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KANCO

Strategic Plan : 2021-2025

KANCO



Strategic Plan for KANCO 2021-2025



FOREWORD

The KANCO 2021-2025 Strategic Plan provides a roadmap the Board of Governors intends to use to guide the organisation and its membership in addressing health issues in Kenya and, more broadly, in the African region. Since 1990, KANCO has taken a reflective approach and engages in strategic planning every five years, supported by mid term reviews and annual operation plans. With each Strategic Plan, we continue to learn and grow as a consortium. Our approaches and interventions continue to evolve, and this plan was developed with an understanding of our longer-term needs.

This Strategic Plan sets out a vision for the next five years, responding to a changing development landscape and evolving needs of communities and partners. Building on our experience, the Strategic Plan defines how the Consortium will engage with its members and key stakeholders in working towards its vision of Healthy People, Empowered Communities.

More importantly, KANCO must face the challenge of emerging development challenges. Corona Virus (COVID -19) has exposed the vulnerability of communities, institutions, and governments. The dwindling resources for health programs, increasing inequalities, continued marginalisation of key populations, and escalating poverty levels call for resilient systems within organisations. We must be purposive in establishing strong systems that are resilient, adaptable and scale-able for the delivery of health benefits to everyone and especially the vulnerable segments of our communities.

This Strategic Plan is our commitment to our members, stakeholders, and partners to make meaningful change and continually improve. As part of our commitment to transparency, we will publish ongoing status every year through the annual report.

Though we have the capacity and know-how to achieve the goals set in the strategic plan, we must work together with other key stakeholders to achieve meaningful change.

I wish to thank KANCO staff, board members, networks, development partners, government representatives, and other stakeholders who contributed to the development of this Strategic Plan through numerous consultations and meetings.

Fr. Firminus Shirima

**Chairperson, Board of Governors
KANCO**

WORD FROM THE EXECUTIVE DIRECTOR

KANCO's Strategic Plan 2021-2025 is anchored within the context of National, Regional, and Global Health Challenges and opportunities. The development of this strategy has been guided by the planning documents of the Government of Kenya and the Ministry of Health, including Vision 2030, Constitution of Kenya 2010, Kenya Health Policy 2012-2030, and Kenya Health Sector Strategic and Investment Plan. Regionally, it is guided by the AU Agenda 2063: Africa We Want, AUAfrica Health Strategy 2016 – 2030, and East African Community frameworks and instruments identified to respond to regional health challenges and priority interventions in the region. Furthermore, the strategy is aligned to Sustainable Development Goals (SDGs) and other global commitments such as Universal Health Coverage (UHC), the Political Declaration among others.

To realise these national, regional, and global commitments, there is a need for a more coordinated effort from communities, local and international agencies as well as policy and decision-makers. Hence, communities must be empowered to engage with policy and decision-makers and have their voices heard. They also need to be supported as rights holders in realising their aspiration of enjoying good health.

The Strategic Plan 2021-2025 focuses on four main strategies: Health Policy Advocacy, Improving Access to Health Services and Programmes, Institutional Strengthening and Developing Strong Unified Membership, and Research, Learning and Innovation. Health policy advocacy remains critical within the context of limited funding and support to the health sector. Attaining effective health services and programmes for communities depends on sufficient levels of funding and robust healthcare systems. Greater funding and political will are required if the Universal Health Coverage is to be realised. With the spirit of shared responsibility, domestic resource allocation to health is a key priority of this strategy.

The emerging epidemics are a huge threat to health and the economy as demonstrated by COVID 19. The vast spread of the disease can destroy societies causing unprecedented societal and economic disruptions and severely impacting communities. To promote preparedness and access to health services and programmes, KANCO will build resilient and sustainable systems for health to ensure people have access to effective, efficient, and accessible health services and programmes through a well-functioning and responsive health and community systems. The existence of strong systems for health is essential to making progress against HIV, TB, Malaria, vaccine preventable diseases, reproductive health, children and adolescent health, global health security threats and non-communicable diseases. KANCO committed to addressing the social determinants of health, including climate change, gender inequalities, sexual and gender based violence, retrogressive traditions and cultural practices, as well as mental health. KANCO will promote innovative use of ICT in delivery of health care services and programmes to leverage the fast growth of technology and communication systems.

The environment we live and work in is constantly changing, hence the need for an ongoing learning and improvement process to build resilient systems. Building the resilience communities and institutional systems will require improving the absorptive, adaptive, and transformative capacities, which are distinct but interrelated, are mutually reinforcing, and exist at multiple levels.

KANCO will focus on strengthening its systems, strong membership and community health systems. In addition, KANCO is committed to generating knowledge through research to inform her programs, policy engagement and innovations in healthcare services and programmes delivery. Moreover, KANCO seeks to support National and County governments in Kenya to deliver their mandates in healthcare delivery while providing capacity-building support to partners in the Africa region as a thought leader. This Strategic Plan offers the much-needed foundation guided by our principles of Respect for human rights, dignity and diversity; Strategic partnerships, networking and collaboration; Community-oriented and focused innovation and Integrity; and Community empowerment and ownership. We endeavour to remain Small, Smart and Strategic

Allan Ragi
Executive Director
KANCO

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ACKNOWLEDGEMENT

The KANCO Strategic Plan 2021-2025 is the result of many months of intense discussions and consultations with our staff, board members, CSO members, networks, development partners, government representatives, and other stakeholders. KANCO's Strategic plan 2021 – 2025 will steer KANCO and its members CSOs towards fulfilling its vision of **Healthy people and empowered communities**. We are grateful to all our partners who supported the development and implementation of the just concluded strategic plan 2016 – 2020, whose implementation has produced many lessons that have informed the current strategy. Further, we are grateful for the partners that have supported the development of this new strategy 2021 – 2025, which we are so eager to implement.

I am grateful to members of KANCO's Core Team members for their dedicated time and efforts to develop this Strategic Plan, including Peter Kamau, Jack Ndegwa, Rahab Mwaniki, and Charity Wachira. Further, I am grateful to all KANCO staff who contributed ideas and provided feedback in the development of this strategy.

We acknowledge the input of Lifeline Africa Consultants, who steered the development of this strategic plan while working closely with KANCO's core team and key stakeholders.

Allan Ragi
Executive Director
KANCO

LIST OF ABBREVIATIONS

AfriCASO	African Council of AIDS Service Organizations
AIDS	Acquired Immunodeficiency Syndrome
CBOs	Community Based Organisations
CHVs	Community Health Volunteers
CISPHA	Civil Society platform for Health in Africa
CIDP	County Integrated Development Plans
COPD	Cardiovascular Diseases and Chronic Obstructive Pulmonary Disease
CSOs	Civil Society Organizations
EAC	East African Community
EANNASO	Eastern Africa National Networks of AIDS and Health Service Organizations
ECD	Early Childhood Development
ED	Executive Director
FBOs	Faith-Based Organisations
FGDs	Focus Group Discussions
GFAN	Global Fund Advocates Network
GVRC	Gender Violence Recovery Centre
HIV	Human Immunodeficiency Virus
ICASO	International Council of AIDS Service Organizations
ICT	Information and Communications Technology
KIIs	Key Informant Interviews
MoH	Ministry of Health
MDR TB	Multi Drug Resistant Tuberculosis
MEL	Monitoring, Evaluation and Learning
NCD	Non-Communicable Diseases
NGOs	Non- Governmental Organisations

OCA	Organizational Capacity Assessment
OVC	Orphans and Vulnerable Children
PLHIV	People Living with Human Immunodeficiency Virus
RMNCAH	Reproductive, Maternal, New-born, Child, and Adolescent Health
SRHR	Sexual Reproductive Health and Rights
SUN CSA	Scaling Up Nutrition Civil Society Alliance
TB	Tuberculosis
TICAD	Tokyo International Conference on African Development
TWGs	Technical Working Groups
UHC	Universal Health Coverage
VPDs	Vaccines Preventable Diseases


EXECUTIVE SUMMARY

Established in the early 1990s, KANCO is the largest network of Civil Society Organizations (CSOs) in Kenya with a membership of over 1,200 organisations that are networking, collaborating and are bound together by a common cause of response to HIV&AIDS, Tuberculosis (TB) and other public health conditions of national significance. KANCO supports its members spread across Kenya's 47 counties to respond to health challenges in line with the existing health policy, legislative and institutional frameworks.

KANCO's has developed this Strategic Plan (2021-2025), which is informed by the following major changes affecting Kenya's and regional health priorities. Globally, the rate of deaths from noncommunicable causes, such as heart disease, stroke, and injuries, is growing while maternal and infant mortality have continued to be unacceptably high. At the same time, the number of deaths from infectious diseases, such as malaria, tuberculosis, and vaccine-preventable diseases, is decreasing. Further more, social, economic, and environmental factors have been recognised as key influencers of people's health. This strategy outlines KANCO's holistic approach to health programming.

During the strategic period 2021 – 2025, KANCO will focus on four key strategic areas, which will be delivered in line and consideration of the other key national strategies such as the Vision 2030, the National Health Policy 2013-2030, and the MoH strategic plan. The plan is also aligned to regional policies and international instruments, e.g. The African Union Agenda 2063, the Africa Union Health Strategy and the East African Community Regional Health Strategy. The implementation of the strategic goals by KANCO will contribute towards the achievement of UN Sustainable Development goals 1, 3, 5, 10, 13, and 17. KANCO's work focusses on four key strategies as outlined here below:

- 1. Health Policy Advocacy:** This pillar will enhance the existence of supportive Health Policy and legal environment. This will be achieved by having County, National as well as Regional governments commit and deliver on regional and global health declarations. Further, it will promote a stronger grassroot and community-led initiatives that allow for the citizen to increasingly demand for quality healthcare services from the duty bearers.
- 2. Improving Access to Health Services and Programmes:** This pillar will develop knowledgeable and empowered communities, including impoverished, marginalised and elderly members accessing quality need-based health services. It willobilis e for community participation in the delivery of health care services and the alignment of programme implementation with national, regional and global priorities.

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3. **Research, Learning and Innovation**: This strategic pillar aims to enhance the availability of sound scientific evidence to inform programme development and implementation and the provision of useful information for policy development and advocacy by members and partners.
 4. **Institutional Strengthening and Developing Strong Unified Membership**: This pillar will enhance the operational efficiency and resilience of KANCO and its member organisations, leading to coordination of an effective response. This will be achieved by strengthening our institutional systems and structure, knowledge Management and MEL capacities as well as expanding our resource base.

Implementation of the strategic Interventions of each of the four strategies and the associated results will take into account cross-cutting themes of Disability, Gender and Alcohol and Drug Abuse. This Strategic Plan is aligned to Sustainable Development Goals (SDGs) 1, 3, 5, 10, 13 and 17, as well as other global commitments, including Universal Health Coverage (UHC). Moreover, it is aligned to the Constitution of Kenya, Kenya Vision 2030 and the Ministry of Health Strategic Plan.

This Strategic Plan outlines the key strategies and interventions and how they will be implemented to achieve KANCO's mission and vision while upholding its core values of Respect for human rights, dignity and diversity; Strategic partnerships, networking and collaboration; Community-oriented and focused innovation and Integrity, and Community empowerment and ownership.

1.0 BACKGROUND AND INTRODUCTION

1.1 KANCO's Background

Established in the early 1990s, KANCO is the largest network of Civil Society Organizations (CSOs) in Kenya with a membership of over 1,200 organisations that are networking, collaborating and are bound together by a common cause of response to HIV&AIDS, Tuberculosis (TB) and other public health conditions of national significance. Its membership comprises of Non- Governmental Organizations (NGOs), Community Based Organisations (CBOs), Faith-Based Organisations (FBOs), Network organisations and learning institutions that are implementing health programs. KANCO supports its members spread across Kenya's 47 counties to respond to health challenges in line with the existing health policy, legislative and institutional frameworks.

KANCO has evolved over the last three decades to become a premier agency for sensitising, mobilising and promoting collaboration among CSOs working to mitigate impacts of HIV & AIDS and TB in Kenya. While most KANCO's members have operations at the county levels, some operate at the national and African regional levels. With a secretariat in Nairobi, KANCO's has six regional hubs in Kenya, strategically positioned to support the membership and promote grassroots advocacy at the county level. The hubs are Mombasa in the Coastal region, Machakos in Eastern, Nakuru in Central and North Rift Valley, Nyeri in Central, Kakamega in Western and Kajiado, the South Rift Valley region.

KANCO's regional and international roles

KANCO has a strong presence not only at the national level but at the regional and global levels through its strong and lasting partnerships with organisations and institutions operating at regional and international levels. These include EANNASO, WHO, Action, UN Food and Security Summit, among others.

1.2 Organisational Identity

KANCO's plan for the future is guided by an overall goal to provide strong leadership among CSOs in contributing towards ensuring equality and equity in the access of health services among people and communities.

Vision: Healthy people, empowered communities

Mission: To improve health and well-being among communities through capacity building and promotion of innovative leadership

Our core values:

- Respect for human rights, dignity and diversity.
- Strategic partnerships, networking and collaboration.
- Community-oriented and focused innovation and Integrity.
- Community empowerment and ownership

1.3 Our approach

Figure 1: Our approach



“To realise the positive outcomes of a healthy people and empowered communities, there must be stronger accountable institutions to advocate for better policies that will allow people and communities to access essential health services in an affordable, equitable and sustainable manner”.

1.4 Core Competencies

Extensive and Diverse Membership

KANCO is the largest membership organisation in Kenya, with more than 1,200 registered members across the country. KANCO membership brings to the network extensive programming experience in HIV, TB, Malaria, NCDS, RMCAH, SRHR, Food Nutrition and Livelihoods, Immunization, ECD, Climate Change, Youth, Adolescents and Young Women, Health Advocacy and other health programming areas. KANCO rallies its membership to pioneer and implement innovative health response in a coordinated manner.

Local, Regional and Global Partnerships

KANCO has formed and sustained key partnerships with organisations/institutions worldwide spread across global communities both North and South. These include EANNASSO, AfriCASO, ICASO, SUN CSA, GFAN, CISPHA, TICAD, GAVI CSOs steering committee.

