

**REPORT OF THE
CIVIL SOCIETY ORGANIZATIONS(CSOs) SENSITIZATION WORKSHOP ON BUDGET
ANALYSIS, TRACKING, MONITORING AND ADVOCACY**

17TH- 19TH OCTOBER 2020, GRAND ROYAL SWISS HOTEL, KISUMU



ABBREVIATIONS

ATMP	Access to Medicines Platform
ADP	Annual Development Plan
CBROP	County Budget Review and Outlook Paper
CFSP	County Strategy Fiscal Paper
CIDP	County Integrated Development Plan
CSOs	Civil Society Organizations
CG	County Government
CoG	Council of Governors
CBEFs	County Budget Economic Forums
IBEC	Intergovernmental Budget and Economy Council
FBOs	Faith Based Organizations
FP	Family Planning
HF s	Health Facilities
MoH	Ministry of Health
NGOs	Non-Profit Organizations
PFM	Public Finance Management
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SRH	Sexual and Reproductive Health

INTRODUCTION

I. Background

As has been tradition in line with the objective to increase capacity of local Civil Society Organizations(CSOs) to effectively lobby and advocate for Sexual and Reproductive Health and Rights, this year, as part of our project on sustainable financing of SRH commodities in Kisumu County, Access to Medicines Platform organized a three-day capacity building workshop for key CSOs partners between 17th and 19th March 2021 in Kisumu County. The Civil Society Organizations (CSOs) training to increase capacity of local CSOs to effectively engage in lobby and advocacy covered the topics around budget analysis, budget tracking, budget monitoring and budget advocacy. This training brought together a total of 36 Civil Society Organizations working in four counties in Kenya, namely; Kisumu, Mombasa, Narok and Kwale. These CSOs represented organizations that work on Gender Based Violence, women empowerment programs, Sexual and Reproductive Health, youth and adolescents' networks as well as youth parliaments in Mombasa and Narok Counties.

The three-day training focused on imparting the participants with necessary knowledge and expertise to effectively participate, advocate for, demand for, monitor and track the allocation, disbursement and utilization of budgets for Sexual and Reproductive Health (SRH)/ Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) / Family Planning (FP). The participants were also capacitated in tracking progress of implementation of the relevant SRH policies in their counties. The workshop was facilitated by a team of seasoned and experienced facilitators well versed in devolution, Public Finance Management(PFM), the budget making process and effective budget advocacy with years of experience working at the Council of Governors secretariat and supporting different counties and partner's PFM.

DAY ONE

Opening remarks- Dorothy Okemo, MeTA Kenya Coordinator and Executive Officer, Access to Medicines Platform

The MeTA Kenya Coordinator started by welcoming the participants to the workshop and commended their efforts to keep time. She then proceeded to give a brief background about Access to Medicines Platform by stating that it was an organization that worked to strengthen policy formulation and implementation particularly around Sexual and Reproductive health, Reproductive, Maternal, New born and Child health, Neglected Tropical Diseases(NTDs) particularly snakebites envenoming. She added that AtMP also supports mental health programs in collaboration with TINADA Youth Organization. She also mentioned that AtMP was actively engaged in all the 47 counties but had 10 active chapters in Kenya. She added that the last CSOs training

took place in Kwale county and that the choice of location for the current workshop in Kisumu County was in order to have as many participants as possible be capacitated in lobby and advocacy for SRH as well as budget allocation.

She stated that Access to Medicines Platform was currently implementing a project on sustainable financing for SRH commodities and was the one supporting the training. She explained that the project recognizes that it is not enough to have good policies that are not well resourced thus the need to push the Executive Committees to develop good policies that are responsive on people's needs and provide sufficient resources for their implementation. She stated that over the next two and a half days, they had planned to have a highly informative and interactive training sessions with a team of two competent facilitators and hoped that the participants would enjoy the training, participate and engage by asking questions so that by the end of the training they would be gurus on budget advocacy and monitoring. She thereafter declared the workshop officially opened.



AtMP Executive Officer & MeTA Coordinator-Dorothy Okemo, giving her opening remarks

Training Session 1: Introduction to Public Financial Management – Victor Odanga

Mr. Odanga started his session with a brief introduction of himself whereby he stated that he was a Public Finance Management practitioner with 10 years of experience working with the Council of Governors secretariat and supporting different partners and counties PFM as well tax related issues. He then proceeded

to start his presentation by sharing a picture of the former president of Kenya, His Excellency, Mwai Kibaki holding the 2010 Constitution during the promulgation of the constitution on the 27th of August 2010.

He explained that it was important to understand the background of where we came from as a country before the new constitution to appreciate that the 2010 constitution provides the public with a role in decision making. He added that unlike today whereby the public has the opportunity to participate in budget making process, back in the day, before the constitution was amended, the public had no part to play in matters budget.

He then shared that the pre-devolution governance structure consisted of three arms namely Executive, Legislature and Judiciary but with the adoption of the new constitution, the central governance structure was replaced by a revamped devolved governance system. He further explained that the main difference between the Constitution promulgated in 2010 and the previous Constitution was the introduction of the devolved system of governance with decentralized fiscal management. He added that the devolved system of governance ensured that power and resources were devolved to more centers of authority which were distinct, interdependent and operated on the basis of consultation and mutual respect and that was necessitated by public demand for more transparency and accountability in the management of public resources.



Promulgation of the 2010 Constitution of Kenya

Mr. Odanga delved deeper into his presentation by sharing four other pictures that showed different news updates from four different counties. He explained that this was to help participants resonate well with the different issues they faced in their counties as well as interrogate and understand the role they had to play in holding their governments accountable for effective service provision. He reiterated that in the devolved system of governance, the people of Kenya should be part and parcel of decision making processes. To that effect, Mr. Odanga pointed out to the participants that before integrating themselves in their county's decision making processes, it was critical for them to understand the structure of the county government so as to know who does what and why.

He added that the Constitution also allows for intergovernmental coordination through the National and County Government Coordinating Summit comprising of the president who is also the chairperson and the governors of the 47 counties and the Intergovernmental Budget and Economy Council (IBEC) comprising of the vice-president who is also the chairperson and the Council of County Governors (CoG) which consists of the governors of the 47 counties.

He then proceeded to share the key intergovernmental structures as follows:

1. Inter-governmental Relations Technical Committee (IGRTC) whose key function is to take over the residual functions of the transition entity established under the law relating to transition to devolved government after dissolution of such entity.
2. Sectoral working groups or committees which may be established by IGRTC for the better carrying out of its functions. Nothing however precludes a Cabinet Secretary from convening consultative fora on sectoral issues of common interest to the national and county governments.



A participant contributing to discussions

He further stated that the 2012 Intergovernmental Relations Act mandated the Summit to; ***"evaluate the performance of the National or County Governments and recommend appropriate action"***. And it was to this extent that the Government of Kenya developed the harmonized National and County Performance Framework.



Victor Odanga presenting on the structure of County Government

Mr. Odanga proceeded to define Public Finance Management as a set of laws, rules, systems and processes used by sovereign nations and sub-national governments, to mobilize revenue, allocate public funds, undertake public spending, account for funds and audit results. He added that the Constitution of Kenya establishes a financial model that fundamentally changes the approach to the management of public resources, especially public finances and how they are allocated given the devolved system of government. In managing the county government's public finances, Mr. Odanga pointed out the fiscal responsibility principles required to be enforced by the County Treasurer as follows:

- ✓ The County Government's recurrent expenditure shall not exceed the County Government's total revenue.
- ✓ Over the medium term, a minimum of 30% of the County Government's budget shall be allocated to the development expenditure.
- ✓ The County Government's (CG's) expenditure on wages and benefits for its public officers shall not exceed a percentage of the CG's total revenue.
- ✓ Over the medium term, the CG's borrowings shall be used only for the purpose of financing development expenditure and not for recurrent expenditure.
- ✓ The County Government's debt shall be maintained at a sustainable level as approved by County Assembly.

- ✓ The fiscal risks shall be managed prudently.
- ✓ Areas on able degree of predictability with respect to the level of tax rates and tax bases shall be maintained, taking in to account any tax reforms that may be made in the future.

