

KENYA POVERTY ELIMINATION NETWORK
(K-PEN)

Strategic Plan

2024-2029

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Acronyms and Abbreviations

AGM-Annual General Meeting
AOPS-Annual Operation Plans
ASTGs-Agriculture Sector Transformation and Growth Strategy
AWPS-Annual Work Plans
CHAs-Community Health Assistants
CHPs-Community Health Promoter
CQI-Continuous Quality Improvement
CSA-Climate Smart Agriculture
GEYSI-Gender, Equity and Social Inclusion
GoK-Government of Kenya
HTC-HIV/AIDS Counselling & Testing
KAIS-Kenya HIV/AIDS Indicator Survey
KIHBS-Kenya Household Budget Survey
KNASP III-Third Kenya National HIV/AIDS Strategic Plan
K-PEN -Kenya Poverty Elimination Network
M&E-Monitoring and Evaluation
MDGs-Millennium Development Goals
NCDs-Non-Communicable Diseases
NSDC-National Syndemic Disease Control
Ops-Operational Plans
PDQ-Partnership Defined Quality
PEST –Political, Economic, Social & Technology
SBC-Social Behaviour Change
SDGs-Sustainable Development Goals
SRHR-Sexual and Reproductive Health and Rights
SWOT-Strength, Weaknesses, Opportunity & Threats
TICAH-Trust for Indigenous Culture and Health
USD-United States Dollar
WASH-Water Sanitation and Hygiene
WHO-World Health Organization
YPPs-Youth Peer Providers



Foreword



Collins Abwao
BOARD CHAIR

I am pleased to present the Kenya Poverty Elimination Network (K-PEN) five-year Strategic Plan 2024-2029. This strategic plan succeeds our 2014-2019 Strategy that has guided our operations for the past 5 years. The Strategic Plan 2024-2029 reflects the changing national and global context in which Kenya Poverty Elimination is operating. It contributes to the Government of Kenya's Vision 2030 aspiration to transform the country into an industrialised, middle-income nation providing a high quality of life to all its citizens. For the most part, it spells the Kenya Poverty Elimination Network (K-PEN) leadership role in health development, particularly supporting the Government's agenda to strengthen devolved governance and institutions for improved health service delivery by the county governments. The transition from Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs) further informs the focus of this Strategic Plan, with emphasis on good health and well-being, zero hunger and good nutrition, access to clean water and sanitation, gender equality and partnerships. Within this framework, the Kenya Poverty Elimination Network (K-PEN) will also continue to address Sexual and Reproductive Health and Rights, Comprehensive Sexuality Education, Sexual and Gender-Based Violence, Livelihoods Projects, HIV/AIDS, Orphans and Vulnerable Children (OVC) support and spurring agricultural innovations and technologies to enhance food security in Migori and other neighbouring Counties.

The Strategic 5-Year Plan takes into account Kenya's recent classification by the World Bank as a lower-middle-income country and the resultant shift in relations with development partners from aid to trade. The shift is expected to spur Kenya's economic growth and improve the lives of the poorest and most vulnerable citizens. Of note, however, is the fact that the country still has high poverty and unemployment rates at 42% and 39.1% respectively, and these must be addressed.

Another important consideration is that Kenya has a largely youthful population, with 75% of the country's people aged below 30 years. While this group has its unique challenges that must be appropriately addressed through youth-appropriate interventions. K-PEN will endeavour to play a critical role in advancing Sexual and Reproductive Health and Rights (SRHR) as this is a compounding problem facing the youths, especially young women and girls in Migori County. Through this support, K-PEN will help them achieve their full potential and help the County improve its economic status. K-PEN will work closely with the Government, and development partners to promote sound, innovative agricultural practices to create youth employment besides adding nutritional value to the population.

K-PEN will take five bold steps to ensure that its internal operations support the attainment of the objectives and targets of the pillars. These include agile systems and processes; employees who are energetic, motivated and vibrant; visibility that puts the organisation on the national and regional platform; ensuring quality in our programming and support services; and financial sustainability through venture into social enterprise, business development and other innovative ways of fundraising.

While we may understand that this is an ambitious document, it is worth noting that it will provide a clear strategic path to the realization of development objectives and contribute to the national development of our beloved Country Kenya.

I wish to extend my sincere gratitude to K-PEN staff, Board members, community and government representatives, partners and stakeholders who contributed to its development through numerous consultations and meetings. Their teamwork, professionalism and determination to produce a high-quality Strategic Plan are evident in the footprints in this document. I am confident that these same qualities shall be harnessed for the implementation of the strategy as we strive towards our vision of realization of a well-endowed society where citizens live in dignity and prosperity.

Board Chairman, Kenya Poverty Elimination Network (K-PEN)

Acknowledgement



Ms. Dolly Rajuai
EXECUTIVE DIRECTOR

The Kenya Poverty Elimination Network Strategic Plan 2024-2029 is the result of many days of intense discussions and consultations with our staff, Board members, stakeholders, partners and Government Departments.

The KPEN strategic plan for the year 2024-2029 is a great milestone in our quest to improve and sustain the gains made through our program interventions. We believe it is a bold step towards making the organization more vibrant as it provides a strategic path and a visionary roadmap to a clear future in programming and efficient resource mobilization based on evidence-based needs.

We recognize that our organization is crafting for itself the road to its desired success, working with women, youth and other vulnerable populations to reduce poverty and improve quality of life and providing prompt and verified information to the focus community.

It is our hope that this document will effectively take us to the next level, with optimism, courage and strength.

KPEN is hopeful that together with all our current and upcoming partners, we shall overcome the challenges inherent in such work like what we are going into with the new strategic plan. As we launch this new 5-year Strategic Plan, we humbly invite all these partners and other stakeholders to be part of this very exciting work over the next five years.

Special thanks to Amplify Change for providing resources that supported the development of this Strategic Plan, Our Consultant for successfully facilitating the participatory and consultative process of this plan. We also wish to thank K-PEN Board members, stakeholders and K-PEN Staff.

Ms. Dolly Rajuai / Executive Director, Kenya Poverty Elimination Network (K-PEN)

Executive Summary

Kenya Poverty Elimination Network (K-PEN) is a national non-governmental organisation founded and registered in Kenya in the year 2000, primarily to challenge poverty at the community level, with special emphasis on women and youth living in urban slums and rural districts of Kenya. The organization was started by a group of women involved in community and women's empowerment activities who felt that more women and youth were being marginalized with each passing day, with economic enhancement opportunities getting scarcer and employment and credit opportunities gradually becoming limited in our country.

K-PEN has its presence in 6 Counties of Nyanza but more presence in 2 main counties of Migori and Homa Bay. Homa Bay and Migori counties are some of the poorest counties in Kenya, with the latest poverty index putting the two counties as some of the poorest, where up to 50% of families live below the poverty line¹ and unemployment rates as high as 70% of the local population².

Migori and Homa-Bay County have some of the highest rates of adolescent pregnancies in Kenya, which can increase the risk of unsafe abortions. According to the Kenya Demographic and Health Survey 2014, the adolescent pregnancy rate in Migori County was 25%, compared to the national average of 18%.

Homa Bay and Migori counties are predominantly rural, with inadequate infrastructure and service delivery in terms of health and livelihoods and low life expectancy.

The K-PEN Strategic Plan 2024-2029 has been developed to respond to changes in the health systems. Sexual and Reproductive Health and Rights challenges facing women and girls, climate change, agricultural innovations, and high HIV/AIDS burden among the young people 15-24 years with Homa-Bay and Migori registering new infections in 1852 and 1143 respectively³ and the devolved systems of government, the vibrant youthful population and the shift from MDGs to SDGs

¹ Kenya Poverty Index Report 2010

² Kenya Revenue allocation commission data 2011

³ Kenya HIV Estimates Report 2018

This Strategic Plan is aligned with the Constitution of Kenya 2010. It seeks to support and spur Kenya's movement towards the attainment of Sustainable Development Goals, and is therefore built on two pillars:

Pillar 1: Innovative Health Programming. We will develop and deliver sustainable health services and solutions for improved access to and utilization of quality preventive and restorative services. Our key focus will be Sexual and Reproductive Health and Rights, Family Planning, HIV/AIDS and Water, Sanitation and Hygiene (WASH).

Main Outcome: Increased access to accurate and valid health information for the over 3 Million persons living in Homa-Bay and Migori Counties.

Pillar 2: Promoting innovative and sustainable agriculture. K-PEN shall work alongside other development partners to sensitize farmers and create linkages with Financial Institutions to transform farming activities through the adoption of innovative agricultural practices and technology.

Main Outcome: Increase in the number of farmers adopting sound innovative, environmentally friendly agricultural best practices to improve yield.

