

# PROJECT SUCCESSES BOOKLET

## RIGHTS ACTIVATION PROGRAM FOR SRHR(RAP4SRHR) IN WESTERN KENYA

2024-2025



**" Enhancing the SRHR Rights and Entitlements of Women and Girls"**

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# Message from the C.E.O

The Rights Activation Program for SRHR, a 2-year initiative was mooted in collaboration with UNDP Amkeni and with generous support from Embassy of the Kingdom of Netherlands in Kenya. This project has continued to consistently focus on enhancing the rights and entitlements of women and girls in 4 counties in Western Kenya. Over the past 18 months, my team has continued to deliver on the key project tenets of enhancing gender equality and women rights specifically addressing policy and systemic issues around prevention and protection against Gender Based Violence in all its forms, strengthening women and girls' rights and creating and enabling policy environment in four counties of implementation i.e. Kisumu, Kakamega, Homabay and Vihiga. This project has in many ways provided the much needed catalytic action linking policy advocacy with community engagements ensuring that what we advocated for is in direct response to the needs of community members. Enhancing accountability by ensuring knowledge of the existing policy framework and protections was one of the strategies that we used to ensure SRHR rights for all and in particularly women and girls. We have been very intentional in our quest to scale up policy formulation, review and implementation through sharing of best practices, reference of data and evidence and the need to respond to the needs of the communities and this has borne fruit in the life of this project, with over 6 new progressive policies being finalized, reviewed and enacted. Increasingly the decision to develop costed plans has also been embraced to ensure that the policies can be translated to action and that budget allocations actually follow functions. Through our Haki Mashinai forums community based organizations and community members have increased knowledge of their SRHR allowing them to develop community led solutions and advocate against social cultural norms through the progressive and very effective Haki Mashinani forums. Strengthening multi-sectoral collaboration between the gender and health departments has been a key priority of our implementation strategy of ensuring the wider SRHR issues that include SGBV are effectively addressed and mitigated from the health and gender perspectives and ensure a comprehensive and responsive approach is adopted from both the survivor centred and rights based approaches. Media engagement both mainstream and social media has been the bedrock of our mass education and sensitization highlighting the issues requiring high level discourse and action. Our strategy to have one on one meetings with Members of the County Assembly as key allies in policy and budget advocacy is also likely to bear fruit in ensuring no one is left behind and community members are supported by their county governments to fully realize their SRHR and Gender rights. We have continued to work with different stakeholders at both national and county level to enhance and entrench the visibility of this important work. This is to ensure that the success of the work we do is widely shared for adoption of best practices among all stakeholders working to improve access, care and quality of health and gender rights across the country. As we share this booklet of the success stories thus far, we can only hope that this is the beginning of more collaboration and commitment of resources to ensure that the gains are sustained, the best practices are replicated and that we are working towards fully meeting SDG 3 and 5 by 2030.

Warm regards,

**Dorothy J. Okemo**

C.E.O, Access to Medicines Platform



## Quick Facts



5

Policies influenced/developed/revised/adopted



1,228

Stakeholders directly engaged through policy and community engagements



2

MoUs signed with county governments through department of health



500+

Policy briefs and fact sheets developed, printed and disseminated to stakeholders



2

Studies conducted to assess the implementation of SRH policies vis-a-vis the recommended WHO recommended package



90%

of proposed SRHR care package study recommendations adopted and implemented in Kisumu County



20+

community engagements conducted to strengthen accountability

01

# Program Overview





## 01 Background

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In Western Kenya, systemic inequalities continue to deny girls, women, and marginalized groups access to quality, respectful, and rights-based sexual and reproductive health services. Despite progressive legal frameworks, many counties still experience gaps between policy and practice, weak coordination structures, underfunded GBV response systems, and limited community participation in decision-making on SRHR.

The Rights Activation Program for SRHR (RAP4SRHR), funded by UNDP Kenya and the Embassy of the Kingdom of the Netherlands, is a transformative intervention that Access to Medicines Platform (MeTA Kenya) has implemented in Kisumu, Homabay, Kakamega and Vihiga counties. This project has continued to strengthen provision of the SRH rights and entitlements of women and girls in western Kenya and establish a new approach where communities lead, institutions respond and systems are strengthened to deliver lasting impact.

Anchored in the belief that SRHR is a fundamental human right, the program was designed to address structural barriers to accessing SRHR services, influence subnational policy and planning, and amplify the voices of communities often excluded from health governance. By integrating policy advocacy, systems reform, capacity strengthening and grassroots mobilization, RAP4SRHR advances both the rights and the entitlements of women, girls and vulnerable groups.

## 02 Objectives

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### Overall objective:

To enhance the rights and entitlements of girls and women's SRHR in Western Kenya.

### Specific Objectives:

- Enhance knowledge and practice of SRHR as a human right among grassroots organizations and beneficiaries to strengthen citizen participation and accountability.
- Scale up policy implementation and sharing of good practices between duty bearers, rights holders, CSOs, and community members at national and county levels.
- Strengthen the capacity of duty bearers in coordinating SRHR programming and enhance accountability for service delivery.

02

# Strategic Approach





## Policy Advocacy and Engagement

Supporting counties to develop, reform, and implement policies that uphold SRHR and GBV prevention and mitigation



## Grassroots Partner Capacity Building

Equipping local CBO's with the tools and knowledge to sustain advocacy and service monitoring.



## Multi-stakeholder strengthening and Coordination

Improving the functionality of key governance structures such as Technical Working Groups and Gender Sector Working Groups. This also included strengthening multisectoral collaboration between the departments of health and gender



## Community-Led Accountability

Establishing and supporting platforms like Haki Mashinani (loosely translated rights at the grassroots) to put community members in the driving set of mitigating and preventing all forms of violence while championing for access to justice and knowledge of the referral pathways for SGBV survivors



## Visibility, Campaigns, & Media Engagement

Using media interviews, press briefings, beneficiary feedback, storytelling, radio talk shows, and public campaigns to sensitize, educate, shift norms and amplify the impact of our work.



