



Mid-Term Review We Lead

Country Report

Kenya

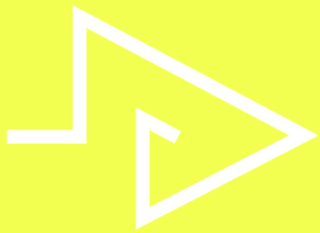
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Table of Contents

Chapter	Page
Introduction	1
Changes in context	2
Young women's needs	5
We Lead contributions	9
Localised Theory of Change	11
Challenges and risks	15
Governance and management structures	17
Recommendations	19
Quantitative data	21



Kenya

Introduction

Introduction

This report provides the outcomes of the Mid-Term Review (MTR) conducted for the We Lead program as implemented in Kenya. The We-Lead program aims to strengthen the influence and position of young women whose sexual and reproductive health and rights (SRH-R) are neglected the most. It targets young women and adolescent girls who: live with HIV; face vulnerability and discrimination; have a disability; and/or are affected by displacement. This mid-term report provides insight into the outcomes of the program, the progress so far, governance, and partnership with other stakeholders.

This report therefore provides a reflection of the program's achievements and challenges at the country level. The findings outlined in this country report have been analysed and deduced following a series of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and surveys with program stakeholders. The MTR data collection in Kenya engaged with 7 Community of Action (CoA) organisations, one consortium member (Positive Vibes), the CoA facilitator in Kenya, and the reproductive Health Coordinator of Siaya County; one of the areas where the program is being implemented. The comprehensive nature of the MTR participants provides insights derived from diverse perspectives from across the program.

The report also provides a summary of the National contextual changes, programmatic adaptations, key needs, program contributions, and risks as derived from the collected data.

The report concludes with deduced recommendations to improve the program's impact for the second half of implementation, based on the suggestions and direction of the program implementers, rights holders, and other stakeholders.

Limitations

No input from the Hivos Program Officer: Due to the restructuring process there was no PO in the period of data collection and the assistant was not available for the interview. A new PO has been recruited but with quite minimal knowledge of the program.

No external input: The MTR plan initially included engaging with external stakeholders such as the Dutch Embassy in Kenya, and National Government representatives among others. This was not possible due to the lack of vibrant engagement with such entities in the country at National level.



Kenya

Changes in context

Changes in context

The design of the We-lead program in Kenya was completed in 2020 while the launch and rollout for its implementation was done in 2021. During the development period the demographic health statistics showed that; Adolescents and young people (10-24 years) make up 24% of the Kenya's population (Ministry of Health Kenya, 2016); One in every five teenage girls between the ages of 15-19 years have begun child bearing (KDHS 2015); Contraceptive prevalence rate among sexually active unmarried girls aged 15-19 years is 49% and 64% among those aged 20-24 years; Comprehensive knowledge of HIV among youth stood at 57% for young women and 64% for young men; The rate of condom use was 61% and 75% among young men and young women respectively (Kenya National Bureau of Statistics, 2015); Abortion complication fatality rate; girls aged 12 and 19 years constituted 34% of patients presenting for post-abortion care in Kenya with almost half, 47% being unmarried (Ushie, Izugbara, Mutua, & Kabiru, 2018); HIV: 29,000 youth aged between 15-24 years get infected with HIV every year while 17% of all AIDS related deaths occur among adolescents and young people (Ministry of Health Kenya, 2016).

In the course of implementation of the We-Lead project in the past 2 years there have been several changes in the country's context, some positive and others negative. At National level, Kenya held its general elections on August 8th 2022 ushering in a new political leadership at both the county and national levels.

The campaigns and election period slowed progress in the implementation of most program activities while increasing uncertainties and fears due to safety and security about election outcomes. There were also shifts in priorities by policy makers and duty bearers towards activities for political expediency at the expense of other critical development initiatives as evidenced by the health budget cuts in several counties where We Lead implements. In terms of the election outcomes, more women and youth were elected in various political offices in 2022, with some of them being progressive on SRH-R issues and potential allies based on their past pronouncement on SRH-R advocacy. There is already a draft Reproductive Health Care Bill (2023) ready for tabling by one of the progressive female members of parliament in the National Assembly. This is the 3rd time the bill is being proposed in the Kenyan National Assembly. The last two times, including in 2019 it was rejected by members of the lower house of parliament.

According to the National Council on Population and Development (NCPD) and Ministry of Health (MOH), Kenya has lately seen an increase in new HIV infections and rates of sexual and gender based violence amongst young people. The latest Kenya Demographic health survey (2022) shows that Nationally the rates of teenage pregnancies have reduced but have alarmingly increased in certain Counties such as Samburu County where the rates of teenage pregnancies is at 50%. This has shifted more attention to addressing teenage pregnancies under the End Triple Threats Campaign by the government.



Kenya

Changes in context

The program has aligned with this initiative, doubling effort on delivery of correct SRH-R information especially on digital platforms to ensure that young women are equipped with accurate knowledge to safeguard their bodily autonomy.

In the period between 2020 and 2022, a number of SRH-R laws and policies were launched including: The Reproductive Health Policy (2022), the Children's Act (2022) and Adolescents Guide to Reproductive Health (2021); A refugee act was passed by parliament (2022) thus making it easier for advocacy by the CoA working with internally displaced persons. Kilifi county; one of the regions the program is implemented in, launched a disability act which is expected to guide in the programming for Persons with Disabilities (PWD's) in the county. On the law, the Supreme court ruled in 2023 on freedom of association by all Kenyan citizens including queer persons has seen to it that queer people in the country can legally register organisations under the Kenyan Law as per the constitution. On the flipside this has also contributed to a lot more discrimination upon queer people.

Despite the above progress in policy formulation, the role of CSOs including the CoA members has been minimised significantly at National level, with CSOs working in the SRH-R space not being meaningfully involved in various decision making spaces ; speaking to the growing shrinking space for the CSOs in the country. There have as well been withdrawals from regional commitments that have led to changes in advocating for access to sexuality education in the country.

Kenya pulled out of the Eastern and Southern Africa Ministerial commitments that offered a foundation to provision of youth friendly services (YFS) and Comprehensive Sexuality Education (CSE), thus no framework backup exists to hold the government accountable in provision of CSE; There has been quite a delay in the review of the National Adolescents Reproductive Health Policy 2015 and at regional level the endorsement of the East Africa SRH Bill 2021 has also stalled with members of the East African Legislative Assembly (EALA) not coming to a consensus on various SRH issues included in the bill. All the withdrawals and delays have created a gap in providing policy frameworks for advocating for quality SRH-R for women, girls, PWDs, and young people in all their diversity.

Inflation rates have also increased gradually since 2020 with the cost of living going up tremendously. According to the CoA members and Right Holders, this led to the heightened vulnerability of adolescents and young girls especially from informal settlements in effect increasing the need for quality SRH-R information and service interventions.



The changes that are happening in policy and law currently will force us to rethink how young women will get comprehensive reproductive health services

1-1 interview with CoA member





Kenya

Changes in context

Adaptations made to the program in response to shifting context

The program in Kenya made key adaptations in response to significant shifts in the context in Kenya. These adaptations were necessary to address the challenges posed by a complex and rapidly changing environment.

Virtual engagement of right holders: With growing insecurity towards LGBTIQ+ persons and demonstrations due to the high costs of living and political unrest, CoA members have seen it difficult to convene everyone physically and have therefore incorporated online platforms as a mode to reach more Right Holders.

Creating allies from different sectors: Given the backlash that most of the CoA members and right holder groups have faced in the community and at National level on their engagement with “sensitive” SRH-R issues, CoA members have created relationships with the members of the community including religious leaders, the media, health care workers, government representatives and other relevant stakeholders . who support SRH-R and can support their work at different levels in the country.

Budget adaptation: In the design of the program, all budgets covering similar things were given on a flat rate basis, however the implementation of the program showed that other young women travelled from hard-to-reach areas and others were required to come into workshops with an aide. The program therefore specifically from the host organisation level adjusted their budgets to cater for the different groups who needed additional costs to cover their participation in different engagements.

Media engagement: The media remains one of the greatest forms of dissemination of SRH-R knowledge for the CoA. To maximise on their reach and make up for the slow start of implementation of the program, the CoA has continuously worked with both mainstream and social media platforms offering comprehensive SRH-R knowledge, addressing misinformation about various topics such as the need for quality SRH-R for all the four Right Holder Groups.

County level advocacy: The project is intentional in ensuring the CoA participates in National and county level advocacy for SRH-R issues faced by all the four right holder groups. Navigating the advocacy space in Kenya requires identifying allies and creating relationships with progressive policy makers at all levels. Therefore, to ensure swift implementation of the program’s advocacy activities, CoA members engaged with county level policy actors such as the Reproductive Health (RH) coordinators who have helped to propel the We-lead agenda at decision making spaces in the county and have shown commitment in upholding the rights of the different right holders.

