IPPF, Govt, Knowledge Mgt Africa	Ongoing
Mainstream gender in service and program areas	Promote gender responsive interventions in FHOK programs	No of programs mainstreaming gender issues	Gender mainstreaming reports	Gender Officer, Information and Knowledge Management, HR	Gender Commission	Ongoing

**Priority Area 8: Governance and Membership**

**Strategic Objective 8:** To strengthen governance and grow membership base

**Outcome8:** A well-governed and high performing organization

<b>STRATEGIES</b>	<b>ACTIVITIES</b>	<b>PERFORMANCE INDICATORS</b>	<b>MEANS OF VERIFICATION</b>	<b>RESPONSIBILITY CENTRE</b>	<b>KEY PARTNERS</b>	<b>TIME FRAME</b>
Strengthening volunteer capacity	Recruit more members	% increase in members  Membership reports	Membership database	Chairperson, ED, Branch officials	Volunteers	Ongoing
	Review membership structure and categories	% increase in membership	Reviewed membership structures and categories	Executive Director and NEC	Volunteers	Q2 2016
	Automate membership registration and renewals	% increase in membership  % increase in income	Membership database	ICT	NEC	Q2 2016
	Review constitution to align branches with devolved government system	Approved FHOK constitution	Revised FHOK constitution	Executive Director and NEC	Volunteers	Q2 2016
	Train volunteers in governance and management	No. of volunteers trained conducted  Training report	Attendance list  Certificates	Executive Director and National Chairman	IPPF	Ongoing
	Revive dormant branches	No of branches revived	Branch reports	NEC	Volunteers	ongoing
	Create strategic partnerships and networks	No of strategic partnerships and networks created by types	Partnerships and network reports and database	YAM NEC	YAM Volunteers SOS, NYS, CSA, ICL Africa, UNFPA, NCPD	Ongoing
Strengthen YAM movement in all branches and Regions	Review YAM operational policies	No of policies reviewed by type	FHOK constitution YAM Branch register YAM Branch meeting minutes	Executive Director and National Chairman	Branch YAM officials	Ongoing

	Recruit and engage young volunteers in leadership and SRHR advocacy	Number of young people recruited and engaged	Record of recruited young persons	YAM branch officials	YAM NEC	Ongoing
	Conduct regular YAM governance meetings	No of meetings held No of meeting resolutions implemented	Minutes	YAM branch officials	YAM NEC	Ongoing

**Priority area 9:** Information Communication and Technology for improved efficiency

**Strategic Objective 9:** To strengthen an integrated ICT system to support FHOK operations

**Outcome9:** Improved efficiency and ICT support to FHOK operations

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Integrating ICT system to support FHOK operations	Finalize and implement ICT policy including ICT Disaster Recovery Policy and BYOD Policy	Approved ICT policies	ICT policy	DFA ICT Manager	Consultant	Q1 2016
	Procure appropriate software and hardware to enhance efficiency	No of software and hardware procured  Procurement reports	ICT software and hardware packages register	DFA ICT Manager	Suppliers	Q1 2016
	Upgrade ICT infrastructure including back up system	No of ICT infrastructure upgraded	ICT infrastructure report	DFA ICT Manager	Consultant	Q1 2016
	Acquire Audit software	Functional audit software	Audit software	ICT Manager	Supplier	Ongoing
	Develop and maintain a reliable WAN and LAN	Functional WAN and LAN	LAN and WAN reports	M & E ICT Manager		Q2 2016
	Establish a web portal for SRH information	Functional web portal	SRH Web portal	DFA, IA & ICT Manager		Q3 2018
	Establish group accounts on Facebook Twitter and WhatsApp for FHOK youth centers	No of youth centers with group accounts  No of active accounts	Group accounts	ICT Manager		Q1 2016
	Establish use of M-Health for service delivery	No of services offered through M-Health	M-Health report	ICT manager		Ongoing
	Establish a robust Information Security Management System	Functional Information Security Management System	Information Security Management System	ICT Manager, Manager Youth		Q1 2016
Establish ICT back-up	Functional ICT back-	ICT back-up system	DCS, DFA, ICT		Ongoing	

	system	up system		Manager, M & E Facility Manager Program Managers Procurement		
	Establish an efficient communication infrastructure	No of facilities with modern communication systems	Modern PABX Use of DID	DFA ICT Manager		Q2 2016
ICT capacity building	Train staff to enhance ICT skills and competence	No of staff trained  Staff training report	Participants attendance list	ICT Manager KM Communications Officer	Suppliers	Q2 2016