Pillar 3: Access to basic education. K-PEN will support access to basic education activities majorly targeting orphans and vulnerable children (OVCs) besides equipping them with livelihood knowledge and skills for self-reliance.

Main Outcome: Improved access and retention of learners in schools.

Four cross-cutting themes of **Gender, Youth and Social Equity; Policy and Advocacy; Climate Change and Innovation** and a focus on *SDGs 1 2, 3, 5, 6, 10 and 17⁴* will be integrated to hold these three pillars together and to embed the Strategic Plan in the National development agenda. Our five bold steps which will drive the delivery of this strategy are **Quality, Personnel, Finances, Agility and Visibility**, and we embrace the values of **Integrity, Quality and Efficiency** while recognising leadership as an attitude to be nurtured at all levels of the K-PEN organization. This Strategic Plan document outlines the key priority interventions and how these will be implemented to achieve the mission and vision of Kenya Poverty Elimination Network.

⁴ <https://sdgs.un.org/goals>

Our Organization Vision

Realization of a well-endowed society where citizens live in dignity and prosperity.

Mission

To develop and provide suitable, sustainable and comprehensive livelihood opportunities for the marginalized members of the community, with special emphasis on women and youth, to improve their income capacities, and quality of life and enable them to live in dignity and prosperity.

This mission is accomplished through broad strategies of providing livelihood opportunities for women, youth and other disadvantaged people in the community, challenging negative cultural and social practices, stereotypes, retrogressive national and local policies, enhancing citizens' civic participation in the political and democratic processes of the country, promoting ethnic harmony and co-existence and the fight against HIV and AIDS while collaborating with other related organizations.

Our Core Values

As we implement this Strategic Plan, our ways of working will be distinctly reflected in our passion for our values. Our values will be our guiding principles and the foundation of the Strategic Plan to guide the conduct, activities and goals of Kenya Poverty Elimination Network, and will apply across the entire organisation in its governance and management structure. K-PEN will embrace a culture of Leadership as an attitude rather than a role internally while taking industry leadership externally.

KPEN is guided in its program work by the following values:



- Confidentiality
- Quality service delivery
- Teamwork
- Integrity and ethics

A. Overall Context

Internally

Kenya Poverty Elimination Network (KPEN) is a national non-governmental organization founded and registered in Kenya in the year 2000, primarily to challenge poverty, and health at the community level, with special emphasis on women and youth living in urban slums and rural districts of Kenya. The organization was started by a group of women involved in community and women's empowerment activities who felt that more women and youth were being marginalized with each passing day, with economic enhancement opportunities getting scarcer and employment and credit opportunities gradually becoming limited in our country.

For over 15 years K-PEN has put its stamp on supporting the community through education and livelihood project targeting youths and women. K-PEN has been operating in Homa-Bay and Migori Counties.

K-PEN has diversified its portfolio to include other programmes that include Sexual and Reproductive Health and innovative agriculture.

K-PEN operates with an annual budget of USD 70,000 to support both administrative and programmatic work.

Kenya Poverty Eradication Network (KPEN) is a membership organization, where people who receive services, those who register to be its members and those who opt to support its course have the opportunity to become its members. Once every year, these members converge as an annual general meeting (AGM) to review its progress and refocus the organization for the future.

The annual general meeting (AGM) is therefore the highest decision-making body for KPEN. It elects the Board of Directors for three years subject to the KPEN constitution. The Board of Directors is then tasked with matters of policy, supervision and overall support to the implementation and management of the organization. The Board, which meets 4 times each year (Quarterly) on routine, also serves as an advocacy arm of the organization and is its voice to the external environment, mainly through the Chairperson and the Program Director.

The Board appoints the Program Director as the Chief Executive Officer of KPEN. The Program Director is therefore Head of the KPEN Secretariat and is in charge of the day-to-day running of the organization, leading a team of implementation staff, right from the Liaison office in Nairobi to the County field offices which implement the program. The Program Director liaises with other external

stakeholders to enhance collaboration and resource mobilization in furtherance of the organization's objectives.

All funds and other material resources received as grants and donations into KPEN are strictly managed in the furtherance of the organization. All funds to KPEN are kept in a designated Bank account in the name of Kenya Poverty Elimination Network (KPEN). The Board of Directors of KPEN produces financial and progress reports which are shared with members and the Board to enhance transparency and cost-effectiveness. At the end of each financial year, we produce annual returns for submission to the national NGO Coordination Board as per the registration and legal requirements for the operations of all non-governmental organizations in Kenya-NGO Board Act, 19 of 1990⁵.

Kenya Poverty Elimination Network's strategic focus is to serve vulnerable and under-served populations in the country.

This is executed through

- Sexual and Reproductive Health and Rights /Comprehensive Sexuality Education Projects/Family Planning.
- OVC Education Support
- Innovative Agriculture
- Water Sanitation and Hygiene Projects.

K-PEN has a good working relationship with both the County and National Government Structures that it leverages to implement activities. It has a well-functioning organizational structure (*See Annex I*). Our collective strengths are that of a respected and reputable Organization in our areas of operation, strong systems in place, a competent, experienced, passionate and dedicated pool of staff, a strong partnership with government, donors and communities, and the focus on Community Health Activities and agricultural projects. Weaknesses noted include bureaucratic systems; over-reliance on donor funding, poor visibility, working in silos with a focus on projects and not programmes, poor documentation of organization successes and high staff turnover due to closure of projects.

Externally

The Government of Kenya's Vision 2030 aims to transform Kenya into an industrialized, middle-income country providing a high quality of life to all its citizens. The government aims to deepen the implementation of devolution and strengthen governance institutions, improve economic and social

⁵ NGO Coordination Board, Kenya

outcomes, accelerate growth and equity in the distribution of resources, reduce extreme poverty, and improve youth employment (Government of the Republic of Kenya, 2009). Kenya is a lower-middle-income country (World Bank Group, 2016). This has triggered the commencement of a shift among development agencies to move away from a traditional donor-recipient relationship with Kenya to a more equal bilateral partnership of doing business with the country by 2022. This move from “aid to trade” is envisaged to sustain Kenya’s economic growth and benefit its citizens. Even though Kenya has become a lower-middle-income country, poverty rates remain high at 42% and the unemployment rates among its working-age stand at 39.1%, which is the highest in East Africa.

HIV/AIDS, diarrhoeal diseases and lower respiratory infections are still the top three causes of death across the country, while it is estimated that non-communicable diseases account for 27% of all deaths suffered by Kenyans, equivalent to almost 100,000 people per year (WHO, 2016). Nyanza leads in prevalence by 15.3% (where we work), followed by Nairobi at 9%, Coast Province at 7.9%, Rift Valley at 7.0%, Eastern Province at 4.7%, Central Province at 3.8% and North Eastern at 1%. 1 million adults living with HIV and AIDS are in rural areas representing 70% of the National Burden, compared to 400,000 in urban areas which just represent 30% of the national burden⁶. K-PEN will continue to create awareness and support OVCs through access to quality basic education.

With the lapse of the Millennium Development Goals (MDGs) era, the Sustainable Development Goals (SDGs) were adopted to fill in the gaps that required renewed global efforts. The achievement of the ambitious SDG targets will require collaboration among different actors within the health sector and people working together in an integrated manner by pooling knowledge, expertise and financial resources (UN, 2016).

Kenya is a youthful country with about 80% of the total population aged below 35 years, hence forming the largest source of human resources (Awiti & Scott, 2016). The youth face numerous challenges that relate to unemployment, sexual and reproductive health, harmful traditional practices such as female genital mutilation (FGM) that lead to girls being pushed out of school, child marriages, early and unplanned pregnancies, poor access to health care and limited education, all of which have resulted in poor health. K-PEN will harness this huge demographic dividend by championing the need to give the youth equal opportunities to realize their full potential without fear or favour, and a means of achieving Universal Health Coverage.

⁶ Kenya HIV/AIDS Indicator Survey 2018

A report by the Center for Reproductive Rights and the Trust for Indigenous Culture and Health (TICAH) finds that women and girls in Kenya lack access to comprehensive information on sexual and reproductive health and rights (SRHR) despite the country's constitutional framework guaranteeing reproductive health and access to such information⁷. K-PEN will continue to ensure increased access to SRHR information through media engagement, community sensitization and targeted dialogue activities while involving males actively in SRHR issues, religious leaders and opinion leaders. Use of the TICAH Platform as a confidential way of getting the youths, young women and girls access to counselling services and accurate information. K-PEN will scale up school-integrated-based SRHR education and sports for SRHR as a way of advancing SRHR conversation, K-PEN will also promote access to Youth Friendly services. K-PEN will work closely with both the National and County Governments, Partners and stakeholders to create an enabling environment for SRHR through policies, plans, and regulations including resource mobilization for SRHR programming.