Flexibility in project implementation: The campaign and election period for the last general election lasted for more than a year and later the country was faced with demonstrations caused by political issues. At the same time LGBTIQ+ groups have gone through several challenges with homophobic attacks and discrimination taking place. The program therefore had to find ways to ensure implementation continues while ensuring safety of the CoA and the right holders.



Kenya

Young women's needs

This was done in several ways:

1. Halting of activities during the voting period to reduce any probabilities of safety risks.
2. Bringing right holders to workshops a day ahead of the meeting days to ensure they only travel during the day and their safety is taken care of.
3. Aligned project activities with government priorities thus implementing activities concurrently with them to avoid attacks in marginalised areas.

Young women's needs

CoA members, consortium members, county government representatives and right holders that participated in the mid-term review of the We-Lead program shared various reasons that motivated them to join or work with the program, which can be summarised as follows:

Participants shared that the We-Lead focus areas are personal to them, in that they are living the realities that the program is addressing and thus working on the program is not just work but a mission in their lives.

My father after suffering from prostate cancer after a long time got a mobility disability, my cousin as well had epilepsy and passed away later because of lack of a caregiver and my aunt also is living with a disability and is faced with the many challenges that women with disabilities go through everyday. I am therefore passionate on the change We Lead aims to bring and I'm happy to work on a program that addresses these challenges.

Connecting space: The We Lead program; as shared by all the groups of the right holders who participated in the MTR process, has given them a chance to connect with each other, share their challenges with peers who understand them, find solutions together, encourage and support each other.



We Lead provided an opportunity for the young women in my community with similar challenges to connect, share their experiences and learn from one another.



Partnership with the government: A government representative shared that they were motivated to join the program because of the unique nature of the program's target audience. He also shared that the government has a duty to reach all young women in their diversity since they are not always able to do that alone. Therefore, We-Lead provided an opportunity to work together at community level which helps to reach more young women with SRH-R knowledge and services.



It's the duty of the government to support reproductive health and its also important to work closely with partners to achieve quality results.





Kenya

Young women's needs

Reach of minority groups: Participants felt that the We Lead program is one of the few which deliberately reach minority groups and gives them the opportunity to learn and engage in different program activities and not necessarily seeing them as just beneficiaries.

I lead about four to five programs and We-Lead is my favourite because of the intersectionality it brings.

Opportunity for organisations: Some of the CoA members shared that they were motivated to join the We-Lead project because it aligned with their organisational values and as well gave them an opportunity to work with more minority groups benefiting their target population.

We Lead is a program with a wide range of impact and involving different minority groups that we work with, and I have passion for. The intersectionality in the beneficiaries the program serves, and geographical coverage has helped my organisation get into new grounds.

Integration of SRH-R with the different lives of the right holders: The right holders shared they were interested to join the We Lead program because it gave them the opportunity to understand how SRH-R connects with their lives.

I was interested in understanding what SRH-R is, how it connects with Persons With Disability and how to frame language on SRH-R and We Lead provided that opportunity.

Most important needs for young women

The needs of the young women as shared by the right holders and the CoA are as follows:

Access to contraceptives: More than half of the participants of the MTR agree and share that young women need access to comprehensive SRH-R services that are youth friendly and non-discriminatory to the different right holder groups.

Many young women in my community do not know how to access RH services and at the hospital there are always stock outs of RH commodities.



Kenya

Young women's needs

Elimination of discrimination against young women with disabilities: Respondents shared that young women with disabilities are still being mistreated by their families, the community and health care providers. Some are forcefully medically sterilised, so they are never able to make the choice of starting a family or not.

“Parents sterilise young women with disability without their consent as a way of preventing unintended pregnancies.”

Involvement of persons with disabilities: The We Lead program is just one of very few programs that reach young women with disabilities. There's still a need to reach more persons with disabilities and educate them on their sexual and reproductive health rights.

“Involvement of more persons with disabilities in all their diversity in programs such as We Lead where they can be empowered about SRH information and services and as well understand their rights.”

Insecurity: This is especially so in communities of young women with disabilities where there are threats of attacks in the regions. Additionally, other communities as well still suffer a high risk of insecurity where the right holders are in informal settlements.

“There is insecurity in the community leading to sexual abuse to young women.”

Psychosocial support: The different right holder groups have been faced with various challenges that need support from qualified counsellors and relevant professionals who can help to support them with their psychosocial support. Young women living with HIV shared that it's important for them and their peers to receive psychosocial support as it helps them to accept their status and even reduce self-stigma.

Forced and early marriages by parents: Young women especially those faced with displacement shared that parents in their community force their daughters to get married while still very young more so to help alleviate financial burdens from the family. In addition, they do not always trust their engagement in programs such as We Lead as they expect them to take back home money or food items rather than just knowledge which they feel they could also give to their daughters.



Kenya

Young women's needs

Sometimes when my friends take part in these sessions and they go back home late, the parents undress them and check their virginity, they think that we lie, and we are playing with boys not taking part in such sessions.

Our parents also do not trust the education we are been given they say that they can as well give us that education and we don't have to be part of this program.

Personally, my needs have changed, I have better knowledge on SRH-R, and I know my rights but that is not really the case for others in the community.

Some of the change in needs shared by the participants include:

- There's need for access to proper infrastructure by PWD'S because the infrastructure at health facilities and different places is not made to fit their needs.
- As much as there's willingness by Friendly Health Care Workers to serve the right holder groups, there are still challenges that happen at facility level that may be unforeseen such as mixed up of medication and not getting the correct medication from pharmacists as directed by doctors due to their existing attitudes and perceptions towards the young women.
- There's a gap in wholistically incorporating other stakeholders such as police, GBV officers, advocates of the high court and other relevant sectors. Engaging these different stakeholders in all the We Lead projects areas will ensure a wholesome partnership and engagement of the SRH-R issues of the right holders.

Knowledge about SRH-Rights of LGBTI women:

There is a lot of misinformation on SRH-R among queer persons. Available SRH-R information is mainly for heterosexual people and the We-Lead project has brought in more inclusivity of the issues of queer people.

Changes in needs since the start of We Lead

Participants shared that most of the needs of the young women involved in the program have changed and improved since its inception. However, that is not the case for most of the young women in their communities as they still require more knowledge on their SRH-R, more enabling environment to live fulfilling lives and access to reproductive health services and commodities.



Kenya

We Lead contributions

We Lead contributions

Contributions of We Lead program in addressing the needs of the right holders.

Capacity building: Participants of the MTR shared the various training and learning sessions provided by the CoA and consortium members equipped them with necessary skills and knowledge about the SRH-R. These sessions not only built the capacity of the right holders but also those of the program officers from the CoA organisations involved in the We Lead project.



The training by CoA members on advocacy and actual engagement in advocacy spaces and interventions in my community has helped me to engage better in advocacy work.



Bringing together young women in all their diversities: The program's strategy of reaching the four right holder groups has helped to create partnerships in different SRH-R thematic areas that would otherwise be considered very different. Additionally, this has built the confidence of the young women who have been able to meet and share with each other the different aspects of their lives, finding similarities and encouraging each other.



Interactions from We Lead have encouraged me to speak out more for myself.



Dialogues with health care providers: Through the program, there were listening sessions between health care providers that allowed the right holders and health care workers to sit together and share their challenges in accessing and delivery of SRH services. The sessions were a great opportunity to highlight the challenges of the right holders to the service providers allowing them to check their attitudes, acknowledge the barriers they face themselves and think of better ways to provide care and treatment to the right holders in a way that does not dehumanise them.

Increased support and willingness by the sub county to work together with CoA through Joint community outreaches with the sub county Ministry of Health: Through the different regions that CoA works in, there is active engagement with the County Governments as shared by the participants of the program review. This partnership and active engagement has made it possible for CoA members to sit in working groups at County level where they can influence policies and decisions. In addition, some CoA members have been able to jointly conduct outreaches with the government. Some of the right holders shared that they have access to the decision makers in their County because the project has allowed them to meet and speak to them on several occasions.



Kenya

We Lead contributions

Media Engagement: Some of the CoA members have constantly engaged the media widely since the inception of the program which has helped in building public support in the community for the right holder groups especially young women with disability. They have as well provided trainings to CoA to ensure that the messages shared on SRH-R are correct and inclusive of all the right holders.

“The community is now more receptive of me and they use better language to refer to persons with disability.”

