



The Homa Bay County Reproductive Health Policy, 2026

Department of Public Health and Medical Services

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Preface

It is with a deep sense of responsibility and hope for the wellbeing of our people that I present this County Reproductive Health Policy. Health is the foundation of sustainable development, social equity and economic productivity. Over the years our County has made measurable progress in expanding access to services, improving health infrastructure and strengthening disease prevention and response. Yet persistent gaps remain in primary care coverage, maternal and child health outcomes, non-communicable disease management and the resilience of our health system to shocks.

This Policy sets out a clear, evidence-informed roadmap to accelerate progress over the coming years. It places citizens at the centre of planning and delivery, prioritises quality, equity and accountability and commits resources to preventive care, community health services and the health workforce. The policy aligns with national frameworks and global commitments while reflecting our County's unique needs and priorities.

I call on County Assembly members, health professionals, community leaders, development partners, private sector actors and every resident to support its implementation. Realising the ambitions of this document will require coordinated action, transparent governance, and sustained investment. Together we will safeguard lives, reduce illness, and build a healthier, more prosperous future for all our people.



Hon. Grace Mercy Osewe, OGW

CEC Member for Health, Homa Bay

Date: June 2026

Foreword

I wish to endorse this Policy as the strategic instrument for transforming health service delivery across our County. It responds to the lived realities of our communities and articulates practical, measurable interventions to improve access, quality and responsiveness of health services from the community level to referral facilities.

Key priorities in this Policy include strengthening community health units, expanding universal primary health care, enhancing maternal and newborn care, preventing and managing communicable and non-communicable diseases, ensuring a motivated and competent health workforce and improving supply chain and data systems for decision-making. The Policy also embeds mechanisms for governance, performance monitoring and citizen participation to ensure transparency and accountability in resource use and service outcomes.

Implementation is the shared duty of the County Government, health workers, partners and citizens. My Office is committed to providing the leadership, coordination and resources necessary for operationalizing the policy actions and tracking progress against defined indicators. We will ensure that policy commitments translate into better services, shorter waiting times, safer care and measurable health gains for the people we serve.

I thank the technical teams, stakeholders including the Office of the Governor, County Assembly, Ministry of Health, Office of the County Attorney, Center for the study of Adolescence (CSA) KELIN, NAYA Kenya, GVRC, Lwala Community Alliance, MSI, Movement for Country Global Health- JHPIAGO, Community AIDS Transformative Alliance Group, KMET, LVCT Health, CYAN Kenya, National Syndemic Disease Control Center, Homa Bay CSO Network and communities whose contributions shaped this Policy and invite all partners to join us in turning its objectives into tangible improvements in health and wellbeing.



Ms. Evelyn Ododa,

Chief Officer, Public Health, Homa Bay County Government

Date: June 2026

Acknowledgment

I proudly acknowledge the Homa Bay County Reproductive Health Policy, 2026, as a critical instrument for advancing clinical excellence and safeguarding the health of our people. This policy provides a robust framework for strengthening reproductive health services across all levels of care, ensuring that clinical interventions are evidence-based, patient-centered and responsive to the diverse needs of our population.

From a medical standpoint, the policy emphasizes the expansion of emergency obstetric and newborn care (EmONC), integration of HIV and reproductive health services and enhancement of family planning and postnatal follow-up. It prioritizes the reduction of maternal and neonatal mortality through improved referral systems, skilled birth attendance and the deployment of modern technologies for diagnosis, treatment and monitoring. The policy also underscores the importance of addressing reproductive health cancers, infertility management and adolescent-friendly services, ensuring that clinical care is comprehensive and inclusive.

Our medical teams will be guided by this policy to uphold the highest standards of care, anchored in respect, dignity and confidentiality, while applying innovative approaches to service delivery. By strengthening clinical capacity, investing in health infrastructure and enhancing supply chain systems for essential medicines and commodities, we will ensure that every patient receives timely, safe and effective care.

I commend the collaborative efforts that shaped this policy and reaffirm our commitment to its full implementation. Together, through clinical excellence and medical innovation, we will transform reproductive health outcomes and build a healthier, more resilient Homa Bay County.



Dr. Kevin Osuri

Chief Officer, Medical Services Homa Bay County Government

Date: August 2026

Executive Summary

Homa Bay County Reproductive Health Policy, 2026 provides a strategic and rights-based framework aimed at improving reproductive health outcomes and strengthening the county's capacity to deliver equitable, high-quality, and sustainable reproductive health services. Aligned with the Constitution of Kenya, national policies, and global health commitments, the Policy adopts a life-course and people-centered approach to addressing reproductive health needs across all population groups.

The county has made significant progress in key reproductive health indicators. Modern contraceptive prevalence has risen from 45.5% in 2014 to 54.5% in 2022, while skilled birth attendance has increased to 91%. Antenatal care coverage has improved, and fertility rates have declined, reflecting expanding access to primary healthcare services and strengthened community health systems.

Despite these gains, substantial challenges persist. Maternal mortality remains high at 516 per 100,000 live births, driven by delays in seeking and receiving emergency obstetric care, inadequate EmONC coverage, and gaps in postnatal follow-up. Teenage pregnancy, although reduced to 23%, continues to undermine girls' education, increase vulnerability to HIV, and expose adolescents to social and economic risks. High HIV prevalence (10.6%) further complicates reproductive health outcomes, highlighting the need for full integration of HIV and reproductive health services. Persistent inequities in rural areas—driven by distance, limited infrastructure, harmful cultural norms, and poverty—continue to restrict access to essential reproductive health services.

This Policy responds through seven strategic objectives that focus on expanding access to family planning; improving maternal health; eliminating sexual, emotional, and gender-based violence (SEGBV); addressing the needs of adolescents and youth; and safeguarding the reproductive rights of vulnerable and marginalized groups, including persons with disabilities (PWDs), PLHIV, and sexual and gender minorities. Interventions include strengthening commodity security, expanding youth-friendly services, improving referral systems, enhancing SGBV response mechanisms, and promoting community engagement to address socio-cultural barriers.

The Policy further provides a framework for improving service quality through capacity building, infrastructure development, digital innovations, and strong monitoring and evaluation systems. It emphasizes multi-sectoral collaboration, recognizing the critical roles of the education, justice, community development, social protection, and civil society sectors in improving reproductive health outcomes.



Dr. AW Ottoman, PhD

COUNTY DIRECTOR OF PUBLIC HEALTH

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CHAPTER ONE: BACKGROUND AND POLICY CONTEXT

1.0 INTRODUCTION

Homa Bay County, located in the western region of Kenya, is home to a population exceeding 1.3 million people as per the latest census conducted. Geographically, the county lies between latitude 0° 15'South and 0° 52'South, and between longitudes 34° East and 35° East. It covers an area of 4,267.1 km², inclusive of a water surface of 1,227 km². The county is situated in Southwestern Kenya along Lake Victoria, bordering Kisumu and Siaya counties to the North, Kisii and Nyamira counties to the East, Migori County to the South, and Lake Victoria and the Republic of Uganda to the West.