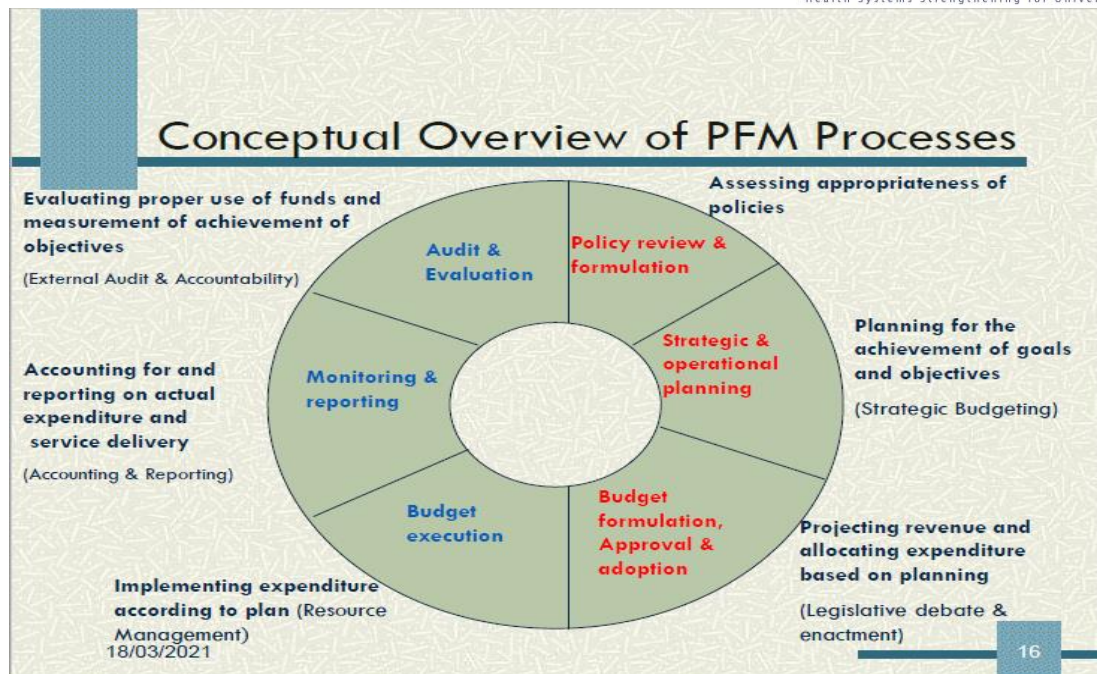
Some of the identified PFM challenges included:

- ❖ High expenditure on personnel emoluments.
- ❖ Under-performance in own-source revenue collection.
- ❖ Low expenditure on the development programmes.
- ❖ Delays in submission of financial reports.
- ❖ High level of pending bills.
- ❖ Weak budgetary controls and use of revenue at source.

In his presentation, Mr. Odanga went ahead to share a diagram summarizing the conceptual overview of PFM processes. He explained that the process started at Policy review and formulation and elaborated that this stage was important for CSOs as it was where they were supposed to have consultations on the existing policies in the counties and identifying issues around them.

The next stage was the strategic and operational planning whereby the challenges identified are analyzed and key priorities developed and added in the annual development plan. He went further to explain that once the key priorities have been identified, they are then matched with the available resources and lead to budget formulation.

Once formulated, the budget is then approved and adopted then executed. The second last stage is the monitoring and reporting whereby accounting and reporting on actual expenditure is done then the final stage is the audit and evaluation which entailed evaluation of proper use of funds and measurement of objectives achievement. He concluded by informing the participants how important it was to understand PFM institutions that enhanced Intergovernmental Relations at both national and county levels. He explained that this was critical even as they up-scaled their engagements.



Conceptual overview of PFM process

Mr. Odanga went ahead to introduce resourcing for development where he pointed out key provisions of the Kenyan 2010 Constitution. Key articles to note included:

1. Article 202 (1)- Revenue raised nationally shall be shared equitably among the national and county governments.
2. Article 202 (2) -For every financial year, the equitable share of the revenue raised nationally that is allocated to county governments shall be not less than fifteen percent of all revenue collected by the national government.
3. Article 207 (1) -There shall be established a Revenue Fund for each county government, in to which shall be paid all money raised or received by or on behalf of the county government, except money reasonably excluded by an Act of Parliament.

He proceeded to present on how counties are resourced. He informed the participants that article 202 of the constitution provided that revenue raised nationally shall be shared equitably among the national and county governments. In addition, the constitution provides that there shall be established a Revenue Fund for each county government, into which shall be paid all money raised or received by or on behalf of the county government, except money reasonably excluded by an Act of Parliament. He went further to state the sources of county revenues which included: County own sources of revenue, grants from equalization fund meant to levelize development across the counties, potential external support, domestic borrowing as well as conditional and non-conditional grants from national government. He went further to state key documents in the county budget preparation process namely: County Budget Circulars, County Integrated Development Plans, County

Fiscal Strategy Paper (C-FSP), County Debt Management Strategy, Sector Working Group Reports and County Budget Review and Outlook Paper (C-BROP). He explained that the participants ought to understand the budget calendar so as to know when the key documents were supposed to be issued and submitted and the role they had to play in the process.

Budget Calendar—Key Dates	
30 August	County Budget Circular Issued
1 September	Development Plan Submitted
30 September	C-BROP Submitted
28 February	C-FSP Submitted
30 April	Budget Estimates Submitted
30 June	Budget Estimates Approval

Mr. Odanga wrapped up his presentation by informing the participants on the purpose of establishing County Budget and Economic Forums(CBEFS). He explained that upon commencement of the PFM Act, a county government shall establish a forum.

The purpose of the Forum is to provide a means for consultation by the county government on:

- Preparation of county plans, the County Fiscal Strategy Paper and the Budget Review and Outlook Paper for the county.
- Matters relating to budgeting, the economy and financial management at the county level.



Participants following through the training session

Training Session 2: Introduction to Sexual and Reproductive Health(SRH), Reproductive, Maternal, Newborn, Child and Adolescent Health(RMNCAH)and Family Planning(FP) Status in Kenya- Haron Ngeno

Mr. Ngeno started by giving an outline of his presentation where he would cover Kisumu county's SRH, RMNCAH and FP indicators as well as compare the county's indicators with that of National. He then proceeded to state that the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare. He added that Chapter Four (Bill of Rights) of the Constitution highlights some of the human rights and fundamental freedoms that support SRH, RMNCAH, and FP.

He pointed out the Right to life; Freedom from discrimination; Human dignity; Privacy and access to information; Freedom of expression and opinion; Freedom of association and freedom to find a family as fundamental human rights. He thereafter proceeded to share the social and demographic status of Kisumu County as below:

- As of 2020, Kisumu county had 303 registered health facilities out of which 46% (141) are funded by government, 40%(121) private owned and 14%(42) managed by FBOs & NGOs.

- These health facilities are of different categories ranging from level 2(58%-176), Level 3&4- (41%-125) and level-5,0.3%-1).
- The county has a population of 610,082 (according to 2019 census).
- Kisumu County has a majority of its population living under poverty. Absolute poverty stands at 60%; Urban poverty at 57%; Rural poverty at 63% and Food poverty at 61%.
- Poverty is a critical social determinant of health that has potential to worsen health outcomes due to the inequity and inability to access to health programs and interventions.



Mr. Haron Ngeno during his presentation

As he delved into his presentation, Mr. Ngeno defined Reproductive Health as the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes. He further defined family planning as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing their births. He added that Family Planning and skilled birth attendance were the most effective public health interventions for preventing maternal, newborn, infant and under-five child deaths as well as improving the health of those cohorts. However, he reported that according to Health Sector Working Group Report 2021 more than half of the women of reproductive age were not receiving FP commodities and about one third of deliveries were not conducted by skilled health workers.

Mr. Ngeno stated that in order to maintain one's SRH, people needed access to accurate information and safe, effective, affordable and acceptable contraception method of their choice. He expounded that they should be informed and empowered to protect themselves from sexually transmitted infections and when they decided to have children, women must have access to services that can help them have a fit pregnancy, safe delivery

and healthy baby. While presenting the current reproductive health status in Kenya, Mr. Ngeno reported that the maternal mortality ratio for Kenya stood at 362 deaths per 100,000 live births, well above the global rate of 210 deaths per 100,000. He also reported that Kenya births attended by skilled health staff was 61.8% in 2014 and had improved to 70.2% in 2018. He added that the Total Fertility Rate (TFR) rate in Kenya currently stood at 3.49 births per woman against the world average figure of 2.5 and in conclusion, he reported that the antenatal coverage currently stood at 66.6%.