Safety and dignity in CoA: CoA members and especially the young women right holders shared that they feel safe in the We Lead project. They are treated with respect and dignity more so during the meetings with the CoA. They are provided with a safe space to express themselves and participate in sessions without any fear.

“We Lead has respected me with my disability and has loved us with our disabilities, there's no discrimination and has always empowered us.”

Most important results and their importance

The growing understanding of persons with disabilities in the community and treating them with dignity: Access to information and judgement-free safe spaces were identified as crucial results. They empower the young women in all their diversity to seek knowledge and share their experiences.

“The training that the program presented shed light on topics that no one has spoken to me about throughout all my life.”

Access to contraceptives and other SRH-R commodities: The program has helped to link young women with healthcare providers and facilities and in some instances provided them with sanitary pads which has helped them to participate better in the community.

“More queer women now know what to seek for in health facilities and there's improved knowledge on sexual orientation and gender identities”



Kenya

Localised Theory of Change

Better understanding about rights and the law: The right holders speak of the benefit of the We Lead program especially on their growing understanding of the law which has boosted their confidence to speak up about their rights at different levels. This has also made them aware when their rights are not respected and understand the right processes to report injustices towards them.

Unexpected Results

Movement building: CoA members shared that they have ended up building a movement of capable organisations and young women advocating for SRH-R in the country without knowing that they were. The collaborations and partnerships within CoA has led to more joint interventions and thus reaching more young women.



By working together we have gotten so much support from the community, health care providers and the government.



Accelerated development and Launch of a PWD's ACT in Kilifi County: As shared by the participants of the review, and from past experiences the development of laws and policies take longer and may never be launched for implementation. However, through efforts by the CoA and the right holders working in Kilifi County, the PWD's Act was developed and launched in a shorter time than expected. This makes it more possible and easier to advocate for the rights of Young Women with disabilities in the county.

Increased visibility: The implementation of the project has provided visibility to CoA in their communities and at County levels. The project has enabled them to use the media, improve organisational structures, engage with the government, and reach more young women. Because of this their visibility and credibility has greatly improved at all levels.

Localised Theory of Change

The Kenya We Lead Theory of Change, focuses on the health and sexual and reproductive rights of young women with a view to achieving the objectives intended by the program through four intermediate outcomes as below:

1. Strengthened Civil Society Organizations (CSOs) are inclusive of, or led by, young women from four rights holder groups and work together in a Community of Action (CoA) to defend and promote their sexual and reproductive health and rights (SRH-R).
2. The general public increasingly acknowledges and supports young women's SRH-R.
3. Health service providers are aware of the SRH-R needs situation of right holder groups and increasingly provide accessible, comprehensive, high-quality, inclusive and respectful SRH-R information and services.
4. Duty bearers increasingly design, adopt and implement laws and policies that respect and protect the SRH-R of young women from right holder groups.



Kenya

Localised Theory of Change

The program is also deliberate in ensuring the Community of Action and the rights holders groups have the capacity and skills to effectively implement and engage in the four outcome areas. This is well planned for and captured in basket indicator 5 that is keen in measuring the number of CSOs with increased capacities including both first and second tier partners.

Intermediate outcome 1: Stronger, inclusive youth led SRH-R CSO's and movements

The first intermediate outcome focuses on strengthening Civil Society Organizations (CSOs) to be more inclusive of, or led by, young women from four specific rights holder groups. These CSOs are expected to collaborate within a Community of Action (CoA) to advocate for their sexual and reproductive health and rights (SRH-R).

Significant progress has been observed in Intermediate Outcome 1, notably, there have been improved capacities and knowledge on SRH-R rights by the CoA members and right holders. The results from the Mid-Term Review (MTR) show substantial growth in the capacities and capabilities of the CoA as well as the right holder groups they work with. There is more engagement in advocacy spaces which the CoA did not take part in previously. This progress reflects the growing competence and strength of these CSOs in addressing SRH-R issues. It also shows the efforts of the CoA in working together to improve on their skills and their target communities.

Verbatim - Success of the CoA:

- The capacity strengthening sessions from We Lead have enabled us to secure funding on advancing gender equality through Civil Society.
- CoA has become a movement that jointly works together and provides a safe space for rights holders building their capacity to address issues affecting them.
- The partnership created as a collective within CoA and with other stakeholders has enabled us to better address the right holder's needs.
- The intersectionality that the CoA brings caters for a wide range of young women and in a wider geographical reach providing them with the skills they require.

Intermediate outcome 2: The general public increasingly acknowledges and support young women's SRH-R

This outcome focuses on the commitment to change households' and community perceptions on young women's SRH-R by; having sensitised religious and community leaders on SRH-R (and identify community champions), availability of inclusive SRH-R services and information, increased awareness and skills building for religious leaders, effective and efficient integration of SRH-R issues of right holders in public health services campaigns led by the Ministry of Health and related entities etc. The findings from the MTR indicate noteworthy progress in achieving this outcome as follows:

The program has made observable efforts to sensitise the public on SRH-R topics especially those that are specific to the four right holder groups.



Kenya

Localised Theory of Change

This has led to a noticeable shift towards more conversations on different levels on SRH-R for the right holders and improved language in addressing the different right holder groups. The program has helped to address misinformation and demystify wrong information on SRH-R regarding the four right holder groups. This is observable through the engagement of the public through the media both digital and mainstream channels. The responses from the public have improved overtime as shared by the participants of the review where they address them in more respectful ways, ask questions, participate in the CoA's digital campaigns etc. This is also noticeable through the CoA members' activities which focus on increasing awareness on health which have been done in partnership with ministries of health at county level and with health care providers through joint activities such as community outreaches and listening in sessions with healthcare providers.

Notably, We Lead has ensured participation of their members including right holders in National, regional, and international conferences for the CoA members and right holders to share their experiences and their work. This allows them to speak to more young women on their SRH-R giving them the opportunity to present their asks to different stakeholders including leaders, form partnerships with allies they would otherwise not have met who in turn help to increase their support base at National and county levels.

Since CoA members and the right holder groups identified the need for increased engagement with the media during the ToC development stage,

there were more trainings offered on media engagement and framing of SRH-R messaging which helped to deliver more engaging and attractive content online which fit into the context of the different right holder groups. This has led to a development of a short comic book series highlighting the SRH-R needs of young LGBTI women.

Verbatim – General public:

- The media has helped to correct wrong information about SRH-R that people always believed. When people call back in the radio station, they do not use discriminatory words such as “ule mlemavu” as in the past.
- Opposition poses a risk but it also shows that we are doing the work of empowering right holders and the community to better understand SRH-R and they are helping in pushing the boundaries placed.

Intermediate outcome 3: Accessibility to SRH-R service and information

This outcome focuses on empowerment of health service providers and rights holder on SRH-R through structured educational approach, Advocacy and lobbying for improvement in the SRH commodities and information supply chain, having a movement of robust and fully functional right holders, Inclusive SRH-R budgeting process at county level through the County Integrated Development Planning (CIDP) process, Increased awareness by rights holders of availability, Availability of YFS and safe spaces for SRH-R information and services access.



Kenya

Localised Theory of Change

Outcome 3 is mainly implemented by one of the partners, White Ribbon Alliance. Notably, they have successfully convened health care workers in several workshops, trained them, gave them an opportunity to speak with and understand the four different right holder groups and equipped them with tools that would help them to better provide RH services for the young women. Other CoA members have as well successfully worked with health care providers in their counties linking them with the young women for service provision. This has been done during community outreaches and direct referrals to specific identified health care providers who are allies. Throughout the MTR, it was evident that there is will from health care providers who have been reached through the program and based on that the young women working with We Lead have had better access to contraceptives and other health care commodities. However, this is not always the case because of limited funding at county level on the SRH-R specific budget lines, shift in priorities for example during the elections period saw a significant reduction on the reproductive health budgets in several counties leading to constant commodities stock-outs and there are still many health care providers who have not been sensitised and do not treat the young women with dignity when accessing services. Young women in refugee camps do not always have access to SRH services and when they are there, they are usually very limited which therefore do not adequately cover the whole population.

Verbatim - Health care providers:

- Queer women now know better what services and commodities they need through our engagement with service providers.

- Health service providers are now treating young women better which means more young women are willing to seek healthcare.
- Our community health centre does not have contraceptives besides the injection.
- When we attend community outreaches, my peers and I are able to easily access reproductive health services such as cancer screening, STI's screening, HIV testing, free contraceptives.

Intermediate outcome 4: Laws and policies respect and protect young women's SRH-R

The localised Theory of Change (ToC) shows a well thought strategy on influencing laws and policies to ensure they respect and protect the SRH-R of young women. This has been expected to be achieved through; Inclusive and transparent legislative environment, enhanced knowledge and capacity of duty bearers on inclusive SRH-R services, strengthened social accountability mechanism to hold duty bearers accountable, Strengthened capacity of RHs and CSOs on effective policy advocacy and monitoring policy implementation etc.