The county is characterized by a predominantly youthful population, with over 60% of residents being under the age of 29. This demographic structure presents unique challenges in healthcare service delivery, particularly in maternal, child, and adolescent health. Women and children represent particularly vulnerable groups, with an estimated 45,521 pregnant women and approximately 13.7% of the population under the age of five, underscoring the need for targeted maternal and child health interventions. The total population of Persons living with disabilities PWDs in Homabay currently stands at 24,902 contributing to 2.2% of the total population among the vulnerable group.

The devolved unit also faces a substantial burden of preventable diseases, with a significant proportion of the population requiring specialized health services. Despite various health initiatives and improvements, disparities in healthcare access remain, especially in rural and underserved areas. This is evidenced by the low utilization of outpatient services in certain parts of the county, highlighting the necessity for tailored interventions to bridge these gaps and improve healthcare service delivery.

Over the years, notable progress has been made in key reproductive health indicators in Homa Bay County.

According to the most recent Kenya Demographic and Health Survey (KDHS), the total fertility rate has declined from 5.2 in 2014 to 3.6 in 2022, while the contraceptive prevalence rate (CPR) for all methods increased from 46.7% to 57% in the same period. The county has also seen improvements in modern contraceptive use (mCPR), which rose from 45.5% to 54.5%, and a reduction in unmet need for family planning from 23% to 17%. Additionally, skilled care delivery at birth has significantly improved from 61.9% in 2014 to 91% in 2022, alongside an increase in antenatal care (ANC) visits, with first ANC rising from 93.5% to 98% and fourth ANC from 61.4% to 68%.

Despite these advancements, challenges remain. Teenage pregnancy rates have declined from 33% in 2014 to 23% in 2022, yet they still pose a concern. Maternal mortality remains high, with rates reducing from 583 per 100,000 live births in 2011 to 516 per 100,000 in 2019. Neonatal mortality stands at 32 per 1,000 live births, while infant and under-five mortality rates are at 42 and 61 per 1,000 live births, respectively. Additionally, the county continues to experience a high HIV prevalence, although it has declined from 20.6% in 2014, to 15.3% in 2022 (KDHS) to 10.6% in 2024 (NSDCC). The elimination of Mother to Child transmission (eMTCT) rate in Homabay is currently at 7.9% from 5.3% in 2023 (NSDCC).

Homa Bay County is dedicated to enhancing reproductive health services to improve the quality of life for its residents. This policy has been developed through a consultative process involving various stakeholders to ensure inclusivity and responsiveness to the county's unique needs. It aims to provide accessible, affordable, and high-quality reproductive health care while upholding human rights and gender equality.

The primary objective of this policy is to establish a comprehensive, sustainable, and equitable reproductive health framework that addresses the diverse needs of

the county's population. Specifically, it seeks to reduce maternal, neonatal, infant, and under-five mortality rates by strengthening healthcare infrastructure and service delivery. The policy also aims to increase contraceptive prevalence and reduce unmet need for family planning, ensuring individuals and couples have access to reproductive health choices that align with their needs.

Additionally, the policy focuses on improving adolescent and youth reproductive health services, recognizing the high prevalence of teenage pregnancies and the need for targeted interventions. It emphasizes the prevention and management of sexually transmitted infections (STIs), including HIV, and promotes gender equality by addressing gender-based violence and ensuring reproductive rights are upheld.

By fostering multi-sectoral collaboration, engaging communities, and leveraging technology and innovation, Homa Bay County envisions a reproductive health system that is resilient, inclusive, and responsive to emerging challenges. This policy serves as a roadmap for the county's commitment to strengthening healthcare systems, increasing community engagement, and fostering partnerships to achieve its reproductive health objectives.

1.2 POLICY GOAL AND RATIONALE

Policy Goal

Ensure universal access to high-quality, affordable, and equitable reproductive health services for all residents of Homa Bay County. By strengthening healthcare systems, improving service delivery, and addressing socio-cultural barriers, the policy seeks to enhance reproductive health outcomes and contribute to the overall well-being and socio-economic development of the county.

Rationale

Reproductive health is a fundamental component of public health and human development. Homa Bay County continues to face significant reproductive health challenges, including high maternal and neonatal mortality rates, adolescent pregnancies, gender-based violence, and a high burden of HIV and other sexually

transmitted infections (STIs). While notable progress has been made in family planning uptake, antenatal care utilization, and skilled birth attendance, gaps in healthcare access, affordability, and quality persist, particularly in rural and underserved areas.

With a youthful population and increasing demand for reproductive health services, it is imperative to implement a robust policy framework that addresses these challenges comprehensively. This policy provides a strategic roadmap to improve maternal and child health, enhance family planning services, expand adolescent reproductive health programs, and integrate reproductive health interventions into the broader healthcare system.

Additionally, the policy aligns with national and international commitments, including the Kenya Vision 2030, Sustainable Development Goals (SDGs), Agenda 2063 and national reproductive health policy. By prioritizing evidence-based interventions, multi-sectoral collaboration, and community participation, Homa Bay County aims to create a resilient reproductive health system that promotes health equity, gender equality, and sustainable development.

1.3 GUIDING PRINCIPLES FOR THE POLICY

The implementation of this policy will be anchored in the following core principles:

- **Right to Health and Dignity:** Every individual is entitled to the highest standard of reproductive health, delivered with respect, privacy, and confidentiality, in line with Article 43(1)(a) of the Constitution of Kenya, 2010.
- **Equity and Inclusivity:** Services must be accessible to all, regardless of gender, age, disability, socioeconomic status, or location, with special focus on vulnerable groups.
- **Gender Equality and Women Empowerment:** Equal access to services for all genders will be promoted, alongside efforts to eliminate harmful practices and discrimination.
- **Community and Stakeholder Engagement:** Active participation of communities and stakeholders will ensure ownership and sustainability of reproductive

health interventions.

- **Evidence-Based and Innovative Approaches:** All programs will be guided by scientific evidence, best practices, and the use of technology to enhance quality and reach.
- **Youth-Friendly and Age-Appropriate Services:** Services will address the unique needs of adolescents and youth through tailored, non-discriminatory, and culturally sensitive interventions.
- **Multi-Sectoral Collaboration:** Partnerships across sectors—health, education, social protection, and more—will foster coordinated, holistic responses.
- **Quality, Affordability and Sustainability:** Investment in health systems building blocks including but not limited to infrastructure, workforce, and efficient resource use will ensure high-quality, cost-effective, and sustainable services.
- **Prevention and Rights-Based Approach:** Emphasis will be placed on prevention, health promotion, and the protection of reproductive rights, free from coercion or discrimination.
- **Accountability and Monitoring:** Strong monitoring and evaluation systems will promote transparency, guide improvements, and track progress toward policy goals

1.4 THE SCOPE OF THE POLICY

The Homa Bay County Reproductive Health Policy provides a comprehensive framework for the provision, regulation, and enhancement of reproductive health services across the county. It applies to all individuals, with a particular focus on women, adolescents, children, PWDs, gender minority and other vulnerable populations, ensuring that reproductive health services are accessible, equitable, and of high quality.