01

## Policy Advocacy and Engagement

Policy change requires persistence, credible evidence and strategic alliances for realization of meaningful and lasting change. Through the Rights Activation Program for SRHR (RAP4SRHR), Access to Medicines Platform (AtMP) worked alongside county government and civil society actors to reshape the counties' SRHR and GBV policy landscape into one that is more inclusive and responsive to the needs of its citizens.

In Vihiga County, the program championed the development and successful launch of the Sexual and Gender-Based Violence (SGBV) and Child Protection Policies. From the onset, AtMP facilitated early-stage engagements with policymakers to raise awareness of policy gaps and build political will. These efforts culminated in the stakeholders review of the policies and public participation forums that included community voices in the policy provisions. Within a single year, the policy moved from draft to being launched and adopted by the county for implementation.

Additionally, AtMP, through the project, provided technical support in the review and revision of the Vihiga County RMNCAH Act—a critical first step in the amendment process. This preparatory phase ensured that the Act was updated to reflect local health needs, align with national and regional frameworks, and address emerging priorities in maternal, newborn, child, and adolescent health. The revised version of the Act now serves as a strong foundation for formal amendment and future legislative adoption, positioning the county to improve SRHR outcomes through a responsive and rights-based legal framework.

“

*This policy will finally reflect the current realities of our community. We are grateful for the technical support.”*

**Abigael Osendi, Head of Family Health, Vihiga County**

In Kakamega County, following the assent of the SGBV Control and Management Act 2024, AtMP through the project worked with key representatives from the gender and health departments to develop a detailed implementation roadmap and framework. This step was crucial as it provided a clear structure for operationalizing the Act's provisions, outlining key actors, priority actions, timelines, and a proposed budget. Through anchoring legal reform in practical enforcement, the project ensured the law wouldn't just sit on the shelf—it would drive change on the ground. In addition, we also supported the county to review and draft the Kakamega County Health Sector Strategic Plan.

In Kisumu and Homabay Counties, AtMP conducted a comprehensive SRHR Policy Gap Analysis bench-marked against the WHO-recommended SRHR Care Package. This evidence-based assessment shed light on policy misalignment, service delivery gaps and particularly affecting marginalized and underserved populations. The recommendations from this study have already been included in the draft Kisumu SRH Bill 2025, marking a great milestone for us in our quest for counties to entrench evidence based legislative reform.

Across all counties, RAP4SRHR worked to ensure that SRHR and GBV priorities were institutionalized. Through sustained advocacy, the program influenced the inclusion of these priorities into county Annual Work Plans, enabling budget allocations and increasing long-term accountability.





## 02



# Multi-stakeholder strengthening and Coordination

Recognizing that policy reforms alone cannot deliver results without robust implementation systems, the Rights Activation Program for SRHR(RAP4SRHR) focused on strengthening the coordination and functionality of multi-sectoral and multi-stakeholder platforms at both county and sub-county levels. The goal was to ensure that every actor—government, civil society, and community is aligned, equipped, and accountable in advancing SRHR and GBV outcomes.

In Vihiga and Kakamega Counties, AtMP led the revitalization of key Technical Working Groups (TWGs) for Reproductive Health (RH) and Gender-Based Violence (GBV). Using a structured checklist, TWGs reviewed and revised their Terms of Reference (ToRs), formalized meeting protocols, clarified roles, and ensured more inclusive and strategic participation. These changes have led to renewed coordinating structures, purpose, and coordination among TWG members.

A notable highlight was the Kakamega County GBV Coordination Forum convened by AtMP in 2024. The forum brought together a wide array of stakeholders, including GBV coordinators from all 12 sub-counties, health officers, police and judiciary representatives, religious leaders, youth advocates, Civil Society Organizations, and officials from the County Commissioner’s office and Office of the Prosecutor. This unprecedented multi-sectoral forum aligned on joint priorities and led to the official adoption of a county-wide standardized GBV action planning and reporting template developed by Access to Medicines Platform.

“

*Our meetings are now more focused, with clear roles and follow-ups. The TWGs feel purposeful again.”*

**Rose Muhanda, Chief Officer Public Health, Kakamega County**

The adoption of this tool marked a turning point for GBV response coordination in Kakamega. For the first time, all 12 sub-counties began using a harmonized format to plan, document and report their interventions, enabling consistent tracking and evidence-based decision-making. Quarterly review meetings at county level further enhanced transparency and accountability, allowing stakeholders to assess implementation progress, identify bottlenecks and revise priorities in real time. These structured engagements have fostered a culture of results-based reporting, improved coordination, and measurable outcomes—pushing the counties toward more integrated and responsive SRHR and GBV systems.

Beyond Kakamega, Vihiga county also institutionalized the use of planning and reporting templates across their Haki Mashinani forums. AtMP supported the dissemination and capacity-building efforts required for these reporting templates to be adopted and effectively utilized.





## 03

# Community led Accountability

Community-led accountability has been one of the most transformative interventions under the RAP4SRHR project, giving rise to platforms and champions who are now actively steering SRHR and GBV dialogues at the grassroots.

In Vihiga County, the Haki Mashinani initiative was scaled up and institutionalized across all 25 wards, turning previously informal ward inter-generational committees into structured, multi-stakeholder accountability forums. These platforms brought together local administrators, healthcare workers, youth, religious leaders, teachers, paralegals, and community promoters under one goal: to increase awareness on SRHR and GBV and improve service delivery gaps through improved accountability and demand.

“

*I initially thought that gender-based violence was only rape, but through the continuous sensitizations I now know that it includes a wide range of things that are harmful and directed at an individual.”*

**Mercy Modani, Parent Representative**

The forums maintained a community action plan, regularly monitored progress, conducted public sensitization forums, and presented feedback to county officials. These actions gave life to the idea of citizen oversight—not as a theoretical concept, but as a weekly practice that communities owned.