The political and policy environment in Kenya presents opportunities especially at county level where as shared by participants is much easier to influence and work closely with the government. At National level however, there are challenges in ensuring representation in decision making spaces and forums which need the voices of the right holders. Participants shared that with growing anti SRH-R rights at National level there have been sidelining of CSO's in policy development meetings and more inclusion of conservative groups and individuals in such spaces.



Kenya

Challenges and risks

Therefore, the program has maximised on their efforts in engaging at County level where there have been results such as the development and launch of the PWD's ACT in Kilifi County, participation in health working groups in Siaya, Kilifi, Mombasa and Nairobi Counties, partnership with the government in conducting activities at community level etc. This does not mean that the CoA have completely stopped working with the National government, in fact in 2021, they supported the printing of an adolescents guide book in braille by the Ministry of Health, the CoA facilitator represents the program in the National Health TWG and the CoA members make a point to participate in National policy development spaces where they are invited or have a way to join for example the development and review of the RH policy.

Verbatim – Lobby & Advocacy:

- We sit in different policy decision making spaces in the county which has helped us to have some of our issues taken into consideration.
- The County government has taken our work seriously and are happy to partner with us.
- We are losing gains on SRH-R at regional level and also at National level but we still have loopholes and opportunities to influence.

Challenges and risks

Risks

In the implementation of the We Lead program, right holders, CoA and all the other members of the coalition are faced with several risks. Some of the risks as shared by the participants include:

Safety risks: Rights holders and CoA face the risk of having their work which is considered “sensitive”, and their identities exposed, potentially leading to personal, professional and safety risks.



A RH, who is a beneficiary of the We-Lead program was arrested because of their sexual expression and gender identity



Still on safety: The young women with disabilities still face a lot of challenges in accessing venues for meetings. For instance, as they shared, the young women who are visually impaired always need to be accompanied by someone else to meetings to ensure their safety on the road and in public transport. However, this is not always the case and navigating roads, unfamiliar infrastructure and public transport poses a safety risk to them since it's challenging and not everyone is willing to point them in the right direction.

Backlash from opposition groups: Religious groups and other conservative groups continue to resist and speak negatively on SRH-R more so since the We Lead program targets issues on SRH-R such as LBTI which some conservative groups consider “unafrikan”. In addition, duty bearers, even those considered as allies, are not always willing to speak on any “controversial” SRH-R issues.



Kenya

Challenges and risks

“

Even people we approach in the community to share information on SRH-R with do not want to be seen close to us, they do not want to be associated with us because we openly speak about HIV and LGBTI issues

”

“

A badge, certificate or identification showing we are qualified to share SRH-R knowledge will help us to show we are credible.

”

Digital safety concerns: Many young women reached by the We Lead program access information online, in addition the CoA has accelerated their online engagement where they share messages and content on SRH-R. This poses digital safety concerns such as online harassment and bullying of right holders who speak openly about the specific SRH-R issues they are working on or their lived realities.

Provision of certificates: Advocates can be supported by providing documentation such as certificates that show they are part of a credible program. As shared by the right holders, some people in the community do not believe the teachings they give as there's nothing to recognize them as advocates of the program.

“

When I share knowledge on SRH-R in my community, they wouldn't always believe me. There's a risk of being considered a fraud as there's nothing to show that they are from the program

”

Safety and security infrastructure:

Continuous training on safety and security for all We Lead program leads and the Right Holders will go a long way to ensure they are always taking care of themselves and identifying potential safety risks. In addition the program could implement effectively the safety and security measures that have been put in place such as a safety and security personnel to support.

Challenges

Delayed disbursement of funds: CoA members shared that since the beginning of the project, there have been delayed disbursement of funds which have in turn led to a delay in implementation of the program annually. This has also always led to a rush in implementing activities to ensure the annual timelines are met. The right holders that the researcher spoke to as well pointed out to this as they shared that their engagement in the project is not consistent, they sometimes wait for too long before being engaged.



Kenya

Governance and management structures



The organisation we work with takes so long to reach out back to us for a We Lead activity and we wonder whether the funding stopped.



Reaching queer persons: Because of the stigma against LGBTIQ+ persons not so many are willing to come out and participate in such programs therefore the program will have a challenge in reaching more young LGBTI women. In addition, the discrimination against queer people in the country has continued to rise and based on the anti SRH-R bills being proposed in parliament there's possibility of more backlash and opposition in future.

Shrinking civic space: As mentioned in the context, participants shared several challenges and barriers in policy review and law making spaces where they are not actively involved as in previous years and a more conservative approach is being taken. This means that the CSO's and right holders may have more challenges in reaching their advocacy goals, influencing progressive laws and policies.

Inclusivity in the program: Right holders shared that they appreciate the positive and respectful treatment they receive in the CoA. As it is the program is quite inclusive based on the target right holders it reaches. They also shared that they would love to see more people who are like them in the CoA organisations as staff implementing a program like We Lead.

For instance, there are several organisations that are working with young women with disabilities however in the staffing there's none who is a person with disability.

Communication within the coalition: Most of the participants of this MTR shared that they have a challenge with how communication is conducted within the program. There's no awareness of a communication structure or if it exists at all. Delay in disbursement of funds also mean delay in communication which is sometimes made on Whatsapp and also limited timelines to meet.

Funding: Due to the increased cost of living, CoA members have to incur higher costs which may not have been covered in the planning for budget activities. In addition the CoA members currently receive 15,000-20,000 Euros and are expected to work in 4 outcome areas while National partners receive almost 4 times more compared to the CoA members while they implement only 1 outcome area. Based on the improvement of skills and structures through the implementation of the program, there could be considerations to increase their implementation budget.

Governance and management structures

Community of Action

Participants specifically in the CoA have good knowledge on what the CoA is and how it works, the same is not true for the right holders as they are not very sure what CoA means but are aware of the CSO that works with them and what they do in We Lead.



Kenya

Governance and management structures

It's important to note that the CoA members and the Right holders who participated in this review have no comprehensive knowledge on governance structures in the We Lead project. Some of the similar opinions that was shared about CoA include:

Diversity and cohesion: CoA (Community of Action) are made up of diverse organisations and right holders who work closely together conducting joint activities, influencing policies together and encouraging each other.



CoA provides an opportunity to meet young women from all over the country with all their diversity thus understanding the different challenges young women go through and what solutions can be taken.



Convening: CoA's are considered to have a strong power of convening right holders at community level and have the ability to implement quality SRH-R programs.

Implementation: A general understanding of the CoA by all participants is that they are responsible for the implementation of the We Lead program based on their expertise and their reach of right holders.

Power dynamics within the coalition exist and some of the CoA are not aware of them while some are aware as they consider the dynamics very visible.

For instance, Decision making is influenced by the different power dynamics, the general perception is that decisions are made at Hivos and Host organisation level while the CoA only receives instructions. However, the CoA is not very sure about the decision-making structures of the program.

Successes of CoA

- Joint activities and partnership created as a collective and carried out together within the CoA towards achieving the same goal to address the target right holder needs.
- The intersectionality that the CoA brings to caters for a wide range of young women and in a wider geographical reach.
- Capacity strengthening sessions of CoA and right holders which has improved their skills, confidence and competence. For instance, one CoA member secured funding to advance gender equality.
- Engagement with service providers thus linking right holder groups with friendly service providers who can serve them without any discrimination or stigma.
- Collaboration with the government in the different areas of implementation, ensuring there's contribution by the government in reaching We Lead's goals and objectives.

Challenges of the CoA

- There's poor flow of communication within the program which is mostly done with tight timelines, sometimes on whatsapp and no structure followed.
- The reporting tools are considered hectic by participants that are repetitive therefore presenting a need for further support in M&E for the CoA.



Kenya

Recommendations

- There's high expectation on the CoA deliverables which some of the participants believe is quite high compared to the financial resources provided.
- Working together in the CoA is sometimes a challenge since the different right holder groups present with different needs
- The We Lead program works with right holders from different communities and in some of these communities women still do not have power and privilege. For instance as shared by the CoA working in communities of persons faced with displacement, women cannot speak before men and whenever there are meetings held by We Lead for women only they still send male representatives to listen to what the women are learning. CoA members advise that the program as well considers male engagement to ensure maximum engagement of young women in these communities.

Recommendations

These recommendations aim to address the challenges, risks, and opportunities highlighted in the provided data, ultimately enhancing the effectiveness and impact of the program for the remainder of its term.