A participant commenting on the indicators shared

Mr. Ngeno pointed out lack of adequate and accurate data to inform evidence-based decision making for priorities such as family planning (FP) & RMNCAH as a major challenge. He added that although health is the largest expenditure item in the devolved units, with 30% of the County budget, family planning and reproductive health remained largely underfunded. Hence, the need for sensitization. He also mentioned that Kisumu County exceeded the national average in use of antenatal care, delivery in a health facility and post-natal care, but not other indicators.

#	Indicators	National average	Kisumu
1	Infant Mortality rate (IMR)	31.9	33/1000
2	Maternal Mortality Rate	342	495/100,000
3	Skilled delivery(%)	61.8	77.5
4	Delivery at home	40	53.8
5	Under Five Mortality Rate (U5MR)	43.2	79/1000
6	Life expectancy	66.3	59.5 (F-61) (M-58)
7	Average household size	3.9	4.4
8	Average distance to health facility(km)	6.9	6.4
9	Doctor/population ratio	1:17000	1:44,634
10	Nurse/ population ratio	103:100,000	1:2383
11	HIV prevalence	4.9	14.6
12	Fully Immunized children	74.9	80.1
13	Contraceptive acceptance	61	27
14	Proportion of women who attended at least 4 ANC visit.	58	66.1

Kisumu county status of indicators vis a vis national average

Mr. Ngeno pointed out infectious condition such as the sexually transmitted diseases, oncological conditions such as cervical and prostate cancers, genetic conditions such as infertility, health systems challenges such as unmet family planning needs and societal challenges such as discrimination and myths as the major Sexual and Reproductive Health challenges in Kisumu County. He mentioned that to maintain good sexual and reproductive health, counties needed to:

- 1) Advocate for the use of contraception.
- 2) Advocate for counties to organize regular STIs tests in the counties.
- 3) Organize and facilitate regular screenings for health reproductive related issues—e.g. cervical cancer
- 4) Advocate for healthy lifestyle.
- 5) Provide counselling services to young marriages and youths on matters related to healthy marriage and relationships.
- 6) Ensuring SR and FP planning services are accessible at the local dispensaries.

Mr. Ngeno went ahead to share facts about family planning. He stated that currently, according to FP 2020 commitment maker, the country had exceeded its 2020 target of 58% modern contraceptive use by married women. He explained that rather than adjust this target, the government had decided to focus its efforts to expand equitable access to quality care at the county level, where ideal family size ranged from nine children in the north-east to three children in the Nairobi region. Notably the number of counties that had family planning budget allocations had increased; however, they remained a small share of the health budget.

He further reported that globally, according to UN Women, among the 1.9 billion Women of Reproductive Age group(15-49years) worldwide in 2019, 1.1 billion had a need for family planning; of these, 842 million were using contraceptive methods, and 270 million had an unmet need for contraception. He added that Modern

contraceptive prevalence among Married Women of Reproductive Age(MWRA) increased worldwide between 2000 and 2019 by 2.1% points from 55.0% to 57.1%. He explained the reasons behind the slow increase to result from:

- Limited choice of contraceptive methods
- Limited access to services, particularly among young
- Fear or experience of side-effects;
- Cultural or religious opposition;
- Poor quality of available services;
- Users' and providers' bias against some methods; and gender-based barriers to accessing services.

While presenting Kisumu County's and the National's Family planning status, Mr. Ngeno shared that:

- About 90% of targeted population 15-49 years had knowledge on any method about Family Planning or at least one modern contraception
- The percentage of women who were **currently practicing FP** in the county was **62.4%**
- Teenage **pregnancies in Kisumu** County had gone up from 22% to 42% in the last five years.
- About **13,000** Kenyan girls dropped out from school due to unintended pregnancy, with 103 out of every 1000 births in Kenya delivered to girls aged 13-19 years.
- In Kisumu county, 25% of teenagers reported to have had sex before the age of 15 years and 80% of the teenage pregnancies occurred in primary school. Moreover, 42% of teenage girls had been forced to drop out of school due to unintended pregnancy.



Participants following the training session

As a result of lack of family planning, Mr. Ngeno mentioned that the consequences has been more than 2,600 women and girls dying from unsafe abortions in Kenya. He added that currently, unsafe abortions were a

leading cause of maternal mortality, especially among low-income women and that the number of women and girls from poor and marginalized communities seeking unsafe abortion services from quacks was on the rise.

In regards to the SRH challenges in Kisumu County and nationally such as the rising cases of teenage pregnancies, sexual and gender based violence and biases and also looking at some of the reasons behind the slow increase in family planning uptake, there was a heated debate by the participants on why men are left out in matters Reproductive, Maternal, Newborn, Child and Adolescent Health(RMNCAH) yet they were the main perpetrators. Mr. Ngeno responded by agreeing that men should be involved at all levels and that parents' conversations around gender based violence, menstrual hygiene and other SRH issues should commence with the adolescents such that even as they transition into adulthood they are well empowered and informed. There was a general consensus among the participants that male involvement could exponentially improve the negative RMNCAH indicators.



Participants contributing to the debate on men participation in RMNCAH

Day 2

Recap Session

The second day of the training commenced by a recap of the previous day's sessions. Mr. Victor Odanga led this session whereby he picked out some of the key topics discussed during the previous day's sessions and asked the participants questions from them. This session was to guide the facilitators on the topics they needed to revisit for clarification and also for them to gauge the participants understanding on the topics discussed. For instance, looking at the county structures and the relevant county departments, Mr. Victor pointed out that of importance was for the CSOs to know what point they had to submit memorandums, to which department and at what point they needed to engage in the conversations. He added that understanding the Intergovernmental structures would also aid the CSOs in working with the county.

On the other hand, Mr. Ngeno led his recap session by grouping the participants and asking them to look at the different SRH, FP and RMNCAH indicators and have one representative from each group present on the indicators they had looked at.



A participant presenting indicators discussed in their group

Training session 1: Mapping the county budget process and key Kenyan budget documents: How to read and understand key Kenyan budget documents -Victor Odanga

Mr. Odanga started by informing the participants that it was very important for them to know the different budget documents and the purposes they served. He went ahead to present on national budget circulars and their integration with the counties. He mentioned that the Kenyan Constitution provides that not later than the 30th August in each year, the Cabinet Secretary shall issue to all national government entities a circular setting out guidelines on the budget process to be followed by them. The circular shall include—

- a. A schedule for preparation of the budget indicating key dates by which various exercises are to be completed;
- b. The procedures for the review and projection of revenues and expenditures;
- c. Key policy areas and issues that are to be taken into consideration when preparing the budget
- d. Procedures setting out the manner, in which members of the public shall participate in the budget process;
- e. The format in which budget information and documents shall be submitted; and
- f. Any other information that, in the opinion of the Cabinet Secretary, may assist the budget process.
- g. Every national government entity shall comply with the guidelines, and in particular, such dates as are specified in the schedule referred to in subsection.

Just as the national budget circular, the county executive committee member for finance, who is in charge of managing budget process for the county, is supposed to, not later than the 30th August in each year, issue a circular setting out guidelines to be followed by all of the county government's entities in the budget process. The County Executive Committee member for finance shall include in the circular:

- (a) A schedule for preparation of the budget, specifying the key dates by which the various processes are to be completed;
- (b) The methodology for the review and projection of revenues and expenditures.

He further mentioned that there were other various key budget documents involved in the county planning cycle. These consisted of:

1. County Integrated Development Plan (CIDP) – it's a 5-year plan that forms the basis of county spending. He added that the CIDP should have clear goals and objectives; an implementation plan with clear outcomes; provisions for monitoring and evaluation; and clear reporting mechanisms.
2. Annual Development Plan (ADP) - Is a 'roadmap' for the implementation of county projects, programmes and initiatives for each county department for the coming year. It is drawn from the CIDP. It is a 1-year plan.
3. Annual work plan -Is drawn from ADP and shows targets, resources and responsible department.
4. County Fiscal Strategy Paper (CFSP) - its purpose is to provide a forecast for the economy, thus serving as a basis for expectations about revenues and expenditures in the coming year. It also sets the final budget sector ceilings for the next three financial years.
5. County Budget Review and Outlook Paper (CBROP) - is a report that looks back on the previous financial year's budget and looks ahead to plan for the next year's budget. The information in the CBROP helps to prepare the County Fiscal Strategy Paper (CFSP).