With new advancements in technology that have ensured faster mobile penetration to households, climate-smart agriculture, a devolved system of governance, an increasingly growing private sector willing to contribute towards health, a vibrant youthful population in Kenya and particularly in Migori and Homa-Bay Counties and continued donor support are opportunities for K-PEN to focus its Strategic Plan on continued empowering of community health promoters, Traditional Birth Attendants, Youth Peer Providers (YPPs), health care workers, agricultural extension officers through training and task shifting, partnering with the national and county governments in the provision of innovative health services and solutions, education of OVCs and adoption of innovative agricultural technologies. Significant threats to K-PEN include the changing donor funding environment from aid to trade, Kenya being ranked a lower-middle income country, new vibrant players in the field of public health, and increased competition for limited resources.

To contribute to improving SRHR of young women and girls in the focus Counties of Kenya, improve agricultural productivity and profitability among target farmers and realize improved living standards for OVCs through access to quality basic education support, K-PEN will focus its interventions on improving SRHR access, innovative health services improvement and catalyzing investments in health.

⁷ reproductiverights.org/report-highlights-lack-of-access-to-srhr-information-in-kenya/

This therefore has informed our focus on the three pillars that have defined our Strategic Plan 2024-2029. These are **Innovative Health Programming, Promoting innovative and sustainable agriculture and Access to basic education.**

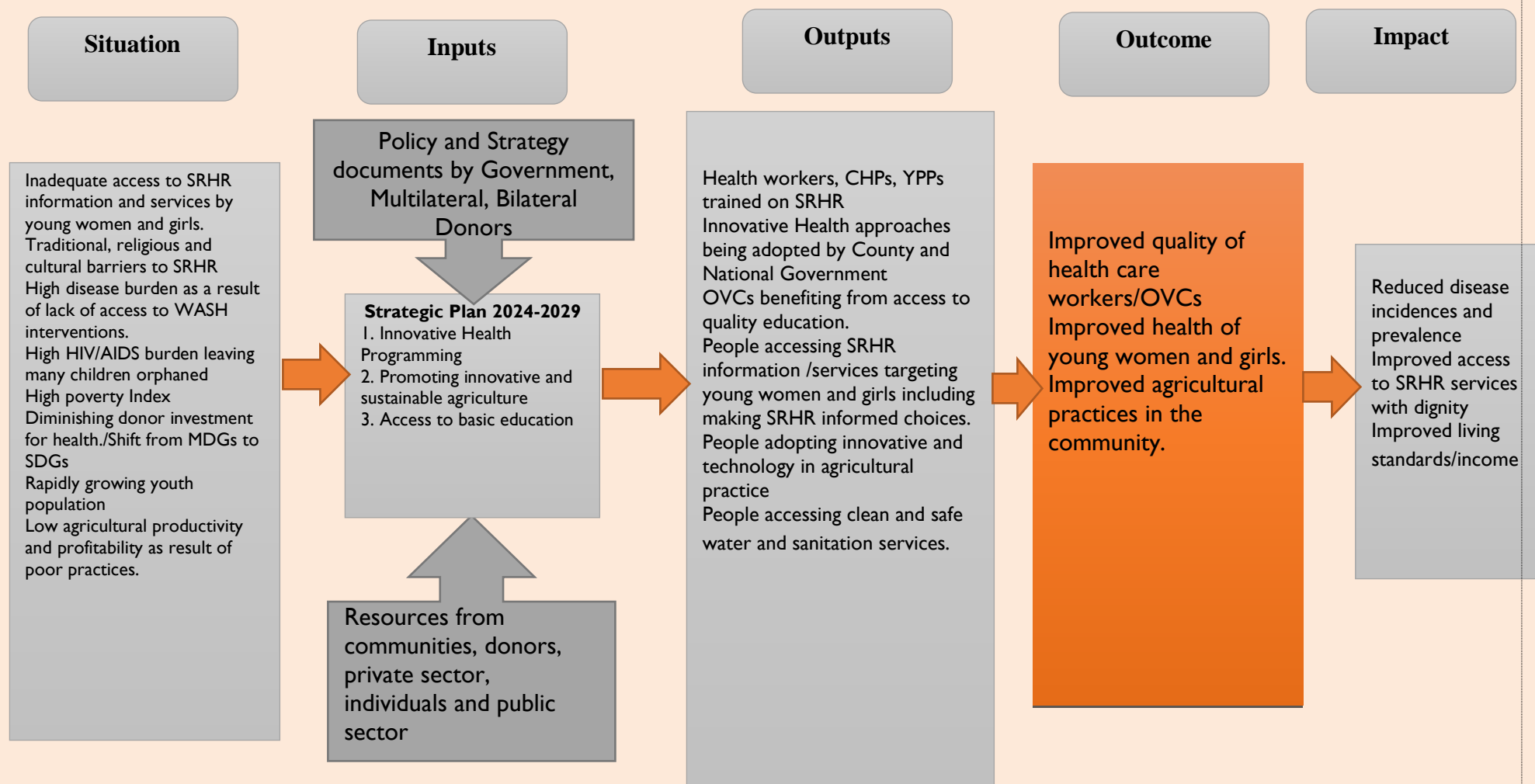
This strategic plan will directly contribute to the following SDGs;

SDG-1: No Poverty
SDG-2: Zero Hunger
SDG-3: Good Health & Wellbeing
SDG-4: Quality Education
SDG-5: Gender Equality
SDG-6: Clean Water & Sanitation
SDG-10: Reduced Inequalities
SDG-17: Partnerships

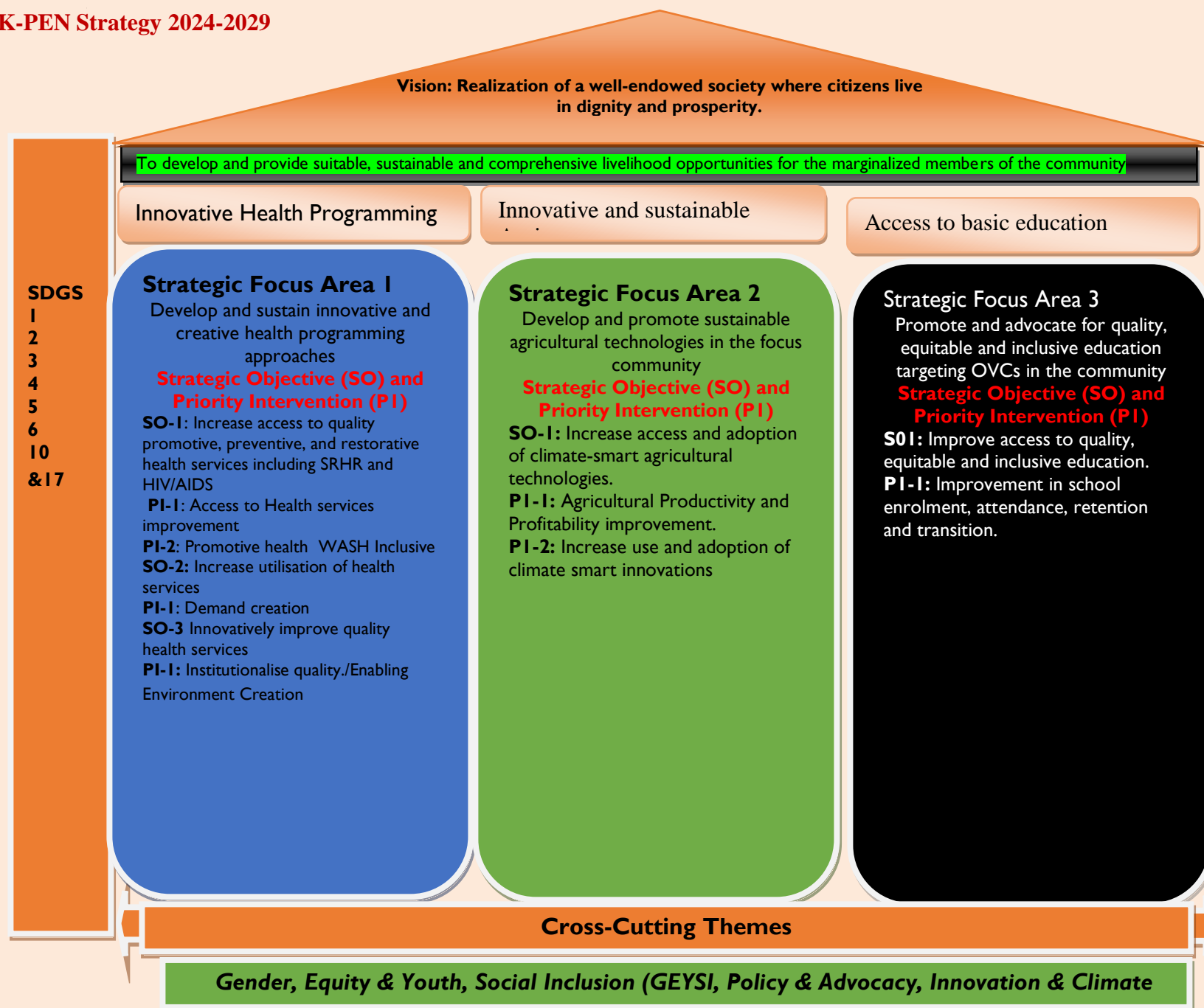


K-PEN Conceptual Framework

K-PEN **Conceptual Framework** to deliver this Strategic Plan is summarized in the figure below;