Governance structure and decision making:

The different members of the We Lead project showed little to no knowledge of the governance and decision making structures available in the program. It's important to consider making decisions jointly with CoA members to ensure ownership of the decisions made and motivation of the CoA members to fully immerse in all program activities and operations.

Since right holders are a key part of the project, it would also be ideal to include their voices in the decision making process in the program. Most importantly, there's a need for an elaborate decision making structure that is well known and implemented by all the coalition members. In addition, in order to ensure comprehensive knowledge of the governance structure it is advised to share the roles of the different members of the coalition in the program including; the roles of the host organisation, the consortium members, the CoA including National CoA members, the We Lead program Officer and the CoA facilitator.

Communication: Throughout the MTR process, participants constantly shared the difficulties in communication experienced in the program. To address this, most of the participants recommended having a clear communication structure that everyone is aware of and is being effectively implemented at all levels. The structure should be properly disseminated and as well ensure feedback mechanisms are in place and adhered to so as to reduce anxiety from members and right holders and making of misdirected conclusions about the program.

Monitoring and evaluation: CoA members mentioned that the reporting tools are many and tedious to work on. It is important to provide hands-on support for CoAs in reporting, time management, planning, and monitoring and evaluation (M&E) activities to improve their capacity through constant interactions with the program's Monitoring and Evaluation lead.



Kenya

Recommendations

Partnerships and collaborations: Partnerships have been a great advantage for the We Lead project amongst the CoA members, with service providers, government representatives, the media etc. As a way to continuously improve quality and intersecting needs for the right holders there should be linkages with other organisations or departments where right holders with cross cutting needs that the We-Lead program does not address can be referred. For example linking PWDs with other programs that offer livelihood training or government programs that can be beneficial to them.

We Lead addresses challenges that are quite similar in the different regions it's being implemented. Regional learning and linking forums for the countries implementing the program will cultivate a cross-cutting sharing culture at regional and global levels. At the same time, this would help to learn from each other in areas where different countries are doing well that strategies can be borrowed and replicated.

Financial and reporting requirements: CoA members have had challenges in agreeing on rates for transport and other allowances for different right holder groups and regions. There have been recommendations shared by CoA to standardise costs amongst the different members in the coalition. It is advised that the program work's with donor and consortium members to streamline financial reporting requirements, thus reducing administrative burdens while maintaining transparency. CoA members also shared that, there is need for adjustment of budgets to cover guardians of young women with disability

who may not be able to move alone and require assistance. This would ensure more involvement of the different groups of the right holder groups.

Flexibility and adaptability: The program has so far done well in adapting to the different change in context at National and County levels. It should continue to remain adaptable to the changing political, economic, and social context and be open to revising program activities as needed. Ensuring that the recommendations shared at National level by the CoA are actually implemented and the entire We Lead team remains aware of the different changes and include the CoA in making the decisions in regards to these contextual changes.

Capacity building: Allow for the right holders to as well suggest their capacity needs which they would want to build on. The CoA members and the right holders had different ideas on what more they would want to learn from the capacity building sessions in the We Lead program, they would be best placed to share some of their suggestions which could be incorporated in the program.

Safe spaces and support: Implement the safety and security guidelines and plans of the program by ensuring the safety and security focal person follows up and works closely with the CoA members and Right Holders and provides regular updates of how to engage and navigate different spaces. As recommended by the right holders, there should be continuous psychosocial support which has already helped them to navigate different issues that they have gone through.



Kenya

Quantitative data

Quantitative data

There was a low response rate in Kenya, six individuals answered the CoA survey and twenty-seven answered the Young Women survey.

CoA survey

Among the six respondents, three work with young women who self-identify as lesbian, bisexual, trans or intersex (LBTI) and young women who live with HIV and three work with Young women affected by displacement. With the exception of one participant who has been involved for less than a year, all others have been involved in the program for over a year.

Risk management

Regarding We Lead's response to risk, they have been effective in mitigating risks related to fraud and corruption within the program. However, participants perceived the risks associated with political repression & shrinking civic space, as well as natural disasters and climate change, as the least effectively managed.

Statements	Average score*
Risks relating to fraud and corruption within the program	4
Risks relating to sexual exploitation, abuse and harassment of people involved in the program	3.8
Violence against different groups of rights holders	3.7
Violence against those who advocate for young women and girls' SRH-R	3.7
Covid-19 Health aspects	3.5
Relationship breakdown between (some) We Lead partners	3.5



Kenya

Quantitative data

Risks	Average score*
Viability of ToC	3.5
Capacity and workload issues	3.5
Internal data breach	3.3
Hacking	3.3
Generalised political unrest	3.3
Covid-19 Economic deterioration	3.2
Safety of staff	3.2
Political repression & shrinking civic space	3.2
Natural & other disasters, and climate change	3

**Scale used: 1 being "very badly managed" and 5 being "very well managed"*



Kenya

Quantitative data

Participants in Kenya perceived a shift in the level of risk to themselves or their colleagues when engaging in public advocacy for women's SRH-R. 6 months ago they perceived the risk as being higher than now. When assessing the level of risk, they or their colleague might face, several factors come into play for participants to consider. These factors involve the external environmental context, such as the location and audience they are addressing. Cultural and religious beliefs also hold significant weight, particularly in the context of a government that remains hesitant to develop all-inclusive sexual and reproductive health and rights (SRH-R) policies. They are aware of potential risks like physical violence, online backlash, and emotional stress, particularly given that the community they work in adheres to strong patriarchal norms and religious constraints.

Training and capacity building

Since the start of the program, participants have taken part in many trainings. All of them expressed that the content of these training sessions was highly relevant to their work context, and found the skills and knowledge acquired during these trainings to be highly valuable. 4 out of the 6 participants were able to use the L&A knowledge and skills they gained during the training sessions, they were all able to use the L&A knowledge and skills they learned at the local level. While satisfied with the training they had, participants expressed the need for trainings on:

- On mobilisation of financial & other material resources.
- To effectively monitor and mitigate against safety and security risks of SRH-R advocates.
- Geared to better understanding existing legislation and how these shape SRH-R of different groups of young women.

Influence and effectiveness of CoA

Participants believed that their involvement in the CoA had a significant contribution to their organisation's collaboration with relevant authorities and that being part of the CoA was very influential in shaping their understanding of SRH-R.

They perceived that the CoA was less successful in driving positive change and influencing the general public in relation to SRH-R issue of LGBTIQ+ young women compared to the other women rights holder groups.

When presented with various statements, participants agreed on most of them except one related to the financial resources available for their L&A plans. This presents a barrier as they have been able to develop a comprehensive L&A plan that is based on an up-to-date mapping of decision-making spaces and opportunities for participation.



Kenya

Quantitative data

Statements	Average score*
In my experience, young women-led CSOs can work together on joint advocacy-activities	4
The CoA offers necessary space for organisations to collectively define L&A priorities	4
As a result of CoA activities, my broader community is becoming more respectful of young women's SRH-R	4
As a result of CoA activities, health service providers are more sensitive to young women's SRH-R	4
The CoA has positively changed how displaced young women are treated in this community/area	4
As a result of CoA efforts, more comprehensive SRH-R information is available for marginalised young women and/or those with 'special' needs	4
As a result of CoA efforts, SRH-R information and services are more easily accessible to different groups of young women in my community	4
As a result of training and mentorship offered, the CoA has been able to develop comprehensive L&A plans	3.8
Our L&A plans are based on an up-to-date mapping of decision-making spaces and opportunities for participation	3.8



Kenya

Quantitative data

Statements	Average score*
As a result of CoA activities, we have SRH-R civil society organisations and movements that are more inclusive of different people and their different needs, abilities and contributions than before	3.8
Training and mentorship has facilitated collaboration and trust among CoA organisations	3.7
Data has improved the effectiveness of CoA lobby and advocacy activities	3.7
The CoA has been able to positively changed how young women with a disability are treated in my community	3.7
The CoA has positively changed how HIV positive young women are treated in my community	3.7
As a result of CoA activities, there are more women and/or youth-led SRH-R civil society organisations and movements than before	3
There are sufficient financial resources available to realise the L&A plans of the CoA	2.8

**Scale used: 1 being “strongly disagree” and 5 being “strongly agree”*

Participants highlighted that the program's most significant contribution lies in empowering these young women to become advocates for their own Sexual and Reproductive Health and Right's needs, a testament to the program's success in instilling a sense of agency. Due to the program, there has been an increase in awareness on SRH-R among the rights holders and health care providers.



Kenya

Quantitative data

Support and future participation

The CoA providers created a safe and supportive space for participants to express their opinions and ideas freely. CoA members felt supported by other members of the CoA in their advocacy efforts and are satisfied with the level of coordination and collaboration among the different stakeholders involved in the CoA. All of them expressed their intention to continue their active engagement in the CoA and to recommend it to other organisations interested in taking action and advocating for sexual and reproductive health and rights.