Mr. Odanga during his presentation on key budget documents.

Mr. Odanga urged the participants to look at the previous CBROP report just to have proper understanding of the budget provisions specifically for health. He then pulled up a section of Kisumu County's budget 2020/2021 for the public health and sanitation services sector so that the participants could also analyze and interrogate it. He also informed the participants that PFM Act provides for transparency and accountability that include the public to access information, citizen participation and feedback. He concluded by urging the CSOs participants to sensitize communities to effectively monitor and evaluate the performance of key budget documents such as the CIDP. He added that implementation of the CIDPs should ideally be the basis under which citizens re-elected or sent home their elected governors.

P02: Public Health and Sanitation Services			
	<i>Estimates</i>	<i>Projected Estimates</i>	
<i>Sub-Programmes</i>	<i>2020/2021</i>	<i>2022/2021</i>	<i>2022/2023</i>
SP0201: Environment Sanitation Services and Health Promotion	250,000	1,900,813	2,052,878
SP0202: Surveillance, Emergency Response and Epidemic Control	1,200,000	1,296,001	1,399,681
SP0203: Reproductive, Maternal, Neonatal, Child and Adolescent health (RMNCAH)	137,797,510	154,774,275	167,156,217
SP0204: Communicable and non -communicable diseases	3,500,000	3,785,638	4,088,489
SP0205: Mental Health	1,100,000	1,188,014	1,283,055
SP0206: Primary Health Care Services and Community Strategy	201,039,389	241,425,781	253,799,764
Total Programme Expenditure	344,886,899	404,370,522	429,780,084

He informed the participants that the best way to read the Budget Estimates was to look at the summary tables at the beginning of the document and pick one ministry to undertake an initial analysis. Once one ministry's structure and budget has been understood, they could then look at other parts of the Budget Estimates as needed. He added that they would start with the budget summary and the program-based budget and then use other documents to fill in gaps. He explained that it was very critical to consider performance, projections, priorities and ceilings while reviewing county budgets. While expounding on the key considerations, he summarized them as the 3 P's and a C.

- 1) Performance: The first "P" is for information related to budget performance in the previous year and the first six months of the current year.
- 2) Projections: Informed by the performance data, the second "P" represented the projections of the total budget (revenue, expenditure and deficit) for the coming financial year.
- 3) Priorities: The third "P" is for the priorities in the budget. The narrative section on priorities in the CFSP should explain the choices made in the coming budget year between different sectors, for example why health is prioritized over education. We can then examine the budgets for each sector to see if the narrative and the numbers match.
- 4) Ceilings: The "C" is for the ceilings in the budget – the maximum amount of funds going to each sector. The CFSP determines the final distribution of funds across sectors. The sector ceilings, and how they changed over time, is useful for understanding which sectors will be prioritized in the coming year.

There was a concern by a participant on why county governments sometimes over-spend. Some of the responses by the participants included: late disbursement of funds due to long and tedious processes for requesting for money, late submissions of reports, the projections made do not actually represent money that is available in that money has to be collected to be spent. The facilitator agreed with all the responses and added that inadequacy of capacity to oversee implementation of projects was also a contributing factor.

There was also a concern on how the various county department Technical Working Groups feed in the review of budgets and the budget making processes. Mr. Odanga responded by pointing out that if the TWGs are not well structured, they can only depend on advertisements made to start the discussions. He urged the CSOs to always be one step ahead by understanding the process, creating good rapport with the technical working groups and constantly knocking on the doors of these departments to start the conversation as well as building their capacity to understand the budget making processes.



Participants following the training session

Training session 2: Budget analysis in terms of estimates, allocations, disbursements and expenditure (RMNCAH/ SRH/FP)- Haron Ngeno

Mr. Haron started his presentation by informing the participants that while analyzing health budgets, it was critical to have accurate data on the different RMNCAH, SRH and FP indicators so as to guide the areas of advocacy. He also informed the participants that in his presentation, he would be sharing the current status on budget estimates, allocations, disbursements and expenditure particularly for RMNCAH, SRH and FP such that they can have adequate data to inform evidence-based decision making for priorities moving forward. He proceeded to inform the participants on the legal framework supporting RMNCAH, SRH and FP. He noted that the Kenyan Constitution (2010) calls for the highest attainable standard for health including reproductive health for all Kenyans. He added that new policies such as Free Maternity Care, Elimination of User Fee for Public Primary Health Care Services and initiatives such as Beyond Zero confirmed Kenya's recognition of RMNCAH as a development priority and reflected its strong national commitment to bring about a change.



Mr. Ngeno presenting on SRH/RMNCAH and FP financing

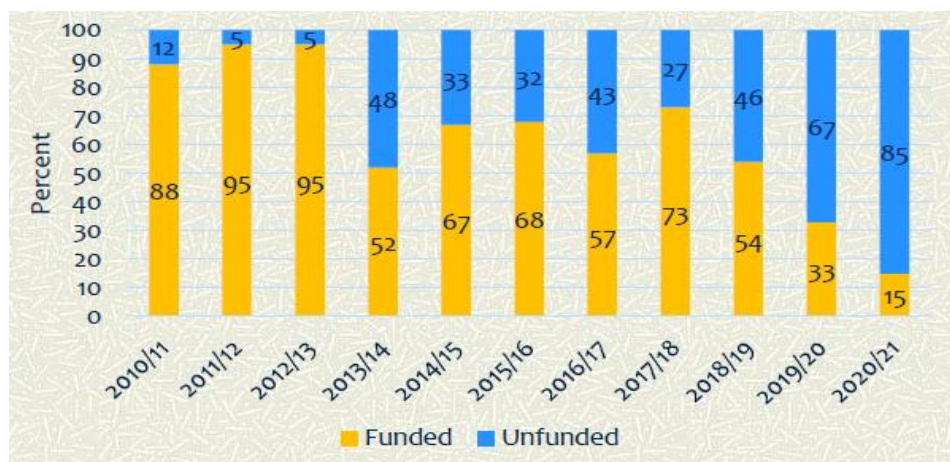
He went ahead to use Family planning financing as an example and asked the participants if they were aware of the Family Planning Costed Implementation Plan framework. One participant responded that she was aware that the framework was launched in Kisumu County in the previous year (2020) even though most of the CSOs who attended the launch were the ones who stewarded the event. Mr. Ngeno explained that the framework was meant to guide the devolved counties in development of their own county specific implementation plans, which were meant to align at national and county levels and support the achievement of FP 2020 goals.

He also mentioned that FP CIPs aimed at addressing the existing challenges and opportunities for scaling up rights-based FP in the country by focusing on six key thematic areas namely:

- 1) Commodity Security
- 2) Financing and Sustainability
- 3) Stewardship, governance and partnerships
- 4) Information management: Research, Monitoring and Evaluation
- 5) Service delivery

6) Demand creation

Mr. Ngeno informed the participants that Kenya was currently facing a consistent contraceptive funding gap, largely due to reduced domestic financing for commodities since devolution in 2013. He added that the available funds from both external and domestic sources for family planning commodities would cover just 15% of the estimated total need in 2020-21. He went ahead to share Kenya's contraceptive funding gap analysis as shown below:



From the statistics shared, it was evident that funding for Family Planning continued to dwindle over the years. Most participants questioned the reasons behind the steady drop in FP funding and wondered whether it was an issue that needed advocacy at both national and county level. In response to this, the Executive Officer, Access to Medicines Platform, Ms. Okemo pointed out that the disproportion of funds in funded and unfunded and decreasing funding for Family Planning commodities in Kenya was due to most donors pulling out their FP funding so that countries can allocate funds domestically to finance FP. She also called out to the CSOs in the room to address the issue by using the evidence presented to advocate for sustainable financing of Sexual and Reproductive Health Commodities including family planning. The Executive Director, Tinada Youth Organization, Mr. Douglas Otieno concurred with Ms. Okemo and suggested to the team to use the information shared as an advocacy tool. To that end, he asked the presenter whether the information was accessible online so that even as they embarked on the advocacy they could share the credibility of their source of information. Mr. Ngeno confirmed that the source of information was credible and agreed to share the links to accessing it to the team. He concluded by encouraging the participants to use the evidence to build a case for increased family planning financing.