K-PEN Strategy 2024-2029



Our Targets

30,000

**Improved access to
healthcare services to
30,000 people as a
result of our
interventions**

12,000

**Improved agricultural
productivity and
profitability for 12,000
rural farmers**

4,500

**Improved access to
quality, equitable
education to 4,500
disadvantaged learners**



Pillar 1: Innovative Health Programming

Strategic Priority Area1: Develop and sustain innovative and creative health programming approaches

Context and Gaps.

Similar to global trends, Kenya has made considerable progress in strengthening its healthcare system, with notable improvements in health indicators. The country achieved a total fertility rate of 3.9 in 2014 – the lowest ever recorded in the country, and achieved the MDG indicator target for underweight children in 2015 (KDHS, 2015). Rates of health loss from both diarrhoeal diseases and lower respiratory infections have fallen by nearly 50% in the last two decades, though the burden of these diseases among very young children is still high. Malaria deaths had fallen to an all-time low of 18.8 deaths per 100,000 population in 2013, a nearly 80% decrease since 1990 (IHME & MoH, 2016). Following the epidemic's peak in 2005, deaths from HIV/AIDS had decreased by more than 50% for both males and females in 2014, due to reduced incidence of new cases and improved survival rates of people living with HIV/AIDS. However, the emerging epidemic of NCDs and related risk factors may reverse Kenya's recent gains in health, unless urgent and deliberate actions are taken (IHME & MoH, 2016).

Despite these improvements, huge disparities exist across and within counties and special groups with differences in the availability of the essential health package, health facilities and health workers resulting in inequities in service use. This is due to demand and supply side barriers in health service delivery including societal norms that hinder utilization of health care services, as well as inherent weaknesses in the health systems. The economic potential of Kenya's growing youth population (65%) has not been harnessed due to early childbearing, with almost one-quarter of women giving birth by age 18 and nearly half by age 20 – posing missed opportunities for the country's development (Kenya Adolescent Strategy, 2015).

Devolution provides an opportunity to transform longstanding inequities including opportunities for county data disaggregation, ensuring that geographical and socioeconomic inequities in health can be identified up to the village level, needs to be prioritized, and resources allocated equitably to increase coverage and service delivery for under-served areas and populations in the counties. Although secondary and tertiary facilities have historically been allocated 70% of Kenya's health budget, the Kenya Health Policy 2014-2-30 highlights the benefits of a primary and community health care

approach, increased investment in primary health care with per capita outpatient visits subsequently increasing in recent years.

Kenya is also implementing the **Community Health Strategy**, despite limited financial backing or commitment of funds for community health from the government. Kenya Poverty Elimination Network (K-PEN) will leverage these policies, opportunities and partnerships within the devolved system of government to influence policy by developing innovative models that will contribute to improved access to and utilization of quality preventive, and restorative health services in Kenya. The service package that we will focus on includes the following:



1.1 Strategic Objective 1: Increase access to quality promotive, preventive, and restorative health services including SRHR and HIV/AIDS

1.1.1 Primary Intervention: Access to Health services improvement

We will provide integrated and holistic facility and community-based health services (promotion, disease prevention, restorative and strengthened referral mechanism) that meet community needs. K-PEN will build and improve on various interventions used in the past; strengthening social and behaviour change interventions, promoting appropriate sanitation and hygiene, increasing access to SHRH information through innovative platforms like Auntie Jane Kenya, TICAH Toll-Free number, strengthening the use of Youth Peer Providers Approach and Sports for SRHR. We will utilize the community health strategy through continued engagement of Community Health Promoters (CHPs) and community Health Assistants (CHAs) to educate and sensitize the community on our key priority areas; WASH, SRHR, TB, HIV/AIDS, integrated and holistic community outreaches, community dialogue days and community resilience initiatives in programming-to deliver sustainable high impact interventions to communities. We will actively involve youth and adolescents in the design and implementation of programmes to increase access to quality health services. K-PEN will work closely with the County and National Government to increase youth access to the already established Youth Friendly Centres for counselling services, and SRHR concerns including HI/AIDS testing. Strengthen referral health services between communities and health facilities. We will build alliances with the communities we work with to strengthen a referral and counter-referral network that will link

communities to health facilities which we believe will address certain SRHR challenges women and young girls experience in the rural communities. We will work with our network of community health promoters, opinion leaders, and Traditional Birth Attendants (TBAs) and build their capacities to ensure a seamless flow of health services. We will also engage the counties to strengthen the enabling environment through evidence-based advocacy and policy development. In addition, we will work with civil society, the private sector, governments and communities to co-create and implement sustainable solutions that increase access to and quality of health services. We will build partnerships with stakeholders in health as well as private sector players and civil society organizations to improve the delivery of sustainable healthcare services in the rural community that we serve. Further, through this strategy, K-PEN will work with like-minded partners and stakeholders to promote the development and use of low-cost modern technologies to enhance SRHR access, and HIV/AIDS awareness creation.

1.1.2 Priority Intervention: Promotive Health including WASH

Work with households to reduce the causes of disease. We will work with communities to increase their knowledge in best practices for disease prevention and promote appropriate health-seeking behaviours by employing contextualized social behaviour change interventions. We will package and disseminate health information to improve Knowledge, Attitude and Practice in the community. K-PEN will partner with communities, government and other stakeholders in the development of various knowledge products for appropriate health messaging. To reach the youth, we will utilise multimedia platforms for the dissemination of age-appropriate health promotion messages targeted to adolescents and the youth.

1.2 Strategic Objective 2: Increase Utilization of Health Services

1.2.1 Priority Intervention: Demand Creation

We will develop community-centred affordable innovative solutions that bridge the health systems gaps at the community level. Promote social behaviour change (SBC) interventions in health care. We shall work very closely with CHPs and other development partners to design and implement Behaviour Change Interventions (BCI) aimed at challenging retrogressive cultural practices and beliefs that influence the utilization of health services, and access to SRHR service. In addition, we will promote gender-responsive interventions to increase the involvement of men in household health-seeking behaviour. To address gender inequity, K-PEN will ensure that all programmes promote gender-sensitive interventions. We will work with the youth to ensure active participation in designing and implementing health interventions to increase the uptake of health services by adolescents and youth

including SRHR. We will adopt the use of modern technology to reach out to adolescents and the youth in all programme areas while ensuring that we provide age-appropriate information on sexual and reproductive health and rights. In addition, we will partner with other institutions in the private sector and Government to engage youth in and out of school and empower them holistically by addressing social, health, educational and economic challenges affecting them.

1.3 Strategic Objective 3: Innovatively improve the quality of health services

1.3.1 Priority Intervention: Institutionalize quality

Enhance quality assurance mechanisms for health services: To ensure that quality is embedded within our interventions, K-PEN will mainstream continuous quality improvement (CQI) across all programme/Project areas. We will institutionalize quality audits and reward systems based on the delivery of quality health interventions.

Promote community-centred quality of care: K-PEN will promote community participation in designing and assessing the quality of health interventions through the use of quality models such as; Partnership Defined Quality (PDQ)⁸ and client satisfaction surveys. This will assist in eliminating social and cultural barriers in the provision and utilization of health services, strengthen community capacity for social change as well and create mechanisms for rapid mobilization around health priorities intervention areas.

⁸ *Quality improvement activities through partnership involving health providers and the community*



Pillar 2: Innovative and Sustainable Agriculture

Strategic Focus Area 2: Develop and promote sustainable agricultural technologies in the focus community

Context and Gaps

Innovative and sustainable agriculture is crucial for addressing global challenges such as food security, environmental degradation, and climate change.

The importance of agriculture has been emphasized in Kenya through **Vision 2030**, the **Medium-term Plan III**, and most recently the President's Big Four priority agenda for 2017-2022, which emphasizes the importance of 100% food and nutrition security for all Kenyans.