“

*We no longer wait for someone else to come help us. We are taking action ourselves—every week, every month.”*

**Karua, Haki Mashinani Forum Champion**



A notable evolution of this accountability movement has been the rise of male champions. Traditionally sidelined in SRHR dialogues, many men—through RAP4SRHR community dialogues and male engagements—began to see themselves not as bystanders, but as essential allies in driving health outcomes. Across three sub-counties in Kisumu County, male engagement forums were convened, creating space for dialogue on gender norms, GBV prevention and men’s roles in maternal health.

These forums helped shift perspectives: men expressed genuine interest in understanding family planning options, supporting their partners during antenatal and postnatal periods, and challenging harmful masculinity narratives that normalize violence or silence around SRHR topics.

Re-framing accountability as a shared responsibility: one that involves women, men, youth and local leadership has positioned the project as a catalyst for grassroots movement that is now deeply rooted in the communities it served. These are now living structures in the community with legitimacy, ownership, and the capacity to demand better from systems meant to serve them.

“

*No one had ever told us our support could save lives during childbirth. Now, we accompany our wives to clinics—not because we are forced to, but because we understand why it matters.*

**Male Champion, Kisumu West Sub-county**



04

## Grassroots Partner Capacity Building

A cornerstone of the RAP4SRHR initiative has been the strategic and responsive investment in building resilient grassroots organizations capable of advancing SRHR and GBV advocacy at community level. Recognizing that local CSOs are closest to the issues, the program focused on enhancing their institutional and technical capacity to mobilize communities, influence local policy, and contribute meaningfully to county-level coordination structures.

Through a combination of group training, one-on-one mentorship sessions, and practical handouts, AtMP supported 8 grassroots organizations across Vihiga, Kakamega, Kisumu, and Homabay counties. These efforts focused on strengthening organizational capacity in areas such as:

- Resource mobilization and fundraising
- Rights based approaches to SRHR/GBV
- Budget advocacy
- Stakeholder engagement and policy advocacy
- Monitoring, evaluation, and documentation
- Social media strategy and communications
- Annual report development and internal reporting systems

In Kakamega County, Rising to Greatness Organization (RIGO) received hands-on technical assistance to improve its annual reporting, develop a communications strategy, and refine internal systems for tracking community feedback. As a result, the organization was able to finalize a robust workplan for Year 2 implementation, produce documentation aligned with donor requirements, and produce their annual report for the first time ever.

“

*This was the first time we completed our Annual report on time. We now feel confident telling our story to the world.”*

**Halima Nyota, Rising to Greatness Organization, Kakamega**

Each technical assistance session was designed to meet the organizations at their point of need, drawing from their experiences in Year 1 and mapping out concrete steps for growth. The participatory nature of the support encouraged the GOs to take ownership of planning, reporting, and communications processes moving to intentional storytelling and data use. Templates shared during the sessions are now in regular use by CBOs for strengthening their institutional structures.

“

*Learning is a continuous journey, and we are grateful to AtMP(MeTA Kenya) for guiding us through it. The technical support on effective report writing, financial documentation, and monitoring and evaluation was incredibly impactful. We now feel more confident in our organizational processes. We look forward to further capacity building—especially in digital filing. As Vihiga Women in Business, we are proud to walk this journey together to reduce SGBV and improve SRHR in Kenya. Together, we succeed.”*

**Grace— Vihiga Women in Business (ViWIB)**

One of the key takeaways from the capacity strengthening process was the emergence of peer-to-peer learning models. Grassroots organizations began sharing tools, insights and lessons across counties—setting the stage for a community of practice that can be nurtured beyond the project cycle. Additionally, there is strong potential for these organizations to serve as resource centers for upcoming or newly established CBOs in their regions, helping scale up best practices.



03

# Visibility & Campaigns



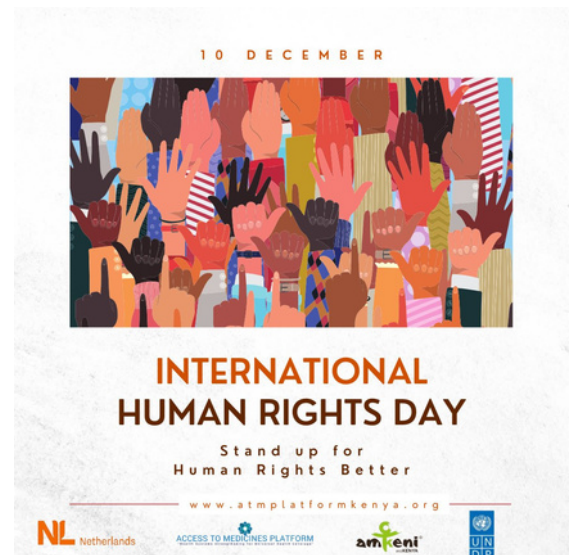


## 01 Campaigns

Strategic visibility and media engagement have been instrumental in amplifying the voice of the Rights Activation Program (RAP4SRHR) and mobilizing action across counties. Through coordinated campaigns leveraging digital platforms, media partnerships and dissemination of knowledge products, RAP4SRHR created widespread awareness, influenced policy discourse at county and national levels, challenged stigma and catalyzed community action around SRHR/GBV.

Over the project period, the program spearheaded and participated in 10 major campaign moments, each commemorating key international observances. These campaigns were used as strategic entry points to advance advocacy messages, engage the public, and document commitments from political and decision-makers.

- **#16Days of Activism (November 2024):** This virtual campaign engaged over 317 listeners on X Space and centered around the multiple forms of GBV, their root causes, and the need for survivor-centered support systems. Grassroots leaders and community champions shared firsthand experiences, igniting a renewed sense of urgency to #EndFemicideKE.
- **International Women’s Day (March 2025):** The campaign highlighted the urgent need for investment in gender-responsive health systems. The stories of women health workers, youth advocates, and local leaders were amplified to emphasize the transformative power of women’s participation in health decision-making.
- **World Contraception Day (September 2024):** Multiple digital conversations across Kisumu, Kakamega, Siaya, and Vihiga Counties focused on expanding access to contraceptive options and dismantling stigma around family planning. Radio segments and X Chats attracted hundreds of listeners, including one featuring Abigael Osendi, Head of Family Health, Vihiga County who emphasized youth-friendly SRH services under the theme "The Power is in Your Hands."