Executive Officer, AtMP-Ms. Okemo contributing to the discussions

Mr. Ngeno informed the participants that on June 4, 2020, the County Assembly of Kisumu allocated 60 million Kenyan Shillings (US \$560,000) for reproductive, maternal, newborn, child, and adolescent health (RMNCAH) for the first time. Two months later, on August 12, 2020, the Kisumu County the Kisumu County Department of Health launched its first ever family planning costing implementation plan (2019-2023) (CIP). He later shared Kisumu County's item budget line under the RMNCAH sub-program as below:

P02: Public Health and Sanitation Services				
SP0203: Reproductive, Maternal, Neonatal, Child and Adolescent health (RMNCAH)				
Code	Item Description	Estimates		Projected Estimates
		2020/2021	2022/2021	2022/2023
2200000	Use of Goods and Services	2,500,000	2,712,964	2,930,002
2210300	Domestic Travel, Subsistence and Other Transportation Costs	500,000	540,000	583,200
2210303	Daily Subsistence Allowance	500,000	540,000	583,200
2210500	Printing, Advertising and Information Supplies and Services	500,000	540,000	583,200
2210502	Publishing & Printing services	500,000	540,000	583,200
2210800	Hospitality Supplies and Services	400,000	432,000	466,560
2210801	Catering Services (Receptions), Accommodation, Gifts, Food and Drinks	400,000	432,000	466,560
2211100	General Office Supplies and Services	500,000	540,000	583,200
2211101	General Office Supplies	500,000	540,000	583,200
2211200	Fuel, Oil and Lubricants	600,000	648,000	699,840
2211201	Refined Fuels and Lubricants for Transport	600,000	648,000	699,840
2600000	Grants	135,297,510	146,121,311	157,811,016
2640400	Other Current Transfers, Grants and Subsidies	135,297,510	146,121,311	157,811,016
2640403	Other Current Transfers, Grants and Subsidies	57,625,645	62,235,697	67,214,552
2640408	Other Current Transfers, Grants and Subsidies	77,671,865	83,885,614	90,596,463

Following the sharing of the specific item budget line under RMNCAH, the participants felt that it was critical for them to track and monitor budget expenditure such that even as they celebrated budget allocations for priority areas, they ensured that it's used for the intended purpose. Mr. Odanga seconded the CSOs and reiterated on the need to scrutinize and interrogate specific indicators. He pointed out that the CFSP which provides information on how much was to be allocated for the programs and sub programs does not provide

detailed costs for item budget line. He explained that the information was only provided after the budget has been approved and was not shared with the general public. He also agreed that there was still a lot of work needed to be done in budgets but with evidence it is easier to start the conversation. He went ahead to ask the CSOs to share their experiences on what had worked and what should be done moving forward.

Some of the CSO participants' responses included:

1. Engagement of the county assembly and executives works. CSOs should play the role of oversighting the executive to ensure the human rights are adhered to.
2. Providing civic education to the communities so that they can know how to demand for their rights through public participation.
3. Mapping of leaders and working with them in pushing the agenda forward.

Mr. Ngeno proceeded to share a short background on Universal Health Coverage(UHC) in Kisumu County. He mentioned that in December 2018, Kisumu was one of four counties selected by the national government for a UHC pilot program in Kenya. He added that the pilot gave Kisumu county residents access to a range of affordable health care services in public facilities. However, the pilot omitted covering family planning services and supplies within primary health care.

He noted that as the pilot was underway, civil society partners engaged with local health officials to make a case for the county to increase their investment in primary health care, particularly family planning and in response, the Kisumu county government announced their own plans to develop a county-specific UHC program to cover the gaps. As a result, Mr. Ngeno stated that in early 2019, the county department of health conducted a landscape assessment, which recommended that the county focus on primary healthcare and make strategic investments in RMNCAH. He pointed out that the assessment highlighted that the county had no family planning Costed Implementation Plan(CIP) and no annual budget allocation for family planning, two factors that would strengthen the case to include family planning in Kisumu's UHC benefits package and that resulted to development of the first ever FP Costed Implement Plan for the County.

He urged the CSOs to continue pushing the counties to ensure that family planning was included as part of sector-wide planning, budgeting, and prioritization at the national and county level. For effective and efficient provision of SRH services to adolescents, Mr. Ngeno proposed for counties to consider the following:

- 1) Generate and avail evidence to justify resource allocation to SRH programs
- 2) Seek increased budgetary allocation for provision of SRH information and services at national and county levels
- 3) Coordinate and harmonize donor support for adolescent SRH programs
- 4) Establish mechanisms for mobilizing financial resources, including Public Private Partnerships
- 5) Improve efficiency and accountability in resource allocation and utilization

The general recommendations to improve Sexual and Reproductive Health included:

- 1) Strengthening Reproductive Health Training and Supervision (RHT&S) system at all levels for effective provision of ASRH services;
- 2) Ensuring that annual work plans at all levels of service provision prioritize adolescent SRH services;
- 3) Continuously monitor provision of adolescent SRH services at all levels; and
- 4) Establishing and strengthening partnerships for adolescent SRH service provision at all levels.

- 5) Ensuring equitable access to essential medical products, vaccines and technology in health facilities at all levels.
- 6) Ensuring linkage with institutions offering quality assurance of all medical SRH commodities used by adolescents.
- 7) Building capacity of health providers to provide adolescent-friendly SRH services through in service, on job training, mentorship and continuous medical education.

Mr. Ngeno welcomed Ms. Okemo to close the session. In her closing remarks, Ms. Okemo thanked the presenter for sharing the enlightening information. Demoralizing as it had been to see some of the statics shared on misappropriation of funds in the budget expenditure, Ms. Okemo pointed out that they would certainly use the data and information in their advocacy to ensure that budgets served their intended purpose.

Day 3

Recap Session

The third and last day of the training commenced by a recap of the previous day's sessions. Victone Onyango led this session whereby he tasked the participants to share what they had learnt by asking them questions based on the topics discussed in the previous day's session. Once a participant gave an answer they were to name another participant that would respond to the next asked question. The exercise aimed to gauge the participants understanding on the key Kenyan budget documents.

One participant pointed out the challenge of accessing the final county budget documents in Kisumu County. In response to this, Mr. Jembe Hussein from Kwale county shared that for them accessing the final budget documents had been made easy through creating a good rapport with the county secretary who is the custodian of all the county documents. In addition, building rapport with the MCAs was key as they have access to those documents. For Mombasa County, what had worked with regards to accessing the final documents was conducting power mapping and using the right MCAs who are influential and access those documents from them.



Participants engaging during the recap session

Training Session: Presentation on Sourcing, Monitoring and Tracking Relevant Budget and Indicators documents for RMNCAH/SRH/ FP, and Effective Participation in and influence the Policy Making Process by Haron Ngeno

Mr. Ngeno started his presentation by informing the participants that identifying sources of data and materials was critical in influencing decision-making at each level of administration. He added that routine health facility data was an important source of information on the readiness of a facility to provide key RMNCAH services and gave an example of inputs such as availability of essential drugs, equipment and staff, utilization of services, and proxy measures for quality of care. However, in many settings, availability and quality of facility-based data still needed considerable improvement. He added that not all data captured in health facilities were recorded in the health management information system. He thereafter pointed out that it was important for the participants to understand the advantages and disadvantages of using health facility data to guide programming or adapting/changing action plans during implementation.

He further mentioned other sources of data included the community and government sources. He then shared other sources of materials and data as summarized below:

- MoH - Incidence and Complications of Unsafe Abortion in Kenya Key Findings of a National Study
- Database of Sexual and Gender Based Violence Cases Reported in the Media from in 2018
- Realizing Sexual and Reproductive Health Rights in Kenya Report. A Report of the Public Inquiry into Violations of Sexual and Reproductive Health Rights in Kenya
- Country case-study: sexual and reproductive rights in Kenya (2020) by Plan International.
- Kenya FP 2020 Commitment, Health Policy Project. Provides status and sets out targets.
- PMA data portal managed by International Centre for Reproductive Health Kenya (ICRH-K)
- Kisumu County Health Policy Project
- Kisumu County Sexual and Reproductive Health Strategy 2019-2024
- RMNCAH Allocation and Family Planning Costed Implementation Plan 2019-23
- The Partnership for Maternal, Newborn and Child Health Organization in Kisumu



Mr. Ngeno while making his presentation

As he delved deeper into his presentation, Mr. Ngeno introduced monitoring and tracking of indicators. The Government of Kenya has adopted a reproductive, maternal, newborn, child, and adolescent health (RMNCAH) scorecard as an accountability and management tool to drive improvements in child and maternal health. He explained that scorecards highlight key sources of data, and an action tracker tool to facilitate feedback to communities and health service delivery managers on resulting improvements to service provision. He then shared case study on success of RMNCAH in Bungoma County after using Scorecard monitoring tool.