Agricultural transformation is critical to growing the economy, reducing the cost of food, alleviating poverty and delivering 100% food and nutrition security. Every Kenyan should have access to affordable and nutritious food. Over 18 million Kenyans earn income from agriculture. The country's economic growth therefore depends on enabling these people to achieve food and nutrition security and contribute more fully to the economy.

While food and nutrition security is a national mandate, the counties must be at the centre of its implementation. National and county governments must work together to create a healthy population and an economy resilient to the risks that threaten the welfare and livelihoods of many Kenyans and destabilize the economy through droughts, pests diseases, and global price shocks. To transform Kenya's agricultural sector and make it a regional powerhouse, the Government has formulated the Agricultural Sector Transformation and Growth Strategy (ASTGS). The Strategy is based on the belief that food security requires a vibrant, commercial and modern agricultural sector that supports Kenya's economic development sustainably and its commitments to regional and global growth.

More than 15% of Kenya's land mass (21 million acres) is classified as high-potential agriculture zones. Of this, 18 million acres are under agricultural production, mostly by small-scale farmers with plots of 1.2 acres or less. Less than 14% of total agricultural land is farmed by commercial growers who have plots of 250 acres or more. A further 20% is classified as medium-potential zones that can sustainably farm livestock and drought-tolerant crops. Finally ~65% of Kenya's total land mass is classified as marginal agriculture-potential zones that are largely suitable for ranching and pastoralism where land is available

"Every person has the right to be free from hunger, and to have adequate food of acceptable quality."

Article 43, Constitution of Kenya (2010)

Kenya agriculture is characterized by both very small landholdings (0.3–3 ha) and extremely limited irrigation (less than 0.16% of arable land). This poses the greatest challenge on sustainably intensifying agricultural productivity. However, intensive agriculture using sustainable land management (SLM) practices with basic irrigation presents an opportunity for redressing this issue. While continuing to rely on traditional practices, Kenyan farmers are also embracing new and improved technologies, as evident in dairy and horticulture production systems. These value chains have the potential to generate

enough revenue to enable farmers to invest in promising CSA interventions, such as the use of forage (improved feeding systems) and irrigation (water management practices).

The climate-smart agriculture (CSA) concept reflects an ambition to further integrate agricultural development and climate responsiveness. CSA aims to achieve food security and broader development goals under a changing climate and increasing food demand. CSA initiatives sustainably increase productivity, enhance resilience, and minimize greenhouse gas (GHGs) emissions. Increased planning is vital to address tradeoffs and synergies between the three pillars: **productivity, adaptation, and mitigation**⁹

Kenyan agriculture faces productivity and food security challenges tied to a lack of inputs and irrigation, limited access to markets, market information and training/extension services, all of which thwart agricultural investments and create further gender inequalities and inequities. In 2011, about 3.5 million people were declared food insecure in Kenya, with significant numbers facing catastrophic conditions after consecutive years of below-average rainfall that have resulted in one of the driest years since 1950.

Internationally, Kenya has been actively engaged in conversations on mainstreaming climate change into agricultural policies, plans, and actions. The country is a signatory to the United Nations Conventions on Combating Desertification (UNCCD), Climate Change (UNFCCC) and Conservation of Biodiversity (UNCBD). Kenya has submitted two national communications to the UNFCCC and has ongoing integrated policies strategies and operational plans for climate change. Regionally, Kenya is implementing the Comprehensive Africa Agriculture Development Programme (CAADP) Framework (2010) and the East African Community Climate Change Policy (EACCCP). Both of these frameworks emphasize sustainable land and water management for improved agricultural productivity through research, technology adoption and dissemination, and agricultural GHG emissions reduction and, if harmonized, have the potential to deliver important on-the-ground results regarding CSA.

Kenya Poverty Elimination Network will continue to engage with other development partners to empower local farmers in various value chains like Poultry, Dairy, Sweet Potatoes and Cage fishing to improve their productivity and profitability besides enhanced household nutrition.

2.1 Strategic Objective 1: Increase access and adoption of climate-smart agricultural technologies.

2.1.1 Priority Intervention: Agricultural Productivity and Profitability improvement.

Improving agricultural productivity and profitability is essential for ensuring food security, increasing incomes for farmers, and promoting sustainable agricultural practices.

Community-Supported Agriculture (CSA): K-PEN will promote a partnership between consumers and farmers, where consumers subscribe to receive regular deliveries of produce directly from the farm. This will foster community engagement, provide farmers with a stable income, and reduce the environmental impact associated with long-distance transportation.

⁹ Women make up 43% of the agricultural labour force in developing countries, ranging from 20% in Latin America to 50% in Eastern Asia and sub-Saharan Africa [4].

Implement sustainable soil management practices, including cover cropping, conservation tillage, and organic matter incorporation. Healthy soils contribute to improved crop yields and reduce the need for synthetic fertilizers.

Capacity Building: K-PEN will provide farmers with training and education on modern farming techniques, technology adoption, and sustainable practices. Enhancing farmers' knowledge and skills contributes to improved decision-making and increased productivity.

Market Access and Value Chain Integration: K-PEN will facilitate access to markets and strengthen value chains to ensure that farmers receive fair prices for their produce. Direct market linkages, cooperative models, and partnerships with agribusinesses will enhance profitability.

Financial Inclusion: K-PEN will work closely **with financial institutions and micro-financial institutions** to improve farmers' access to credit, insurance, and financial services. Financial inclusion will enable farmers to invest in modern inputs, machinery, and technologies that can enhance productivity.

Data-driven Decision-Making: K-PEN will utilize data analytics and farm management software to make informed decisions about planting, harvesting, and resource allocation. Data-driven insights lead and support the local small-holder farmers to more efficient farming practices and increased profitability.

2.1.2 Priority Intervention: Increase the use and adoption of climate-smart innovations

K-PEN will work closely with the National and County Department of Agriculture and Livestock to promote climate-smart agriculture which will involve practices that adapt to and mitigate the effects of climate change. These innovations to be promoted among small-holder farmers include crop diversification, improved water management, and the use of climate-resilient crop varieties.

Climate-smart agriculture will help the farmers in Migori and Homa-Bay Counties cope with changing weather patterns, reduce greenhouse gas emissions, and build resilience in the face of climate-related challenges.

Circular Agriculture: K-PEN will work with small-holder farmers to minimize waste and maximize resource use efficiency by closing nutrient loops, recycling organic matter, and reusing by-products. This will help reduce environmental impact, lower input costs, and contribute to a more sustainable and resilient food system.

By adopting a holistic approach that combines technological innovation, sustainable practices, and supportive policies, it is possible to enhance agricultural productivity and profitability while promoting environmental sustainability and resilience in the face of challenges such as climate change and market fluctuations.



Pillar 3: Access to Basic Education

Strategic Focus Area 3: Promote and advocate for quality, equitable and inclusive education targeting OVCs in the community

Context and Gaps

OVC, or Orphans and Vulnerable Children, education is a critical global concern. These are children who have lost one or both parents, often due to factors such as HIV/AIDS, poverty, conflict, or other vulnerabilities. Ensuring their access to quality education is essential for their well-being, empowerment, and breaking the cycle of poverty.

Ensuring access to quality education for OVC globally requires a comprehensive and collaborative approach that addresses their unique challenges and vulnerabilities. It involves not only educational interventions but also broader efforts to create supportive communities and systems that prioritize the well-being and development of these children.

Poverty impacts negatively on children as they are deprived of their basic needs to survival, protection, participation and development. Vision 2030 aims at making “Kenya a newly industrializing, middle-income country providing high-quality life to all its citizens in clean and secure environment by the year 2030”. The Vision 2030, within its Social Pillar Sector, has indicated that the government will address the needs of vulnerable groups, which include OVC, disabled, the aged, refugees and internally displaced persons through various strategies. These strategies include reducing deaths through HIV and AIDS, enhancing support to orphans and vulnerable children through policy development and support of safety nets such as cash transfer schemes for OVC.

Kenya’s population is estimated to be 35.5 million of which approximately 14.9 million are children below the age of 14 years (Kenya Integrated Household Budget Survey - KIHBS 2005/2006). The mean size of a Kenyan household is 5.1; households in rural areas have an average household size of 5.5 members while those in urban areas have an average of 4.0 members (KIBHS). The national absolute poverty is estimated at 46%. In rural areas, overall poverty declined from 52.9% in 1997 to 49.1% while in urban overall poverty declined from 49.2 per cent in 1997 to 33.7 % in 2005/2006.