These partner organisations provide KANCO with platforms for engagement and benefit from KANCO support and technical support. Further, they provide a platform for KANCO to lead advocacy campaigns at the regional and international levels

More than three decades of health programming

KANCO has existed for more than three decades, pioneering health intervention models in Kenya (citizen engagement in policy advocacy, creation of community champions, outreach models, harm reduction programming, KP engagement of people living with the diseases/condition). KANCO has documented and disseminated key learning in health interventions.

KANCO is a member of various national, regional and global forums, including HENNET, EANNASO, NVIP ICC, ECD Network Kenya, CCM, SUN CSA, GFAN, CISPHA, AfriCASO, TICAD, GAVI CSOs steering and ICASO

Knowledge and local infrastructure to facilitate Community health response

KANCO has six hubs located in major regions serving the 47 counties in Kenya. These hubs provide closer contact to members and partners (CSOs, networks, grassroots advocates, CHVs, partners, policy and decision-makers, health facilities, government departments and private sector companies) at the County level. Through this, KANCO is able to effectively implement community health programmes while at the same time document best practices for replication in other places.

Besides holding the government accountable, KANCO has, over the years, worked very closely with the government in the development and implementation of health policies and programmes.

1.5 Purpose of the Strategic Plan

In response to the ever-rising health challenges, many international instruments, health declarations and programmes, regional and national policies and legislations have been developed. As a key health stakeholder, KANCO needs a strategic framework that prioritises interventions out of the said instruments. This is also important for the purpose of identification of possible partners and resources needed to execute its programmatic and organisational actions.

1.6 *Process of Developing KANCO's Strategic Plan*

The strategic plan was developed through a consultative process and application of appropriate analysis tools such as SWOT, PESTEL and other relevant analysis to undertake a comprehensive situational and contextual analysis as well as stakeholders mapping. Key methodologies used to collect and synthesise information included desk reviews, web-based research, administration of questionnaires to staff and board members, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), pre-and post-workshop brainstorming sessions, validation workshops and stakeholder consultations. This entailed one-on-one consultations with all KANCO staff, board members, and beneficiary and government representatives. KANCO's funding partners and selected members and partner organisations were also consulted.

The KANCO strategic planning process started with various preparatory meetings and work guided by KANCO's board, management and a core team of staff members. A three-days review and planning meeting was held in January 2020 with all the staff from the KANCO Head office and 6 Regional hubs to reflect on the performance of KANCO against the ending strategic plan and generate ideas on the new strategic plan. Further, the staff reflected on KANCO's Strengths, Weaknesses, Opportunities and Threats and suggested ways of addressing the weaknesses and threats while exploring ways of tapping on existing opportunities. A desktop review of the broader contextual issues was also undertaken to inform KANCO strategies in the coming years. Implementation risk analysis and mitigation approaches were investigated in order to inform KANCO's resiliency approaches for the new strategic period.

The outcome of the workshop and the strategic plan development preparatory work was used to develop the draft strategic plan for discussion with the board members and staff for critique, for value-addition and as a basis of validating the organisational identity and suggested strategic direction and focus. A consultative forum of keystakeholders from the government, development partners, networks, board members, KANCO staff, and consultants was held in February 2021 to analyse the Political, Economic, Social, Technological, Legal and Environmental (PESTLE) factors and their effect on the next phase of KANCO's strategy. A broader stakeholder meeting to validate the draft Strategic Plan was held. The input provided in the forum was used to finalise the Strategic Plan. The strategic planning process provided immense opportunities for self-reflection and learning.

2.0 ANALYSIS OF OPERATING ENVIRONMENT

Kenya faces a **significant burden of diseases**, and the government alone cannot meet the challenge of delivering health services to all its citizens. According to the **Kenya Health policy 2014-2030: Towards attaining the highest standards of health**, Kenya faces challenges of **emerging and re-emerging diseases** and **Tuberculosis (TB)** has resurfaced as a major cause of ill health. This trend in the health status is attributed to a number of **contextual factors** including high **population growth**, **high absolute poverty levels among the population**, **significant gender disparities and security concerns** limiting people from accessing existing health services¹. KANCO works to ensure that this burden of disease is minimised.

KANCO's operations are affected by various global, regional and national strategies aimed at promoting, restoring, and maintaining the Health Sector. Health, with its socio-economic underpinnings, remains one of the **major global challenges** and an important obstacle to human capital development². Hence, health has been a key theme in global development goals over the years. This has been affected in different ways by the changes in the external environment.

2.1 External Context Analysis

2.1.1. Policies and Frameworks affecting Health Sector

One of the **Sustainable Development Goals (SDGs)** for post 2015 is to *ensure healthy lives and promote well-being for all at all ages*³. KANCO has a key role to play in supporting the SDGs 3 and 17 on ensuring good health and wellbeing for all at all ages and strengthening global partnerships for the goals, respectively. Additionally, its work also supports other goals such as Goal 1 ,2, 5, 6 and Goal 8. **The African Union Agenda 2063** is a strategic framework for the socio-economic transformation of the African continent over the next 50 years.⁴ It aspires to have a prosperous Africa based on inclusive growth and sustainable development where the African people have a high standard of living, and quality of life, sound health and well being. KANCO will engage at the regional level in knowledge sharing and promotion of best practices in health programming. Further, it will provide technical support to CSOs, networks and other institutions seeking to improve the health of the people at the continent.

¹ GoK (2014). Kenya Health policy 2013 -2030: Towards attaining the highest standards of health. Kenya Ministry of Health. <http://docplayer.net/9155467-Kenya-health-policy-2014-2030-towards-attaining-the-highest-standard-of-health.html>

² GoK (2014). Health Sector Human Resources Strategy 2014 – 2018. Nairobi. Kenya Ministry of Health. <http://www.health.go.ke/wp-content/uploads/2016/04/Kenya-HRH-Strategy-2014-2018.pdf>

³ United Nations General Assembly (2015). Draft outcome document of the United Nations summit for the adoption of the post-2015 development agenda. http://www.un.org/ga/search/view_doc.asp?symbol=A/69/L.85&Lang=E

⁴ African Union Commission (2015). *Agenda 2063 - The Africa We Want* Popular version downloaded on 14th September from <http://www.un.org/en/africa/osaa/pdf/au/agenda2063.pdf>

The **2010 Constitution of Kenya** provides that every citizen has a right to life, right to the highest attainable standard of health, including reproductive health ⁵. The government laid its plans of managing people's health as a component of delivering the Social Pillar of **Kenya's Vision 2030** that provides for equitable, affordable and quality healthcare to all citizens. Further, Kenya's Jubilee government seeks to achieve Universal Health Coverage (UHC) under *The Big 4 agenda* for the 2018 – 2022 period.

Under the new constitution, Kenya adopted a **devolved approach** that transferred allocation of funds and responsibility for delivery of health care to hospitals and clinics at the county level. However, the Counties have been grappling with provision of health services using **dilapidated health infrastructure, low funding allocation** for health services and human resource management. Moreover, **Kenya's budget allocation to healthcare is low**. Although Kenya is a signatory of the 2001 Abuja Declaration where African Union (AU) member states pledged to increase government funding for health by allocating at least 15% of their annual budgets towards health, almost 20 years down the line, Kenya's overall spending on health care has been straddling between 5 - 7% of the entire budget. Hence, there is a **gross under investment in health** by the government and increased reliance on various international and local partners to provide health services to its citizens.

Unfortunately, donor support has been dwindling. Kenya's reclassification as a **lower-middle-income country** by the International Monetary Fund (IMF) in 2014 makes it **ineligible for international support** measures for least developed countries (LDCs) such as concessional loans and preferential market access. This is against a backdrop of high poverty and unemployment rates among Kenya's working -age population. This has implications for support that comes to the health sector and NGOs in Kenya. Hence, as an NGO that has traditionally relied on donor funding, KANCO must shift focus and enhance its capacity for Domestic Resource Mobilization in order to sustain its programmes.

Kenya is considered a leading **technology** and innovation hub in Africa with a large -scale telecommunications infrastructure and one of the highest internet as well as mobile Internet penetrations in Africa which provides the healthcare system **modern ways of operations and opportunities of improving healthcare delivery**. Hence, Kenya has an immense opportunity to leverage technology in order to create a value-based system that ensures healthcare is affordable, of the highest quality, patient centric and convenient. KANCO will tap into and support its members and partners to use existing technology to improve healthcare delivery at national and regional levels.

⁵ GoK (2010). The Constitution of Kenya, Revised edition 2010. Kenya National Council for Law Reporting.

Moreover, **Globalization, regional political instability** and the emerging regional and national macroeconomic challenges have a greater impact on the health status of the people of Kenya and the region at large.

2.1.2 National, Regional and Global Health Priorities

Globally, the rate of deaths from noncommunicable causes, such as heart disease, stroke, and injuries, is growing while maternal and infant mortality has continued to be unacceptably high. At the same time, the number of deaths from infectious diseases, such as malaria, tuberculosis, and vaccine-preventable diseases, is decreasing. Further, social, economic, and environmental factors have been recognised as key influencers of people's health.

Infectious diseases:

Prevention and treatment coverage has substantially improved for major infectious diseases, maternal, neonatal and child health care, leading to a steady decline in incidence and mortality from these diseases in the past two decades. The incidence of HIV, TB and malaria infections has declined, while the proportion of people requiring interventions against NTDs has diminished. However, the current rate of change is too slow to reach the SDG target to end the HIV/AIDS epidemic by 2030⁶.

In 2018, more than half of all **new HIV infections** were among key populations—sex workers, people who use drugs, men who have sex with men, transgender people and prisoners—and their partners. Globally, new HIV infections among young women (aged 15–24 years) were reduced by 25% between 2010 and 2018⁷. Moreover, according to Kenya Population-based HIV Impact Assessment (KENPHIA, 2018), the prevalence of HIV in women was at 6.6%, twice that in men at 3.1%. The **gender disparity** in the burden of HIV is greater than three times in between the ages of 20–34 years. Moreover, the **Counties in Kenya** are disproportionately affected. The top five HIV high prevalence Counties with a prevalence of more than 9% were Homa Bay, Kisumu, Siaya, Migori and Busia, while prevalence was lowest in nine counties of Samburu, Tana River, Garissa, Wajir, Mandera, Marsabit, Kiambu, West Pokot, and Baringo. Of concern are Counties that have an emerging epidemic as evidenced by the consistent rise in their HIV burden, such as Turkana at 6.8% and Kisii at 6.1% prevalence⁸. KANCO will address this gap by working with County governments that are most affected to bring down the prevalence rate while supporting other counties to keep HIV infection low.

⁶ WHO (2020) World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

⁷ UNAIDS (2019) 'Communities at the centre: Global AIDS Update 2019', p.198. [pdf]

⁸ <https://www.health.go.ke/kenyas-national-hiv-survey-shows-progress-towards-control-of-the-epidemic-nairobi-20th-february-2020/>

Kenya's HIV epidemic is driven **by sexual transmission** and is generalized, meaning it affects all sections of the population including children, young people, adults, women and men. In Kenya, these key populations include female sex workers (FSW), male sex workers (MSW), men who have sex with men (MSM) and people who inject drugs (PWID)⁹. Interventions are needed to reach the populations who are at very high risk and who accounted for an estimated 54% of new HIV infections in 2018, but who are marginalized by punitive laws and discrimination. **HIV-related stigma and discrimination** remain a major barrier to tackling HIV. **Cultural beliefs** about HIV and AIDS around contamination, **sexuality and religion** have played a crucial role in the development of HIV-related discrimination.¹⁰ The region remains a largely **hostile environment for MSM's, sex workers, transgender people, and people who use drugs**. People from key affected populations often experience heightened levels of stigma and discrimination as a result. This often prevents people from accessing HIV services.¹¹

Legal barriers affect the uptake of health service by PLHIV. Overly broad criminalisation of HIV exposure, non-disclosure and transmission in the region continues to stigmatise people living with HIV, which undermines public health initiatives, and is ultimately damaging to HIV prevention. The criminalisation of sex work, drug use, **and same-sex practices**, as well as the lack of legal recognition of gender identity, compounds key affected populations' inability to access HIV services.¹² **Lack of a comprehensive legal framework that safeguards the rights of key populations** coupled with harsh penal codes that criminalise some of the actions of KP's is a real challenge that continues to impact on quality service delivery and access to KP's not only in Kenya but in the region at large. **Moreover, despite key populations being disproportionately affected by HIV in the region, data on these groups remains lacking.** This makes targeting interventions that address key population needs or charting the success of such programmes extremely difficult.¹³ Further, marginalised populations who fear judgement, violence or arrest **struggle to access sexual and reproductive health services**, especially those related to contraception and HIV prevention.

Although **regional data is limited**, country surveys among **People Who Inject Drugs (PWID)** suggest high HIV prevalence.¹⁴ Kenya, Madagascar, Mauritius, Mozambique, South Africa, Tanzania and Uganda are all home to significant populations of PWID. In Kenya, HIV prevalence

⁹ *The Kenya National AIDS Strategic Plan III (KNASP)*, 2009/10 to 2012/13.

¹⁰ Mbonu, NC et al (2009) 'Stigma of People with HIV/AIDS in Sub-Saharan Africa: A Literature Review', *Journal of Tropical Medicine*, 145891.