Some of the areas that saw improvement in Bungoma County included: Strengthened birth companion and referral services, improved availability of essential supplies at PHC facilities, increased full immunization coverage and improved service delivery. Mr. Ngeno went ahead to propose ways of enhancing advocacy for RMNCAH, SRH and FP as summarized below:

- Use of mobile outreach services which sensitizes youth in rural areas and urban slums on sexual and reproductive health and rights including HIV/AIDS prevention through film screenings, youth clubs, games and other activities.
- Empowering girls by providing them with high-quality affordable and reusable sanitary towels to improve school attendance and self-esteem as done by I-Care
- Reaching out to young people living with disabilities on FP, RMNCAH, & FP. This can be done by developing a sexual and reproductive health curriculum in sign language for deaf students. Teachers can be trained in SRH, RMNCAH and FP and counseling to equip their students with the necessary knowledge
- Use behavioral change through consumer education and social marketing strategies to address the adolescent health. Behavioral change is one of the most effective ways to empower the youth to make

informed health choices now and in their adult lives since behavior started in adolescence often result in long lasting outcomes well into adulthood.

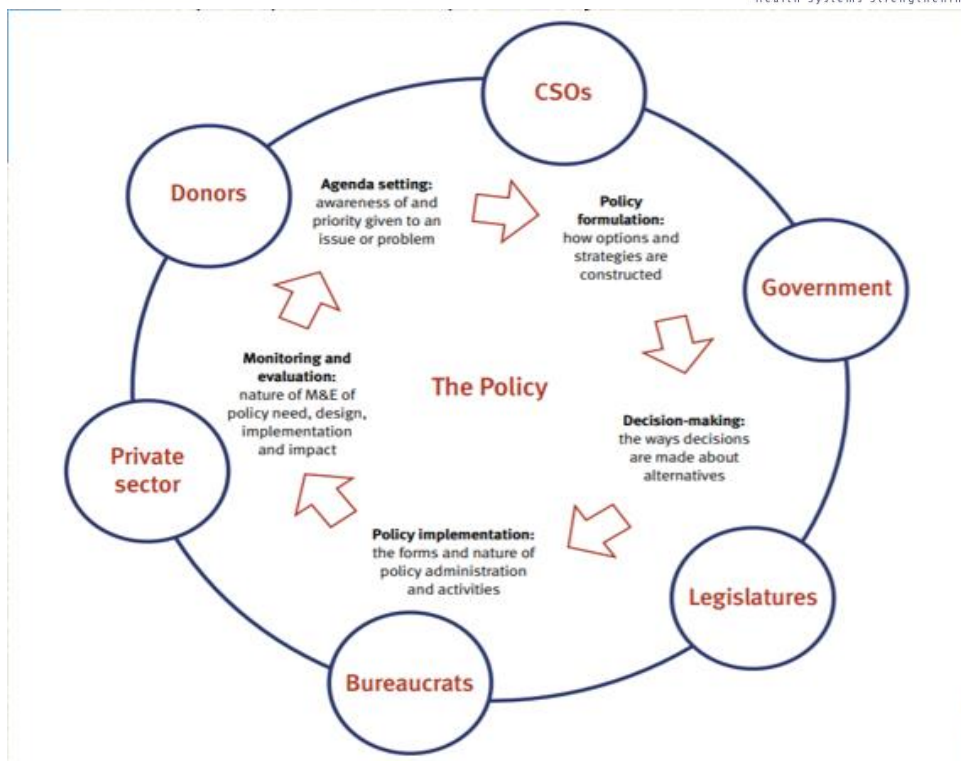


Participants in an ongoing training session

While presenting on effective participation in and influencing the Policy Making Process, Mr. Ngeno highlighted the key obstacles to CSOs Policy Engagement as stated below:

1. Adverse political contexts that constrain CSOs policy work.
2. Limited understanding of specific policy processes, institutions and actors.
3. Weak strategies for policy engagement.
4. Inadequate use of evidence.
5. Weak communication approaches in policy influence work.
6. Working in an isolated manner.
7. Limited capacity for policy influence.
8. Technical and financial capacity constraints

He further informed the participants that better use of evidence could improve the impact of CSOs service delivery work, increase the legitimacy and effectiveness of their policy engagement efforts thus helping CSOs to gain a place and have influence at the policy table and ensure that policy recommendations are genuinely taken up and implemented. He outlined the key components and actors in a policy cycle as below:



He then informed the CSOs that they could influence policy making in two ways which he outlined as below:

1. As many CSOs are directly engaged in service delivery they could have a direct pro-poor impact by using evidence to better programmes, sharing lessons with others to improve other CSOs.
2. Informed CSO engagement with government policy processes. He added that if effective, it could lead to a much broader pro-poor impact as such engagements help to identify new problems, develop new or better strategies, and make government implementation more effective.

In order for CSOs to bring about pro-poor policy, Mr. Ngeno pointed out that they needed to:

- a) **Identify** the political constraints and opportunities and develop a political strategy for engagement.
- b) **Inspire** support for an issue or action; raise new ideas or question old ones; create new ways of framing an issue or 'policy narratives'.
- c) **Inform** the views of others; share expertise and experience; put forward new approaches.
- d) **Improve**, add, correct or change policy issues; hold policymakers accountable; evaluate and improve own activities, particularly regarding service provision.

He concluded by stating ways CSOs could influence policy. He summarized them as below:

1. Networking with other organizations
2. Providing training and sensitization to communities and policy makers
3. Reviewing and commenting on draft policy statements, budget statements etc.
4. Organizing policy seminars in collaboration with relevant government agencies.
5. Piloting alternative policy approaches
6. Insider lobbying
7. Working on projects commissioned by policy makers i.e. those tabled in the County Assembly

Presentation on Kisumu County study findings on availability, affordability and stockouts of Sexual and Reproductive Health Commodities-Dorothy Okemo

The Executive Officer, Access to Medicines Platform-Ms. Dorothy Okemo commenced by thanking the facilitators for bringing out the importance of evidence throughout the training. While starting her presentation she noted that the study on SRH Commodities had been conducted in ten counties including: Kisumu, Kakamega, Kwale, Narok, Kajiado, Meru, Nairobi, Mombasa, Makueni, Nakuru and Isiolo Counties.

She mentioned that the SRH Commodities study was based on a basket of the 53 commodities drawn from the World Health Organisation Essential Medicines for Reproductive Health list, the United Nations inter-agency list of essential medicines for Reproductive Health, the inter-agency list of medical devices and the United Nations Commission on life saving commodities.

The commodities looked at were for both male and female contraception, maternal health, new-born and child, STI management and equipment for anesthesia surgery and safe baby delivery. For the study, a mix of cross-sectional and quantitative methods were employed using the standard WHO methodology toolkit.



Executive Officer, Access to Medicines Platform-Ms Dorothy Okemo presenting Kisumu County study findings

While presenting on the findings for Kisumu county, Ms. Okemo reported that:

- The mean availability of SRH commodities in Kenya was at 43% in 2019 which was an improvement from 36% in the year 2018.
- In Kisumu county, a total of 24 facilities were visited with 8 being public, 9 private and 7 Mission facilities. facilities visited were in the following sub counties; Kisumu east, Kisumu west, Nyando and Muhoroni.
- The overall availability of contraceptives in Kisumu county was at 43% while the commodity with the highest availability in the county was male condoms at, 89%;
- The overall availability of maternal health commodities in Kisumu county was 53% with Folic Acid being the most available commodity at 94%.

For the newborn and child health commodities, Ms. Okemo stated that a number of counties struggled but Kisumu did really well in comparison with an availability of 45%

- The overall availability of STI management commodities was at 49% in Kisumu county, with Metronidazole having the highest availability at 91%; benzympenicillin 23%, and Benzathine penicillin at 14%.