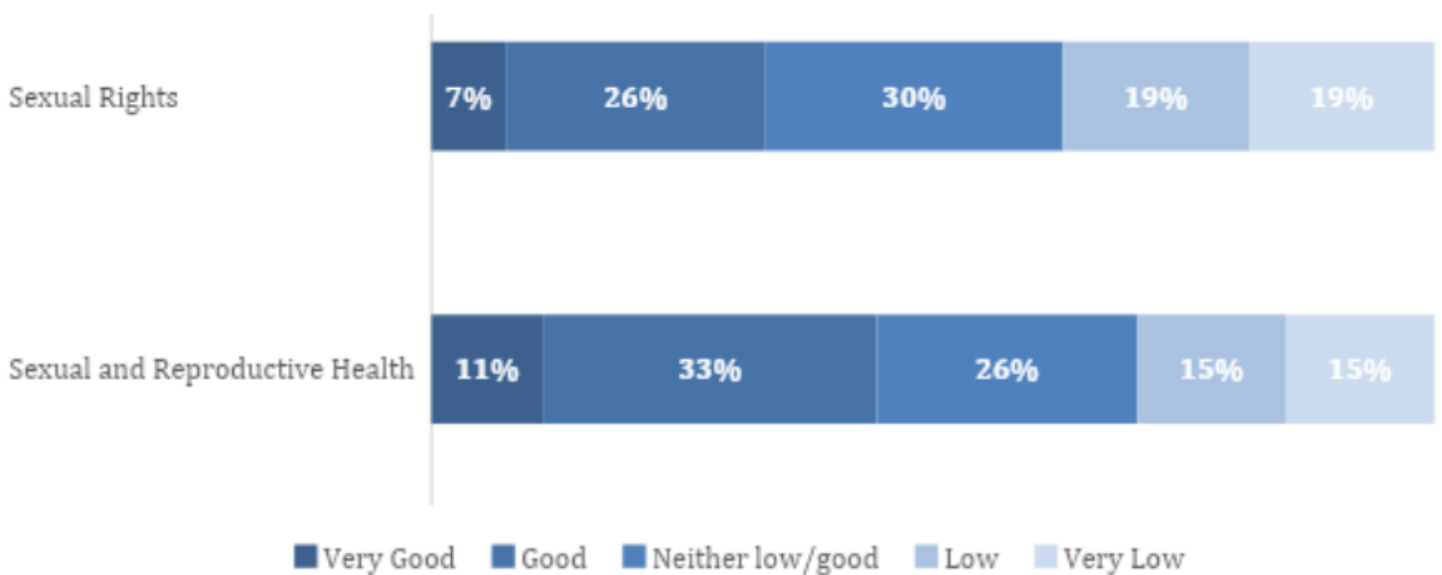
Young women survey

Among the 27 individuals that answered the Young Women survey, 22 got involved in the We Lead program for less than a year.

Understanding of SRH and sexual rights

Before their involvement in the We Lead program, the level of awareness on Sexual Rights and SRH was low, with 33% of participants reporting having a good understanding of Sexual Rights and 44% reporting having a good understanding of SRH as shown in Table 1.

Table 1: Level of understanding of Rights Holders before participating in We Lead on: N=27





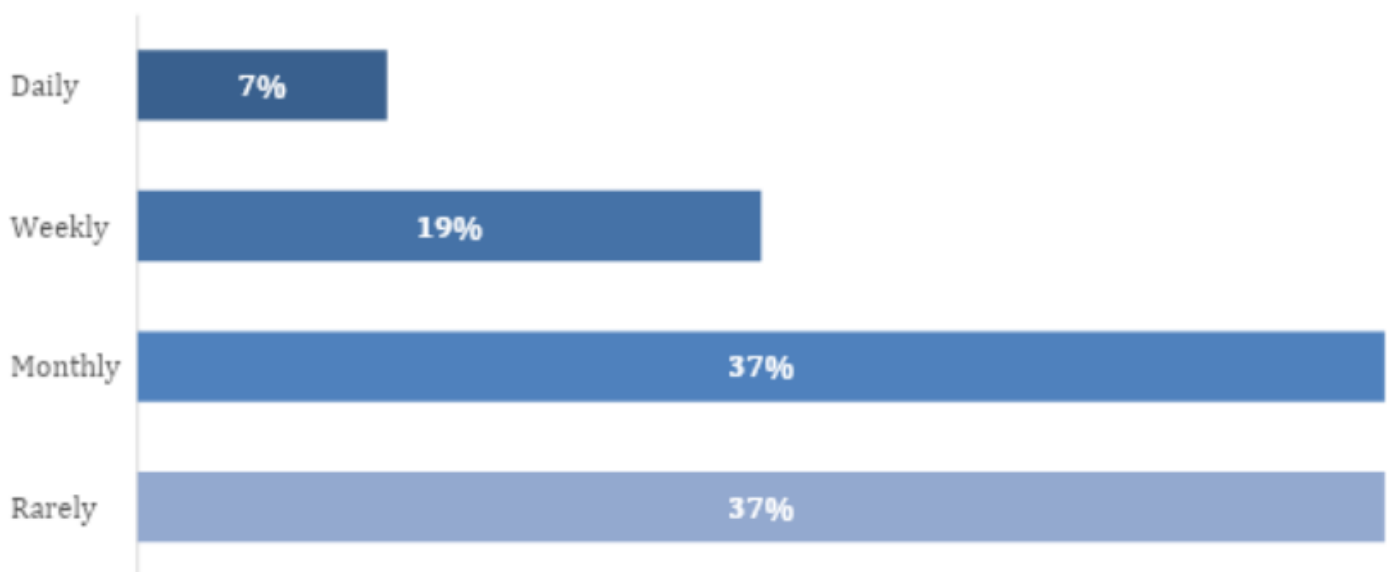
Kenya

Quantitative data

SRH services and information

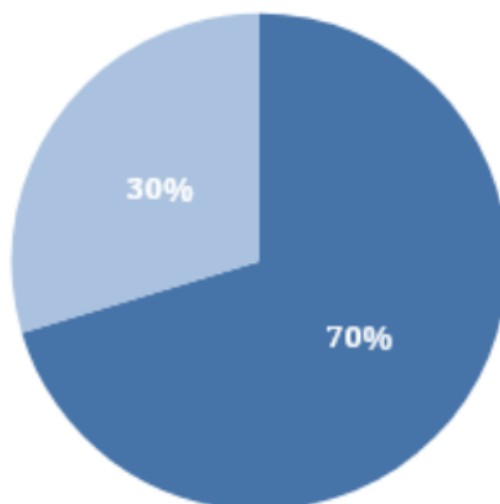
Most young women access SRH-R services either on a monthly basis or less frequently.

Table 2: Frequency of using SRH-R services
N=27



When seeking SRH-R services, there is a slight preference for face-to-face services, with 30% preferring face-to-face services, 70% preferring a combination of online and face-to-face, and none having a preference for online services only.

Table 3: Preferred SHR-R services
N=27



■ A combination of online and face-to-face services ■ Face-to-face SRHR-related services



Kenya

Quantitative data

Since the start of We Lead activities access to face-to-face SRH-R services and information became better as reported by 96% of participants.