**Priority area 10:** Financial Management and administration

**Strategic Objective 10:** To strengthen financial and administrative management, accountability and human resource capacity

**Outcome10:** Prudent financial management for growth and sustainability

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Improving efficiency in financial management and systems	Automate accounting systems in all health facilities	<ul style="list-style-type: none"> <li>No of health facilities with automated accounting systems</li> <li>Accounting automation report</li> </ul>	Automated accounting reports	DFA	Development partners	Q2 2018
	Integrate accounting software with CMIS	CMIS report	Automated accounting reports	DFA	Development partners	Q1 2017
	Lobby for tax exemption	No of lobbying meetings held	Tax exemption certificate	Chairman, ED, DFA	Development partners	Ongoing
	Submit statutory deductions to the Government	Timely submission of statutory deduction	Monthly financial reports	ED, DFA	KRA, NHIF, NSSF, HELB	Ongoing
	Comply with organization and donor requirements	No of financial reports submitted to donors on time	Financial donor reports	DFA	KRA, NHIF, NSSF, HELB Development partners	Ongoing
Strengthening Internal control systems	Review financial policy and procedure manual	Functional financial policy and procedure manual	Revised financial policy and procedure manual	DFA	Consultant	Q2 2016
	Review and implement facility decentralization policy	No of facilities adhering to decentralization policy  Decentralization report	Decentralization policy	ED, DFA	Consultant	Q2 2016
Strengthen Internal Controls.	Assess internal control systems	No of assessments carried out	Internal Control assessment reports	IA & DFA	IIA Kenya Chapter, ICPAK, IIA, IPPF	On going

	Review Internal Audit Manual	Approved IA Manual	IA Manual	IA & DFA		
Risk Mitigation	Undertake organization risk assessment	Risk assessment reports	Updated Risk Register	IA & DFA	IIA Kenya Chapter, ICPAK, IIA, IPPF	On Going
	Train staff on risk management	NO of staff trained	Participants attendance list Training Report	IA & DFA		Ongoing
Procurement and Logistics Management	Upgrade central warehouse	Upgrading report  Supervision and completion report	Completion Certificate	DFA	IPPF/Donors	Q4 2017
	Develop and implement annual procurement plan for RH commodities	Approved procurement plan	Procurement plan	Centre Managers/PO	KEMSA, MOH and Manufacturers	Ongoing
	Develop and implement E-Procurement system	Functional E-Procurement system	eCMIS Monthly Stock status eCMIS Stock Variance Report	Centre Managers/PO	Donors, PPOA	January 2016
	Lobby MOH to appoint FHOK as a distributor of FP commodities	Appointment Documentation	Commodities Distributed	SMT	GOK, UNFPA	Ongoing

**Strategic Objective 2: To strengthen administrative and management system**  
**Outcome: Improved operational efficiency**

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Enhancement of operational efficiency	Renovate Head office block	<ul style="list-style-type: none"> <li>No of offices renovated</li> <li>Renovation and supervision report</li> </ul>	Renovation completion certificate	DFA	Contractors	Ongoing
	Refurbish all FHOK clinics	<ul style="list-style-type: none"> <li>No of clinics refurbished</li> <li>Refurbishment and supervision report</li> </ul>	Refurbishment completion certificate	DFA	Contractors	Ongoing
	Procure vehicles	<ul style="list-style-type: none"> <li>5 vehicles procured</li> <li>Procurement report</li> </ul>	<ul style="list-style-type: none"> <li>Log books</li> </ul>	DFA	Suppliers	Ongoing
	Implement use of fuel cards	<ul style="list-style-type: none"> <li>No of vehicles fuelled with cards</li> <li>Fuel card reports</li> </ul>	Fuel card receipts	DFA	Fuel stations	Ongoing
	Install vehicle tracking system	<ul style="list-style-type: none"> <li>No of vehicles with tracking devices</li> <li>Tracking device reports</li> </ul>	Tracking devices	DFA	Suppliers	Ongoing
Staff motivation and welfare	Carry out employee satisfaction survey	% of satisfied staff	Employee satisfaction report			Annually
	Carry out work environment satisfaction survey	% of staff satisfied with work environment	Work environment satisfaction report	DFA	Consultant	Annually