¹¹ AIDS & Rights Alliance for Southern Africa (ARASA) (2016) 'HIV, TB and Human Rights in Southern and East Africa: Report 2016' [pdf]

¹² AIDS & Rights Alliance for Southern Africa (ARASA) (2016) 'HIV, TB and Human Rights in Southern and East Africa: Report 2016' [pdf]

¹³ https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/overview#footnote131_hxoejkc

¹⁴ UNAIDS (2016) 'Prevention Gap Report' [pdf]

among people who inject drugs was 18% in 2011, compared to 5.6% among the general population.¹⁵

Even though **TB** is curable and preventable, it is the ninth leading cause of death worldwide and the leading cause from a single infectious agent, ranking above HIV/AIDS. About one-third of the world's population has latent TB, which means people have been infected by TB bacteria but are not (yet) ill with the disease and cannot transmit the disease. Over 25% of TB deaths occur in the African Region. In 2016, ten countries in the African region (Angola, Ethiopia, Kenya, Lesotho, Mozambique, Namibia, South Africa, Tanzania, Zambia and Zimbabwe) were classified by WHO as being among the 30 countries with the highest tuberculosis (TB) burden.¹⁶ Overall, 180,000 people with HIV died of TB-related deaths in 2018 in the East and Southern Africa region. Although this number is steadily falling, the region accounts for more than half the total number of TB-related deaths among people living with HIV in the world (300,000).¹⁷

Noncommunicable diseases:

There is mixed news about non-communicable diseases, the world's leading causes of death. While the overall rate of premature deaths related to non-communicable diseases has declined in the past two decades, progress has slowed since 2010 and key risk factors such as obesity are on the rise. In 2016, NCDs accounted for 71% of all global deaths, and 85% of the 15 million premature deaths (deaths between ages 30 and 70) occurred in low- and middle-income countries¹⁸. Non-communicable diseases (NCDs) are perceived to be on the increase in Kenya, although tangible data on prevalence is minimal. Cardiovascular diseases and cancer are the 2nd and 3rd leading causes of death respectively while the prevalence of diabetes in the population aged between 20-79 years is 4.7%. Diarrhoeal diseases remain one of the major causes of childhood morbidity and mortality in Kenya, particularly in areas where there are shortages of safe drinking water, adequate sanitation, malnutrition, and pollution of food sources (WHO, 2015). Premature mortality from NCD parallels, and can partly be attributed to, a lack of success in addressing many NCD risk factors. This makes addressing risk factors to prevent NCDs such as cancer, diabetes mellitus, cardiovascular diseases and chronic obstructive pulmonary disease (COPD), obesity, mental health conditions, in the first place even more crucial.

The recent outbreak of **Covid -19** globally has complicated the efforts to address communicable diseases in African states, which already have weak and overstretched healthcare systems. The

¹⁵ UNAIDS 'AIDS info' (accessed July 2019)

¹⁶ WHO (2018) 'World Tuberculosis Report 2018' [pdf]

¹⁷ UNAIDS 'AIDSinfo' (accessed July 2019)

¹⁸ WHO (2020) World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

pandemic has caused significant loss of lives, disrupted livelihoods and undermined well-being throughout the world ¹⁹. Globally, huge resources in the form of funds, personnel and equipment continue to be directed towards efforts to address Covid-19. One notable promising effort is the development of a vaccine and while this presents a huge opportunity for Africa and other parts of the developing world, the challenge is to ensure that equity is observed in access to the vaccine. In the event of a health emergency such as COVID -19, patients with pre-existing NCD conditions such as hypertension and diabetes become more vulnerable and at higher risk of dying ²⁰. Immunisation coverage remains a challenge in Kenya and within the region. In 2019 an estimated 5.2 million children under five years died mostly from preventable and treatable causes. Children aged 1 to 11 months accounted for 1.5 million of these deaths, while children aged 1 to 4 years accounted for 1.3 million deaths. New-borns (under 28 days) accounted for the remaining 2.4 million deaths. According to the 2014 Kenya Demographic and Health Survey External (KDHS), about two of every three Kenyan children are considered “fully immunised.” While this is an important accomplishment, it is important to ensure that every child is fully immunised against preventable diseases. Limited commitments by Sub-Saharan African countries to own immunisation pledges and **periodic stock-outs** of vaccines are major threats and challenges to attaining required vaccination coverage for children. KANCO is committed to advocating for well-functioning, and accessible immunisation service delivery systems reduced stock-outs of vaccines, uptake of immunisations and uptake of vaccines to protect VPDs.

Maternal and Child Health:

Maternal and Infant mortality are important indicators of health as they are associated with a variety of factors such as quality and access to medical care, socioeconomic conditions, and public health practices. Kenya, Uganda, Tanzania and Ethiopia are among the ten countries that account for about 60% of global maternal deaths. KANCO is committed to advocating for the reduction of Maternal and infant mortality within health systems, and within primary healthcare settings. Also, it will advocate for the integration of Early Childhood Development Programmes in the programming of children’ health that promote and protect all aspects of children’s life, care, survival, growth and development at National and County levels.

Further, **malnutrition and undernutrition** continue to make millions of children more susceptible to disease and death Sustainable Development Goal 2 (target 2.2) calls for ending all forms of malnutrition by 2030, which includes achieving, by 2025, internationally agreed-upon targets on stunting and wasting in children under five years of age and addressing the nutritional needs of adolescent girls, pregnant and lactating women. The global commitment to

¹⁹ WHO (2020) World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

²⁰ WHO (2020) World health statistics 2020: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

universal health coverage is a unique opportunity to address malnutrition in all its forms. **Integrating nutrition within health systems** would generate substantial health gains and be highly cost-effective. **Coverage and quality of nutrition actions within primary healthcare settings are limited** and generally focused on undernutrition.²¹ KANCO is committed to advocating for integration of nutrition within health systems, and increased coverage and quality of nutrition actions within primary healthcare settings.

Social determinants of health:

Whereas efforts to improve the health of communities have traditionally looked to the health care system as the key driver of health and health outcomes, there has been increased recognition that improving health and achieving health equity will require broader approaches that address social, economic, and environmental factors that influence health. Social determinants of health are the conditions in which people are born, grow, live, work and age and include such factors like socioeconomic status, education, neighbourhood and physical environment, employment, and social support networks, as well as access to health care.

Sexual Reproductive Health and Rights (SRHR) remains among the most sensitive and controversial topics for discussion in Kenya. This is evident by the stigmatisation of both users and providers of Sexual and Reproductive Health (SRH) services, the continued prevalence of practices that are harmful to women and girl's SRH; increasing restrictions on access to SRH information and availability of contraceptive methods, watering down legislation that protect women's rights and the imposition of legal barriers, such as third-party consent requirements to SRH services.²² KANCO will work towards the goal of universal access to sexual and reproductive health and rights, including family planning in line with the United Nations Population Fund (UNFPA) desire that every individual has the right to make their own choices about their sexual and reproductive health.

Sexual and Gender -Based Violence (SGBV) is one of the most persistent violations of human rights worldwide. According to the World Health Organisation (WHO), about one-third of women worldwide have experienced violence. Intimate partner violence increases the risk of HIV in some regions by up to 1.5 times.²³ Statistics from the Gender Violence Recovery Centre (GVRC) in Kenya indicate that between 39% and 47% of Kenyan women experience GBV in their lifetime- among the highest rates in the world.²⁴ The **status of women** has been a major barrier. Women and girls in the East and Southern Africa region often face discrimination in

²¹ <https://globalnutritionreport.org/reports/2020-global-nutrition-report/mainstreaming-nutrition-within-universal-health-coverage/>

²² <https://covaw.or.ke/wp-content/uploads/2018/09/COVAW-Strategic-Plan-2018-2023-Full-Version.pdf>

²³ <https://covaw.or.ke/wp-content/uploads/2018/09/COVAW-Strategic-Plan-2018-2023-Full-Version.pdf>

²⁴ <http://gvrc.or.ke/facts-about-gbv/>

terms of access to education, employment and healthcare. Men often dominate heterosexual relationships, and **gender -based violence levels are high, especially for young women.**²⁵ KANCO works towards the goal of eliminating SGBV in order to uphold the rights and wellbeing of women and girls.

Climate change is the greatest global health threat facing the world in the 21st century. However, it is also the greatest opportunity to redefine the social and environmental determinants of health. In 2015, countries committed to limit global warming to “well below 2°C” as part of the landmark Paris Agreement. Extreme changes in the weather and environment can increase existing health problems, as well as creating new ones. Extremes in weather and temperature, increased pollution and environmental toxins, and changes in food security can all cause physical and mental health problems. Climate change affects some of the essential factors that influence human health, including the safety of shelter, air quality, food availability, nutrition levels in food and quality, safety, and supply of drinking water. According to the World Health Organization (WHO), researchers predict that certain effects of climate change will contribute to an increase of about 250,000 deaths per year between 2030 and 2050 from conditions such as: heat stress, malnutrition, diarrhoea, malaria. KANCO is committed to advocating for climate change due to its effects on social and environmental determinants of health.

Conclusion:

Many developing countries, including Kenya, must now deal with a “dual burden” of disease: they must continue to prevent and control infectious diseases while also addressing the health threats from noncommunicable diseases and environmental health risks. As social and economic conditions in developing countries change and their health systems and surveillance improve, more focus will be needed to address noncommunicable diseases, mental health, substance abuse disorders, and, especially, injuries (both intentional and unintentional).

KANCO's focus:

In view of the above priorities, KANCO will, during this strategic period, embrace a holistic approach and focus to contribute to prevention and control of infectious diseases, address the health threats from noncommunicable diseases, as well as address social determinants of health that improve overall health and work to reduce health disparities that are often rooted in social and economic disadvantages.

²⁵ Ellsberg, A. & Betron, M. (2010) 'Preventing Gender-Based Violence and HIV: Lessons from the Field', AIDSTAR-One: Spotlight on Gender [pdf]

2.1.3 PESTLE Analysis

The following are the Political, Economic, Social cultural, Technological, Legal and Environmental (PESTLE) factors likely to influence the implementation of KANCO's strategic plan 2021-2025. These factors were raised by KANCO's key stakeholders in meeting held on 19th February 2021 at Double Tree Hotel by Hilton Nairobi.

Political <ul style="list-style-type: none"> Increased consultations with multiple government agencies involved health leading to delays in implementation. Some government agencies are averse to dissent. Interference in legislature and judiciary by the executive arm of the government. Regional political integration Devolved governments Young people are disinterested in politics and hence unable to influence policies and decisions. 	Technological <ul style="list-style-type: none"> Increased access to information through different communication channels, e.g., social media differs employment, business, and marketing platforms. Social media is also a source of misinformation and immorality, e.g., child pornography. There is an increased use of technology in communities. Innovations in the new digital era can lead to development of Knowledge management tools, knowledge generation, retention and sharing in organisations. Mainstream media, including vernacular TV and radio stations, are vibrant and growing.
Social <ul style="list-style-type: none"> Growth in the urbanisation of Kenya (a changing dynamic) leading to increased demand and inequality in access to basic needs, e.g., food, education, employment, and healthcare. Likely to face unequal access to COVID 19 vaccines. The population is growing with emerging large numbers of young people who have limited decent livelihood opportunities. Gender inequality in the society manifested in neglected and disempowered boy child, increased rape, defilement, teenage pregnancies, and murder. A rise in non-communicable diseases, which are often ignored. Increased mental illness in communities. Increased food insecurity among the communities. 	Economic <ul style="list-style-type: none"> Global economic recession due to Covid-19 and other factors leading to increased poverty and a widening gap between the rich and the poor. Global rise in dominance of markets and capitalism resulting in concentration of economic power among few people, and erosion of social support systems and negative effect on humanitarian work. The rising national debts, resulting in a reduction in the budget allocated for health services. Increased corruption and rampant swindling of public resources. Scramble for Little residual resources by CSO's driving a push for self-sustainability for programmes. The slow progress of implementation of health programs at county levels leading to high level of unmet needs. Introduction of new taxes such as digital service tax Use of digital currency on the rise.
Legal <ul style="list-style-type: none"> Devolving of health services to county governments Delay in implementation of National Health policies due to lack of budget allocations. Rampant flouting of procurement and health commodities distribution procedures in MoH due to corruption, lack of checks and balances Presence of discriminatory laws for key populations 	Environmental <ul style="list-style-type: none"> Change in weather patterns due to climate change occasioning drought, heavy rains and flooding, rise in temperature etc. Change in weather patterns causes food insecurity, hunger, scarcity of clean and safe water, destruction of the environment and poverty. Overexploitation of natural resources at all levels of government as well as the community level.

2.2 SWOT Analysis

The following is the Strength, Weakness, Opportunities and Threats (SWOT) analysis as presented by KANCO staff during a Programme review meeting held at KANCO offices in Jan 2020.

Strengths	Weaknesses
<ul style="list-style-type: none"> • KANCO is a brand in the development world, is respected in the industry and has many years of experience. • A long-standing partnership with government structures • History of contribution to landmark policies in public health in Kenya • Encourages creativity and offers learning opportunities • Dedication, Experienced staff and management • A regional representation that provides a wider scope of work and visibility. • Proper financial management and income control • Partnerships and Donor confidence • Good operational manuals that guide the work • County governments support and partnership that can lead to high visibility and funding • Partnership management both the donors and grantees 	<ul style="list-style-type: none"> • Limited resource to support membership engagement at the national and county level • Dwindling funding to the health sector and non-state actors • Insufficient resource investment towards brand positioning to increase visibility • Emerging prescriptive programming hence affecting planning and innovation • Limited funding towards organisational development, administration and human resource cost hence affecting investment on remuneration and ICT
Opportunities	Threats
<ul style="list-style-type: none"> • Emerging issues, e.g., Climate change, Health Research and Development • Linkages with private companies • Devolution of Health services provisions to county governments. • Government focus on Non-communicable diseases • Development and use of technology at the community levels • Membership strengthening will increase visibility • Youth resourcefulness - engage with the youth more • Expanded areas of focus beyond health to include nutrition • Big 4 agenda • Increased access to channels Communication channels and outlets • Increased need for the development of health policies touching on emerging health challenges such as COVID 19. 	<ul style="list-style-type: none"> • Shrinking donor resource/ Changing donor environment and strategies/Donor shifting priorities • Competition from other organisations/ emerging strong and focused NGOs • Competition amongst consortium member • Changes in government legislation (e.g., removal of VAT exemption) • Insecurity which affects project implementation • Political instability • Industrial actions which affect programming • Political agendas that are anti-NGOs

3.0 OUR STRATEGIC DIRECTION

3.1 Strategic Areas of Focus

KANCO is committed to contributing to improved population health outcomes in Kenya and in the broader Africa region through its operations aimed at promoting, restoring, and maintaining the Health sector. During the strategic period 2021– 2025, KANCO will focus on four key strategic areas, which will be delivered in line and consideration of the other key national strategies such as the Vision 2030, the National Health Policy 2013-2030, and the MOH strategic plan. The plan is also aligned to regional policies and international instruments, e.g. The African Union Agenda 2063, the Africa Union Health Strategy and the East African Community Regional Health Strategy. The implementation of the strategic goals by KANCO will contribute towards the achievement of UN Sustainable Development goals 1, 3, 5, 10, 13 and 17, that is, No poverty, Good health and wellbeing, gender equality, Reduced inequalities, Climate action, and Partnerships for the goals, respectively. KANCO's work will focus on four key strategies as outlined here below:

1. **Health Policy Advocacy:** This pillar will enhance the existence of supportive Health Policy and legal environment. This will be achieved by having County, National as well as Regional governments commit and deliver on regional and global health declarations. Further, it will promote stronger grassroots and community-led initiatives that allow for the citizen to increasingly demand for quality healthcare services from the duty bearers.
2. **Improving Access to Health Services and Programmes:** This pillar will develop knowledgeable and empowered communities including impoverished, marginalised and elderly members accessing quality need-based health services. It will mobilise for community participation in the delivery of health care services as well as the alignment of programme implementation with national, regional and global priorities.
3. **Research, Learning and Innovation** This strategic pillar aims at enhancing availability of sound scientific evidence to inform programme development and implementation as well as to provision of useful information for policy development and advocacy by members and partners.
4. **Institutional Strengthening and Developing Strong Unified Membership :** This pillar will enhance the operational efficiency and resilience of KANCO and its member organisations, leading to coordination of an effective response . This will be achieved by strengthening our institutional systems and structure, knowledge Management and MEL capacities as well as expanding our resource base.