- International Day of the Girl Child (October 2024): In collaboration with Rising to Greatness, this campaign spotlighted the empowerment of girls through education, legal protection, and safe spaces. It reinforced the importance of amplifying girls' voices in public discourse.
- Women's Health Day (May 2025): A powerful digital event engaged 2,800 listeners and 40 comments, pushing conversations on gender-responsive budgeting and accountability in health systems. It called for action to move from policy commitments to real, funded change.



## 02 Media Engagement



The program deployed diverse media strategies to amplify community voices and push for accountability:

- **Radio Talk Shows & Interviews:** More than 10 live radio talk shows and interviews were hosted across popular local stations in Vihiga, Kakamega, and Kisumu. These sessions created open platforms for community members, health professionals, and policymakers to discuss SRHR, GBV, and county-level policy progress. Call-ins and SMS feedback allowed real-time engagement, making information more accessible and relevant to rural audiences.
- **Social Media:** Through live Tweet chats, infographics, and storytelling, RAP4SRHR generated digital momentum around key advocacy days—such as the 16 Days of Activism, International Women's Day, and World Contraception Day.
- **Mini-Documentaries and Testimonials:** Short-form videos captured stories of change from community members, male champions, health workers and grassroots organizations, bringing to life the human impact of SRHR and GBV interventions.
- **Media Partnerships:** Strategic collaborations with local media outlets enhanced coverage of RAP4SRHR activities and policy engagements, transforming events into platforms for accountability. Some of the notable media moments include:
  - ◆ Kakamega First Lady Teen mothers mentorship program
  - ◆ High level engagement with Kakamega and Kisumu MCAs to discuss opportunities for sustainable health care financing
  - ◆ Media interviews and radio talk shows on the sidelines of international health awareness days such as women's day, world contraception day, world preeclampsia day, world health day etc
  - ◆ Launch of the Kakamega SGBV Control and Management Act 2024



## 03 Driving Evidence-Based Advocacy

To deepen policy engagement and sustain momentum beyond events and public forums, AtMP developed and disseminated a series of well-designed policy briefs and fact sheets that translated data and insights into concise, actionable recommendations for decision-makers. Each knowledge product was anchored in evidence from fieldwork, community engagements, and technical assessments, offering a narrative of both systemic gaps and lived realities. For example:

- **Kisumu County Policy Brief:** Based on the SRHR Care Package Gap Analysis, this brief outlined the discrepancies between county services and WHO-recommended standards. It was instrumental in shaping the ongoing Kisumu SRHR Bill, informing decision-makers on where policy realignment was most urgent.
- **SHA Fact Sheets (Kakamega and Kisumu):** These knowledge products detailed how counties could maximize domestic health financing through the Social Health Authority. They provided compelling arguments for increased budget allocations and outlined concrete steps for improving RMNCAH and GBV service delivery. Key county actors, including MCAs and CECs, used the documents to guide policy discussions and integrate recommendations into Annual Work Plans.

Importantly, the program also produced issue-specific policy briefs based on recurring concerns raised during community dialogue forums and accountability platforms including the Haki Mashinani. These briefs elevated grassroots voices by systematically documenting challenges faced at the community level—such as service delivery barriers, harmful practices or unmet adolescent health needs—and channeled them into evidence-backed advocacy tools for use in high-level meetings with county policymakers and technical working groups. They became critical enablers for citizen-driven accountability, ensuring that decisions reflect the lived experiences and priorities of the communities they serve.



# Political commitments

Visibility efforts under the RAP4SRHR program extended beyond awareness—they also documented and amplified public commitments made by policymakers and community leaders. Through strategic engagements with county leadership, the program catalyzed concrete political pledges aimed at strengthening Sexual and Reproductive Health and Rights (SRHR) and the Gender-Based Violence (GBV) response.

These commitments, made during dialogues, policy launches, campaigns, and planning forums, serve as a roadmap for sustained accountability, targeted resource allocation, and systemic policy reform.

## 01

### Kakamega County

- Establish a dedicated fund for the implementation of the Kakamega SGBV Control and Management Act.
- Strengthen multi-sectoral collaboration on SGBV prevention, response, and management.
- Operationalize and equip safe houses, including SGBV rescue centers at sub-county level.
- Enhance access to justice mechanisms in collaboration with the County Attorney's office.
- Allocate 30% of the county budget to health, with a portion earmarked for SRHR and GBV interventions.

## 02

### Vihiga County

- Review, amend, and adopt the Vihiga County RMNCAH Act 2020 to reflect current health priorities.
- Establish a mental wellness center in Luanda to support survivor recovery and adolescent health.
- Prioritize equipping existing health facilities rather than building new ones.
- Allocate at least 2% of the health budget to Neglected Tropical Disease (NTD) interventions.

## 03

### Kisumu County

- Fast-track the review and implementation of the Family Planning Costed Implementation Plan (FP-CIP).
- Improve MPDSR (Maternal and Perinatal Death Surveillance and Response) reporting and response mechanisms.
- Implement SRHR Care Package Study recommendations, especially for vulnerable groups.
- Strengthen Community Health Strategy as a delivery channel for SRHR and GBV services.