This policy covers all aspects of reproductive health, including maternal and child health, family planning, adolescent and youth sexual reproductive health, prevention and management of sexually transmitted infections (STIs) including HIV, gender-based violence (GBV), post abortion care (PAC) and reproductive health-related cancers. It also includes fertility and infertility

management, menopause care, and services addressing reproductive health needs across different stages of life.

The policy is applicable to all healthcare providers, including public and private health facilities, community health promoters, public benefits organization (PBOs), civil society organizations, and development partners working in reproductive health. It establishes guidelines for service delivery, resource allocation, capacity building, and monitoring and evaluation mechanisms to ensure accountability and continuous improvement.

In alignment with national and international health policies, the scope of this policy extends to legal and ethical considerations, ensuring that reproductive health services are provided in accordance with the Constitution of Kenya (2010), the Health Act (2017), the Sexual Offences Act (2006), and global commitments such as the Sustainable Development Goals (SDGs) and the Universal Health Coverage (UHC) framework.

Furthermore, the policy integrates a multi-sectoral approach, encouraging collaboration between healthcare, education, social protection, and economic empowerment sectors to address the broader determinants of reproductive health. It also provides strategic direction for research, innovation, and the adoption of digital health solutions to enhance service delivery and data-driven decision-making and seeks to establish a supportive environment for the realization of reproductive rights, gender equality, and improved health outcomes for all residents of Homa Bay County.

1.5 THE POLICY DEVELOPMENT PROCESS

The Homa Bay County Reproductive Health Policy was developed through a structured, inclusive and evidence-based approach. The process involved key stakeholders, including government agencies, healthcare providers, community representatives, civil society organizations, and development partners, ensuring broad participation.

The development began with a situational analysis and needs assessment, reviewing existing reproductive health data, policies, and legal frameworks. Key indicators, such

as maternal and infant mortality, contraceptive use, teenage pregnancy, and HIV prevalence, were analyzed to identify gaps and opportunities.

Stakeholder consultations were held, including public participation fora, to gather insights from healthcare professionals, community leaders, women's groups, youth, and persons with disabilities. A technical working group (TWG) was then established to draft the policy, ensuring alignment with national and international frameworks, such as the Constitution of Kenya (2010), the Kenya Health Policy, the SDGs, and UHC.

The draft policy document underwent validation with stakeholders, incorporating feedback to ensure it addresses the community's real needs. The draft policy was approved by the County Executive Committee and County Assembly, ensuring legal and institutional support.

A dissemination and capacity-building strategy was developed, including awareness campaigns and training for healthcare providers. An M&E framework was incorporated to assess the implementation of the policy, with key performance indicators and review mechanisms for continuous improvement. The process emphasized inclusivity, transparency, and evidence-based decision-making to address reproductive health challenges sustainably in Homa Bay.

1.6 LEGAL FRAMEWORKS FOR THE POLICY

The Homa Bay County Reproductive Health Policy (2026) is firmly anchored in both national and international legal and policy frameworks that uphold sexual and reproductive health as a fundamental human right. Recognizing that sexual and reproductive health is a key aspect of human development, this policy aligns with Kenya's constitutional provisions, national policies, and international commitments to ensuring the realization of reproductive rights for all individuals within the county.

It therefore recognizes and draws its framework from, the supremacy of the Constitution of Kenya (2010), which underscores the sexual and reproductive health rights. The implementation of this Policy will also be linked with

relevant national policies, sexual and reproductive health, and most significant among these are , the National Reproductive Health Policy 2022-2032, Kenya Vision 2030 and international commitments. Alignment and details on some relevant legal and institutional frameworks are presented below.

The Constitution of Kenya (2010).

This is the supreme law of Kenya and through its provisions in Articles 2(5) and 2(6) allow that the general rules of international law shall form part of the law of Kenya and that any treaty or convention ratified by Kenya shall form part of the law of Kenya under this Constitution respectively.

Article 26 is on the right to life of every person and provides that the life of a person begins at conception. In sub article 4 it states that abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

Article 27(3) states that women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres. This covers the right to equal treatment in the health facilities. Sub article 4 obliges that the State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.

Article 28 is on the right to one's dignity being respected and protected which covers matters such as the services offered by health care providers. They ought to preserve the dignity of all without any discrimination.

Article 29 states that every person has the right to freedom and security of the person, which includes the right not to be subjected to torture in any manner, whether physical or psychological which criminalizes acts such as female genital mutilation and forced or coerced sterilization.

Article 43(1) is on the right to the highest attainable

standard of health, which includes the right to health care services, including reproductive health care.

The Constitution further singles out health care for specific groups such as children and persons with disabilities in Articles 53 and 54 respectively. The underlying determinants of the right to health are also guaranteed in article 43(1)(b-f) and include right to adequate housing, right to adequate food, clean safe water, social security and to education.

Article 6 (3) on devolution and access to services lays emphasis on enhancing access to services in rural and remote areas. To guarantee implementation of these rights, Article 21 clearly articulates and directs that every institution has the duty to ensure that the rights are fulfilled and report on the progress made with respect to Article 43.

The Children Act. (2022)

The Children Act protects the rights and freedoms of those who are considered children under the law. This is those who are below the age of 18 years. The relevant sections that are linked to the right to enjoy reproductive rights go from the provision of education to the right of privacy for children, which also influences the provisions for adolescents who fall under the category of children under the law.

Section 14 criminalizes female circumcision, early marriage and retrogressive cultural rites, customs or traditional practices that are likely to negatively affect the child's life, health, social welfare, dignity or physical or psychological development. Moreover, Section 15 provides that a child shall be protected from sexual exploitation.

HIV/AIDS Control and Prevention Act (2017)

The object and purpose of this Act covers some principles such as non-discrimination, confidentiality, public awareness and participation, freedom as to consent to testing.

As to the specific provisions, Section 4(1) is on the role of the government to promote public awareness about

the causes, modes of transmission, consequences, means of prevention and control of HIV and AIDS through a comprehensive nationwide educational and information campaign conducted by the Government through its various Ministries, Departments, authorities and other agencies while Section 5 insists on HIV and AIDS education in institutions of learning.

Section 13 speaks to the principle of informed consent and voluntary treatment as it prohibits compulsory HIV testing.

Section 19 is on the access to health care services to persons with HIV without discrimination on the basis of HIV status and that the government shall, to the maximum of its available resources, take the steps necessary to ensure the access to essential health care services, including the access to essential medicines at affordable prices by persons with HIV or AIDS and those exposed to the risk of HIV infection.

Sexual Offences Act.

This Act criminalizes offenses that violate reproductive rights, such as rape (Section 3 and 4), defilement (Section 8), and sexual exploitation of children (Section 15).

The National Reproductive Health Policy 2022-2032.

The overall goal of the policy is to minimize the burden of preventable morbidity and mortality related to reproductive health and is developed to achieve the following broad policy objectives: To achieve universal coverage of quality and comprehensive Reproductive Health interventions across the country.