3.2 Cross-cutting themes

Implementation of the strategic Interventions of each of the four strategies of this plan and the associated results will take into account the following cross-cutting themes:

Disability Agenda: Disability is a public health, development and human right issue of international importance. The strategic actions and their corresponding results will mainstream disability indicators

Gender: This is a development and human right issue that will be mainstreamed in the implementation of the plan as a way of promoting equality and equity. The strategic actions and their attendant results will have both gender-specific and gender-sensitive indicators.

Alcohol and Drug Abuse: Alcohol and drug abuse is a grave public health issue of international significance, particularly in light of the rising cases of Non-Communicable Disease that it is associated with. Alcohol and Drug Abuse is particularly important because it disproportionately affects the impoverished members of the society. It is one of the issues that must be mainstreamed in Kenya's development agenda.

3.3 Theory of Change

Overview:

In order to contribute to the achievement of healthy people and empowered communities in Kenya and the region, KANCO will focus its interventions on Institutional Capacity Strengthening for Coordination of an effective Response, development of Evidence-Based Strategic Programming on health, promotion of supportive Health Policy and legal environment, and development of knowledgeable and empowered communities leading an effective health response.

This, therefore, has informed our focus on the four strategies. These are:

1. Health Policy Advocacy
2. Improving Access to Health
3. Research, Learning and Innovation:
4. Institutional Strengthening and Developing Strong Unified Membership

This strategic plan will directly contribute to the following SDGs:



3.4 Assumptions guiding the theory of change

- Communities have the capacity to respond to health concerns affecting them if the systems upon which they operate are strengthened to allow them to effectively participate in decision making and demand for services.
- Investing in strengthening all aspects of health care systems (infrastructure, human resources, finances and education) improves the quality and acceptability of services.
- Respect for human rights and treatment of subjects with dignity as a fundamental responsibility of the state and non -state actors is key to increased access to health services.
- Transformational leadership and systems level change are needed for better use of resources and to achieve health goals.
- Effective health response requires a recognition that the health context is continuously changing as such, actors need to continuously adapt, learn and apply new knowledge to challenges.
- Recognition of the importance of learning from experience opens additional approaches for research and practice, to further understand systems design and dynamic actions in health provision and service access.

Figure 2: Theory of Change

Increased life expectancy and reduction in mortalities and morbidity
Reduction in diseases incidence in communities
Improved health outcomes and wellbeing of communities and individuals

Change/Evidence/Impact	Increased access to quality, affordable health care services and coverage	Funding orientation that reflects community priorities.	Empowered civil society and citizenry to demand quality health services	Improved health systems that support health equity.	Enhanced internal organisational capacities supporting strategic partnerships, visibility and sustainability
	Increase in regulations and infrastructure that support quality, affordable health care services.	Changing public funding with increased investment in health.	Stronger civil society able to demand and hold governments accountable.	Improved and responsive health policies and regulations that reflects public priorities	Improved organisational financial base and management practices.
	Improved political commitments for better health	Political leadership takes action on health financing.			
Intermediate outcome	Communities access quality health care services in an equitable, non-discrimination and sustainable manner.	Adequate resources (human resources for health and health care budgets) made available	Stronger organisational and institutional capacities for health advocacy and willingness to take grassroots action.	Reformed health sector policy stimulating quality service provision.	Stronger institutional capacities and organisational systems for mobilisation and sustainable management of resources.
	Health is prioritised when making political considerations.	Political leadership becoming increasingly aware of the need for health funding.	.	Strategic partnerships, collaboration and networking	Supportive political environment prioritising health.
Our Actions	Support and engage communities to increase citizens' awareness of their rights to health Public policy and budget advocacy	Community mobilisation and empowerment in Government budgeting processes and monitoring and advocate for increased domestic health care financing and continued donor support	Capacity building of CSOs, sustained engagement with members and partners, coalition building and collaborative learning	Engage policymakers to prioritise health concerns Research and innovation demonstrating new practice and service delivery models and generating evidence for research	Improve efficiency, transparency, and strengthen internal System, structure and infrastructure. Enhance institutional capacity, governance and human resources
The situation	Poor Access to Quality Affordable Health Care	Limited Investments for Health Care	Less empowered Citizens and Weaker Civil Society	Slow Pace of Health Sector Policy Reforms and failing health Systems	Institutional Continuity, Change and Resilience

KANCO

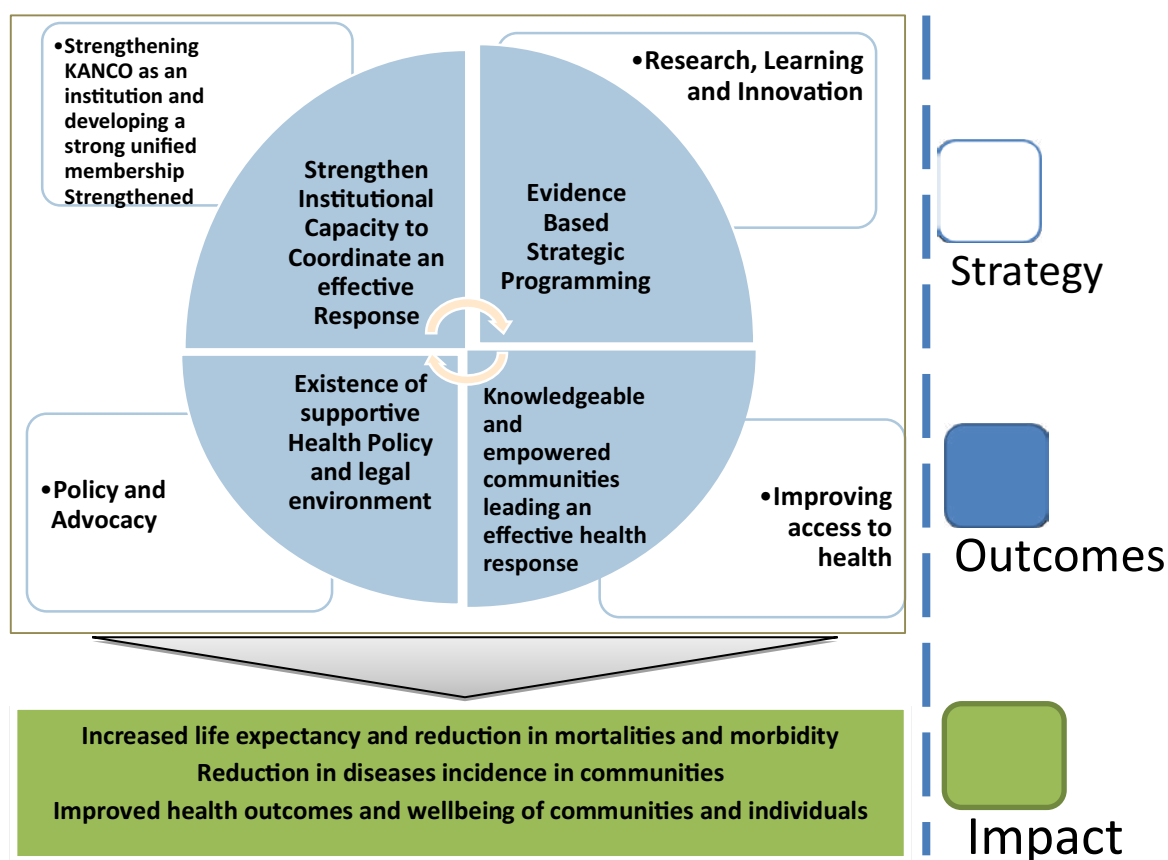
Healthy people, empowered communities



3.5 Our operational model

KANCO's four strategic focus areas are implemented in an interconnected manner, with the Vision and Mission statements serving as the organisational compass. The beginning point is the dual-pronged capacity building of KANCO and its member organisations on the other strategic focus areas, including organisational stability and resilience. With enhanced capacity, KANCO will employ knowledge generated from research, learning and innovations to undertake evidence-based policy advocacy. The learning from each of the three strategic focus areas feed back into the research, learning and innovation repositories that KANCO will establish. The totality of this including promotion of positive social behaviour will result in improved access to health services.

Figure 3: Operational Model



4.0 OUR INTERVENTIONS AND IMPLEMENTATION STRATEGIES

Overview

KANCO will align its health programming with priorities set in the County, National, Regional and Global plans, including the County Integrated Development Plans (CIDP), Vision 2030, the National Health Policy 2013 -2030, the MOH strategic plan, Health Systems Strengthening, Universal Health Coverage, Kenya Essential Package for Health, The African Union Agenda 2063, Sustainable Development Goals (SDGs), and other frameworks to ensure effective contribution to the Community, National and Regional health response. This section presents KANCO's Strategic objectives and Key strategic interventions. An elaborate results framework (logical framework) has been developed to facilitate effective delivery, monitoring and evaluation of the results and interventions defined in this section of the plan (see **Annex 1**). The same will be supported with detailed activities to be elaborated on in the annual implementation plans.

4.1 Strategic Focus Area I: Health Policy and Advocacy

Overview: The Kenyan Government has provided for health as a right in the Kenyan Constitution and is a signatory to regional and global health declarations aimed at promoting quality and sustainable health care to its citizens. Further, the government has formulated various policies and plans both at the National and County levels, including the Vision 2030, the National Health Policy 2013 -2030, the MOH strategic plan, Health Systems Strengthening, Universal Health Coverage, Kenya Essential Package for Health, County Integrated Development Plans (CIDP) and other frameworks. The attainment of this is often derailed by; absence of supportive legal framework, poor implementation of existing policies, inadequate resources to implement existing policies and emerging health issues that need policy formulation for effective response.

Health service delivery is a devolved function though policy formulation remains at the national level. This pose tension between policy formulation and delivery of health services and programmes at the community level. Moreover, there is a gross under investment in health by the government which increases reliance on various international and local partners and institutions to provide health services to its citizens. The national expenditure remains way below the recommended regional target of 15%. For instance, the national government allocated only 5.1% of its budget in FY 2018/19 to health²⁶. KANCO, in its advocacy plan, will

²⁶ Kenya Ministry of Health: *National and County Health Budget Analysis Fy 2018/19* available at http://www.healthpolicyplus.com/ns/pubs/11306-11563_NationalandCountyBudgetAnalysis.pdf

work towards realising three strategic policy interventions that will promote quality and sustainable access to health care services and programmes for communities.

Strategic Objectives:

1. To support the formulation, implementation and review of health policies and plans that contribute to quality healthcare services and programmes delivery for communities in Kenya and the region.
2. To have national and regional governments commit and deliver on regional and global health declarations.
3. To have stronger grassroots and community-led initiatives that allow for the citizen to increasingly demand for quality healthcare services from the duty bearers.

Strategic Interventions:

4.1.1 Improve policy, legal and governance environment

In collaboration with key actors, KANCO will contribute to policy development, implementation and review, by advocating for:

1. Effectiveness, efficiency, equity and sustainability of Universal Health Coverage (UHC) programme and the mainstreaming of key interventions in the County Integrated Development Plans since health is devolved function.
2. Health systems strengthening at national and devolved government levels.
3. Actions to ensure adequate resourcing of health policies, strategies and programmes/services.
4. Equitable access to essential drugs, commodities, products and medical services for vulnerable cases, including Persons Living with HIV, Persons with TB, Key Populations, Persons with NCDs and Neglected Tropical Diseases.
5. Gender equity and equality, including legal recognition of gender identity and non-discrimination in access to healthcare services and programmes in Kenya and the region.
6. Comprehensive integration of health needs of persons with disability by the existing healthcare system.
7. A comprehensive legal framework that safeguards the rights of key populations and provides a safe and enabling environment for key populations to access healthcare services and programmes at County, National and Regional levels.
8. Multi-sectoral interventions that address social determinants of health which include food security and nutrition, environment, transport, water and sanitation, education, conflict, climate change and livelihoods at County and National levels.
9. Improved access to emergency care as well as comprehensive maternal, neonatal, adolescents and sexual reproductive health services and rights at National and County levels.
10. A well-functioning and accessible immunisation service delivery systems reduced stock-outs of vaccines, uptake of immunisations and vaccines to protect Vaccines Preventable Diseases (VPDs) such as Covid -19.