**Strategic Objective 3: To strengthen human resource capacity**

**Outcome: Improved operational efficiency**

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Strengthening performance management system	Procure and implement Resource Information System (HRIS)	No of departments using HRIS	HRIS report	HRM/ICT	Development partners	Q2 2017
	Train staff on HRIS	No. of staff trained	Training report Staff attendance list	HRM	Development partners	Ongoing
	Review and implement performance appraisal system	No of staff appraised	Performance appraisal tools	HRM	Consultant	Ongoing
	Develop and implement recruitment policy	Approved recruitment policy	Recruitment policy	ED, HRM	Consultant	Q1 2016
Building staff capacity	Review human resource manual	Approved human resource manual	Human resource manual	SMT	Consultant	Q1 2017
	Undertake training needs assessment	Types of training needs identified Training needs assessment report	Training needs assessment report	HRM	Consultant	Every 2 years
	Train staff	No of staff trained Training report	Participants attendance list	SMT	Development partners	Ongoing
Enhance security system	Train staff on FHOK security system	Training report Number of staff trained	Attendance list	HRM		Q2 2016
	Install security equipment in all facilities	Register of security equipment	Number of security gargets	HRM		Q1 2016
	Provide staff with biometric IDs	No of staff with biometric IDs	Biometric IDs	HRM		Q3 2017
	Engage caretakers for FHOK owned facilities	No of caretakers engaged	Recruitment report	SMT		Q4 2016

**Priority Area 11: Communication and Partnerships**

**Strategic Objective 11: To establish strategic partnerships and communication**

**Outcome 11: Strengthened partnerships and improved organizational visibility**

STRATEGIES	ACTIVITIES	PERFORMANCE INDICATORS	MEANS OF VERIFICATION	RESPONSIBILITY CENTRE	KEY PARTNERS	TIME FRAME
Strengthening internal and external communication practices	Develop and implement FHOK communication strategy	Approved and communication strategy	Communication strategy	Communication Officer Information and Knowledge Management Officer	NCPD, UNFPA, IPPF, MoH (RMHSU) Development partners, Government	Q 2 2016
	Develop and use social media to create demand for SRHR services	No of people engaged on social sites	Interactive SMS system and Facebook, WhatsApp & Twitter accounts	Communication Officer IT Officer	Youths, stakeholders	Ongoing
	Sensitize editors and journalists on SRH issues	No. of editors and journalist trained	Participant attendance list	Communication Officer Executive Director, DRM, HR	NCPD, KMFP, MoH, Media	Q 4 2016
	Develop SRHR articles and documentaries for print and electronic media	No. of articles and documentaries developed	SRHR articles and documentaries		Media	Ongoing
	Sensitize staff on FHOK communication strategy	No of staff sensitized	Staff training report			Ongoing
Promoting FHOK brand	Brand all FHOK facilities and materials	No of facilities and materials branded	Branding reports	Communication Officer Centre managers, Project managers	Clients	Q 3 2016
	Disseminate best practices and lessons learnt	No. of best practices disseminated	Documented best practices	Communication Officer	Clients	Ongoing
	Develop/ review client-service charters for clinics	No. of clinics with client-service charters	Client- service charters	Communication Officer	Clients	Q4 2016
Strengthened SRHR Partnerships with	Facilitate partners' meetings at County and National level on SRH	No of partners engaged	Participants attendance lists	Communication Officer	Line ministries, CSOs/ NGOs, County	Ongoing

key stakeholders	issues	No of joint SRHR projects implemented with partners	SRHR project reports		Governments	
	Join/form alliances with other SRHR oriented organisations	No. of alliances/TWGs formed  No. of TWGs chaired by FHOK	MOUs  Minutes	Communication Officer	NGOs, CSOs, SRHR Alliance, HENNET	Ongoing