The ultra-poor in Kenya is estimated to be 19.1%. Rural areas have the highest percentage (21.9%) while urban areas have a lower percentage (8.3%) of the ultra-poor (KIHBS)¹⁰.

In 2003 the UN estimated the total number of orphans to be over 43 million which is 12.3% of all children in the region. This is an increase of over 1/3 since 1990. According to Spiegel (2004), the highest concentrations of orphans are in countries that have a high HIV prevalence level or recently have been involved in armed conflict. Even though children lose their parents for many different reasons, the issue of HIV/AIDS is hard to avoid when talking about orphans and vulnerable children. HIV/AIDS is the leading killer worldwide of people between 15-49 years old. Similarly, orphanhood is the most visible and measurable impact this disease has on children's lives. The number of orphans in the world would be declining if it were not for HIV/AIDS (UNICEF, 2004). By 2010 UNICEF estimates the number of children orphaned by AIDS in Sub-Saharan Africa to reach 15.7 million. The UN states that "the worst is yet to come", as young adults now living with HIV eventually develop AIDS and die, they will leave behind a large number of orphans (UNICEF, 2008; UNICEF, 2003). The number of orphans generally increases with age, hence older orphans greatly outnumber of younger ones (UNICEF, 2004).

These children will suffer long before they lose their parents. They may miss out on their education as they may be taken out of school to care for their sick parents. This is especially a problem for girls as they are often the first ones to be given the responsibility of caring for the sick. Studies show that in addition to being deprived of their education, these children often live in households with less food security and have a higher risk of suffering from anxiety and depression (Richter, 2004).

3.1. Strategic Objective 1: Improve access to quality, equitable and inclusive education.

3.1.1 Priority Intervention: Improvement in school enrolment, attendance, retention and transition.

Kenya Poverty Elimination Network will jointly work with the County and National Government alongside development partners to lobby and advocate for inclusive Education Policies, this will lead to the realization and commitment by the Government of Kenya and international organizations to develop and implement inclusive education policies that specifically address the needs of OVC. These

¹⁰ (National Bureau of Statistics – Basic report on wellbeing in Kenya April 2007)

policies should promote equal opportunities, non-discrimination, and access to quality education for all children, irrespective of their backgrounds.

K-PEN in close working relationships with partners, guardians, and grassroots structures will prioritize access to primary education for OVC. This will involve removing financial barriers, providing school supplies and uniforms, and ensuring that schools are physically accessible.

Engage communities in supporting OVC education. K-PEN will mobilize community resources, involve local leaders, and encourage community members to take an active role in advocating for and supporting the education of OVC.

Microenterprise Development: K-PEN will support the establishment of small businesses or income-generating activities for caregivers that can have a positive impact on OVC households. This will involve training in entrepreneurship, financial management, and market access interventions.

Vocational Training Programs: Offering vocational skills training to older OVCs can enhance their employability. Skills such as tailoring, carpentry, and computer skills may be included in these programs. K-PEN has been able to support over 500 girls and boys with these skills with financial support from Egmond Trust-UK and will continue to look for like-minded partners to support this kind of initiative. Collaborative efforts involving local communities, NGOs, and government agencies are crucial for the sustainability and impact of such initiatives.

Cross-Cutting Themes

The Strategic Plan shall integrate the following cross-cutting themes to achieve Kenya Poverty Elimination Network (K-PEN) strategic objectives.

Gender, Youth, Equity & Social Inclusion	<p>Gender, Youth Equity, and Social Inclusion are critical considerations in building a just and equitable society. K-PEN will address these issues by challenging stereotypes, dismantling barriers, and promoting policies and practices that create inclusive environments for all individuals, regardless of their gender, age, or background.</p> <p>Various international frameworks, such as the United Nations Sustainable Development Goals (SDGs), include targets related to gender equality, youth empowerment, and social inclusion. Achieving these goals requires coordinated efforts at local, national, and global levels that K-PEN will mainstream in its projects to help achieve them.</p> <p>Youth equity focuses on ensuring fairness and justice for young people. K-PEN will endeavour to provide equal opportunities, resources, and protections to individuals in the youth demographic in its programming. We shall address the challenges including access to education, employment, healthcare, and participation in decision-making processes. We believe that addressing youth equity aims to empower young people and promote their well-being.</p> <p>K-PEN will address gender equality and equity such as gender-based discrimination, stereotypes, and the unequal distribution of resources and opportunities between men and women.</p>
Policy and Advocacy	<p>K-PEN will through collective efforts in policy and advocacy contribute to a more inclusive, just, and responsive governance system. We believe that by providing a platform for citizen engagement, we shall help ensure that diverse voices are heard in the policymaking process, fostering a more democratic and accountable society.</p>
Innovation	<p>We shall leverage on the existing innovations in health such as mHealth, TICAH Platform, and Auntie Jane Kenya platforms to ensure access to health-related information. At K-PEN we believe that these innovations reflect the ongoing efforts to leverage technology and creative solutions to address</p>

	challenges and enhance outcomes in health, agriculture, and education. Continued advancements in these areas hold the potential to positively impact the well-being of individuals and communities worldwide.
Climate Change	K-PEN acknowledges that addressing climate change requires global cooperation, comprehensive policies, and individual actions. It involves transitioning to sustainable energy sources, protecting ecosystems, and implementing strategies to build resilience in the face of inevitable changes. K-PEN will ensure continued collaboration and a collective effort across sectors which are crucial to mitigating the impacts of climate change and creating a more sustainable future.

Bold Steps

To ensure smooth and all-inclusive internal management, K-PEN will focus on the following in their strategic plan 2024-2029.

Visibility	Increase visibility by participating in TWGs, local and international conferences and producing publications in scientific and non-scientific media as part of our thought leadership agenda
People	K-PEN will embark on a culture change process, and improve our human resources management practices.
Resource Mobilization	Diversify the K-PEN funding base from the current 1% to 27% by 2029, while growing at the rate of 10% annually. We will achieve this by increasing our efforts in social enterprises, local giving and working with the private sector.
Quality Control	Implement total quality management through Continuous Quality Improvement (CQI) which ensures focus on the communities we serve, involvement of all employees, centred on improving processes, strategic and systematic approach and continual improvement.

Resource Mobilization

Based on past experiences and future projections it is expected that KPEN will mobilize funds and other resources from several sources which include but are not limited to:

- Development of proposals for various programmes/projects within the thematic areas for funding from government and development partners.
- Provision of consultancy services to various individuals and institutions.
- Resources inputs/contributions (human and non-human) through partnerships, networking and collaboration.
- Charging for services such as small loans lent out at low-cost.
- Volunteers inputs in terms of skills, time and other resources.
- Donations and grants from individual and institutional well-wishers.
- Various fundraising strategies and events.

In addition to various funding and resource mobilization initiatives, KPEN will also be responsive to cost-reduction and cost-effectiveness mechanisms and ensure overall efficiency and effectiveness in all its administrative and operational (programmatic) activities, within the wider sustainability strategies that it will develop and implement.

Risk Analysis and Mitigation

K-PEN has considered the likely risks it will face in the implementation of this Strategic Plan. Annex 2 highlights the key internal and external risks and mitigation measures we will take.

Monitoring and Evaluation

The overall purpose of Monitoring and Evaluation (M&E) is to track inputs, activities (processes) outputs and ultimate outcomes (impact) of the strategic Plan implementation. It is a process of ensuring that resources are spent as planned within the framework of strategic plan projections and the Annual plan of operations which will be developed by the secretariat yearly.

Specifically, KPEN Monitoring of the strategic plan implementation will assist in:

- a. Checking whether the implementation is on schedule as planned (work plans are followed as closely as possible).
- b. Assisting in making adjustments and corrective action when necessary.
- c. Keeping management and stakeholders informed on time.
- d. Assisting in making timely solutions where bottlenecks are identified.
- e. Checking that allocated resources are used efficiently and effectively.
- f. Ensuring that inputs are ready on time.

Evaluation is defined as a periodic assessment of the relevance, performance, efficiency, effectiveness and impact of the activities of the project. The ‘relevance’ will respond to what extent the project interventions do respond to the needs and priorities of the target population. **Efficiency** focuses on whether available resources (financial and non-financial) have been optimally used while **effectiveness** responds to the question of the extent to which the beneficiaries are benefiting from the project as formulated in the project purpose.