## 01 Media Engagements

**15+**

Radio talk shows hosted to sensitize communities on SRHR

**Over 1 Million**

listeners reached through media interviews and radio talk shows

**60K+**

Impressions reached through social media engagements



## 02 Knowledge Products

**500+**

Policy briefs and fact sheets published and disseminated through multi-stakeholder engagements

**7**

Proposed study recommendations adopted and implemented in Kisumu county

**7**

Policy briefs and fact sheets developed to disseminate study findings and community asks



## 03 Campaigns

**500+**

I.E.C materials published and disseminated during campaigns

**10**

Campaigns launched and run during key International health awareness days

**10**

Media interviews conducted on the sidelines of International health awareness days campaigns

“

*Media isn't just about awareness—it's a tool for accountability. Through targeted campaigns, we documented decision-maker commitments, shifted public discourse and made sure SRHR and GBV remained visible, urgent, and prioritized in county spaces.”*

**Mwanaisha Aura-AtMP Programs and Communications lead**

# SOCIAL MEDIA CONTENT PERFORMANCE



Total Impressions

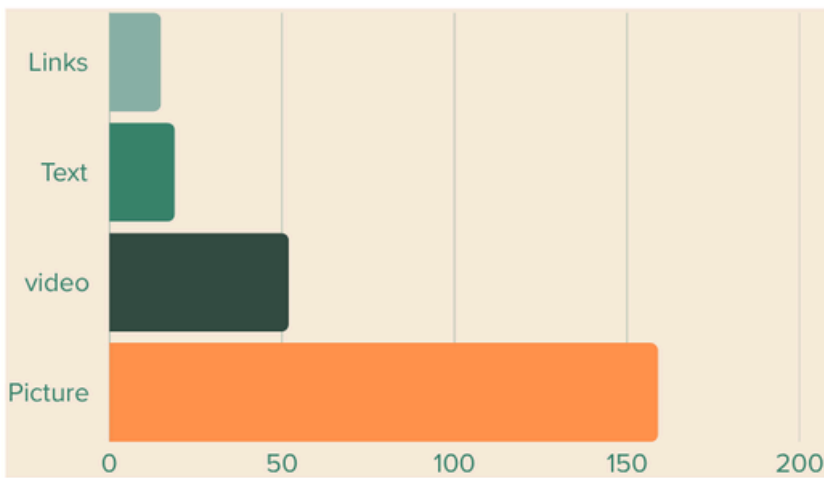
68.8K



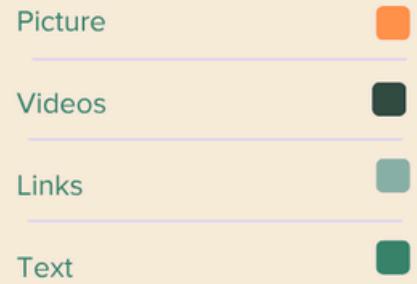
Total Engagements

20.5K

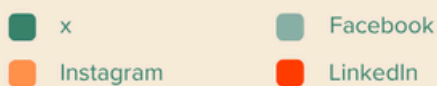
## Content Type Performance



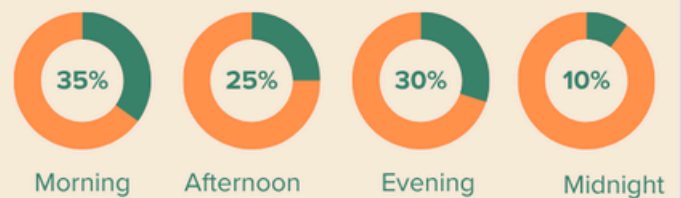
## Performance Breakdown



## Social Media Platform Performance



## Peak Engagement Times



## Audience Gender Insight

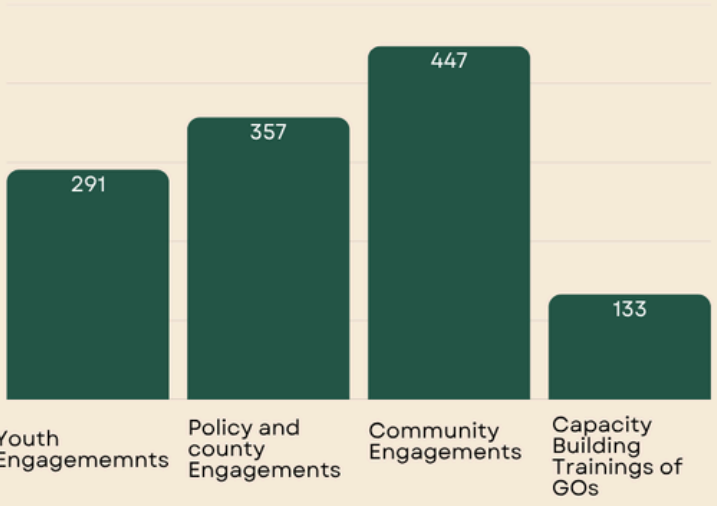


# 2024/2025 STAKEHOLDER ENGAGEMENT

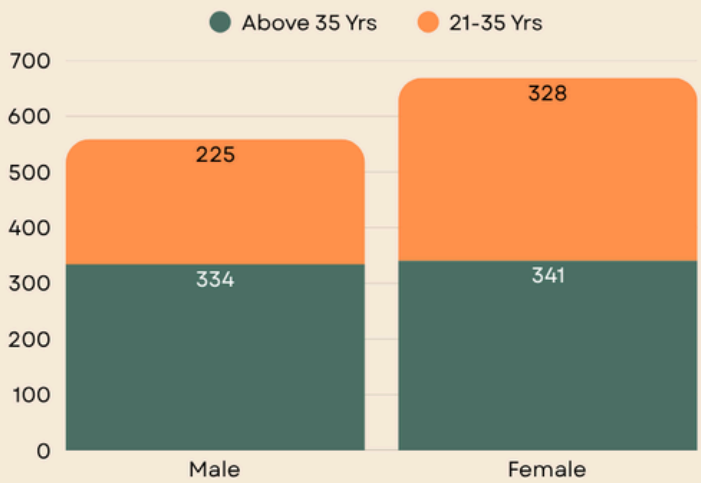
**1,228** Stakeholders Engaged over the past 1.5 years