### Appendix 3: Internal and external situation analysis

#### Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis Results

SWOT Analysis Issue	Current Situation	Proposed Strategic Actions
<b>Internal Strengths</b>	<ol style="list-style-type: none"> <li>1. A well distribution network of 14 clinics in 11 counties</li> <li>2. Strong outreach component targeting rural populations</li> <li>3. A rich history in the reproductive health sector, with over 50 years' experience in SRH service delivery</li> <li>4. Good and collaborative relationship with key government ministries/departments</li> <li>5. Good and sustainable relationship with key development partners in reproductive health</li> <li>6. Well trained and highly skilled competent staff</li> <li>7. Range of properties ( land, Vehicles, Computers structural buildings and equipment)</li> <li>10. Established training institute certified by Reproductive Health MSU offering courses in reproductive health for service providers in FHOK and other organizations</li> <li>12. Improved electronic integrated management system (CMIS) for reporting</li> <li>13. Integrated Youth Friendly Services(YFS) and vibrant community theatre involved in outreaches, mobilization and sensitization</li> <li>14. Long history of Grassroots' networking and association with</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish more clinics/franchise/satellite offices, chain of pharmacies and expand service delivery points.</li> <li>2. Develop an outreach Program to strengthen service delivery and penetration to the hard to reach areas</li> <li>3. Strengthen knowledge management (Documentation, digital repository, e-library, organization content management, branding, visibility and public engagement)</li> <li>4. Focus on emerging SRH issues (infertility, fistula, prostate cancer, anal STIs)</li> <li>5. Convene annual partner and donor dissemination forums, develop communication and collaboration framework with the donors</li> <li>6. Increase funding for staff training and development.</li> <li>7. Attract interest from external investors in SRHR related activities (merchandise, service delivery).</li> <li>8. Promote public awareness on benefits of early screening of reproductive cancers, increase the age coverage of cervical cancer to include young sexually active women.</li> <li>9. Market the training institute, recruit personnel, equip training facilities, and strengthen training modules with most recent curriculum/technology.</li> </ol>

	<p>communities (e.g. CBO). This is supported by a strong volunteer base of at least 4500 members.</p> <p>15. Diversified resource base ( locally generated income, restricted donor funding)</p> <p>16. Strong internal controls using comprehensive financial policies and procedures, procurement policies and procedures, decentralization guidelines, internal audit, eCMIS and SUN systems.</p> <p>17. Strong ICT to support service delivery</p> <p>18. Diversified projects addressing different areas of SRH such as CCT&amp;P, GCACI, LGBTI, FP HIV/AIDS etc.</p>	<p>10. Establish eLearning to reach those currently underserved</p> <p>11. Integrate arts and cultural center within the Youth Centres to promote Reproductive health for young people.</p> <p>12. Strengthen volunteer skills and capacity through training, recruitment and collaboration example Recruit government departmental heads as volunteers/policy makers</p> <p>13. Establish a business arm of the organization to increase internal income.</p>
--	--	--

<b>SWOT Analysis Issue</b>	<b>Current Situation</b>	<b>Proposed Strategic Actions</b>
<b>Internal Weaknesses</b>	<p>1. Inadequate clinical equipment and machines.</p> <p>2. Over-dependence on government for FP/SRHR commodity supply</p> <p>3. Inadequate dissemination of program results/outcomes to beneficiaries and other stakeholders.</p> <p>4. Limited diversity in skills of volunteers at grass root level</p> <p>6. Underutilization of available resources of ICT (e.g., Accounting and HRIS)</p> <p>7. Limited Financial Resources</p>	<p>1. Invest in modern equipment and machines develop a partnership framework with companies specialized in the equipment.</p> <p>2. Procure enough buffer stock and donations</p> <p>3. Enhance dissemination of program results and assign specific budget lines on the same.</p> <p>4. Targeted recruitment of volunteers and retention through capacity building and motivation.</p> <p>5. Train staff and maximize on utilization of available resources</p> <p>6. Intensify resource mobilization initiatives.</p>