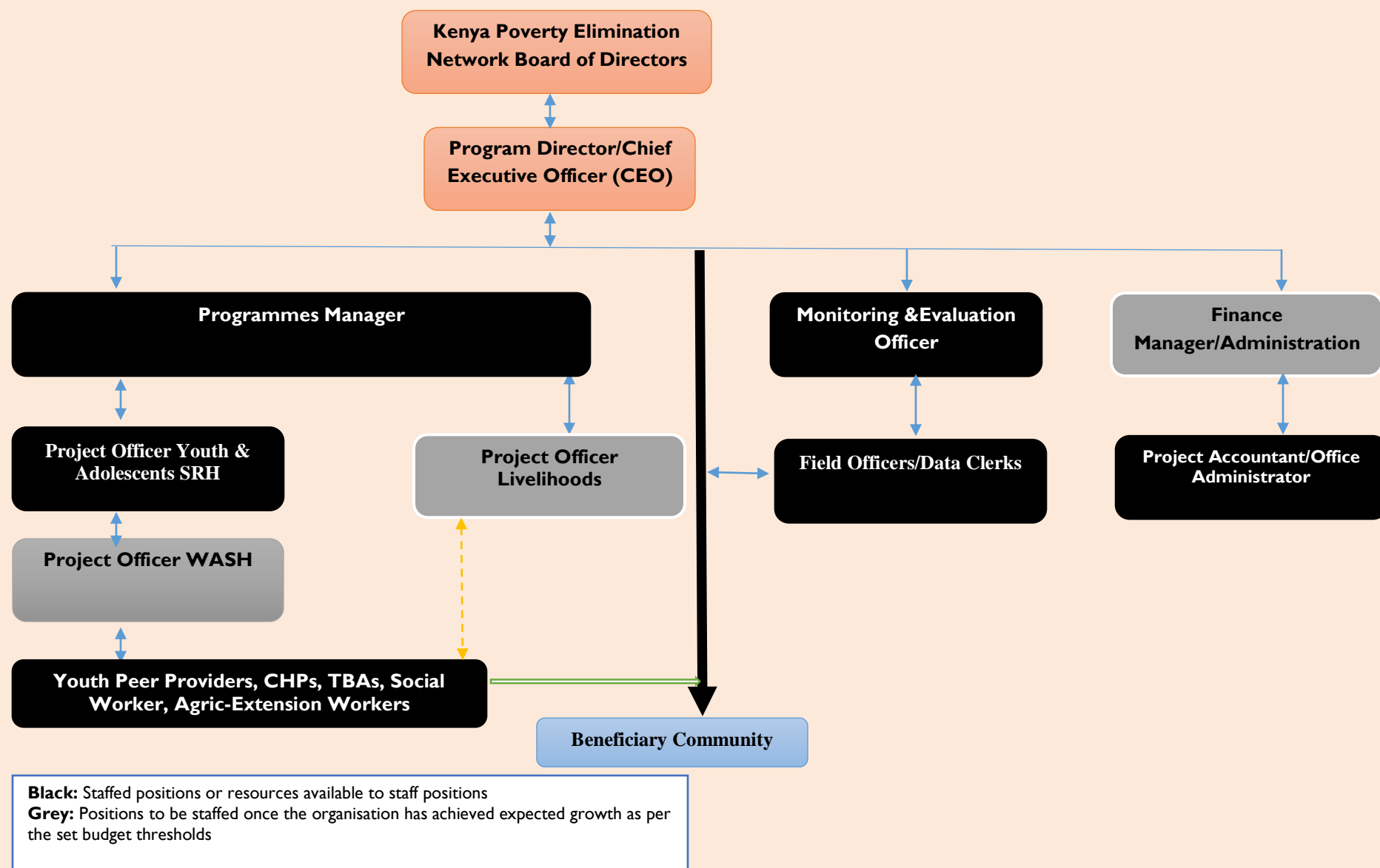
The purpose of the evaluation is therefore to improve the KPEN program/project planning and management; to strengthen the organization; promote institutional learning and inform policy. This will cover an assessment of the changes made as a result of the implementation of the project. It is strongly advised that KPEN should factor in a mid-term evaluation and end-of-plan evaluation in its year 2 and 3 annual plans of operations respectively to gauge its performance in this plan period.

The organisation will remain accountable to stakeholders by disseminating M&E findings to key stakeholders in the form of best practices, reports, and fact sheets relayed through digital and traditional media and conferences. A deliberate effort will be made to reflect on our models, technical challenges, and achievements to improve the quality of programming and inform advocacy.

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Annex 1: K-PEN Organogram



Annex 2: PEST and S.W.O.T Analysis

Political environment	Economic environment
<ul style="list-style-type: none"> i. Establishment of National Syndemic Diseases Control Council under section 3 of the State Corporations Act, Cap 446 to manage HIV/AIDS, Sexually Transmitted Diseases, Tuberculosis and lung diseases.. ii. Political interests hinder some crucial health-related bills or policies from being tabled or enacted and even implementation. iii. Inadequate budgetary allocation by both National and County Government to support health interventions. iv. Inequitable resource distribution which favour some Counties while limiting others to adequately address health programs. v. Prohibitive/restrictive abortion laws. vi. Devolution of Government services leading to easier access. vii. SRHR Policies enacted viii. The new constitution provides for the right to health and dignity, and outlaws discrimination. ix. Shift from Aid to Trade x. Competition for donor funding 	<ul style="list-style-type: none"> i. More Kenyans are living in poverty, worsening the livelihoods situation of many people living with HIV. ii. There is high unemployment witnessed with the surging youth population especially among the youth which makes them more vulnerable to SRHR challenges including HIV/AIDS and dependency. iii. Government high dependency of on donor support, reducing chances of more allocation to supporting health challenges like SRHR, HIV/AIDS, WASH and low agricultural productivity. iv. Global economic meltdown and recession, making it harder for resources to flow into community programs. v. High inflation in Kenya including the high taxes introduced by the Finance Act 2023, resulting in high prices for basic commodities and the inability of many people to afford decent living or access quality healthcare. vi. Government's high focus on infrastructure development. vii. High level of corruption in Government and society. viii. Devolved Development funds at the community level.
Socio-cultural environment	Technological environment
<ul style="list-style-type: none"> i. Rampant and never-dying cultures that promote new HIV infections. ii. HIV Stigma and discrimination are still high in many parts of Kenya. iii. Cultural beliefs and myths around SRHR/abortion, diseases and poverty. iv. Positive behaviour change communication is 	<ul style="list-style-type: none"> i. Improved computer and mobile phone penetration resulting in access to computers and internet connectivity, enabling greater access to quality, timely and age-appropriate SRHR information and ease of communication. Innovative Agriculture mobile phones-Applications that help

<p>emerging in the population as a result of the K-PEN intervention..</p> <p>v. Ignorance and illiteracy in some parts of the country.</p> <p>vi. Drugs and substance abuse among youth and young women.</p> <p>vii. Limited support to OVCs concerning quality education access.</p>	<p>educate farmers and provide online markets for farm produce.</p> <p>ii. There is greater access to HIV/AIDS, and SRHR information through Twitter, Facebook, Instagram Rado and TV.</p> <p>iii. Improved technology in HIV management e.g viral load, CD4 count testing at health facilities.</p> <p>iv. Presence of mHealth platform, TICAH & Auntie Jane Kenya for SRHR education.</p> <p>v. Opportunity for social media for use in advocacy.</p>
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S.W.O.T Analysis:

Strengths	Strategies for exploitation
<p>i. Skilled and committed staff and volunteers.</p> <p>ii. Well-functioning community health strategy structures</p> <p>iii. Effective networking and referral system.</p> <p>iv. Relevant program focus for the organization</p> <p>v. Good working relationship the National and County Government including the focus community.</p> <p>vi. Registered as a national NGO</p>	<ul style="list-style-type: none"> • Develop and operationalize staff and volunteers motivation strategies. • Define the profile organization showing the structures to partners • Develop more supportive linkages and partnerships with organizations keen to support poverty alleviation work. • Utilize effective linkages and referrals as a strategy for sustainability. • Market the relevant programs for increased resources. • Intensify partnership visibility in projects being implemented; use this for advocacy and fundraising. • Utilize the status to do fundraising.