- The overall availability of Sexual Reproductive health devices and instruments was 56% in Kisumu county.
- Stock out information was recorded from the stock information on the stock cards in facilities, in the cases that the facility lacked stock cards it wasn't recorded.
- The public sector had the highest affordability rates, with 36 commodities costing less than a day's wage for a LPGW, and one costing more than a day's wage. In the private sector 24 commodities ranged between 0-1 days of wage and 6 cost more than a day's wage, while in the mission sector 28 commodities cost less than a day's wage.

She further indicated that the challenges faced in accessing SRH commodities from provider perspectives included:

- Stigma associated with accessing sexual and reproductive health commodities.
- Religious and cultural beliefs
- Lack of knowledge by patients about Sexual and Reproductive Health commodities
- High costs of SRHC to patients
- Frequent stock-outs at facility level
- Issues of delays with supply of SRHC to the facilities
- Inadequate training of healthcare providers on SRH service provision
- Reluctance of Health care workers to provide certain clients with SRH commodities.

Based on the study findings and challenges, the following were the specific recommendations given for Kisumu county to increase access to SRH Commodities:

- Comprehensive SRH services and commodities should be part of the Essential Package List as part of what is offered within the County Universal Health Coverage (UHC) programs
- Prioritizing training on both stock management and quantification to ensure seamless supply and availability of SRH Commodities
- County to ensure timely supply of ordered SRH commodities.
- Prioritize training of healthcare providers on quantification and stock management.
- Educate and sensitize communities on SRH commodities and services so as to increase demand and raise awareness, reduce stigmatization and demystify myths on use of contraceptives.
- Male partners to be involved in access to, provision of and education around use of contraceptives and in maternal and newborn health. They must also be included in STIs testing and adhere to treatment
- Provide follow-up training on SRH care amongst health workforce. Training of Health Care providers ought to include elements of customer care. This can help make SRH services more accessible for adolescents, and prevent unwanted pregnancies.
- Expand outreach services provided by Community Health Workers to include provision of SRH information, services and commodities that do not require specialized knowledge.

Ms Okemo thanked the audience for their time and thus opened up the floor for questions or clarifications. She also took the opportunity to share with the participants a short video showcasing the outcomes realized as a result of AtMPs' research work. She also informed the participants that they had recently launched AtMPs documentary and encouraged them to view the full documentary for more insights on other interventions undertaken by Access to Medicines Platform/MeTA Kenya from the organizations Youtube channel.

Discussion on emerging challenges and an Action Plan-Victor Odanga

Mr. Odanga commenced by highlighting seven challenges identified based on the discussions that came up from the training. He pointed out that the challenges could be addressed if the CSOs used the knowledge gained from the training and information acquired from all the data shared to come up with solutions moving forward. To that end, he shared an action plan template to guide and assist the participants in developing solutions to the identified challenges. He summarized the challenges as below:

1. Tracking health allocation in the County Budgets.
2. Monitoring and Tracking of the implementation of RMNCAH & FP indicators.
3. Participation in the County Sector Working Groups meetings.
4. Preparation of joint memoranda to influence decision.
5. Lobbying of the respective County Assembly Committees: Implementation Committee, Health Committee, Budget Committee etc
6. Collaboration with the Controller of Budget County Coordinator on budget implementation.
7. Mobilization of own funds for civic engagement.

Given the magnitude of developing a roadmap in tracking and monitoring of RMNCAH/SRH and FP budget, it was decided that the exercise of developing an action plan to be allocated a separate day so that it may be given the attention it deserved. Ms. Okemo announced that a separate meeting would be scheduled and conducted specifically for that exercise to ensure that the CSOs develop an exhaustive action plan with timelines. To that end, once the dates of the meeting were agreed, Ms. Okemo, through MeTA CSOs Alliance coordinator, Mr. Douglas Otieno, shall communicate to the CSO representatives when the meeting will be held.

Workshop evaluation, Next steps and closure

Award of certificates and closing ceremony

The participants filled out the post training questionnaires which would help assess the advocacy issues that needed to be focused on as well as level of competence after the training. The participants were then awarded with a certificate of participation as recognition for their active participation.

The CSOs representatives from Kwale, Vihiga, Narok and Mombasa and the host county, Kisumu, were given the opportunity to share their parting shots. They all commended Access to Medicines Platform for educating and empowering CSOs to effectively lobby and advocate for SRH commodities financing. They added that the programmatic impact of MeTA Kenya in matters SRH/RMNCAH had indeed been felt in all the counties of focus.



Award of certificates

In her closing remarks, Access to Medicines Platform's Executive Officer thanked the participants for their participation. She further mentioned that there would be a meeting bringing together a group of the team to develop a road map and action plan on budget advocacy process that would see them through over the next two years. She emphasized that she was a strong believer of collaboration and networking and pointed out that all the projects she implemented in Kisumu County were done under the umbrella of the MeTA Kenya CSOs Alliance. She encouraged the participants to work as a team and invited them to reach out to her if they ever needed data or information from the research they had conducted.

She further urged the participants to visit AtMP's website to get access to all the resources, reports and evidence that they could use in their advocacy work. She concluded by thanking the participants for their hospitality and hoped to have more engagements with them in the near future.

In her closing remarks, the Chairperson, MeTA Kenya CSOs alliance, Ms. Lavina Oduor thanked Access to Medicines Platform for convening the training. She expressed her heartfelt appreciation for being chosen to be the chairperson of the MeTA CSOs Alliance, a position that has really contributed to her growth in terms of gaining leadership skills and confidence. She further informed the participants that to be part of the MeTA Kenya Alliance one had to pay a subscription fee and urged the members to join them so that they can move together. Ms. Lavina then officially declared the training closed.



Group photo at the end of the three-days training

Feedback from participants

a) Feedback on course content and facilitators

- Training was timely, constructive and informative
- The content was well selected to fit the course
- Presentations were detailed

10	9	8	7	6	5	4	3	2	1
13 scores	16 scores	9 scores	-	-	-	-	-	-	-

b) Training facilitators

The participants shared that the trainers were:

- Skilled in relation to topics covered

- excellent & knowledgeable
- Relatively good though lack the aspect of audience engagement
- Competent

Rating

Rating	10	9	8	7	6	5	4	3	2	1
No. of participants	8	5	15	4	2	-	-	-	-	-

c) Feedback on whether expectations were met

All the participants' expectations were met. Seventy-eight percent of the participants said that their expectations were met to the different extents indicated below:

Rating	10	9	8	7	6	5	4	3	2	1
No. of participants	6	6	13	5	-	1	-	-	-	-

d) Feedback on participants' intent on using the knowledge gained from the training

- Empower my fellow youth on the importance of participating and engaging in budget making processes
- Access relevant documents for budgeting process
- Strengthen advocacy for increases allocation in RMNCAH
- Track budget allocation and utilization
- Support CSOs to engage themselves in all stages of budgeting including public participation
- Cascade the knowledge in their organizations
- Source and analyze budget estimates
- Engage in meaningful participation and engagement in public participation forums

e) The participants suggested the following topics for future trainings:

- Youth engagement and role
- Medical cover in relation to SRH/RMNCAH/FP for sustainability
- Data analysis
- Advocacy strategies including online advocacy
- Public participation

- 6) Simplified analysis of departmental budgets
- 7) Development of memoranda and position papers
- 8) Monitoring, Evaluation and Documentation
- 9) Social audit and accountability
- 10) Resource mobilization for SRH/ RMNCAH/FP
- 11) Gender responsive budgeting

ANNEXES

- i) List of participants
- ii) Training Program
- iii) Advocacy priority interventions by participants

List of participants

NAME	GENDER	ORGANIZATION	COUNTY	EMAIL ADDRESS
Valary Owen	F	She Deserves to Soar	Kisumu	valaryatienoa@gmail.com
Lavina Odour	F	Heart to Heart Smile	Kisumu	lavina.odour@yahoo.com
Roy Douglas Otieno	M	TINADA/ MeTA	Kisumu	roydouglas88@gmail.com
Victone Onyango	M	Inuka Success/MeTA	Kisumu	victone2011@gmail.com
Barack Ojiem	M	COFAS/ Girl to Girl Club	Kisumu	gca.kenya50@gmail.com
Hussein Jembe	M	Jamii Action Centre	Kwale	jembehussein@gmail.com
Anne Rose Osamba	F	Uzalendo Afrika Initiative	Mombasa	anneosamba@gmail.com
Mike Wanjeng'u	M	TINADA/ MeTA	Vihiga	wanjengu1554@gmail.com
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Mwanaisha Aura	F	AtMP/MeTA Kenya	Nairobi	mwanaisha@atmplatformkenya.org