11. Integration, increased coverage of harm reduction interventions in Kenya and in the African region in order to enhance the lives and long-term well-being of People who inject drugs (PWID).
12. Strengthening the integration of prevention and control of Non-Communicable Diseases (NCDs) including cancer, diabetes mellitus, cardiovascular diseases and chronic obstructive pulmonary disease (COPD) in already established prevention and treatment infrastructure of Communicable Diseases at the National and County levels.
13. Implementation of a comprehensive legal framework that protects the health of people in light of conclusive scientific evidence implicating tobacco production, use and exposure to tobacco smoke and tobacco products, in the incidence of debilitating illness, disease, disability and death.
14. Integration, increased coverage and quality of nutrition interventions in disease management/treatment programmes within primary healthcare settings that not only focus on under nutrition, but also malnutrition and stunted growth at County, National and Regional levels in order to enhance child survival and long-term well-being.
15. Integration of Early Childhood Development Programmes in programming of children's health that promote and protect all aspects of children's life, care, survival, growth and development at National and County levels.
16. Integration of Mental Health interventions in health programming at National and County levels as mental illness is on the rise.
17. Integration of climate change interventions into health programming in Kenya, Africa Region and Internationally due to its effects on social and environmental determinants of health.
18. Leveraging of technology in order to create a value-based system that ensures healthcare is affordable, is of the highest quality, is patient-centric and convenient as Kenya is recognized as a technology hub with one of the highest internet as well as mobile Internet penetrations in Africa.
19. Allocation and efficient utilisation of funds for health research and development, including disease surveillance as well as emergencies/ epidemic preparedness and response at National and County levels.
20. Absorption of community health volunteers/workers into the mainstream health sector work-force at the community level.

4.1.2 Improve resourcing and implementation of health interventions

In collaboration with key actors, KANCO will contribute to improved resourcing of health interventions by advocating for:

1. National and County health budget allocation to the recommended regional target of 15%.
2. Private Sector participation in resourcing health interventions as part of corporate social responsibility at the County and National level.
3. Equity in distribution and utilisation of allocated health resources across the promotive, preventive and curative services at County, National and regional levels.

4. CSOs and citizens involvement in healthbudget- making process at County and National levels to enable them present their priorities in provision of healthcare services and programmes.

4.1.3 Build strong networks and partnerships at County and National levels

In collaboration with key actors, KANCO will contribute to the building of strong networks and partnerships at County and National levels by:

1. Advocating and supporting formation and sustenance of functional and vibrant grassroots advocacy chapters at the community level.
2. Mobilising, engaging and supporting National and County members of parliaments and leaders as health champions
3. Developing the capacity of member CSOs' and partners on effective advocacy in order to increase their contribution and visibility in healthcare provision and programmes.
4. Providing advocacy platforms for member CSOs, partners and legislators at County and National levels network and hold discussions on key health matters affecting the population.

4.2 Strategic Focus Area II: Improving Access to Healthcare services and programmes

Overview: Access to health services and programmes remains a critical pillar in improving communities' health outcomes. Under this strategic pillar, KANCO will work with other actors to improve access to health services and programs by using the community systems strengthening approach that aims at ensuring community participation in the delivery of health services and programs. KANCO will focus on four strategic interventions to promote access to health programs.

Strategic Objectives:


1. To improve access to quality health services through community participation in the delivery of health care services.
2. To align programme implementation with national, regional and global priorities.

Strategic Interventions

4.2.1 Support improved access to health services and programmes

KANCO will collaborate with key actors to:

1. Support health systems strengthening at national and devolved government levels at national and county levels.

- 
2. Promote access to emergency care as well as comprehensive maternal, neonatal and reproductive health services at National and County levels.
 3. Support strengthening integration of prevention and control of Non Communicable Diseases (NCD) in already established prevention and treatment infrastructure of Communicable Diseases at National and County levels.
 4. Support integration of nutrition interventions in disease management/treatment programmes at National and County levels.
 5. Support interventions that promote equitable access to essential drugs and medical services for needy cases, including Persons Living with HIV, Key Populations, Persons with NCDs and Neglected Tropical Diseases, and TB cases.
 6. Support programmes that enhance effectiveness, efficiency, equity and sustainability of universal health coverage (UHC) programme at National and County levels.
 7. Support interventions that promote disease surveillance as well as epidemic preparedness and response at National and County levels.
 8. Support interventions that ensure that the health needs of persons with disability are comprehensively addressed by the existing healthcare system.

4.2.2 Strengthening of community participation in the delivery of health care services

KANCO will:

1. Support member CSO's on systems infrastructural development to enhance service provision to PLHIV, KP, Persons with NCDs and Neglected Tropical Diseases, and persons with TB cases and community members.
2. Advocate and support the process of reflecting member CSOs' work in the mainstream government health systems at County and National levels.
3. Mobilise and facilitate KANCO members to participate in interventions that promote quality and equitable clinical preventive health service /immunisation service provision at the community level.
4. Promote adoption and sustained practice of positive healthy behaviour by community groups that are vulnerable to identified health risks at the community level.
5. Promote actions that minimise or eliminate exposure to health risks in the environment in which people live, work and study at community levels.
6. Promote and strengthen members' capacity to use technology to improve healthcare delivery through the adoption of modern ways of operationalising healthcare system.
7. Document and widely share learning from key community interventions on health services and programmes access and utilisation.

4.2.3 Increase social cohesion and gender equality

KANCO will:

1. Mainstream gender in all its programmes interventions.

2. Strengthening its member CSO's capacity to embrace gender integration in their programming.
3. Undertake campaigns and Support efforts by key players to mainstream gender in all health programmes at national and county levels.

4.2.4 Support member CSOs and partners to acquire and utilise resources for health programmes

KANCO will

1. Support members CSOs to secure funding for their intervention through the creation of linkages with key resource providers.
2. Sub-grant members CSOs to undertake specific health interventions at National, County and Community levels.

4.3 Strategic Focus Area III: Research, Learning and Innovation

Overview: Evidence generated through research and programme learning is becoming increasingly important in health policy advocacy and programme development. KANCO, as a learning organisation, understands the value of research and its position in informing a strong advocacy agenda, evidence-based programming, innovation and contribution to the growing global body of knowledge. KANCO will generate, manage and share knowledge from its programmes through a robust Documents and Records management system that ensure key knowledge products and records are efficiently maintained, secured and easily accessed for sharing. This pillar will position KANCO as a thought leader in innovations making a difference in global health response while remaining small, smart and strategic.

Strategic Objective: To generate sound scientific evidence to inform program implementation and provide useful information for policy advocacy.

Strategic Interventions:

4.3.1 Enhance Evidence-based programming

KANCO will:

1. Integrate research within its projects by prior identification of research priorities during proposal design, with an aim of evaluating effectiveness and dependability of various KANCO innovations in health response.
2. Undertake synthesise and document best practices and lessons learnt from programme implementation in its strategic focus areas to inform health sector response members and partners.

3. Allocate research and innovation grants to enable research, documentation and sharing of what real program success looks like in health response to spur development and innovations by its members and partners.
4. Advocate for policy frameworks that will guide translation of health research findings into policies and programmes at County, National and Regional levels (e.g. EAC, ECOWAS, SADC).
5. Forge partnerships with academic and other research institutions in designing research studies, in order to build its capacity and confidence in research methodology and to leverage resources from various partners.
6. Create internal mechanisms that will enable the development and use of innovations that provide solutions for challenges affecting CSOs in the health sector.

4.3.2 Improve stakeholders' engagement

KANCO will:

1. develop a reward framework to support the development or scale-up of innovative programmes approaches or models by its members in order to grow local body of knowledge on health sector programmes.
2. Promote partnerships and collaborations on translation of specific health research areas and learning into relevant policies and programmes.

4.3.3 Improve national, regional, and global knowledge sharing

KANCO will:

1. Spearhead establishment of regional, national and county government-based innovation hubs/repositories of health research information and learning by consortiums of health research organizations, learning institutions, private sector, corporates and NGOs.
2. KANCO will share knowledge through participation in TWGs and government consultative coordinating units, local and international conferences.
3. Produce journal and media articles for sharing knowledge from practice.

4.4 Strategic Focus Area IV: Institutional Strengthening and Developing Strong United Membership

Overview: Internal capacity enhancement of KANCO and its implementation partners is a prerequisite condition for the effective execution of its mandate. In this context, KANCO and its grassroots-based implementing partners will undergo need-based technical and internal capacity strengthening. The pillar seeks to build on the existing organisational strengths of KANCO and its implementing partners while addressing emerging capacity gaps. This will

involve both organizational as well as programmatic dimensions of capacity enhancement including institutional systems and structures, Monitoring, Evaluation and Reporting, Research, Documentation and Learning, Knowledge Management, as well as resilience-building and expansion of the resource base for KANCO.

Strategic Objective: to enhance operational effectiveness and resilience of KANCO and its implementing partners that lead to coordination of an effective response.

Strategic Interventions:

4.4.1: Capacity building of member CSOs and partners

KANCO will:

1. Undertake Organizational Capacity Assessment for KANCO and its members to identify key areas of capacity strengthening.
2. Develop training and capacity building programmes to address the identified needs.
3. Carry out ongoing organizational capacity building of KANCO, member CSOs and partners in identified areas of capacity needs, including Resource mobilization, Financial management, reporting skills and approaches to building resilience.
4. Undertake wellbeing training of KANCO staff and members organizations to enhance the mental health of staff.
5. Provide technical assistance to partner organizations in the region while fostering collaborative initiatives and partnership for an effective response in the African region.
6. Develop mentoring and support mechanisms for KANCO members and partners in the region to facilitate learning opportunities among the members and partners.
7. Regularly monitor, evaluate and review the training and capacity building initiative to make it responsive to KANCO and its members.
8. Hold regular forums for sharing and documenting best practices and lessons learnt from programme implementation.

4.4.2 Development of KANCO Operational systems

KANCO will:

1. Strengthen its Human Resource systems (i.e., onboarding, exit strategies, HR and staff policies and prioritizing staff development)
2. Strengthen its Governance systems (Board of Directors and Senior Management Team)
3. Develop and regularly review KANCO policies, procedures and systems.
4. Review and update KANCO staff job descriptions to promote efficiency and staff wellbeing.
5. Develop a communications strategy to guide the implementation process.

6. Leverage use of digital tools such as websites, blogs, Twitter, Facebook, Instagram, etc., as strategic positioning tools that would enhance KANCO's visibility and that of its members.
7. Develop an annual work plan and implementation matrix that provide clear guidance to staff during the implementation.
8. Develop Knowledge Management, Documentation and Records Management systems and capacity to ensure streamlined, effective and efficient project implementation, monitoring, evaluation, learning and knowledge sharing practices.

4.4.3 Building resilience capacity

KANCO will:

1. Review and continuously improve governance, leadership and management systems to improve KANCO's effectiveness and take care of mental, physical and emotional needs of staff to enhance their productivity.
2. Strengthen communication systems to facilitate internal and external communication by developing a comprehensive and adaptive communications strategy.
3. Undertake sustained traditional and digital media presence and campaigns to communicate our work, increase visibility and raise the profile of KANCO and its members.
4. Adopt a flexible organizational model that easily adapts to civic space shocks pressures.
5. Develop community-centred/ bottom-up approach programming to boost KANCO's legitimacy among its members and avoid having disconnect with members and their constituents.
6. Promote solidarity among its membership and leverage other civil society organizations, stakeholders, and/or constituents networks at County, National, Regional and International level in order to build strong coalitions for protecting the civic space and providing a voice for the underrepresented and marginalized communities.
7. Establish partnership with strategic institutions in the health sector in order to build synergy through shared knowledge, technical expertise, and resources.
8. Develop a resource mobilization strategy that diversifies revenue base beyond traditional funders by building strategic non-traditional partnerships and exploring new avenues for income, including harnessing domestic resources at County and National levels.
9. Establishing institutional systems to support diversified fundraising approaches such as website, PayPal systems and Mpesa pay bill.
10. Strengthen the resource mobilization capacity of KANCO staff and board as well as members organizations.

5.0 MANAGEMENT AND GOVERNANCE

The delivery of the KANCO's Strategic Plan is centred on the leadership structure that includes the Board of Governors, the Secretariat, the Technical Teams and the overall KANCO membership. The structure is reflected in the organogram, as shown in figure 4.

Board of Governors

The Board of Governors is the highest governing body of KANCO. It is charged with providing strategic and policy direction and oversight over strategic, financial, operational and program matters. The Board formulates policies that govern the operations of KANCO and further provides oversight in the implementation of the strategic plan by ensuring that set targets are achieved in the most cost-effective way possible. KANCO's Board of Governors consists of members drawn from KANCO's member organizations. The Board has three core committees, that is; the Programs and organizational development committee, the Finance committee, and the Resource mobilization committee. It delegates its strategic oversight role to the Executive Director (ED). The ED is charged with setting priorities, overseeing strategy implementation, resource mobilisation and stewardship over organisational resources.

Secretariat

KANCO's secretariat is the nucleus through which stakeholder consultations, mobilizing resources for projects, planning and design of project implementation strategies is conducted. The secretariat is charged with the overall coordination of programs and projects that are designed to contribute to the overall objectives of the Strategic Plan.

Regional Technical Program Offices

The Regional Technical Program offices are involved in the implementation of project activities that contribute to the realization of KANCO's Strategic pillars. The offices are headed by Regional Coordinators.

Membership

KANCO has a very vibrant membership of over 1,200 organizations that meet every quarter to learn, share as well as receive updates on KANCO's progress on the health agenda. The membership comprises organizations ranging from NGOs, CBO's, FBO's, learning institutions, and network organizations across the country. The member organizations are charged with the responsibility of holding KANCO accountable for the delivery of intended Strategic Plan outputs.

The Organogram

The 2021-2025 strategy will be delivered through a five-tier authoritative organogram shown in Figure 4.

The first authoritative level of the organogram is the oversight function that is a preserve of the members, **the Trustees** and **the Board of Directors**. The members have absolute oversight authority, while the board has an obligatory mandate to report to the members during the AGM. As a representative of KANCO's staff, the Executive Director serves as the secretary to the Board of Governors.