Opportunities	Strategies for exploitation
<p>i. KPEN's main focus is poverty alleviation and disease control.</p> <p>ii. There is sufficient community goodwill in KPEN activities.</p> <p>iii. There is national legal framework for poverty alleviation and disease control (vision 2030, KNASP III).</p> <p>iv. Political support for community interventions from the highest levels.</p>	<ul style="list-style-type: none"> • Exploit this focus to mobilize for more resources. • Utilize existing goodwill to empower the community and evolve ownership. • Build and formalize networking relationships with the community. • Involve political players in advocacy and resource mobilization. • Network more closely with relevant

v. Presence of more community self-help groups working on poverty and disease control.	<p>ministries for the success of KPEN work.</p> <ul style="list-style-type: none"> • Partner with, mentor and work through the community groups for sustainability.
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Threats	Strategies for mitigation
<ul style="list-style-type: none"> i. High competition for donor funding, especially for health care and poverty reduction work. ii. Shifting donor priorities, eg from Aid to Trade. iii. Competition for resources from similar organizations. iv. Introduction of the Finance Act 2023 introducing high taxes that will prevent many households from accessing healthcare services. v. Prohibitive abortion laws/ social, religious and cultural barriers to SRHR interventions. vi. Poor economic situation in Kenya and the unemployment of huge segments of the population, especially youths in rural areas. vii. Poor agricultural practices in the community that lower productivity and profitability. viii. Low skills and resources to support value addition for farm produce. ix. High increase in the number of OVCs as a result of HIV/AIDS 	<ul style="list-style-type: none"> • Diversify strategies for and intensify fundraising. • Share strategic priorities of K-PEN and understand national and international priorities well. • Improve the quality and relevance of K-PEN programs by aligning them to the SDGs and the Kenya Vision 2030 Pillar. • Plan with unforeseen circumstances in mind. • Work more on livelihoods for youth and women in vulnerable situations. • Work closely with the National and County Governments to scale SRHR, HIV/AIDS and WASH programs. • Intensify resource mobilization and diversify program intervention areas. • Introduce Climate-Smart Agriculture • Build the capacity of farmers and mobilize resources to promote value addition. • Work closely with the National Syndemic Disease Control Council (NDCC) to adopt sustainable solutions to HIV/AIDS prevalence and the Department of Education, and the community to support OVC education.

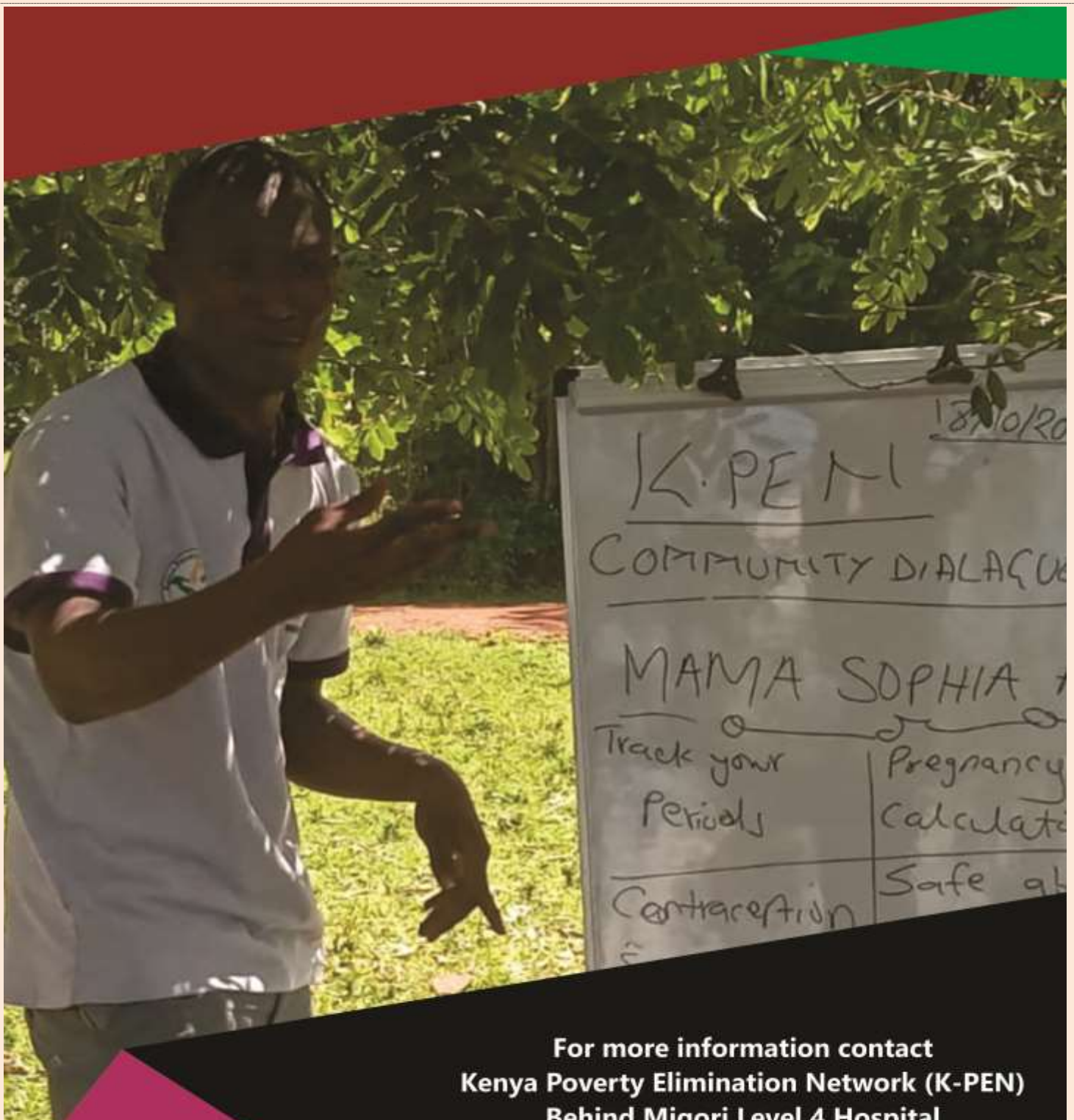
Weaknesses	Strategies for mitigation
<ul style="list-style-type: none"> i. Board members not yet trained on roles, advocacy thus less effective. ii. Inadequate number of Management staff for the program. iii. Inadequate information management and documentation of project work. iv. Lack of several policies for the organization. v. A more vulnerable clientele for poverty alleviation initiatives. 	<ul style="list-style-type: none"> i. Reinvigorate the Board through targeted pieces of training and exposure. ii. Recruit additional Management staff iii. Train staff on documenting learning and deploy accordingly. iv. Develop strategic organizational policies like Safeguarding Policy, Strategic Plan, HR Policy, Finance Operations Manual, Whistleblowing and Anti-Corruption. v. Strengthen the mainstreaming of HIV/AIDS care into poverty alleviation work to make PLWH less susceptible, especially in Migori and Homa-Bay where care may be inadequate.

Annex 3: Kenya Poverty Elimination Network (K-PEN) Strategic Plan, 2024-2029 Dashboard

Flagship Initiatives	Indicator	Indicator Definition	Quarter xxx		%Achievement
			Target	Actual	
PILLAR					
Innovative Health Programming					
Access to health Services Improvement	% of people with access to proper health services/solutions including SRHR	Gaining entry into community health care through advocacy, Community dialogues, SBCS, YPP Model, Sensitization and mobilization, school health integrated SRHR, Sports for SRHR, and Referral linkages. Menstrual Hygiene Management, WASH activities, HIV/ADS awareness creation, Youth Friendly Centres	12,000		0%
Increase utilization of health services	% of people utilizing health services and solutions	Utilization of health care services such as Family Planning, safe abortion services, Malaria treatment, HIV/AIDS Counseling and Testing, TB, WASH and Nutrition	16,000		0%
Enabling Environment	Number of policies/Plans/Regulations delivered/supported	Advocacy and lobbying for SRHR/other health-related policies/Bills/Plans in the County, Support in the development of regulations, County Integrated Development Plans, Annual Work Plans	4		0%
Innovative and Sustainable Agriculture					
Agricultural Productivity and Profitability Improvement	% of farmers registering improved productivity and Profitability	Value chains supported in value addition initiatives, markets linked and accessed by farmers for their produce, linkages to financial institutions, capacity building, filed days	3200		0%
Increased use and adoption of climate-smart innovations	% farmers adopting and utilizing Climate-Smart Agriculture.	Innovations in various Value Chains- Dairy, Poultry, Sweet Potatoes,, Aquaculture	2400		%

Access to basic education					
Improvement in school enrolment, attendance, retention and transition.	% OVC enrolled, retained and achieved transition	Community engagement, resource mobilization, scholarship opportunities, Vocational Training and livelihoods projects	150		0%
CROSS-CUTTING THEMES					
Policy and Advocacy	% of advocacy initiatives being propagated by K-PEN		2		0%
Gender Youth Equity and Social Inclusion	% of K-PEN Projects mainstreaming GYESI	Approaches that value the diversity among both men and women, youth and vulnerable populations	9		0%
Innovation	% of K-PEN projects deploying innovative initiatives to address access, utilisation, quality and demand gap	initiatives addressing challenges that are resisting normal health practice, poor agriculture practices	9		0%
Climate Change	% of K-PEN Project mainstreaming climate change and adaptation	Approaches that respond to addressing climate change mitigation and adaptation	9		0%





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