- To improve responsiveness to client's reproductive health needs.
- To strengthen the enablers (Health Systems Building Blocks) for Reproductive Health, including aligning partnerships and collaborations.
- The Homa Bay County Integrated Development Plan 2023 – 2027

This Policy builds on the foundations and achievements of the Homa Bay CIDP III, which covers Homa Bay County's institutional framework and development issues. It further prioritizes investments in healthcare infrastructure, reproductive health services, and gender equality.

Alignment to the Sustainable Development Goals

The United Nations in 2015 adopted the 2030 agenda on sustainable development which provides for a shared global blueprint for peace and prosperity for both current and future generations. To make this a reality, 17 SDGs were developed to urgently call on all countries to take action to end poverty, reduce inequalities, spur economic growth and reverse the adverse effects of climate change.

Other International Conventions and Treaties

The Policy gives cognizance to the fundamental rights guaranteed by the Constitution of Kenya (2010) and relevant international and regional human rights commitments Kenya has signed and/or ratified.

CHAPTER TWO: SITUATIONAL ANALYSIS

2.1 INTRODUCTION

Homa Bay County has made notable progress in improving reproductive health outcomes over the years, driven by policy interventions, increased health investments, and strengthened service delivery. However, significant challenges persist, particularly in maternal health, access to family planning services and information, sexual violence, the sexual and reproductive health rights (SRHR) of sexual minorities, and the reproductive health concerns of vulnerable and marginalized groups, including people living with HIV/AIDS (PLHIV) and persons with disabilities (PWDs).

As part of the policy development process, this situational analysis provides an in-depth assessment of the reproductive health landscape, examining key trends, achievements, and persistent gaps. The analysis is informed by data from the Kenya Demographic and Health Survey (KDHS) 2014 and 2022, the Kenya Population and Housing Census (KPHC) 2019, and HIV Estimates from 2013 to 2024. Key indicators such as fertility rates, contraceptive use, maternal and child health outcomes, and HIV prevalence provide critical insights into the county's reproductive health status. By evaluating these factors, the analysis highlights existing challenges in service delivery, access to reproductive health commodities, and systemic barriers that hinder equitable healthcare provision.

Given the rapidly evolving demographic and health landscape, it is essential for the County Government to continuously adapt to emerging risks, policy shifts, and socio-economic changes that impact reproductive health services. This necessitates a clear understanding of the operating environment, including anticipated changes, their likelihood of occurrence, and their potential implications for achieving policy objectives.

A crucial aspect of this assessment is the alignment of reproductive health services with the Availability,

Accessibility, Acceptability, and Quality (AAAQ) framework. By addressing these critical reproductive health concerns, this situational analysis serves as a foundation for evidence-based planning, policy formulation, and resource allocation. It ensures that reproductive health services in Homa Bay County align with national and international commitments to improve health outcomes, reduce inequalities, and uphold reproductive rights for all individuals. The insights from this analysis will guide the development of strategic interventions that promote equitable, accessible, and high-quality reproductive health services for all.

2.2 REPRODUCTIVE HEALTH TRENDS AND CHALLENGES

2.2.1 FAMILY PLANNING:

Introduction

Family planning remains a strategic priority in advancing sexual and reproductive health rights (SRHR), enhancing maternal and child health outcomes, and promoting gender equity. It enables individuals and couples to make voluntary, informed decisions regarding the timing and spacing of pregnancies. In alignment with the World Health Organization (WHO) framework, family planning is recognized as an integral component of universal health coverage, supporting a continuum of care that includes contraception, antenatal and postnatal services, STI and HIV prevention, and cervical cancer screening.

National Policy Trends

Kenya has demonstrated sustained political will in scaling up family planning interventions since the inception of its national program in 1967. Data from the 2022 Kenya Demographic and Health Survey (KDHS) indicates a

contraceptive prevalence rate (CPR) of 57% for all methods, and a modern CPR (mCPR) of 54.5%, up from 39% in 2003. Concurrently, the total fertility rate (TFR) declined to 3.6 in 2022 from 5.2 in 2014. These gains reflect strengthened policy frameworks, including the Family Planning Costed Implementation Plan (FP-CIP), integration of SRHR in primary healthcare, and coordinated stakeholder engagement.

County-Specific Trends: Homa Bay County

Homa Bay County has recorded commendable improvements in reproductive health indicators. Between 2014 and 2022, the TFR fell from 5.2 to 3.6, while CPR and mCPR rose to 57% and 54.5% respectively. However, these figures remain slightly below the national average (CPR – 63%; mCPR – 57%). The county's achievements are underpinned by expanded service availability, youth-friendly programming, integration with HIV prevention services, and multisectoral collaboration with non-state actors.

Persistent Challenges and Policy Gaps

Despite notable progress, several structural and systemic challenges continue to impede universal access to family planning services:

- **Inequitable Access and Infrastructure Gaps** – Rural populations face limited-service coverage due to inadequate staffing, frequent stock-outs, and lack of long-acting methods at lower-level facilities. This compromises timely access and continuity of care. Youth friendly center, safe spaces, integration and brings about isolation, physical structures.
- **Sociocultural and Religious Barriers** – Cultural norms favoring large families, stigma around adolescent contraceptive use, and myths associating contraception with promiscuity persistently undermine demand.
- **High Unmet Need and Adolescent Fertility** – Unmet need remains at 17% in Homa Bay, above the national average of 14%. Additionally, 23% of adolescent girls aged 15–19 have initiated childbearing, highlighting service delivery and information gaps among youth

- **HIV Burden and Limited Integration** – At 10.6% according to the National Syndemic Disease Control Council, Homa Bay's HIV prevalence necessitates dual protection strategies. However, integration of HIV and FP services remains inconsistent, limiting uptake among women living with HIV.
- **Low Male Involvement** – impedes sustained uptake, necessitating gender-transformative approaches and inclusive messaging.
- **Inadequate Domestic Financing** – Heavy reliance on donor support threatens the sustainability of FP programs, including commodity security, outreaches, and trainings.
- **Policy-Practice Gaps in Service Delivery** – Policy provisions for free access to FP commodities are inconsistently enforced. Women continue to report out-of-pocket costs and unavailability of preferred methods, particularly for long-term options.
- **Misinformation and Unsafe Alternatives** – Circulation of false information has led some women to resort to unverified herbal alternatives, exposing them to adverse health outcomes

2.2.2 MATERNAL HEALTH

Maternal health is a core component of reproductive health and a critical determinant of population well-being. Safe pregnancy, childbirth, and postnatal care are essential for reducing maternal and neonatal morbidity and mortality. The right to maternal healthcare is enshrined in international and national legal instruments, including the Constitution of Kenya (2010), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the Sustainable Development Goals (SDGs). The World Health Organization (WHO) defines maternal health to encompass antenatal care (ANC), skilled delivery, emergency obstetric and neonatal care (EmONC), postnatal care (PNC), and access to safe abortion and post-abortion services.