<b>SWOT Analysis Issue</b>	<b>Current Situation</b>	<b>Proposed Strategic Actions</b>
<b>External Opportunities</b>	<ol style="list-style-type: none"> <li>1. A supportive policy environment on RHMNCH</li> <li>2. New Sustainable Development goals being finalized</li> <li>3. Strong Government support ( Political goodwill) of Family Planning through donation of contraceptive from MOH</li> <li>4. Demand for SRH services and the growing interest on reproductive health cancers and communicable diseases.</li> <li>5. Kenyan constitution makes reproductive health services a right under article 46. It promotes health interest and rights of minorities, marginalized communities, informal settlements and underserved population.</li> <li>6. Growing volunteer-base in different parts of the country</li> <li>7. Demographic dividend</li> <li>10. Release of new guidelines by the MOH and the MOE for educating young people in schools on reproductive health and HIV and AIDS.</li> <li>11. 10. Limited YFS – Only a small proportion of health facilities in Kenya (7% ) offer youth-friendly HIV counseling services with FHOK being the strongest contributor (2010/4 KSPA)</li> <li>12. Devolution an opportunity for scaling up SRHR</li> <li>13. Donor Funding preference to local organizations working through networks and consortiums</li> <li>14. FHOK is well known for SRH competence among the donor community</li> </ol>	<ol style="list-style-type: none"> <li>1. Enhance program areas on RHMNCH linking with SRHR.</li> <li>2. Align program areas in line with the new sustainable development goals</li> <li>3. Enhance support from other private players to increase funding for reproductive health ( corporate foundations, CSR)</li> <li>4. Intensify program interventions targeting all reproductive health cancers (prostrate, breast, ovarian, cervical, uterine, anal cancers) and communicable diseases.</li> <li>5. Increase geographical coverage of SRHR services to other locations</li> <li>6. Increasing abortion related services and scale them up.</li> <li>9. Reach out to young people in and out of school with CSE programs</li> <li>10. Work with National and County government to scale up SRHR services.</li> <li>11. Strengthen partnerships, networks and collaboration at National and County level to attract support.</li> <li>12. Design interventions for people with special needs.</li> </ol>

<b>SWOT Analysis Issue</b>	<b>Current Situation</b>	<b>Proposed Strategic Actions</b>
<b>External Threats</b>	<ol style="list-style-type: none"> <li>1. Increased competition from other SRH service providers, especially implementing international NGOs.</li> <li>2. Opposition from some religious and anti-choice groups to SRH especially FP, LGBTI and abortion.</li> <li>3. Commodity Stock outs i.e. irregular supply of contraceptives (especially method-mix) from government related supplies</li> <li>4. Insecurity in the Country, especially terrorism</li> <li>6. Declining donor support</li> </ol>	<ol style="list-style-type: none"> <li>1. Better equipment for FHOK clinics and improvement in quality of care to increase local income</li> <li>3. Intensify advocacy efforts to sensitize the general public on benefits of FP and safe abortion services</li> <li>4. Plan for buffer stocks</li> <li>6. Strengthen internal funds generation for sustainability</li> </ol>

#### **PESTEL Analysis Results**

<b>PESTEL Analysis Issues</b>	<b>Current Situation or Impact</b>	<b>Proposed Strategic Actions</b>
<b>Political – Governmental</b>	<ol style="list-style-type: none"> <li>1. FHOK works closely with government departments. Goodwill from political leaders-HIV and AIDS-All in campaign, Beyond Zero, free maternity services, Reproductive Tract Cancers, FP</li> <li>2. Establishment of public participation mechanism in the county government as part of the devolution process</li> <li>3. Non commitment to some issues and no guideline and policies from government on some SRH issues e.g., Abortion and LGBTI. This leaves everyone to work in the dark.</li> <li>4. Some government directives are very expensive. eg minimum wages, change in NHIF rates</li> <li>5. Taxes on health related equipment and commodities were introduced by the Government recently</li> </ol>	<ol style="list-style-type: none"> <li>1. Strengthen collaboration with the government departments.</li> <li>2. Be part of the existing county health/related sectors and development committees and other participation mechanism</li> <li>3. More advocacy efforts needed towards abortion and key populations</li> <li>4. Appropriate annual budgets for unforeseen eventuality.</li> <li>5. Lobby for exemption from taxes</li> </ol>