Table 4: Face-to-face SRH-R services access
N=27

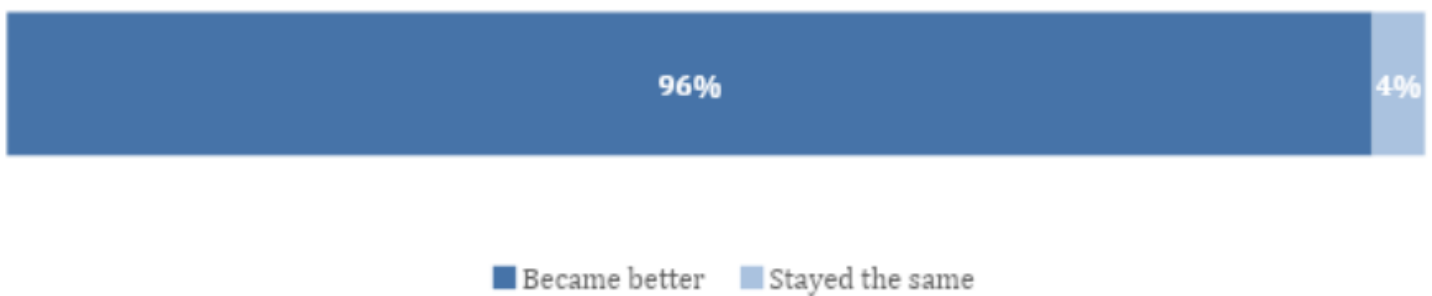
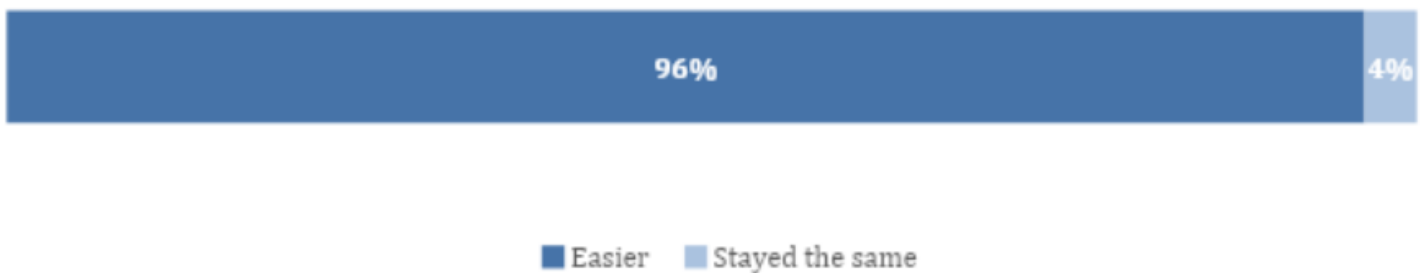
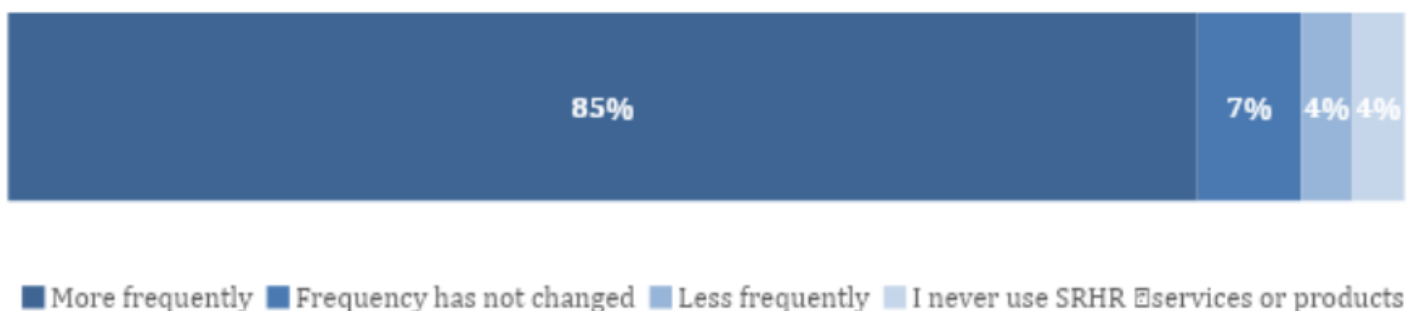


Table 5: Access to SHR-R became
N=27



As a result of their involvement in We Lead and the improvement in access to SRH-R information and services, there has been an increase in the frequency of their use, as indicated in Table 6.

Table 6: Frequency of using SRH-R information and/ or services
N=27



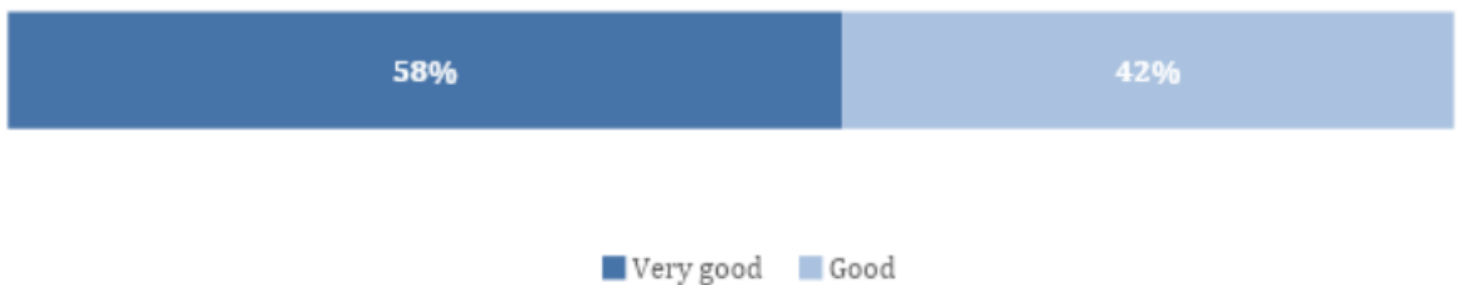


Kenya

Quantitative data

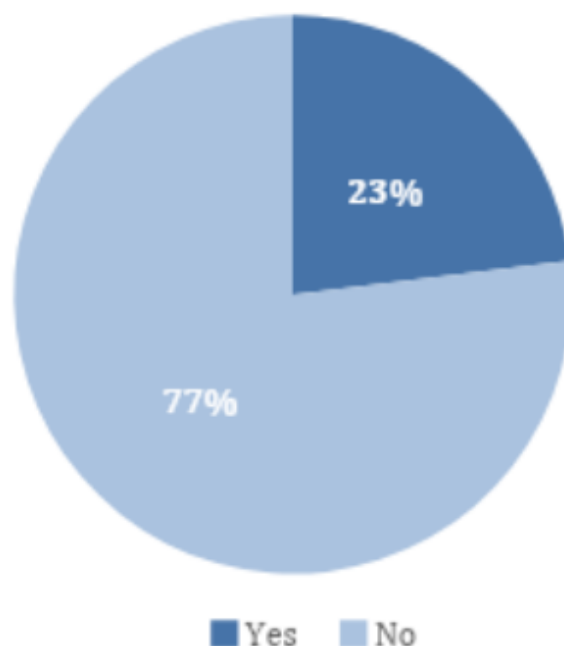
As shown in Table 7, every participant who accessed SRH-R information and services expressed satisfaction with the quality of the information and services provided through the project.

Table 7: Quality of SRH-R information and services
N=26



While they were all satisfied by the quality of information and services, some encountered challenges. These include challenges related to the availability, affordability, and accessibility of SRH-R products and services. Discrimination and stigma, particularly from healthcare providers, created barriers to seeking services. The absence of youth-friendly services in hospitals and healthcare facilities limits the comfort of young people to access SRH-R services. Moreover, challenges related to the absence of contraceptive options and insufficient information sharing by healthcare providers were also mentioned.