In Homa Bay County, substantial progress has been made in improving maternal health indicators, particularly in increasing skilled birth attendance and antenatal coverage. According to the 2022 Kenya Demographic and Health Survey (KDHS), ANC coverage has reached 98% for at least one visit. However, only 68% of pregnant women

complete the recommended four ANC visits, compared to the national average of 79%. This indicates a gap in continuity of care that compromises the timely detection and management of pregnancy-related complications such as preeclampsia, gestational diabetes, and anemia.

Skilled birth attendance in Homa Bay has improved significantly, from 61.9% in 2014 to 91.8% in 2022 (KDHS). Nevertheless, persistent disparities in rural and marginalized areas hinder equitable access. Many women still deliver at home due to socio-cultural norms, financial constraints, and geographical barriers. Additionally, facility-based deliveries are impeded by inadequate infrastructure, insufficient skilled personnel, and inadequate supplies in some sub-county hospitals and dispensaries.

Emergency obstetric and neonatal care (EmONC) remains a systemic gap. The county continues to experience one of the highest maternal mortality ratios nationally—516 deaths per 100,000 live births (KPHC, 2019), compared to the national average of 355 per 100,000 (KDHS, 2022). Delays in seeking, reaching, and receiving appropriate care contribute significantly to these preventable deaths. Contributing factors include a shortage of trained obstetricians and anesthetists, limited 24-hour referral systems, and under-resourced facilities incapable of managing complications such as postpartum hemorrhage and obstructed labor.

Postnatal care (PNC), though essential in addressing maternal and neonatal complications within the first 48 hours postpartum, is also underutilized. Only 77% of women in the county receive postnatal services, with even lower rates in rural communities. This leaves mothers vulnerable to infections, mental health disorders, and breastfeeding difficulties. Community-level follow-up mechanisms remain weak, and health education on the importance of PNC is limited.

Unsafe abortion complications remains a key contributor to maternal morbidity and mortality in the county. Despite constitutional provisions permitting abortion under specific conditions, stigma, legal ambiguity, and limited provider capacity lead many women to seek unsafe procedures. Post-abortion care is often inaccessible or inadequate, exacerbating complications such as sepsis and hemorrhage.

High HIV prevalence (10.6%) compounds maternal health risks. Pregnant women living with HIV require uninterrupted access to antiretroviral therapy (ART) to prevent vertical transmission. Yet gaps in adherence, service integration, and stigma remain barriers to effective care.

2.2.3 SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

Introduction

Sexual and Gender-Based Violence (SGBV) remains a grave human rights violation with widespread impact across age, gender, and social class. It includes rape, defilement, intimate partner violence, sexual exploitation, and harmful cultural practices such as early marriages and female genital mutilation (FGM). Despite existing legal protections, Homa Bay County continues to record disproportionately high rates of SGBV, fueled by poverty, entrenched patriarchal norms, and weak law enforcement.

In response, Homa Bay County adopted a multi-sectoral strategy. The launch of the county's first SGBV Policy in March 2023 marked a significant step in prevention, survivor protection, and access to justice. The policy promotes stakeholder coordination, survivor-centered services, and community awareness. The establishment of GBV response centers, training of law enforcement, and community sensitization campaigns reflect progress, though challenges in implementation, cultural resistance, and funding remain.

According to the 2022 Kenya Demographic and Health Survey (KDHS), 54% of women aged 15–49 in Homa Bay have experienced physical violence since age 15, compared to the national average of 34%. Sexual violence affects 23% of women in the county, nearly double the national rate. Adolescent girls are especially vulnerable, with 23% already having begun childbearing—well above the national average of 15%. Child defilement, coercive sex, and transactional relationships are prevalent, often resulting in unintended pregnancies and school dropouts.

Deeply rooted cultural practices such as early and forced marriages, wife inheritance and widow cleansing continue to violate the rights of women and girls. Fear of stigma,

victim-blaming, and a lack of trust in legal systems lead to underreporting—only 11% of survivors seek help. Effective action requires stronger law enforcement, expanded support services, and sustained community engagement.

Factors Perpetuating SGBV in Homa Bay County

- SGBV is driven by interrelated structural and societal issues:
- Gender Inequality: Patriarchal norms disempower women, enabling violence and silencing survivors.
- Harmful Traditions: Practices like early marriage and wife inheritance and kangaroo courts increase SGBV risk and health complications.
- HIV and SGBV Link: Stigma, discrimination, and abuse are intertwined with the high HIV burden.
- Weak Law Enforcement: Bribery, corruption, and inaccessible police documentation (e.g., P3 forms) lead to impunity.
- Stigma and Silence: Fear of shame or blame prevents many survivors from seeking justice or support.
- Economic Dependence: Poverty forces some into abusive relationships or transactional sex, exposing them to further exploitation.
- Substance Abuse: Alcohol and drugs often fuel violent behavior and reduce victims' ability to resist.
- Limited Services and Awareness: Few know where to access post-rape care, and facilities are under-resourced. Lack of timely medical intervention weakens the chances of obtaining justice.
- Power Imbalances: Disparities in power dynamics—age, gender, economic status—expose individuals to coercion and abuse.
- Harmful Digital Content: Cyberbullying, revenge pornography, and online sexual harassment increasingly target girls and women, exacerbating psychological harm

2.2.4 REPRODUCTIVE HEALTH RIGHTS OF VULNERABLE AND MARGINALIZED GROUPS

Introduction

Access to reproductive health services is a fundamental human right. However, vulnerable and marginalized populations—including women and girls in rural areas, adolescents, persons with disabilities (PWDs), refugees, sexual minorities, and people living with HIV (PLHIV)—face systemic barriers that limit their ability to exercise these rights. In Homa Bay County, socio-economic challenges such as poverty and unemployment, harmful cultural practices like early marriage and female genital mutilation (FGM), legal barriers, and inadequate healthcare infrastructure exacerbate these disparities, leading to poor reproductive health outcomes. The county's high HIV prevalence, teenage pregnancy rates, and maternal mortality further highlight these challenges. Addressing these inequalities requires targeted interventions, inclusive policies, strengthened healthcare systems, and increased community awareness to promote reproductive health rights for all. Efforts such as the Homa Bay County Gender-Based Violence (GBV) Policy and expansion of youth-friendly reproductive health services mark important steps in bridging these gaps.

The Homa Bay County Health Services Act, 2020, emphasizes the county's commitment to providing the highest attainable standard of health, including reproductive health care, especially for vulnerable groups.

Several organizations are actively implementing programs aimed at reducing new incidences and the impact of HIV/AIDS, promoting maternal and child health, and providing sexual reproductive health services to various vulnerable populations in Homa Bay County.

Additionally, the county has adopted a GBV referral document and map to strengthen the response to gender-based violence, indicating a proactive approach to addressing these issues. Despite these efforts, challenges persist, and continuous collaboration between the county government, Judiciary, the National Police Service, Director of Public

Prosecutions, non-governmental organizations and the community is essential to ensure equitable access to reproductive health services for all.