<p><b>Economic</b></p>	<ol style="list-style-type: none"> <li>1. Kenya ranked as middle income (has implication funding from development partners)</li> <li>2. High unemployment rates of the general population affects individual income status, and subsequently access to SRHR services</li> <li>3. Rising inflation rates- increase in cost of interventions, cost of living rises, healthy is not a priority for beneficiaries. This has impacted on the fees we charge to our clients</li> <li>4. Depreciation of the Kenya shilling against dollar will lead to increase of cost of imported goods such as vehicles, fuel, drugs, medical equipment etc. This will affect FHOK negatively in provision of SRH services</li> <li>5. Interest rates were recently reviewed upwards</li> </ol>	<ol style="list-style-type: none"> <li>1. Increase/ broaden income opportunities for the organizations</li> <li>2. Come up with economic empowerment a programs for women, young people and vulnerable populations</li> <li>3. Adjust cost of providing services to be in line with the economic situation</li> <li>4. Budget for higher rates to cushion against depreciation of the Kenya shilling.</li> </ol>
<p><b>Socio- Cultural</b></p>	<ol style="list-style-type: none"> <li>1. Shift from poverty reduction to inequality reduction-</li> <li>2. Demographic transition- close to 70% of the population below 35 years. High dependency rates, environmental strain. Religious beliefs-opposition to FP and abortion-advocacy for support for SRH from opposition group</li> <li>3. Traditional beliefs affect SRH service provision in some communities</li> <li>4. Some sections of the community not very comfortable with some of the SRHR services we provide such as services to LGBTI, Abortion and contraceptives to school age young people</li> </ol>	<ol style="list-style-type: none"> <li>1. Strengthen economic empowerment, advocacy against retrogressive practices and promote wellbeing of communities.</li> <li>2. Greater focus on SRH for young people and women in line with the global commitments</li> <li>3. Lobbying and value clarification will reduce the impact of the opposition in this area</li> <li>4. More advocacy and Value clarification to targeted vocal groups</li> </ol>

<b>PESTEL Analysis Issues</b>	<b>Current Situation or Impact</b>	<b>Proposed Strategic Actions</b>
<b>Technological</b>	<ol style="list-style-type: none"> <li>1. Rapid Changes in Technology in Kenya, means frequent changes of equipment and associated peripherals</li> <li>2. FHOK can use technology in marketing of services</li> <li>3. Technology can also be used in diagnosing and treating patients</li> <li>4. Shift from traditional to e-health</li> <li>5. Increased customer preference for modern diagnostic equipment</li> </ol>	<ol style="list-style-type: none"> <li>1a. Set a technology upgrade/change period in terms of years.</li> <li>1b. Establish eLearning to reach those currently underserved</li> <li>2. Increased use of Social media platform to target more young, Establish e-learning center-health care providers, CHVs</li> <li>3a. Need to diversify channels for demand and awareness for communities and strengthen market strategies</li> <li>3b. Use technology for online referrals and provision of SRH information</li> <li>4. Need to create diverse digital platforms to reach out to various target groups (mobile applications, SMS platforms, face book, twitter, talking books, tele-medicine, etc)</li> <li>5. Upgrade facilities to modern diagnostic equipment's. to remain competitive, opportunity for effective referrals</li> </ol>
<b>Environmental</b>	<ol style="list-style-type: none"> <li>1. Deforestation, unsustainable land management practices, lack of institutional policies on environmental management</li> <li>2. Epidemiological transition from communicable to non-communicable</li> <li>3. Emerging of indigenous medicine</li> </ol>	<ol style="list-style-type: none"> <li>1. Scale up environment issues at the community and come up with institutional policies</li> <li>2. Strengthen integration of NCDs information and services into existing SRH programs</li> <li>3. Capacity building for staff and development</li> </ol>