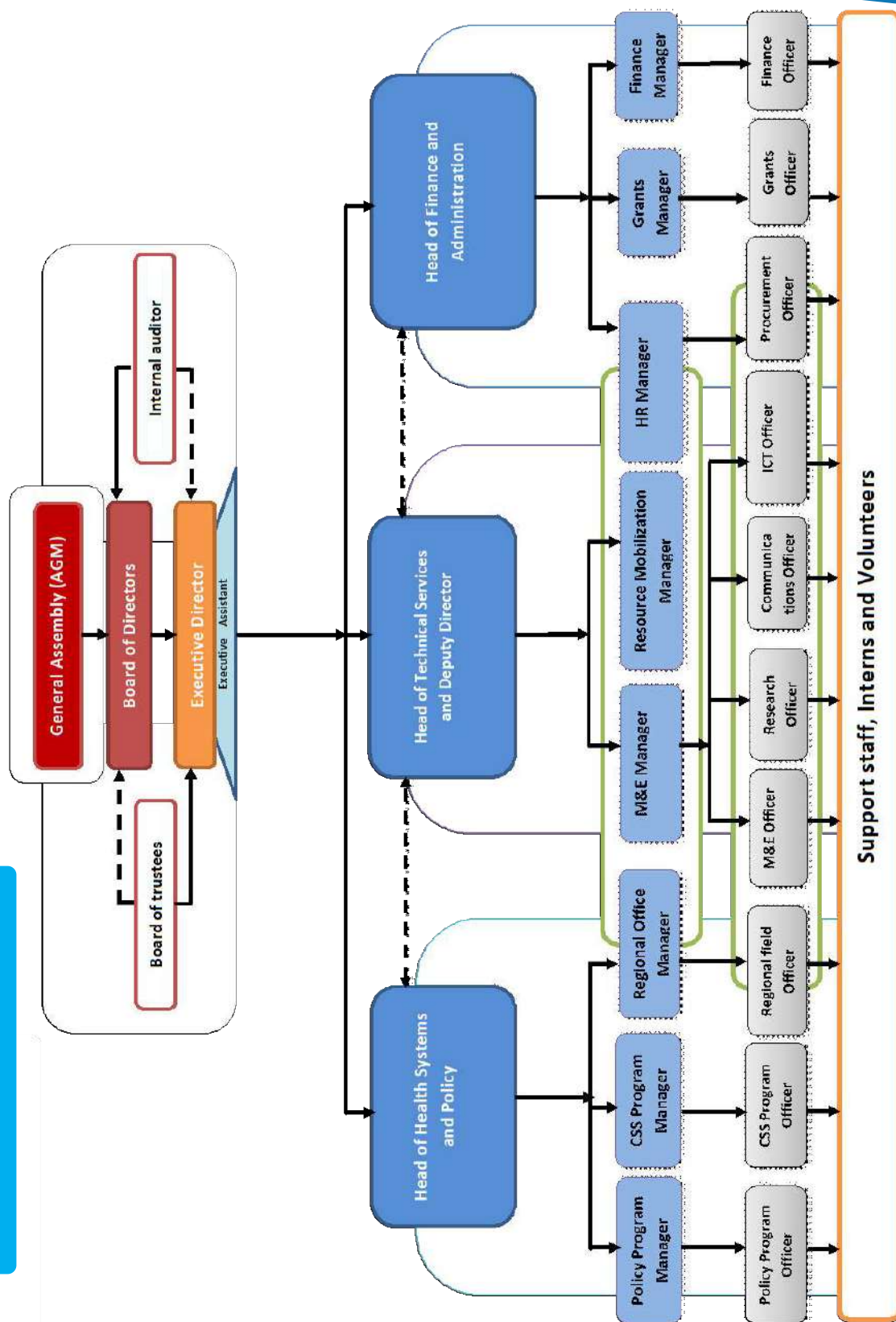
The second authoritative level is the **Executive**. This draws its leadership from the Executive Director. The Executive Director is the overall duty bearer and official liaison person for the organization.

The third tier of authority is the **technical level**. This comprises Deputy Director /Head of Technical Services with overall oversight for all programs, the Head of Finance and Administration providing oversight to the finance and administration sectors of the organization, Head of Health Systems and Policy in charge of Health Systems programming and Policy advocacy.

The fourth authoritative level is the **supervisory level**. This level is the heartbeat of KANCO as it controls all KANCO's operations by providing day to day supervision and control for project implementation. This level comprises project managers of various functions in KANCO.

The **operational level** concludes the authoritative levels, with project officers that draw support from organizational Interns, volunteers and support staff. This is the level that delivers the day-to-day project activities.

FIGURE 4: KANCO ORGANOGRAM



6.0 IMPLEMENTATION RISK ANALYSIS, MITIGATION AND RESILIENCY

Implementing a Strategic Plan requires a significant commitment from all key players in an institution. Central to the realization of the Strategic Plan's objectives is a well-coordinated process of activity implementation. The various programs that KANCO is running either directly or indirectly through its members are aligned to the strategic direction of this plan.

Implementing KANCO's Strategic Plan is designed as an all-inclusive approach to allow for smooth flow of specific project activities without the risk of undesired disruption. In areas where KANCO depends on partnerships for implementation of this strategy, assumptions and risks are identified and mitigation strategies applied. The following are the possible risks and the proposed mitigation measures.

6.1 Implementation risk and mitigation measure

Risks and mitigation measures	
External	
Risk	Mitigation
<ul style="list-style-type: none"> The extended period of the Covid 19 pandemic and restrictions on movement and social integration Changes in foreign policies affecting technical and financial resources, e.g. Brexit, changes in administration in the US. Shrinking civic space Political instability might affect funding from key donors Heightened competition from other CSOs. 	<ul style="list-style-type: none"> Use of technology in programme implementation, e.g. training via online platforms Diversification of funding and technical resource base that include Domestic Resource Mobilization Continued collaboration with government and other key stakeholders to uphold an enabling environment for CSOs. To promote peace in-country and in the region Innovation and commitment to a clear agenda and strengthened internal capacity
Internal	
Risk	Mitigation
<ul style="list-style-type: none"> High dependence on traditional donors as the main source of funding Not attracting and not retaining the right skills and skills mix in an extremely competitive 	<ul style="list-style-type: none"> Diversified funding sources to include more internal (local philanthropists) and tapping from Private Sector Corporate Social Initiatives. Review of recruitment policy to build on the job

<p>environment</p> <ul style="list-style-type: none"> • Fast-changing technology • Fragmented member CSOs 	<p>training and offer an appropriate incentive to staff</p> <ul style="list-style-type: none"> • Strengthen ICT capacity and build the skills of staff to make use of new technology in their work. • Build solidarity among member organizations and have programmes that add value to their work.
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6.2 Building Resilience Capacity

Ever since the classification of Kenya as a lower -middle-income country, there has been a decrease in donor funding compared to the previous years. Further, the “Shift from aid to trade”, including funding opportunities being released as contracts and not grants, has led to diminished availability of funds among CSOs that enjoyed high dependence on traditional donors as the main source of funding. Moreover, the negative socio-economic impact of the COVID-19 pandemic has made many organizations shut down. All these experiences point to the need by the CSOs to develop a high degree of resiliency. Consequently, a resiliency plan enables the organization to cushion itself against unforeseen challenges.

Civil society organizations (CSOs) fulfil many important roles, including fostering citizen participation, exercising accountability in governance, advocating for policy change, and delivering essential services to otherwise underrepresented and marginalized communities. Closing civic space manifests its impacts on CSOs ability to function manifests in the following ways:

- **Financial Constraints** that are intentionally placed on civil society actors, organizations, and the sector to render it difficult, and at times impossible, for civil society organizations to be able to receive the funding necessary for their operations and functionality.
- **Restrictive and Politicized Legal Environment:** Increased restrictions and politicization of the legal instruments by governments to constrain operations of CSOs.
- **Harassment and Direct Attacks:** The potential for or existence of violence perpetrated on individuals or property of civil society leaders, staff, and organizations.
- **Divisive narratives and control of media:** Government tactics that control messaging and shape public perception of civil society with the goal of delegitimizing and undermining the sector.
- **Fragmented and Isolated Civil Society Sector:** Government strategy to divide and conquer the civil society sector by singling out certain actors and/or organizations that represent political threats or whose work focuses on controversial topics. The result of

this strategy is an inhibited ability within the sector to coordinate effectively, weakening collective response.

- **State Surveillance:** When governments harness technology to monitor movements, transactions, and other aspects of an organization's operations, thereby instilling a sense of paranoia and fear into the psychology of an organization's staff and partners.
- **Emerging Conflict Dynamics:** The presence of factors that put the overall stability and security of the state and its citizens at risk and render it difficult for an organization to carry out normal daily functions and actions.

Being a key health CSOs network working in Kenya and the region, KANCO needs to be aware of such risks and develop mitigation measures to develop its resilience to external and internal shocks. Hence, in this strategic period KANCO will:

- Establish an information system to enhance adaptability to possible hostile situations. This includes establishing a flexible organizational model that is easy to adapt quickly and ensure the organization's viability when civic space shocks pressure the organization to reduce or cease functioning.
- Be adaptive, inclusive and have 'inter-generational leadership that is flexible and willing to recognize the need to diversify, mobilize staff, make decisive changes, and reshape organizational norms and culture. This will make her respond effectively and swiftly to shifts in civic space.
- Prioritize staff well-being that caters for the mental, physical and emotional needs of staff. This will ensure that it constantly has experienced and well-trained human resources to source, plan and implement successful projects.
- Build a strong network of members and leverage on them at national, regional and international levels. That way, the organization will be able to identify and harness the resources within its own networks of other civil society organizations, stakeholders, and/or constituents effectively to aid in the preparation and response to shifts in civic space.
- Diversification of funding strategies away from long-standing fundraising strategies centred on projects and traditional donors. This can be achieved through building strategic non-traditional partnerships and exploring new avenues for income.
- Establish and build more community-centred programming approaches to sustain its connection with its members and the beneficiaries they serve.
- Build a comprehensive and strategic communication plan that ensures that KANCO is positioned as a thought leader in health programming at County, National, Regional and Global levels. The strategy will enhance positive communication about the KANCO, its achievements and most importantly, its contribution to shaping the health agenda across the globe.

7.0 FINANCING THE PLAN

The successful delivery of this Strategic Plan requires a sustainable flow of resources to allow for effective and sustainable implementation of the prioritized interventions.

KANCO generates most of its funding from donors, estimated to contribute up to about 99% of its total annual income. Traditionally, donor funding has been earmarked for programs activities, which leaves the operational, development and personnel related costs largely unfunded or underfunded. Other existing sources of funds include membership contributions, accounting for about 1 % of the total annual revenue.

Reliance on grants from donors often exposes KANCO to severe financial limitations and thus, over the strategic period, KANCO will increase its annual income by scaling up resource mobilization activities both within and out its traditional funding sources. The future focus will be for KANCO to increase its unrestricted funding up to 30% of its total revenue. KANCO will also undertake a cost rationalization exercise to identify areas where cost savings may be made and, in this regard, some non-core activities may be outsourced. KANCO will continue to strengthen its financial management systems to ensure effective and efficient use of resources and avoid wastage. With availability of resources, KANCO will set aside resources to be allocated for staff capacity development and upgrade its information technology infrastructure.

7.1 Resource Mobilization Strategy

At the onset of the Strategic Plan implementation, KANCO will conduct a comprehensive financial gap analysis to establish the budget deficit to deliver on the Strategic Plan. This process will involve a review of all traditional sources of funds analysing their proportion contribution to the annual budgets. It will pay particular attention to domestic sources of funding for its programmes and operations.

Annex 1: MONITORING AND EVALUATION FRAMEWORK

NARRATIVE SUMMARY		OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	ASSUMPTIONS
Strategic Focus Area I: Health Policy and Advocacy				
Objectives:				
1. To support in the formulation implementation and review of health policies and plans that contribute to quality healthcare services and programmes delivery for communities in Kenya and in the region.	1. Number of Health policies and plans developed or reviewed with KANCO's input.	1. Health policies and plans developed	1. Adequate resources exist	
2. To have national and regional governments to commit and deliver on regional and global health declarations.	2. Policy advocacy initiatives undertaken with national and regional governments seeking their committed to commit and deliver on regional and global health declarations.	2. Annual Reports	2. Favourable operating environment for CSOs advocacy	
3. To have a stronger grassroots and community-led initiatives that allow for the citizen to increasingly demand for quality healthcare services from the duty bearers	3. Status and existence of strong grassroots and community led initiatives that allow for the citizen to increasingly demand for quality healthcare services from the duty bearers	3. Programme reports	3. Conducive political environment.	
		4. Media reports	4. The developed policies will be utilized to enhance service delivery	
		5. Various documentation products		
Strategic Interventions				
Improve policy, legal and governance environment				
In collaboration with key actors, KANCO will contribute to policy development, implementation and review, by advocating for:				
1. Effectiveness, efficiency, equity and sustainability of Universal Health Coverage (UHC) programme and the mainstreaming of key interventions in the County Integrated Development Plans since health is devolved function.	1. Status of effectiveness, efficiency, equity and sustainability of Universal Health Coverage (UHC) programme and the mainstreaming of key interventions in the County Integrated Development Plans with support from KANCO.	1. Annual reports	1. Adequate resources exist	
2. Health systems strengthening at national and devolved government levels.	2. Status and existence of health systems strengthening at national and devolved government levels with support from KANCO.	2. Documented cases	2. There is adequate capacity within KANCO	
3. Actions to ensure adequate resourcing of health policies, strategies and programmes/services.	3. Status and existence of adequate resourcing of health policies, strategies and programmes/services with support from KANCO	3. Media articles	3. Good collaborations among actor, both state and non-state	
4. Equitable access to essential drugs, commodities, products and medical services for vulnerable cases, including Persons Living with HIV, Persons with TB, Key Populations, Persons with NCDs and Neglected Tropical Diseases.	4. Status of equitable access to essential drugs and medical services for needy cases with support from KANCO	4. Research Reports	4. Conducive political environment	
		5. Evaluation reports	5. The developed policies will be utilized to enhance service delivery	
		6. Members CSOs reports		
		7. Other actors' reports		