Reproductive Health for Women and Girls in Rural Homa Bay

Women and girls in rural Homa Bay face serious reproductive health challenges, including high maternal mortality, teenage pregnancy, low contraceptive use, and gender-based violence. These issues are driven by poverty, long distances to health facilities, cultural barriers, and limited access to skilled care and family planning.

The county records a maternal mortality rate of 516 per 100,000 live births—far above the national average of 355. Only 92% of births occur in health facilities (MoH, 2023). Interventions like the SHIF and Linda Mama program, TBA integration, and community health units aim to improve maternal outcomes. Teenage pregnancy affects 23% of girls aged 15–19, contributing to school dropouts and health risks. The county has expanded youth-friendly services, sexuality education, and CHV-led family planning outreach.

Contraceptive use remains low (mCPR 52%) due to myths and gender norms, with 21% of married women reporting unmet need. Mobile clinics, awareness campaigns, and improved supply chains are helping address this gap. With an HIV prevalence of 10.6%, integration of reproductive and HIV services, including PMTCT, has reduced mother-to-child transmission to 7.9% in 2023.

Cultural practices and GBV—such as early marriage, and intimate partner violence (28%)—undermine reproductive rights. The county has responded with a GBV policy, safe houses, and community sensitization efforts. Sustained investment, gender equality, and community-led approaches are key to improving reproductive health and rights in rural Homa Bay.

2.2.5 REPRODUCTIVE HEALTH FOR ADOLESCENTS AND YOUTH IN HOMA BAY

Adolescents and youth in Homa Bay face critical reproductive health challenges, including high rates of teenage pregnancy, STIs, limited contraceptive access, and inadequate sexual health education. These are worsened by socio-cultural taboos, healthcare provider bias, and restrictive policies.

Homa Bay records one of Kenya's highest teenage pregnancy rates at 23% (KNBS, 2023), leading to school dropouts, unsafe abortions, and health risks. Many pregnant adolescents face stigma, deterring them from seeking care. To respond, the county has introduced youth-friendly services in select facilities, expanded access to antenatal care and contraceptives, and rolled out school-based sexuality education to equip young people with accurate reproductive health information.

Access to contraceptives remains limited by myths, stigma, and provider resistance, with an unmet need of 27% among adolescents (MoH, 2023). Community-based family planning programs and CHP-led outreach have improved access, alongside awareness campaigns to counter misinformation and promote safe reproductive choices.

With the highest HIV prevalence nationally (10.6%), adolescents in Homa Bay—particularly girls—face elevated risk due to transactional sex, low condom use, and GBV. The county has prioritized peer-led HIV prevention, VCT services, PrEP access for high-risk youth, and integration of HIV and reproductive health services.

Sexual violence is widespread, affecting 28% of adolescent girls (KNBS, 2023). Early marriage, defilement, and intimate partner violence heighten reproductive health risks. In response, the county has established GBV response centers, safe spaces, legal aid, and community sensitization programs to address harmful gender norms.

The Homa Bay County Adolescent and Youth Sexual and Reproductive Health Strategy supports these efforts by promoting service access, sexuality education, and youth engagement. To build on gains, more investment is

needed in youth-friendly infrastructure, provider training, and digital tools for reproductive health education and service delivery.

2.2.6 REPRODUCTIVE HEALTH FOR PEOPLE LIVING WITH HIV (PLHIV) IN HOMA BAY COUNTY

People living with HIV (PLHIV) have a fundamental right to access reproductive health services without stigma or discrimination. Despite global progress in HIV treatment, reproductive health challenges remain particularly acute in high-prevalence regions like Homa Bay County. Barriers such as stigma, legal constraints, and limited resources hinder PLHIV from accessing family planning, safe pregnancy care, and Prevention of Mother-to-Child Transmission (PMTCT) services.

International and national legal frameworks—such as the ICCPR, UDHR, and Kenya’s HIV and AIDS Prevention and Control Act—affirm the rights of PLHIV to health, privacy, and non-discrimination. Homa Bay County, with an HIV prevalence of 10.6% (HIV Estimates 2024), continues to face serious reproductive health challenges despite notable progress. Mother-to-child transmission rates have declined from 16.8% in 2013 to 7.9% in 2023 due to expanded PMTCT coverage and improved access to antiretroviral therapy (ART).

Nonetheless, key challenges persist:

- **High HIV Burden:** Homa Bay’s prevalence remains two times higher than the national average (18.7%), straining the healthcare system.
- **Gaps in PMTCT Coverage:** While PMTCT rates increased to 7.9% in 2023, coverage is uneven, especially in remote areas with weak infrastructure.
- **Stigma and Discrimination:** Social stigma deters many HIV-positive women from seeking timely reproductive care.
- **Low Male Involvement:** Limited participation of male partners in PMTCT affects adherence and maternal health outcomes.
- **Youth Vulnerability:** High rates of adolescent

pregnancy (33% among girls aged 15–19) compound HIV transmission risks, particularly for young women.

- **Resource Constraints:** There is a shortage of trained health workers, ARVS and diagnostic supplies, especially in rural areas.
- **Poor Retention and Adherence:** Economic hardship and distance to facilities undermine consistent ART use and follow-up care.

Homa Bay has also seen a disproportionate number of children living with HIV, accounting for 10% of pediatric HIV diagnoses in Kenya in 2017. While significant progress has been made in reducing HIV prevalence, further investment is needed in community education, male involvement, youth-friendly services, and supply chain strengthening to fully realize the reproductive health rights of PLHIV.

2.2.7 REPRODUCTIVE HEALTH FOR PERSONS WITH DISABILITIES (PWDs) IN HOMA BAY COUNTY

Persons with disabilities (PWDs) have an equal right to access reproductive health services. However, in Homa Bay County, they face significant barriers including stigma, discrimination, physical inaccessibility, and financial hardship. These challenges result in poor reproductive health outcomes, increased vulnerability to sexual and gender-based violence (SGBV), and limited access to essential services.

PWDs are often wrongly perceived as asexual or unfit for parenthood, leading to exclusion from reproductive health education and services. Women with intellectual disabilities are especially vulnerable to having reproductive decisions made for them—sometimes facing coercive procedures like sterilization without informed consent.

Physical access to health services remains a major hurdle. Most facilities lack ramps, accessible consultation rooms, and assistive tools such as braille materials and sign language interpretation. Financial constraints further limit access, with many PWDs unable to afford transport, care, or assistive devices. Some are detained in hospitals due to unpaid bills.

Reports of mistreatment by healthcare workers—including sexual harassment, especially during gynecological exams—discourage women with disabilities from seeking care. Deaf women, in particular, struggle during labor due to communication barriers.

Access to reproductive health information is also limited, with few materials in braille or sign language, and little adaptation of education programs to suit PWDs. As a result, many face low contraceptive use, unintended pregnancies, and heightened risk of HIV/STIs.

Efforts such as Homa Bay's strengthened GBV Policy (which includes protection for PWDs) have helped improve access and protection. However, much more is needed. Ensuring inclusive reproductive health for PWDs in Homa Bay will require disability-friendly health infrastructure, provider training, better legal safeguards, and inclusive education. These steps are essential to uphold dignity, equality, and health for all.