	<p>4. Poor sanitation within the slums poses risks of infections</p> <p>5. Climate change and especially global warming will increase certain diseases such as malaria in regions which did not have such infections before</p>	<p>of new medicine</p> <p>4. Lobby to governments to craft climate change policies and laws</p> <p>5. Beautification projects at FHOK clinics to ensure all clinics are environmentally friendly</p>
<p><b>Legal and Ethical</b></p>	<p>1. Strict litigation measures for professional negligence</p> <p>2a. Kenya constitution article 43 states that everyone has a right to the highest attainable standard of health is a fundamental human right.</p> <p>2b. The new 2030 Agenda – Target 16.10 strongly stipulates that access to information by all is a fundamental right hence the need to have information infrastructure facilities, services and policies</p> <p>2c. Kenya Constitution upholds the same –Chapter 3:11:2 and 4:33 Content security-need to protect institutional and client, copy rights, confidentiality, storage</p> <p>1. Missing some of important legal documents thus exposing the organization</p> <p>2. LGBTI groups are not recognized by the law in Kenya</p>	<p>1. Continually uphold QoC, informed consent</p> <p>2a. All legal documents should be acquired from the relevant authorities</p> <p>2b. Need to reinstate and activate quality information management- automated library plus digital repositories for knowledge sharing and transfer</p> <p>3. Lobby to the government to come up with laws which are favorable to abortion and LGBTI</p>

### Capacity Needs Assessment/Review

The Capacity Needs Assessment/Review addressed key components which included:

Capacity Issue	Current Situation	Proposed Strategic Actions
<b>Human Resources</b>	Diversity of skills and competencies	<ul style="list-style-type: none"> <li>• Carry out task analysis to ensure maximization of skills and talents</li> <li>• Offer Competitive salary</li> </ul>
<b>Physical Infrastructure &amp; Equipment</b>	<p>FHOK currently owns buildings in 7 clinics out of the total 13 clinics. Unutilized land, buildings underutilized-structural adjustments to increase utilization, equipment need upgrading,</p> <p>Clinics to be equipped to carry out basic investigations.</p> <p>Some of these equipment are aging</p>	<ul style="list-style-type: none"> <li>• Develop idle lands and use of theatre for major operations.</li> <li>• Implement FHOK disposal policy</li> <li>• Provide staff with relevant equipment example uniform</li> <li>• Refurbish the offices</li> </ul>
<b>Replace ICT with Enterprise Content Management</b>	<ul style="list-style-type: none"> <li>• Existing infrastructure which needs upgrading and maximize use at all levels ( Clinic and headquarters)</li> <li>• Management Information system-needs upgrading and expansion</li> <li>• Upgrade existing system to Enterprise Resource Planning System in a progressive manner</li> <li>• ICT equipment not adequate</li> <li>• Some ICT equipment now aged</li> <li>• ICT infrastructure in terms of software not current</li> </ul>	<ul style="list-style-type: none"> <li>• Establish WAN to link all the facilities</li> <li>• Purchase a higher capacity server</li> <li>• In-house training for packages in use at the offices</li> <li>• Procure ICT equipment to match the needs of the organization</li> <li>• Implement FHOK disposal policy</li> <li>• Implement FHOK ICT policy</li> </ul>
<b>Finances</b>	<ul style="list-style-type: none"> <li>• Using SUN system software.</li> <li>• Limited finances to implement planned projects/programs</li> </ul>	<ul style="list-style-type: none"> <li>• Upgrade the accounting software</li> <li>• Review and implement resource mobilization strategy.</li> <li>• Need for aggressive resource mobilization-entrepreneurship, donors, corporate sector</li> </ul>

<b>Vehicles</b>	<ul style="list-style-type: none"> <li>• FHOK owns vehicles for both outreach and other program work but are not adequate for the needs of the organization</li> <li>• Some of the vehicles are more than 5 years and require replacing</li> </ul>	<ul style="list-style-type: none"> <li>• Increase number of vehicles</li> <li>• Replace aging vehicles</li> <li>• Every FHOK clinic to have at least one serviceable vehicle</li> <li>• Develop asset disposal policy</li> </ul>
<b>Security</b>	<ul style="list-style-type: none"> <li>• Ill equipped security personnel</li> <li>• A concern for the whole nation</li> <li>• Terrorism on the rise</li> </ul>	<ul style="list-style-type: none"> <li>• Equipped security personnel with current security technology</li> <li>• Train security personnel on customer care</li> <li>• Train security personnel on security threat detection.</li> <li>• Have biometric IDs for staff</li> <li>• Controlled access to FHOK building</li> <li>• Install Document management system-secure documents and systems</li> </ul>