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	ASSUMPTIONS
<p>5. Gender equity and equality, including legal recognition of gender identity and non discrimination in access to healthcare services and programmes in Kenya and in the region.</p> <p>6. Comprehensive integration of health needs of persons with disability by the existing healthcare system.</p> <p>7. A comprehensive legal framework that safeguards the rights of key populations and provides a safe and enabling environment for key populations to access healthcare services and programmes at County, National and Regional levels.</p> <p>8. Multi-sectoral interventions that address social determinants of health which include food security and nutrition, environment, transport, water and sanitation, education, conflict, climate change and livelihoods at County and National levels.</p> <p>9. Improved access to emergency care as well as comprehensive maternal, neonatal, adolescents and sexual reproductive health services and rights at National and County levels.</p> <p>10. A well-functioning and accessible immunization service delivery systems reduced stock-outs of vaccines, of uptake immunizations and vaccines to protect Vaccines Preventable Diseases (VPDs) such as Covid-19.</p> <p>11. Integration, increased coverage of harm reduction interventions in Kenya and in the Africa regional in order to enhance the lives and long-term well-being of People who inject drugs (PWID).</p> <p>12. Strengthening the integration of prevention and control of Non-Communicable Diseases (NCDs), including cancer, diabetes mellitus, cardiovascular diseases and chronic obstructive pulmonary disease (COPD) in already established prevention and treatment</p>	<p>5. Status and existence of <u>a</u> gender equity and equality in access to healthcare services and programme with support from KANCO</p> <p>6. Nature of comprehensive integration of health needs of persons with disability by the existing healthcare system with support from KANCO</p> <p>7. Development of a comprehensive legal framework that safeguards the rights of key populations with KANCO's input.</p> <p>8. Nature of multi -sectoral interventions that address social determinants of health with support from KANCO</p> <p>9. Status and existence of access to emergency care as well as comprehensive maternal, neonatal and reproductive health services at National and County levels. with support from KANCO</p> <p>10. Nature of a functioning and accessible immunization service delivery systems reduced stock-outs of vaccines, uptake of immunizations and vaccines to protect VPDs with support from KANCO.</p> <p>11. Status of the integration and number of increased coverages of harm reduction interventions in Kenya and the Africa region with support from KANCO</p> <p>12. Status of integration and strengthening of prevention and control of Non-Communicable Diseases (NCDs) at National and County levels. with support from KANCO</p> <p>13. Implementation of a comprehensive legal framework that protects the</p>		

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	ASSUMPTIONS
<p>infrastructure of Communicable Diseases at the National and County levels.</p> <p>13. Implementation of a comprehensive legal framework that protects the health people in light of conclusive scientific evidence implicating tobacco production, use and exposure to tobacco smoke and tobacco products, in the incidence of debilitating illness, disease, disability and death.</p> <p>14. Integration, increased coverage and quality of nutrition interventions in disease management/treatment programmes within primary healthcare settings that not only focus on under nutrition, but also malnutrition and stunted growth at County, National and Regional levels in order to enhance child survival and long-term well-being.</p> <p>15. Integration of Early Childhood Development Programmes in programming of children's health that promote and protect all aspects of children's life, care, survival, growth and development at National and County levels.</p> <p>16. Integration of Mental Health interventions in health programming at National and County levels as mental illness is on the rise.</p> <p>17. Integration of climate change interventions into health programming in Kenya, Africa Region and Internationally due to its effects on social and environmental determinants of health.</p> <p>18. Leveraging of technology in order to create a value-based system that ensures healthcare is affordable, is of the highest quality, is patient-centric and convenient as Kenya is recognized as a technology hub with one of the highest internet as well as mobile Internet penetrations in Africa.</p> <p>19. Allocation and efficient utilization of funds for health research and development including disease surveillance as well as emergencies/epidemic preparedness and</p>	<p>people against harm from tobacco production, use and exposure to tobacco smoke and tobacco products with KANCO's input.</p> <p>14. Nature coverage and quality of nutrition interventions in disease management/treatment programmes with support from KANCO.</p> <p>15. Status of the integration of Early Childhood Development Programmes in children's health programming at National and County levels with support from KANCO</p> <p>16. Status of the integration of Mental Health interventions in health programming at National and County levels with support from KANCO</p> <p>17. Nature of the integration of climate change interventions into health programming in Kenya, Africa Region and Internationally due to its effects on social and environmental determinants of health with support from KANCO</p> <p>18. Nature of technology leveraged in order to create a value-based system that ensures healthcare is affordable, is of the highest quality, is patient-centric and convenient with support from KANCO.</p> <p>19. Nature of health research and development including disease surveillance as well as epidemic preparedness and response at National and County levels with support from KANCO.</p> <p>20. Number of community health</p>		

NARRATIVE SUMMARY		OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	ASSUMPTIONS
response at National and County levels. 20. Absorption of community health volunteers/workers into the mainstream health sector workforce at the community level.		volunteers/workers absorbed into the mainstream health sector work force at the community level with support from KANCO.		
Improve resourcing and implementation of health interventions				
1. Advocate for National and County health budget allocation to the recommended regional target of 15%.	1. Number and nature of advocacy campaigns carried out for an increase in County and National health budget allocation.	1. National budget allocation 2. County budgets allocation 3. Annual reports 4. Documented cases 5. Media articles 6. Research Reports 7. Evaluation reports 8. Members CSOs reports 9. Other actors' reports	1. Adequate resources exist 2. There is adequate capacity within KANCO 3. Good collaboration with National and County Governments 4. Favourable operating environment for CSOs 5. Conducive political environment.	
2. Advocate for Private Sector participation in resourcing health interventions as part of corporate social responsibility at the County and National level	2. Number and nature of advocacy campaigns carried for private sector participation in resourcing health interventions.			
3. Advocate for equity in distribution and utilization of allocated health resources across the promotive, preventive and curative services at County, National and regional levels.	3. Number and nature of advocacy campaigns carried for equitable distribution and utilization of allocated health resources across the promotive, preventive and curative services at County, National and regional levels			
4. Advocate for CSOs and citizens involvement in health budget making process at County and National levels to enable them present their priorities in provision of healthcare services and programmes.	4. Number and nature of advocacy campaigns carried for CSOs and citizens involvement in health budget-making process at County and National levels			
Build strong networks and partnerships at County and National levels				
1. Advocating and supporting formation and sustenance of functional and vibrant grassroots advocacy chapters at the community level.	1. Number of functional and vibrant grassroots advocacy chapters at the community level developed with support from KANCO.	1. Annual reports 2. Documented cases 3. Media articles 4. Research Reports 5. Evaluation reports 6. Members CSOs reports 7. Other actors' reports	1. Adequate resources exist 2. There is adequate capacity within KANCO 3. Good collaboration among members CSOs and other implementing partners at the community level 4. Favourable operating environment for CSOs	
2. Mobilizing, engaging and supporting National and County members of parliaments and leaders as health champions	2. Number of national and County members of parliaments and leaders mobilized, engaged and supported as health champions by KANCO.			
3. Developing the capacity of member CSOs' and partners on effective advocacy in order to increase their contribution and visibility in healthcare provision and programmes.	3. Number of CSOs' supported through capacity development on effective advocacy by KANCO.			

NARRATIVE SUMMARY		OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	ASSUMPTIONS
4.	Providing advocacy platforms for member CSOs, partners and legislators at County and National levels network and hold discussions on key health matters affecting the population	4. No of advocacy forums for member CSOs, partners and legislators at County and National levels network and hold discussions on key health matters affecting the population organized by KANCO.		
Strategic Focus Area II: Improving Access to Healthcare services and programmes				
Objectives:				
• To improve access to quality health services through community participation in the delivery of health care services.	1. Status and existence of strong grassroots and community-led initiatives to improve access to quality health services.	1. Annual reports 2. Documented cases 3. Media articles 4. Research Reports 5. Evaluation reports 6. Members CSOs reports	1. Adequate resources exist 2. There is adequate capacity within KANCO 3. Good collaboration among members CSOs and other implementing partners at the community level 4. Favourable operating environment for CSOs	
• To align programme implementation with national, regional and global priorities.	2. Nature and status of programme implementation aligned with national, regional and global priorities.			
Strategic Interventions				
Support improved access to health services and programmes				
1. Support health systems strengthening at national and devolved government levels at national and county levels.	1. Number of health systems strengthening initiatives at national and devolved government levels at national and county levels with support from KANCO.	1. Annual reports 2. Documented cases 3. Media articles 4. Research Reports 5. Evaluation reports 6. Members CSOs reports 7. Other actors' reports	1. Adequate resources exist 2. There is adequate capacity within KANCO 3. Good collaboration among members CSOs and other implementing partners at the community level 4. Favourable operating environment for CSOs	
2. Promote access to emergency care as well as comprehensive maternal, neonatal and reproductive health services at National and County levels.	2. Nature and status of access to emergency care as well as comprehensive maternal, neonatal and reproductive health services at the National and County level with support from KANCO.			
3. Support strengthening integration of prevention and control of Non-Communicable Diseases (NCD) in already established prevention and treatment infrastructure of Communicable Diseases at National and County levels.	3. Nature and status of integration of prevention and control of Non-Communicable Diseases in already established prevention and treatment infrastructure of Communicable Diseases at National and County level with support from KANCO.			
4. Support integration of nutrition interventions in disease management/treatment programmes at National and County levels.	4. Nature and status of nutrition			
5. Support interventions that promote equitable access to essential drugs and medical services for needy cases, including Persons Living with				

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	ASSUMPTIONS
<p>HIV, Key Populations, Persons with NCDs and Neglected Tropical Diseases, and TB cases.</p> <p>6. Support programmes that enhance effectiveness, efficiency, equity and sustainability of universal health coverage (UHC) programme at National and County levels.</p> <p>7. Support interventions that promote disease surveillance as well as epidemic preparedness and response at National and County levels.</p> <p>8. Support interventions that ensure that the existing healthcare system comprehensively addresses the health needs of persons with disability</p>	<p>interventions integrated into disease management/treatment programmes at National and County levels with support from KANCO.</p> <p>5. Nature and status of interventions that promote equitable access to essential drugs and medical services for needy cases with support from KANCO</p> <p>6. Nature and status of programmes Conducted that enhance effectiveness, efficiency, equity and sustainability of universal health coverage (UHC) programme at National and County levels with support from KANCO.</p> <p>7. Nature and status of interventions done that promote disease surveillance as well as epidemic preparedness and response at National and County levels with support from KANCO</p> <p>8. Nature and status of interventions done that ensure that the existing healthcare system comprehensively addresses the health needs of persons with disability with support from KANCO.</p>		
<p>Strengthening of community participation in the delivery of health care services</p> <p>1. Support member CSO's on systems infrastructural development to enhance service provision to PLHIV, KP, Persons with NCDs and Neglected Tropical Diseases, persons with TB cases and community members</p> <p>2. Advocate and support the process of reflecting member CSOs' work in the mainstream government health systems at County and National levels.</p> <p>3. Mobilize and facilitate KANCO members to take part in interventions that promote</p>	<p>1. Number of members CSO's supported on systems infrastructural development to enhance service provision to PLHIV, KP, Persons with NCDs and Neglected Tropical Diseases, and persons with TB cases and community members.</p> <p>2. Nature and status of initiatives for reflecting member CSOs' work in the mainstream government health systems at County and National levels supported by KANCO.</p> <p>3. Number of KANCO members Mobilized and facilitated to take part in</p>	<p>1. Annual reports</p> <p>2. Documented cases</p> <p>3. Media articles</p> <p>4. Research Reports</p> <p>5. Evaluation reports</p> <p>6. Members CSOs reports</p> <p>7. Other actors' reports</p>	<p>1. Adequate resources exist</p> <p>2. There is adequate capacity within KANCO</p> <p>3. Good collaboration among members CSOs and other implementing partners at the community level</p> <p>4. Favourable operating environment for CSOs</p> <p>5. Community members embrace economic empowerment initiatives</p>