CHAPTER THREE: POLICY GOALS, STATEMENTS, OBJECTIVES AND INTERVENTIONS

POLICY OBJECTIVE ONE ACCESS TO QUALITY FAMILY PLANNING SERVICES

Policy Goal

To enhance equitable access to quality family planning services in Homa Bay County, ensuring informed reproductive choices, reducing unmet needs for contraception, and improving overall reproductive health outcomes for individuals and families.

Overarching Statement

Homa Bay County is committed to strengthening family planning services to enhance reproductive health, promote gender equality, and reduce maternal and infant mortality. Through strategic investments, evidence-based policies, and multi-sectoral collaboration, the county aims to eliminate financial, structural, and socio-cultural barriers to contraception. This commitment empowers individuals to make informed reproductive choices, fostering healthier families and a more resilient community.

Policy Objectives

1. Increase Contraceptive Access and Utilization: Expand the availability of contraceptive methods in all health facilities, including long-term and permanent options at lower-level health facilities.
2. Enhance Community Awareness and Demand for Family Planning: Implement culturally sensitive education and sensitization programs to dispel myths and misinformation about contraceptive use.
3. Reduce Unmet Need for Family Planning: Address financial, structural, and socio-cultural barriers that prevent women and men from accessing contraceptive services.

4. Improve Male Involvement in Family Planning: Encourage male participation through targeted education and engagement strategies to promote shared responsibility in reproductive health decisions.
5. Strengthen Integration of Family Planning with Other Health Services: Ensure that family planning is effectively incorporated into maternal health, HIV/AIDS, and postnatal care services.
6. Expand Adolescent and Youth-Friendly Services: Improve access to contraceptive services for young people, reducing teenage pregnancies and early childbearing rates.
7. Increase Funding and Sustainable Financing Mechanisms: Secure increased budgetary allocations for family planning programs and explore innovative funding models to sustain service provision.
8. Address Socio-Cultural and Religious Barriers: Engage religious and community leaders in promoting positive attitudes toward family planning.
9. Strengthen Policy and Regulatory Frameworks: Ensure the enforcement of policies that guarantee free and accessible contraceptive services and regulate informal charges for family planning services.

Interventions

1. Expanding Access to Family Planning Services

- Ensure all public health facilities, including dispensaries and health centers, provide a full range of contraceptive methods, in accordance with the laid down national laws and regulations.
- Train and sensitize the CHPs to enable accurate information on family planning services.
- Strengthen referral systems to ensure timely access to specialized family planning services, including tubal ligation and vasectomy.

- Expand mobile and outreach family planning services to reach remote and underserved areas.
- Introduce telemedicine and digital health platforms to provide virtual consultations and family planning education.
- Ensure availability of free or subsidized contraceptives in public health facilities faith based, and community-based programs.
- Develop partnerships with private sector providers to enhance accessibility and affordability of family planning services.

2. Community Engagement and Sensitization

- Develop and implement targeted communication campaigns to address misconceptions and stigma surrounding family planning.
- Use mass media, social media, and community dialogues to promote awareness and acceptance of family planning.
- Partner with community stakeholders to advocate for responsible reproductive health choices and decisions.
- Conduct SBCC programs in schools, marketplaces, and community gatherings to educate the public on reproductive health.
- Establish support groups for the young adults, women and men to discuss family planning choices and share experiences.

3. Enhancing Youth-Friendly Family Planning Services

- Integrate youth responsive services in health facilities to provide confidential and non-judgmental contraceptive services.
- Integrate comprehensive sexuality/age-appropriate education into school curricula to equip young people with accurate information on reproductive health.
- Implement peer education programs to encourage youth participation in contraceptives initiatives.
- Provide subsidized or free contraceptives to young

people in the community centers.

- Strengthen adolescent health programs that address teenage pregnancies and early marriages.

4. Strengthening Male Engagement in Family Planning

- Develop male-targeted awareness programs emphasizing the benefits of family planning for families and communities.
- ensure that reproductive health services are male-friendly to encourage partner support in contraceptive decision-making.
- Conduct community dialogues to address socio-cultural norms that discourage male involvement in family planning.
- Engage male champions to advocate for family planning and reproductive health services.

5. Integrating Family Planning with Other Health Services

- Ensure that family planning services and information are routinely offered during antenatal, postnatal, HIV/AIDS, and routine medical check-ups.
- Train healthcare providers to offer integrated reproductive health counseling and services.
- Strengthen maternal and child health programs by embedding family planning education and services into routine care.
- Enhance coordination between reproductive health and HIV/AIDS programs to provide comprehensive healthcare solutions.

6. Ensuring Contraceptive Security and Supply Chain Management

- Improve forecasting, procurement, and distribution of contraceptive commodities to prevent stock-outs.
- Establish monitoring mechanisms to track contraceptive availability and address shortages in real-time.
- Expand community-based distribution systems to ensure contraceptives reach remote and underserved areas.

- Strengthen capacity-building initiatives for supply chain managers to optimize contraceptive logistics.

7. Securing Sustainable Financing for Family Planning

- Advocate for increased county government funding for family planning programs.
- Partner with non-governmental organizations and development partners to mobilize additional resources.
- Explore cost-sharing models to ensure sustainability while maintaining affordability for users.

8. Addressing Cultural and Structural Barriers

- Conduct participatory research to understand socio-cultural dynamics affecting family planning uptake.
- Design targeted interventions addressing cultural norms that discourage contraceptive use.
- Reduce bureaucratic barriers limiting the role of community health promoters in delivering family planning services.
- Work with community stakeholders to promote positive narratives around contraception and reproductive health.

9. Monitoring and Evaluation

- Establish a robust monitoring and evaluation framework to track progress in family planning uptake and impact.
- Conduct periodic surveys and assessments to identify gaps and inform policy adjustments.
- Promote the use of digital health tools for real-time data collection and decision-making.
- Develop performance-based incentive programs for health workers to enhance service delivery and accountability.

3.1 Policy Objective Two: Access to high-quality maternal healthcare services

Policy Goal

To ensure that all women in Homa Bay County have access to high-quality maternal healthcare services, reducing maternal and neonatal morbidity and mortality through strengthened health systems, enhanced service delivery, and community engagement.

Overarching Statement

Homa Bay County is committed to improving maternal health outcomes by addressing systemic barriers to quality maternal care. This will be achieved through comprehensive antenatal, delivery, and postnatal services, strengthening emergency obstetric care, integrating maternal health with HIV/AIDS services, and ensuring access to safe abortion and post-abortion care. By fostering multi-sectoral collaboration, increasing investments in health infrastructure, and enhancing community awareness, the county aims to significantly reduce maternal and neonatal mortality and improve the overall well-being of mothers and children.