### Stakeholders/Partnerships Analysis

<b>Stakeholders/Partners</b>	<b>Area(s) of Interest or Collaboration with FHOK</b>	<b>Strategic Actions to Obtain Support or Collaboration</b>
Clients/Beneficiaries	<ul style="list-style-type: none"> <li>• Access to quality SRH services</li> <li>• Access to SRH education and information</li> <li>• Improved health services</li> </ul>	<ul style="list-style-type: none"> <li>• Quality SRH services</li> <li>• Partnerships</li> <li>• Client centred service promotion</li> <li>• Market research-on going and informs decision making</li> </ul>
Government	<ul style="list-style-type: none"> <li>• Compliance on legal and policy requirements</li> <li>• Contribution to economy and population programmes</li> <li>• Contribution to development of policies and Standards</li> <li>• Taxes (PAYE)</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen networking with government</li> <li>• Compliance with statutory requirements</li> <li>• Advocacy for policy change in SRHR</li> <li>• Tax exception status</li> </ul>

	<ul style="list-style-type: none"> <li>• Provision of commodities</li> </ul>	
NGOs/CBOs/FBOs	<ul style="list-style-type: none"> <li>• Joint implementation of SRH programs on a win-win basis</li> <li>• Partnership/Collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships and collaboration</li> </ul>
Employees	<ul style="list-style-type: none"> <li>• Staff motivation</li> <li>• Continued employment</li> <li>• Career growth</li> </ul>	<ul style="list-style-type: none"> <li>• Conducive working environment</li> <li>• Staff capacity Building</li> <li>• Staff development to ensure FHOK has the necessary skills to deliver quality SRH services</li> </ul>
Private sector	<ul style="list-style-type: none"> <li>• Improved SRH environment</li> <li>• Partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Partnerships and collaborations, acknowledgement, advocacy, innovation</li> </ul>
Donors	<ul style="list-style-type: none"> <li>• Funding SRH programs</li> <li>• Accountability for the funds</li> </ul>	<ul style="list-style-type: none"> <li>• Use funds efficiently and ensure value for money</li> <li>• Visibility, acknowledgement, fit within existing organizational structures</li> <li>• Incorporate partnership terms in FHOK partnership policy</li> </ul>
Media	<ul style="list-style-type: none"> <li>• Evidence based advocacy on SRH issues</li> <li>• Visibility</li> </ul>	<ul style="list-style-type: none"> <li>• Strengthen media relationship</li> <li>• Evidence based SRH issues</li> <li>• Image, reputation and recognition</li> </ul>
Volunteers	<ul style="list-style-type: none"> <li>• Professionally managed association</li> <li>• Compliance with governance standards</li> <li>• Recruitment and retention of volunteers</li> </ul>	<ul style="list-style-type: none"> <li>• Effective and efficient management of the association</li> <li>• Contribute to the organization by providing technical expertise in programs, finance, legal, health care etc.</li> <li>• Capacity build at clinic and grass root level, trainings and waivers</li> </ul>
Suppliers	<ul style="list-style-type: none"> <li>• Transparent procure of goods and services</li> </ul>	<ul style="list-style-type: none"> <li>• Implement finance management policy</li> </ul>

### **Risks Assessment**

The Risk Assessment reveals the following results which will be noted or assumptions made as part of Strategic Planning and subsequent implementation.

<b>Risk Issue</b>	<b>Current Situation or Vulnerability</b>	<b>Proposed Strategic Actions</b>
Membership	Skill mix and level of influence	Review membership structure and categories
Donor Dependency	FHOK funding by donors is about 35%	Review resource mobilization strategy to diversify resource base
Crimes/Conflicts	Minimal conflicts within the organization	Strengthen human resource management practices
Contractual Matters	Contracts are executed as per agreements. No major risks expected	Ensure contracts exists for all engagements with third parties
Professional negligence	High risks in provision of health care services	Have Insurance policies covering professional negligent to mitigate expected risks Provide quality of care guidelines to service providers to minimize chances of professional negligence
Shortage of drugs	Most clinics are now receiving drugs on time	Timely ordering of drugs to avoid stock outs Service supplier debts on time to ensure continued supply of drugs