Total Stakeholders Engaged

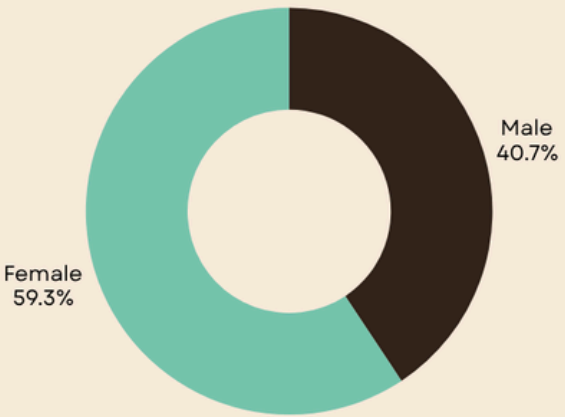


Total Gender Distribution



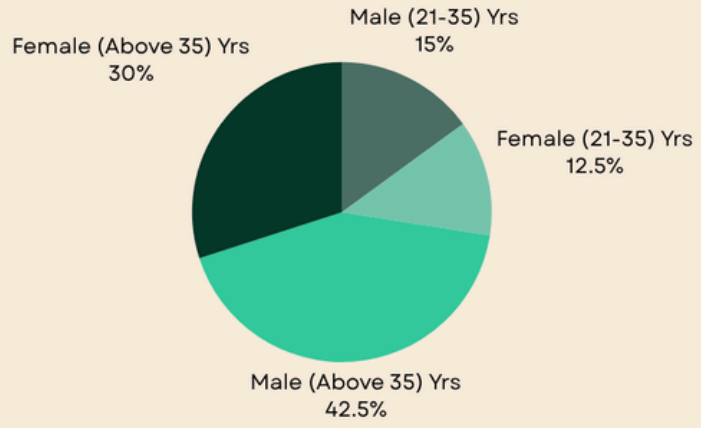
## 45% OF YOUTH ENGAGED

Youth Gender Distribution



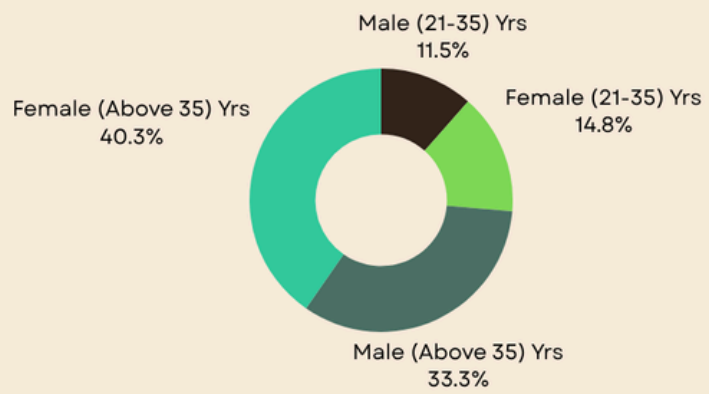
## 36% - COMMUNITY ENGAGEMENTS

Community members engaged



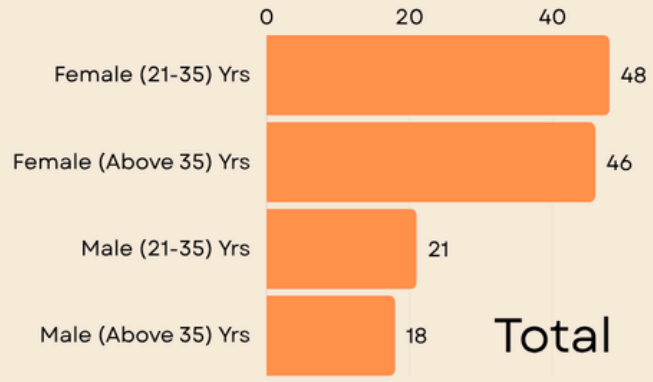
## 29%- POLICY & COUNTY ENGAGEMENTS

Policy Makers engaged



## 11%- CAPACITY BUILDING TRAINING OF GRASSROOT ORGANIZATIONS

GO's trained and capacity Built



04

# County Spotlights



# Vihiga County

## Policy Progress and Grassroots Mobilization



### 01 SGBV & Child Protection policies

Successfully reviewed, finalized, and launched the Vihiga County SGBV Policy, integrating robust feedback from public participation forums that amplified the voices of survivors, youth, and community leaders.



### 02 Haki Mashinani

Haki Mashinani forums operationalized across all 25 wards, reconstituted with strategic inter-generational representation, including chiefs, paralegals, youth, religious leaders, and healthcare workers. These platforms now drive SRHR and GBV monitoring, sensitization, and community feedback loops



### 03 Formalized Partnership

Officially signed a Memorandum of Understanding (MoU) with the county through the department of health



### Formal Recognition

Received formal recognition (Through an official letter) from the CEC for Gender for the program's role in advancing the process of developing and launching the SGBV policy.



### Strengthened TWGs

Revamped Reproductive Health (RH) TWGs using structured terms of reference that improved planning, inclusivity and accountability.

# Kakamega County

## From policy to practice through coordinated action



### 01 SGBV Act Implementation Plan

Facilitated the development of a comprehensive implementation roadmap for the Kakamega County SGBV Control and Management Act 2024. This roadmap, developed with the County Attorney and technical officers, provided the structure, timelines, and budget needed for effective rollout.



### 02 Multisectoral GBV Coordination

Convened a multisectoral GBV coordination forum that brought together actors from all 12 sub-counties, including health officers, law enforcement, religious leaders, and members of the deaf community. This forum adopted a standardized GBV reporting and action planning template developed by Access to Medicines Platform



### 03 Strengthened TWGs

Enhanced the performance of Technical Working Groups (TWGs) by supporting the development of comprehensive Terms of Reference (ToRs), guided by a standardized checklist. This tool enabled counties to define clear mandates, improve coordination structures, and strengthen the overall effectiveness and accountability of SRHR and GBV-focused TWGs.