Table 8: Did you encounter any challenges
N=26





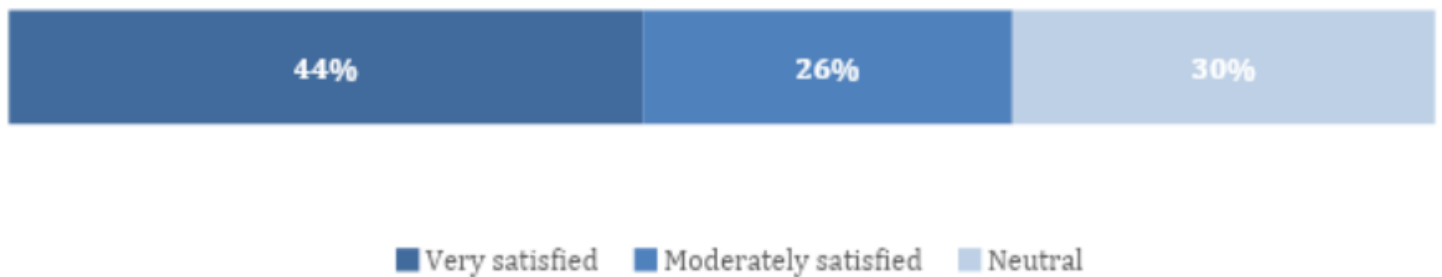
Kenya

Quantitative data

Impact of We Lead and future participation

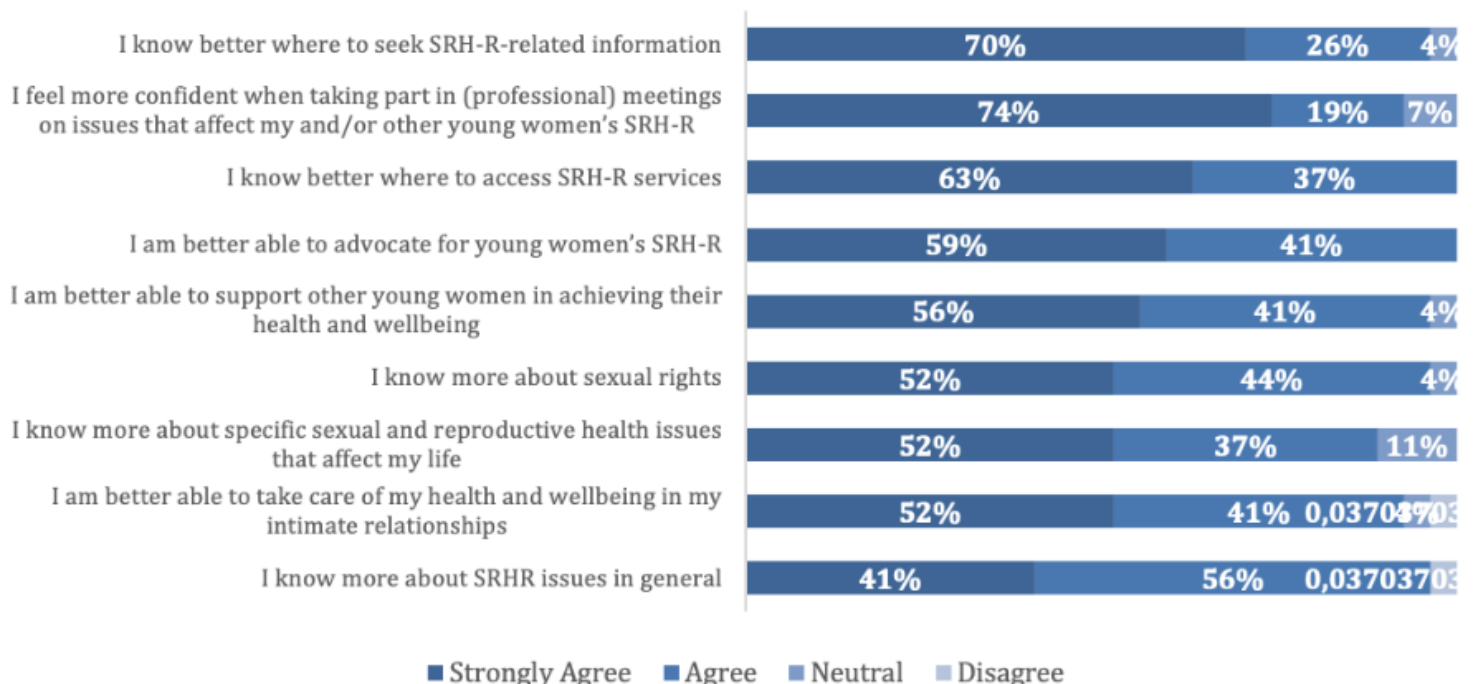
The majority of participants were satisfied with the support provided by We Lead to meet their specific SRH-R needs, as shown in Table 9.

Table 9: Satisfaction with the support provided
N=27



One of the successes of We Lead is that participants now have better knowledge of where to find SRH-R-related information and feel confident in their understanding of young women’s SRH-R, enabling them to actively engage in professional meetings on these issues. It is worth noting that due to the program, one queer participant felt safe seeking medical testing without the fear of being judged.

Table 10: Statement agreement
N=27



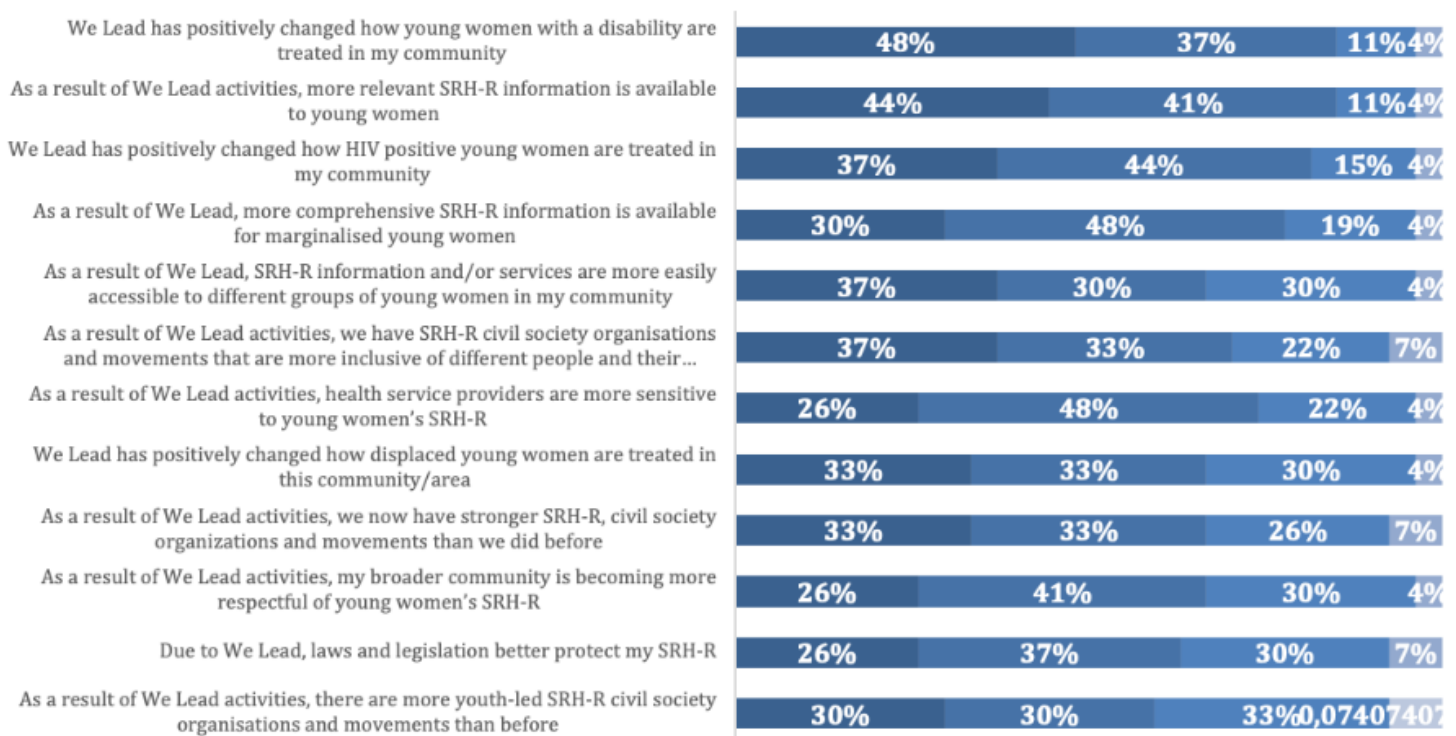


Kenya

Quantitative data

Overall, We Lead activities had a positive impact on marginalised women as shown in Table II. The program helped disseminate information on SRH-R and positively changed how marginalised young women are treated in their community. The program improved access to SRH services and education, helped empower young women to advocate for themselves and have a voice in society, fostered a sense of worth and inclusion among diverse groups of women, and positively change the community attitudes and behaviours on SRH-R.

Table II: Statement agreement
N=27



■ Strongly Agree
 ■ Agree
 ■ Neutral
 ■ Disagree
 ■ Strongly Disagree

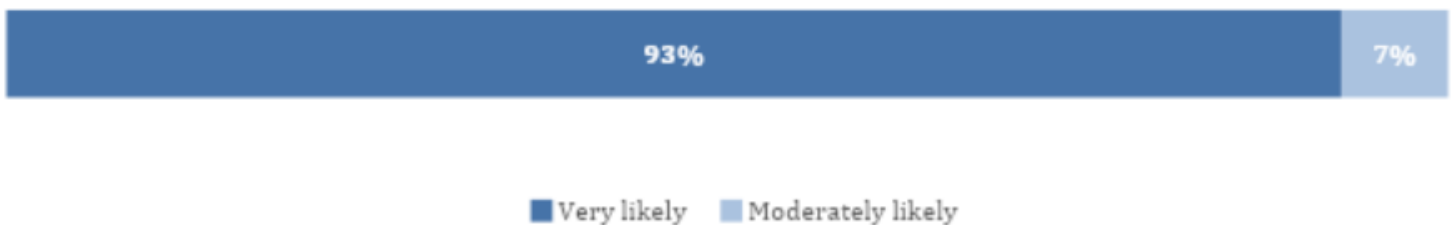


Kenya

Quantitative data

All participants are likely to recommend the project to other young women who may benefit from its initiatives and services and convey their gratitude for the positive impact the project has had on their community.

Table 12: Likeliness to recommend the program
N=27



I have so much gratitude to We Lead for the information I have received so far, it has informed most of my decisions on SRH-R related issues, I am also able to disseminate this information to others with bravery knowing they need it most.