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<p>quality and equitable clinical preventive health service /immunization service provision at the community level</p> <p>4. Promote adoption and sustained practice of positive healthy behaviour by community groups that are vulnerable to identified health risks at community level.</p> <p>5. Promote actions that minimize or eliminate exposure to health risks in the environment in which people live, work and study at community levels.</p> <p>6. Promote and strengthen members' capacity to use technology to improve healthcare delivery through the adoption of modern ways of operationalizing the healthcare system.</p> <p>7. Document and widely share learning from key community interventions on health services and programmes access and utilization.</p>	<p>interventions that promote quality and equitable clinical preventive health service /immunization service provision at the community level</p> <p>4. Nature and status of positive, healthy behaviour adopted and sustained by community groups that are vulnerable to identified health risks at community level supported by KANCO.</p> <p>5. Nature and status of actions promoted that minimize or eliminate exposure to health risks in the environment in which people live, work and study at community levels supported by KANCO.</p> <p>6. Number of members trained and facilitated to use technology as a way of improving healthcare delivery with support from KANCO</p> <p>7. Number of documented and shared cases on key community interventions on health services and programmes access and utilization.</p>		
<p>Increased social cohesion and gender equality</p> <p>1. Mainstream gender in all its programmes interventions.</p> <p>2. Strengthening its member CSO's capacity to embrace gender integration in their programming</p> <p>3. Undertake campaigns and support efforts by key players to mainstream gender in all health programmes at national and county levels.</p>	<p>1. Number of programmes interventions with mainstream gender with support from KANCO</p> <p>2. Number of members CSO's capacity strengthened to embrace gender integration in their programming</p> <p>3. Number of campaigns and support efforts by key players to mainstream gender in all health programmes at national and county levels conducted with support from KANCO</p> <p>4. % allocation of National and county budget to gender initiatives and programmes</p> <p>5. % increase in the number of Counties with established Gender Violence Recovery Centres (GVRs) and Programmes</p>	<p>1. Annual reports</p> <p>2. Documented cases</p> <p>3. Media articles</p> <p>4. Research Reports</p> <p>5. Evaluation reports</p> <p>6. Members CSOs reports</p> <p>7. Other actors' reports</p>	<p>1. Adequate resources exist</p> <p>2. There is adequate capacity within KANCO</p> <p>3. Good collaboration among members CSOs and other implementing partners at the community level</p> <p>4. Favourable operating environment for CSOs</p> <p>5. Key players, Community leaders and members embrace gender equality and support gender initiatives</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATOR	MEANS OF VERIFICATION	ASSUMPTIONS
<p>Strengthen the Capacity of CSOs to mobilize and utilize resources for health programmes</p> <ol style="list-style-type: none"> 1. Develop the capacity of members CSOs on Resource mobilization, Financial management and reporting skills. 2. Support members CSOs to secure funding for their intervention through the creation of linkages with key resource providers. 3. Sub-grant members CSOs to undertake specific health interventions at National, County and Community levels. 4. Strengthening the capacity of members CSOs on approaches to building resilience 	<ol style="list-style-type: none"> 1. Number of members CSOs trained on Resource mobilization, Financial management and reporting skills by KANCO 2. Number of CSO's supported to secure funding for their intervention through the creation of linkages with key resource providers by KANCO 3. Number of members CSOs sub-granted to undertake specific health interventions at National, County and Community levels with the support of KANCO 4. Number of members CSOs capacity strengthened on approaches to building resilience with support from KANCO. 	<ol style="list-style-type: none"> 1. Training reports 2. Annual reports 3. Documented cases 4. Media articles 5. Research Reports 6. Evaluation reports 7. Members CSOs reports 8. Other actors' reports 	<ol style="list-style-type: none"> 1. Adequate resources exist 2. There is adequate capacity within KANCO 3. Good collaboration among members CSOs and other implementing partners at the community level 4. Favourable operating environment for CSOs 5. County and National Governments are willing to provide financial and technical support to CSOs work on health programmes. 6. Corporates, businesses and local philanthropists willing to provide financial and technical support to CSOs work on health programmes.
Strategic Focus Area III: Research, Learning and Innovation			
<p>Objective:</p> <p>To generate sound scientific evidence to inform program implementation and to provide useful information for policy advocacy.</p>	<ol style="list-style-type: none"> 1. KANCO's programmes and innovations are informed by generated research evidence from programme implementation 2. KANCO's policy advocacy is informed by generated research evidence from programme implementation 3. Well managed and accessible repository of knowledge products. 	<ol style="list-style-type: none"> 1. Annual Reports 2. Technical assistance reports 3. Training reports 4. Audited accounts 5. Evaluation reports 	<ol style="list-style-type: none"> 1. Favourable operating environment for CSOs. 2. Adequate resources exist. 3. There shall be sufficient research budget allocation for each project.

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Strategic Interventions			
Enhanced Evidence-based programming			
<ol style="list-style-type: none"> 1. Integrate research within its projects by prior identification of research priorities during proposal design, with an aim of evaluating effectiveness and dependability of various KANCO innovations in health response. 2. Undertake synthesize and document best practices and lessons learnt from programme implementation in its strategic focus areas with an aim to inform health sector response members and partners. 3. Allocate research and innovation grants for researching, documenting and sharing what real program success looks like in health response in order to spur development and use of innovations by its members and partners. 4. Advocate for policy frameworks that will guide translation of health research findings into policies and programmes at Count, National and regional levels (e.g., ECOWAS, SADC). 5. Forge partnerships with academic and other research institutions in designing research studies, in order to build its capacity and confidence in research methodology and to leverage resources from various partners. 6. Create internal mechanisms that will enable the development and use of innovations that provide solutions for challenges affecting CSOs in the health sector. 	<ol style="list-style-type: none"> 1. Number of researches undertaken by KANCO 2. Number of cases, instances and nature of documented and disseminated best practices and lessons learnt 3. Allocated research and innovation grants. 4. Number of forged partnerships with academic and other research institutions 5. Number of Policy frameworks advocated for that will guide translation of health research findings into policies and programmes at Count, National and regional levels 6. Number of innovative programme models developed and or scaled up 	<ol style="list-style-type: none"> 1. Research reports 2. Research /media articles 3. Programme reports 4. Annual reports 5. Financial reports 6. MoU's and contracts with partners 7. Members CSOs reports 	<ol style="list-style-type: none"> 1. State and key institutions and partnerships cooperate. 2. Favourable operating environment for CSOs. 3. Adequate resources exist 4. The developed policies will be utilized to enhance service delivery
<p>Improved stakeholders' engagement</p> <ol style="list-style-type: none"> 1. Develop a reward framework to support the development or scale-up of innovative programmes approaches or models by its members in order to grow a local body of knowledge on health sector programmes. 2. Promote partnerships and collaborations on translation of specific health research areas and 	<ol style="list-style-type: none"> 1. Existence and operationalization status of a reward framework 2. Number of partnerships and collaborations developed 	<ol style="list-style-type: none"> 1. Member organization reports 2. Annual reports 3. Research reports 	<ol style="list-style-type: none"> 1. State and key institutions and partnerships cooperate 2. Adequate resources exist

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learning into relevant policies and programmes.			
Improved national, regional, and global knowledge sharing			
<ol style="list-style-type: none"> 1. Spearhead establishment of regional, national and county government-based innovation hubs/repositories of health research information and learning by consortiums of health research organizations, learning institutions, private sector, corporates and NGOs 2. KANCO will share knowledge through participation in TWGs and government consultative coordinating units, local and international conferences. 3. Produce journal and media articles for sharing knowledge from practice 	<ol style="list-style-type: none"> 1. Number and nature of the regional, national and county government- based innovation hubs created. 2. Numbers of cases, instances and nature of documented and disseminated health research. 3. Number of TWGs and government consultative coordinating units, local and international conferences attended. 4. Number of journal and media articles produced 	<ol style="list-style-type: none"> 1. Annual reports 2. Media reports 3. Various documentation products 	<ol style="list-style-type: none"> 1. Collaboration between regional, national and County government-based innovation hubs 2. Adequate resources exist. 3. There is adequate capacity within KANCO. 4. Favourable operating environment for CSOs.
Strategic Focus Area IV: Institutional Strengthening and Developing Strong United Membership			
Objective: To enhance operational effectiveness and resilience of KANCO and its member organizations that lead to coordination of an effective response.	<ol style="list-style-type: none"> 1. KANCO's operational efficiency enhanced, and its resource base increased by at least 25% annually. 2. KANCO's member organizations operational effectiveness and resource-based enhanced. 	<ol style="list-style-type: none"> 1. Annual Reports 2. Technical assistance reports 3. Training reports 4. Audited accounts 5. Evaluation reports 	<ol style="list-style-type: none"> 1. Conducive funding environment 2. Leadership support. 3. Good collaboration among CSOs members
Strategic Intervention			
Capacity Building			
<ol style="list-style-type: none"> 1. Undertake Organizational Capacity Assessment (OCA) for KANCO and its members to identify key areas of capacity strengthening. 2. Develop training and capacity building programmes to address the identified needs. 3. Carry out ongoing organizational capacity 	<ol style="list-style-type: none"> 1. KANCO's capacity gaps identified 2. Number of capacity training sessions held for KANCO and its member organizations. 3. Existence of a Mentoring and support mechanisms 	<ol style="list-style-type: none"> 1. KANCO's OCA report 2. KANCO's CSOs members OCA report 3. Training reports 4. Technical assistance reports 5. M&E reports 	<ol style="list-style-type: none"> 1. Favourable operating environment. 2. Good collaboration among CSOs members 3. Adequate resources exist 4. There is adequate capacity

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<p>building of KANCO and member organizations in identified areas of capacity needs, including Resource mobilization, Financial management, reporting skills and approaches to building resilience.</p> <p>4. Undertake wellbeing training of KANCO staff and members organizations to enhance the mental health of staff.</p> <p>5. Provide technical assistance to partner organizations in the region while fostering collaborative initiatives and partnership for an effective response in the African region.</p> <p>6. Develop mentoring and support mechanisms for KANCO members and partners in the region to facilitate learning opportunities among the members and partners.</p> <p>7. Regularly monitor, evaluate and review the training and capacity building initiative to make it responsive to KANCO and its members.</p> <p>8. Hold regular forums for sharing and documenting best practices and lessons learnt from programme implementation.</p>	<p>4. Number of Monitoring, evaluation and training and capacity building initiatives conducted</p>	<p>6. Mentoring report</p> <p>7. Documented models</p> <p>8. Annual reports</p> <p>9. CSOs members reports</p> <p>10. Media reports</p> <p>11. MOU and contracts with Members CSOs.</p>	<p>within KANCO</p> <p>5. Good cooperation by KANCO staff and board</p> <p>6. Any change to the existing leadership structure is not disruptive</p>
<p>KANCO Operational systems</p> <p>1. Strengthen its Human Resource systems (i.e., onboarding, exit strategies, HR and staff policies and prioritizing staff development)</p> <p>2. Strengthen its Governance systems (Board of Directors and Senior Management Team)</p> <p>3. Develop and regularly review KANCO policies, procedures and systems.</p> <p>4. Review and update KANCO staff job descriptions to promote efficiency and staff wellbeing.</p> <p>5. Develop a communications strategy to guide the implementation process.</p>	<p>1. Nature of HRM elements strengthened.</p> <p>2. Nature of Governance system elements strengthened.</p> <p>3. Number of KANCO policies, procedures, and systems developed and reviewed.</p> <p>4. Number of KANCO staff job descriptions reviewed and updated.</p> <p>5. Status and extent of</p>	<p>1. Capacity building reports</p> <p>2. Respective strategy and policy documents</p> <p>3. Annual reports</p> <p>4. Respective documentation products</p> <p>5. Board minutes approving revised standards and procedures.</p>	<p>1. Favourable operating environment.</p> <p>2. Good collaboration among CSOs members</p> <p>3. Adequate resources exist.</p> <p>4. There is adequate capacity within KANCO</p> <p>5. Good cooperation by KANCO staff and board</p> <p>6. Any change to the existing leadership structure is not</p>

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<p>6. Leverage use of digital tools such as websites, blogs, Twitter, Facebook, Instagram, etc., as strategic positioning tools that would enhance KANCO's visibility and that of its members.</p> <p>7. Develop an annual workplan and implementation matrix that provide clear guidance to staff during the implementation.</p> <p>8. Develop Knowledge Management, Documentation and Records Managements systems and capacity to ensure streamlined, effective and efficient project implementation, monitoring, evaluation, learning and knowledge sharing practices.</p>	<p>operationalization of the communication strategy</p> <p>6. Status of adoption and use of digital tools by KANCO.</p> <p>7. Status and extent of operationalization</p> <p>8. of KANCO marketing and communication strategy.</p> <p>9. Status and existence of an annual workplan and implementation matrix.</p> <p>10. Status and extent of operationalization</p> <p>11. of KANCO's KM, Documentation and Records management systems.</p>		<p>7. The developed policies will be utilized to enhance programme implementation</p>
<p>Resilience building</p> <p>1. Review and continuously improve governance, leadership and management systems to improve KANCO's effectiveness and take care of mental, physical and emotional needs of staff to enhance their productivity.</p> <p>2. Strengthen communication systems to facilitates internal and external communication through development of a comprehensive and adaptive communications strategy.</p> <p>3. Undertake sustained traditional and digital media presence and campaigns to communicate our work, increase visibility and raise the profile of KANCO and its members.</p> <p>4. Adopt a flexible organizational model that easily adapts to civic space shocks pressures.</p> <p>5. Develop community centred/ bottom-up approach programming to boost KANCO's legitimacy among its members and avoid having</p>	<p>1. Status and extent of the governance, leadership and management systems</p> <p>2. Nature of the Communication system strengthened.</p> <p>3. Status and extent of operationalization of KANCO marketing and communication strategy.</p> <p>4. Extent of visibility of the organization</p> <p>5. Status and existence of a flexible organizational model</p> <p>6. Status and existence of a community centred/ bottom-up approach programming</p> <p>7. Quality of relations between KANCO and partners</p>	<p>1. Review reports</p> <p>2. Annual reports</p> <p>3. Respective strategy and policy documents</p> <p>4. MoU's and contracts with partners</p> <p>5. Training reports</p> <p>6. Members CSOs reports</p>	<p>1. Favourable operating environment.</p> <p>2. Good collaboration among CSOs members</p> <p>3. Adequate resources exist.</p> <p>4. There is adequate capacity within KANCO.</p> <p>5. Good cooperation by KANCO staff and board</p> <p>6. Any change to the existing leadership structure is not disruptive.</p> <p>7. Members CSOs are willing to replicate flexible organizational models.</p> <p>8. Goodwill by other implementing partners to work with KANCO and its member organizations</p>

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<p>disconnect with members and their constituents.</p> <p>6. Promote solidarity among its membership and leverage other civil society organizations, stakeholders, and/or constituents' networks at County, National, Regional and International level in order to build strong coalitions for protecting the civics space and providing a voice for the underrepresented and marginalized communities.</p> <p>7. Establish partnership with strategic institutions in the health sector in order to build synergy through shared knowledge, technical expertise, and resources.</p> <p>8. Develop a resource mobilization strategy that diversifies revenue base beyond traditional funders by building strategic non-traditional partnerships and exploring new avenues for income, including harnessing domestic resources at County and National levels.</p> <p>9. Establishing institutional systems to support diversified fundraising approaches such as website, PayPal systems and Mpesa pay bill.</p> <p>10. Strengthen the resource mobilization capacity of KANCO staff and board as well as members organizations.</p>	<p>8. Status and extent of operationalization of the resource mobilization strategy and plans.</p> <p>9. Nature and operational status of diversified fundraising systems</p> <p>10. Number and of staff, board and KANCO member organizations trained on resource mobilization.</p>		