### Action planning & implementation

Strengthened sub-county action planning mechanisms, anchoring GBV prevention and response activities in community structures and action plans with timelines.



### Formalized Partnership

Officially signed a Memorandum of Understanding (MoU) with the county through the department of health

# Kisumu & Homabay

## Evidence-Informed Advocacy and System Strengthening



### 01

#### SRHR Care package study

Conducted and disseminated a comprehensive SRHR Policy gap analysis benchmarked against WHO's recommended care package. Findings identified key gaps and informed targeted advocacy.



### 02

#### Adoption of study recommendations

The policy recommendations have been adopted in the draft Kisumu SRH Bill 2025, awaiting cabinet approval- a great milestone in our belief in evidence based policy making and decision making.



### 03

#### Strengthened TWGs

Supported multi-stakeholder coordination platforms to improve county-level SRHR planning and collaboration. These review forums promoted data-driven planning, improved interdepartmental coordination, and created space for joint accountability between the county government and civil society actors.



### Community Accountability

Hosted community dialogue forums focused on male engagement, family planning, respectful maternity care and youth access to SRHR information and services in Kisumu across three sub-counties: West, Seme and Muhoroni. A total of 32 male champions have committed to spearhead SRHR conversations in their communities.



### Targeted one-on one advocacy with policy/ decision makers

Strengthened one on one advocacy engagements with policy and decision makers

05

# Partnerships & Collaborations





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*Through our MoU, AtMP didn't just act as an external partner—they became an integral part of the team driving policy action and coordination within our health department*

**Smith-Deputy County Community Health Strategy coordinator**

The impact and sustainability of the Rights Activation Program for SRHR (RAP4SRHR) have been largely driven by its commitment to inclusive, strategic partnerships across sectors and governance levels. From the onset, RAP recognized that no single actor could drive systemic SRHR and GBV transformation alone. Progress required shared vision, distributed leadership, and formalized commitments.

**a. Institutional Partnerships that built credibility and trust**

One of the program's defining features was its deliberate pursuit of formal collaboration through Memoranda of Understanding (MoUs). These MoUs, signed with county departments of Health-Vihiga and county government of Kakamega, helped to clarify roles, establish shared objectives, and foster institutional buy-in. With these agreements in place, AtMP was able to embed its technical support within county systems—aligning project goals with government mandates and timelines.

This formalized collaboration not only ensured smooth coordination and access to decision-making spaces, but also enabled RAP to influence county planning processes such as Annual Work Plans, policy reviews, and budget consultations. The result was a more cohesive response to SRHR and GBV challenges—rooted in local realities and county-owned.



### **b. Media as an ally for visibility and sensitization**

RAP4SRHR also leveraged strategic partnerships with media houses including radio stations and community journalists from Lubao FM, Vihiga FM, Radio Jabali, West FM, TV47, Citizen and k24 to demystify SRHR, normalize conversations on GBV and amplify community voices. Collaborations led to media interviews to document various interventions implemented through the project, radio talk shows and media coverage that reached thousands, sparking public discourse on SRHR.

### **c. Network of Grassroots CSOs and Community Actors**

A cornerstone of RAP4SRHR's success was its close collaboration with grassroots civil society organizations (CSOs), youth-led organizations, women-led groups and community accountability forums like Haki Mashinani. These partnerships extended the program's reach, enabling interventions to be tailored to local contexts and delivered by trusted community actors.

In every county, these groups acted as both implementers and champions—delivering services, collecting community feedback and holding duty bearers to account. Through peer mentorship, technical assistance, and shared learning platforms, these CSOs became more equipped to sustain advocacy, track policy implementation, and mobilize their communities beyond the project life cycle.

### **d. National level engagements and collaboration**

At the national level, AtMP collaborated with the Ministry of Health- RMNCAH Division, the Kenya National Commission on Human Rights (KNCHR), and the Network of African National Human Rights Institutions (NANHRI), NCPD, VSO, HENNET, Nairobi City County Department of Health and Wellness, KEMRI, F2A network, PSK- DESIP, to strengthen policy dialogues and participate in national forums, including the high-level SRHR Care Package Dissemination Forum. These engagements helped position local evidence in national conversations, bridging the gap between community needs and national commitments.

Additionally, AtMP partnered with KNCHR to deliver sensitization of the grassroots organizations on human rights perspectives for SRHR/GBV which built the capacity to incorporate rights based approaches in their implementation.



# Lessons Learnt

The implementation of the Rights Activation Program (RAP4SRHR) has generated a wealth of lessons that are not only relevant for future programming in Western Kenya, but also offer strategic insights for broader SRHR and GBV advocacy across the country. These lessons reaffirm the importance of community ownership, structured coordination, evidence-informed advocacy, and visibility in driving sustainable change.

## 01 Structured community platforms are sustainable when resourced and empowered

One of RAP4SRHR's most important insights is that community accountability structures like Haki Mashinani are not just engagement tools—they are governance assets. When platforms are equipped with the right tools, representation, and ongoing capacity building, they evolve into legitimate vehicles for citizen oversight, policy tracking and service demand. The expansion of Haki Mashinani to all 25 wards in Vihiga County has demonstrated that decentralized forums can deliver real accountability, especially when embedded into county planning and linked with formal duty bearers. Sustainability is possible when communities are trusted, trained and supported to lead.

## 02 Policy Implementation requires both political will and a knowledgeable grassroots base

The program reinforced the reality that policy adoption is only one milestone—without community pressure and consistent follow-up, policies risk gathering dust. RAP4SRHR's success in fast-tracking the Vihiga SGBV Policy and operationalizing the Kakamega SGBV Act proved that change happens when advocacy is grounded in credible evidence, community priorities and political commitment. The use of findings from the SRHR Policy Gap Analysis to shape the Kisumu SRH Bill is a testament to the power of evidence-based advocacy.