Grace Alouch	F	Local Initiative Development Agency	Kisumu	graceongayo2018@gmail.com
Grace Nyangweso	F	Save a Lot	Kisumu	graceruthnyangweso@gmail.com
Joseph Odour	M	Leaders for Leaders champion	Kisumu	yusufodour3@gmail.com
Vincencia Apiyo	M	Organization of African youth	Kisumu	vnyario@gmail.com
Tom Ogalo	M	Jijenge Youth organization	Kisumu	tomogalo1@gmail.com
Evanson Ondiek	M	Lower Nyakach Pamoja Youth Group	Kisumu	evansondiek@yahoo.com
Solomon Ouko	M	ADACTA CD	Kisumu	solomonouko@yahoo.com
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Abdalla David	M	NAYA	Kisumu	david.ongawo@nayakenya.org
Vincent Boitone	M	Come Initiative	Kisumu	vboitone@comeinitiative.org
Larry Oyuga	M	Stawisha Dada	Kisumu	larry.o.mutamba@gmail.com
Kennedy Olango	M	Jiupachi	Kisumu	kenkolango@gmail.com
Serfine Akinyi	F	Great Daughters of Nyakach	Kisumu	akinyiserfinet@gmail.com
Mercy Ondondo	F	Gender Dialogues	Kisumu	mercyondondoo@gmail.com
Dancan Omondi	M	TINADA	Kisumu	omondanc@gmail.com
Victor Elvis	M	Nyalenda Young Turks CBO	Kisumu	nyalendaturks@gmail.com
Vallary Onyando	F	Young Women Christian Association	Kisumu	vonyando@ywcakenya.org

Jeronime Obwar	F	YESAM	Kisumu	jerobwar@gmail.com
Eunice Otieno	F	Abled Differently	Kisumu	atienoeunice49@gmail.com
Omondi Oliech	M	LIVERO	Kisumu	olouchomondi52@gmail.com
James Odhiambo	M	Sustainable Rural Initiatives	Kisumu	ogutuj@srikenya.org
Dinozoff Odhiambo	M	KMET	Kisumu	dinozoffodhiambo18@gmail.com
Mary Ger	F	Mumbo International	Kisumu	maryger744@gmail.com
Dickens Muga	M	CTG	Kisumu	dickmuga@gmail.com
Omollo Felix	M	Vijana Na Kazi	Kisumu	omollofelix917@gmail.com
Elizabeth Gwaro	F	Manyatta Development is Power	Kisumu	lizzygwaro@gmail.com
Richard Omondi	M	LEAD Initiative	Kisumu	richardomondi656@gmail.com
Austine Onyango	M	Citizens Voice of Action Initiatives	Kisumu	austineotieno80@gmail.com
Gloria Orimba	F	Kisumu Progressive Youth	Kisumu	gloriaorimbah@gmail.com
Mitchelle Oyuga	F	FIDA Kenya	Kisumu	mitchelle@fidakenya.org
Caroline Rucuh	F	Western Kenya LBQT Feminist Forum	Kisumu	lbqfeministforum@gmail.com

**SENSITIZATION WORKSHOP FOR CIVIL SOCIETY ORGANIZATIONS (CSOS) ON
BUDGET ANALYSIS, TRACKING, MONITORING AND ADVOCACY**

DATE: 17th-19th March 2021

VENUE: GRAND ROYAL SWISS HOTEL, KISUMU.

PROGRAMME

Facilitators: Victor Odanga, Haron Ng'eno

Training Schedule

Time	Activity	Facilitator
8.00-9.00	Team arrival and registration	Access to Medicines Platform
DAY 1		
9.00-9.30	Opening prayer	Volunteer
	Opening remarks and objectives of the training	Access to Medicines Platform
	Opening remarks/ ground rules CSO representative	CSOs representative
9.30-11.00	Introduction to Public Finance Management	Victor Odanga
11.00-11.15	TEA BREAK	
11.15-12.30	Financing of county governments & role of CSOs in the process	Victor Odanga
12.30-13.00	Plenary Session	
13.00-14.00	LUNCH BREAK	
14.00-15.30	Introduction to sexual and Reproductive Health(SRH)/Reproductive, Maternal, Newborn, Child and Adolescent Health(RMNCAH)/Family Planning(FP)	Haron Ngeno
15.30-16.00	Plenary session	
16.00-16.15	Wrap up of the day and way forward for the following day	Access to Medicines Platform
	TEA AND DEPARTURE	
DAY 2		
8.30-8.45	Day one recap	CSOs participants
8.45-10.00	Mapping of county budget process and key Kenyan budget documents: How to read and understand key budget documents	Victor Odanga
10.00-10.30	Plenary Session	
10.30-11.00	TEA BREAK	
11.00-12.30	Budget analysis in terms of estimates, allocations, disbursements, and expenditure(RMNCA/SRH/FP)	Haron Ngeno
12.30-13.00	Plenary Session	
13.00-14.00	LUNCH BREAK	
14.00-15.30	Case study on budgeting and analysis	Haron/Victor

15.30-16.00	Plenary session and wrap up for day two	Haron/Victor
16.00-16.30	TEA AND DEPARTURE	
DAY 3		
8.30-8.45	Day two recap	CSOs participants
8.45-10.15	How CSOs can effectively source for and locate budget documents for RMNCAH/SRH/FP. Indicators to monitor and track-RMNCAH/SRH/FP How CSOs can effectively participate in and influence the budget making process	Haron Ngeno
10.15-10.30	Plenary discussion	Haron Ngeno
10.30-11.00	TEA BREAK	
11.00-12.00	Discussion on emerging challenges and action plan	Victor
12.00-12.30	Group work on action plan	Victor/Haron
12.30-12.45	Presentation of action plans and feedback	Group leads
12.45-13.45	Award of certificates and closing ceremony	Access to Medicines Platform
13.45-13.00	LUNCH BREAK & DEPARTURE	

Advocacy priority interventions

ORGANIZATION	ADVOCACY PRIORITIES
Jijenge Youth Organization	Free access and provision of MHM products in institutions Free access and inclusion of street kids in the health programs/access of SRH services More allocation of finances to RMNCAH/ FP budget
LIVERO	Family Planning Advocacy Budgetary allocations in the government for SRH commodities
Sustainable Rural Initiatives	Budget tracking on SRHR/ RMNCAH- FP Gaps within SRH package within the facilities Gaps within health implementation during this COVID-19 pandemic and economic times Training/ capacity building of grass root level healthcare workers
Network for Adolescent and Youth of Africa (NAYA)	FP budgetary allocation FP commodities Security FP consumption and stock out

Western Kenya LBQT Feminist Forum	Alignment of Plans and budgets with national indicators Inclusive SRHR (for sexual & gender minority) Literature on inclusive SRHR (FP / RMNCAH)
Jiupachi	Tracking Kisumu County Health budget Increase in Budgetary allocation of FP Strengthening of CBEF (analysis of composition and responsibility)
Uzalendo Afrika Initiative	Budget allocation SRHR (Budget advocacy) Advocacy on engendered policies Access to information on public participation
YESAM	Budget advocacy Public participation RMNCAH/FP/SRH Gender
Manyatta Development is Power (MDP)	FP financing SRHR commodities supply/accessibility Advocate for more Youth Friendly Centers that are equipped
Inuka Success	Correct specific allocation of Funds under health Publication of relevant budget documents to the public Analysis of funds allocation to identify the actual focus budget lines
Girl 2 Girl Club	Analyzing, monitoring and tracking county budget allocation of RMNCAH/FP/SRH How to participate in the sector working group meetings Mobilization of funds for civic engagement
CTG	Increased funding for FP Strategic involvement of CSOS in Budgeting
Young Women Christian Association	Writing and submissions of memorandum Community civic education on budgeting processes Policy formulation processes
Heart to Heart Smile	Warehouse for commodity storage Accessibility and friendly services to PWD Translate Information of SRHR to accommodate all for Inclusivity
Local Initiative Development Agency (LIDA)	County to publish budget for easy accessibility Increase mobilization for public participation

	Start trainer- trainee programme to educate CHVs on SRH/RMNCAH/FP
Save A Lot	Family Planning Youth Centers Women Funds