### 03 Coordination mechanisms must be institutionalized to outlive projects

Ad hoc coordination, though useful in emergencies, cannot sustain complex health and rights programming. RAP4SRHR showed that well-defined, resourced, and institutionalized coordination structures such as TWGs and GSWGs are crucial to long-term impact. The revitalization of TWGs in Vihiga, Kisumu and Kakamega, with clear ToRs and tools, enabled multi-sectoral actors to align efforts, reduce duplication, and enhance accountability. For coordination to be effective, it must be seen as a core system function, not an optional activity.

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### 04 Visibility fuels legitimacy, demand and political will

Media engagement was not just a communications strategy but also a critical driver of public awareness, policy traction and legitimacy. By elevating community voices through radio shows, documentaries and digital campaigns RAP4SRHR generated demand for services, reduced stigma around SRHR, and attracted new allies, including local leaders who began engaging with SRHR issues more proactively. Visibility helped bridge the gap between private struggles and public discourse, giving SRHR a rightful place in everyday conversations.

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### 05 Local Leadership and Multi-sectoral Partnerships Are Game Changers

Where county governments were actively engaged through MoUs, joint planning, or co-hosted forums, interventions achieved faster uptake and deeper impact. The program demonstrated that shared ownership leads to shared results. Working with diverse actors from health departments and community paralegals to national human rights bodies also helped position SRHR and GBV as cross-cutting priorities, not isolated program areas

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# Our Grassroot Partners Speak



*"This project has been truly impactful in strengthening our collective efforts to address GBV, from raising awareness to improving referral pathways for survivors."*

**Faith Agutu**

Rural to Global Organization  
Kakamega County



*"The training on social accountability taught me that inclusive participation especially of marginalized groups drives better services and fairer decisions."*

**Terry Otieno**

Chanuka Deaf  
Kisumu County



*"Thanks to the trainings, we are better equipped to engage communities, push for survivor-centered services, and hold duty bearers accountable in advancing gender equality and human rights."*

**Steve Juma**

CYAN Kenya  
Homabay County



*"We are humbled to be part of this impactful project. let's keep walking together to end SGBV and advance SRHR"*

**Grace Makhungu**

Vihiga Women in Business  
Vihiga County



*"It's been a game-changer for both the effectiveness of our efforts and the accountability we can now offer to the communities we serve."*

**Violet Mugeha**

Twajali initiative  
Vihiga County



*"The practical experiences in implementation and partnerships fostered have been invaluable."*

**Valary Manyali**

Rising to Greatness Organization  
Kakamega County



# Opportunities for Scale-up

The Rights Activation Program for SRHR (RAP4SRHR) has yielded proven, community-rooted approaches that are not only relevant within the four implementing counties but also highly scalable across other regions in Kenya and beyond. These interventions provide a strong foundation for institutionalization, replication, and adaptation across the SRHR and GBV ecosystem.

**01** The Haki Mashinani initiative, successfully expanded across all 25 wards in Vihiga County, has demonstrated that community-led platforms can serve as effective accountability mechanisms when strategically supported. The model's inclusive design—incorporating chiefs, teachers, youth, paralegals, health workers, and religious leaders—makes it versatile enough to be adapted to other counties or sectors such as maternal health, education, climate justice, or social protection. There was a request from Kisumu West to replicate this model on the sidelines of male engagement forums. Scaling this model would empower more communities to track county budgets, monitor service delivery, and escalate violations through structured, ward-level responses.

**02** The program's tailored support to grassroots CBO's through mentorship, technical assistance, and skills-building resulted in stronger local leadership, more sustainable advocacy, and better community reach. These capacity strengthening tailor-made topics can be adapted for other UNDP or donor-funded programs working with local actors in areas like reproductive health, climate resilience, or youth empowerment. A tailor-made approach focusing on resource mobilization, M&E, policy engagement, and community mobilization would ensure long-term sustainability of interventions beyond donor cycles.

**03** The adoption of standardized action planning and reporting templates by GBV coordination forums in Kakamega County has led to more organized, accountable, and data-informed GBV responses. These tools have proven particularly effective at the sub-county level, enabling the decentralization of coordination while maintaining alignment with county goals. This model can be scaled to improve the effectiveness of GBV TWGs, streamline stakeholder mapping, and inform programming.

**04** RAP4SRHR's success in partnering with radio stations, youth influencers, community journalists, and digital platforms demonstrated the transformative power of visibility and public discourse. Media engagement not only increased awareness of SRHR and GBV issues but also normalized conversations, reduced stigma, and positioned community voices at the center of advocacy.

These opportunities for scale up could support continuity of the project to effectively harness the envisioned benefits and roll out of all the enacted policies, strengthen the role and effectiveness of the male champions, enhance accountability and budget advocacy for implementation of all the policies and undertaken research to track the indicators and track milestones of this investment made by EKN/ UNDP.

### **01** **Wider reach**

- Reach young and hard-to-reach populations
- Mobilize broader audiences—including men, parents, and faith leaders—into SRHR advocacy

### **02** **Enhance accountability**

Document and publicly amplify commitments made by political and decision-makers during forums, policy launches, and campaigns, ensuring accountability and transparency

### **03** **Improve feedback mechanisms**

Create platforms where community feedback informs SRHR conversations

## **Acknowledgements**

We thank the county governments of Vihiga, Kakamega, Kisumu and Homabay; all grassroots CBO partners; and our development partners—UNDP Kenya and the Embassy of the Kingdom of the Netherlands—for their invaluable support. We hope that the wins made so far can be sustained through continued collaboration, resource mobilization and funding to ensure that none is left behind as we work together to end GBV, reduce teen pregnancies and enhance the rights and entitlements of all women and girls in Kenya.

Special appreciation goes to community members, male champions, health workers, youth advocates, and survivors who courageously shared their stories and led local action. Your voices, dedication, and resilience have shaped the Rights Activation Program and inspired meaningful change. This project is just the beginning of our commitment to work with you, to share your stories and to advocate for the attainment of the highest standards of health and well being for the communities that we serve.



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