Policy Objectives

1. Increase Access to Quality Antenatal Care (ANC): Ensure that all pregnant women complete the recommended eight ANC visits with comprehensive screening, nutritional support, and HIV prevention services.
2. Enhance Skilled Birth Attendance and Facility-Based Deliveries: Improve access to skilled birth attendants and well-equipped health facilities for safe deliveries.
3. Strengthen Emergency Obstetric Care (EmONC): Expand and improve emergency obstetric care services to handle life-threatening complications.
4. Improve Postnatal Care (PNC) Services: Increase

the uptake of postnatal care to ensure maternal and neonatal well-being.

5. **Reduce Disparities in Maternal Health Services:** Address financial, geographical, and socio-cultural barriers that hinder access to maternal healthcare.
6. **Integrate Maternal Health with HIV/AIDS Services:** Ensure seamless provision of maternal health and HIV services to prevent mother-to-child transmission.
7. **Secure Sustainable Financing for Maternal Health:** Advocate for increased funding and explore innovative financing models to support maternal health initiatives.

Policy Interventions

1. Expanding Access to Quality Antenatal Care (ANC)

- Strengthen outreach programs to ensure all pregnant women complete eight ANC contacts.
- Provide free or subsidized ANC services, including essential medicines and supplements.
- Integrate HIV/AIDS testing and prevention in ANC services.
- Increase the number of trained healthcare providers offering ANC.
- Improve data collection and monitoring systems to track ANC utilization and outcomes.

2. Enhancing Skilled Birth Attendance and Facility-Based Deliveries

- Upgrade and equip maternity wards in all health facilities as per norms and standards
- Deploy additional skilled birth attendants in underserved areas.
- Provide maternity waiting homes for women in remote regions.
- Strengthen referral networks for timely transportation

to health facilities.

- Implement incentives for women who have delivered in the health facilities

3. Strengthening Emergency Obstetric Care (EmONC)

- Expand 24/7 emergency obstetric services in all sub-county hospitals.
- Equip all maternity facilities with essential life-saving drugs and equipment.
- Establish blood banks in key referral hospitals.
- Strengthen ambulance services for quick maternal emergency response.
- Train healthcare workers in advanced obstetric emergency management.

4. Improving Postnatal Care (PNC) Services

- Ensure home visits and follow-ups for all mothers.
- Train healthcare workers to recognize and manage postpartum complications.
- Provide mental health support and breastfeeding counseling.
- Expand mobile postnatal care units for remote communities.

5. Reducing Disparities in Maternal Health Services

- Establish mobile maternal health clinics for hard-to-reach areas.
- Implement financial support schemes for maternal healthcare costs.
- Address socio-cultural barriers through engagement with community stakeholders.
- Develop telemedicine services for maternal healthcare consultations.

6. Integrating Maternal Health with HIV/AIDS Services

- Ensure all pregnant women living with HIV have access to antiretroviral therapy.
- Train health workers on the management of HIV-positive pregnant women.
- Provide counseling and support services for HIV-positive mothers.
- Strengthen partnerships with HIV-focused NGOs to enhance service delivery.

7. Securing Sustainable Financing for Maternal Health

- Advocate for increased county and national government budget allocations for maternal health.
- Partner with NGOs and development agencies to mobilize resources.
- Explore health insurance schemes to cover maternity services
- Develop public-private partnerships to sustain funding for maternal health programs.

3.2 Policy Objective Three: Elimination of Sexual, Emotional and Gender Based Violence (SEGBV) in Homa Bay County

Policy Goal

To eliminate Sexual and Gender-Based Violence (SGBV) in Homa Bay County through a comprehensive framework that enhances prevention and responses, survivor protection, access to justice, and multi-sectoral coordination, ensuring a safe and supportive environment for all individuals.

Overarching Statement

Homa Bay County is committed to eradicating SGBV through strategic interventions that address the root causes,

strengthen survivor support mechanisms, and enhance legal enforcement. This will be achieved by promoting gender equality, challenging harmful cultural norms, increasing access to medical, legal, and psychosocial services, and ensuring effective policy implementation through sustainable funding and multi-stakeholder collaboration. By fostering a culture of zero tolerance to SGBV, the county aims to safeguard the dignity and rights of all individuals, particularly women and girls.

Policy Objectives

Strengthen Legal and Institutional Frameworks: Enhance the enforcement of laws and policies addressing SGBV, ensuring accountability and justice for survivors.

Enhance Survivor Support Services: Improve access to comprehensive medical, psychosocial, legal, and economic empowerment programs for SGBV survivors.

Prevent and Challenge Harmful Cultural Norms: Promote gender equality and engage communities in eliminating practices such as early marriages, and widow inheritance.

Improve SGBV Response and Reporting Mechanisms: Strengthening the referral pathway by Establishing safe and accessible reporting systems, ensuring timely intervention and protection for survivors.

Policy Interventions

1. Strengthening Legal and Institutional Frameworks

- Enhance training for law enforcement officers, judiciary, and healthcare providers on handling SGBV cases with sensitivity and professionalism.
- Enforce strict penalties for perpetrators and eliminate judicial bottlenecks in prosecuting SGBV cases.
- Collaborate with the Judiciary in order to fast-track mechanisms for expediting cases involving SGBV cases.
- Increase accessibility and awareness of essential legal documentation such as the P3 form.

- Develop legal aid programs to assist survivors in navigating the justice system.
- Strengthen collaboration between law enforcement and community organizations to improve case reporting and follow-up.
- Establish more police gender desks to improve SGBV reporting and case management.

2. Enhancing Survivor Support Services

- Expand, and equip Gender-Based Violence Recovery Centers (GBVRCs) in all sub-counties to provide medical treatment, trauma counseling, and legal assistance.
- Ensure availability of post-exposure prophylaxis (PEP) and emergency contraception in all healthcare facilities.
- Provide comprehensive post-rape care services, including forensic evidence collection and safe spaces for survivors.
- Strengthen referral networks between community units, health facilities, law enforcement, and community-based organizations.
- Develop economic empowerment programs, including vocational training and financial support, to reduce survivors' dependency on abusive situations.
- Establish mobile health clinics to provide SGBV-related services in remote areas and provide SGBV related services and information.

3. Preventing and Challenging Harmful Cultural Norms

- Engage community stakeholders in advocating against harmful cultural practices.
- Implement school-based programs promoting gender equality and social inclusion in relation to human rights.
- Enforce legislation prohibiting child marriages, FGM, and other harmful practices.
- Conduct targeted interventions to address widow inheritance and transactional sex practices.

- Launch community-driven awareness campaigns to challenge gender stereotypes and encourage equitable social norms.
- Partner with media outlets to disseminate messages on SGBV prevention and gender equality.

4. Improving SGBV Response and Reporting Mechanisms

- Establish 24/7 SGBV helplines for confidential reporting and rapid response.
- Increase the number of safe houses and shelters for survivors of domestic and sexual violence.
- Strengthen community-based reporting systems and train local leaders as first responders.
- Improve access to police services in rural areas and reduce corruption that impedes justice for survivors.
- Develop an integrated case management system to track SGBV cases and ensure timely intervention.
- Provide survivors with transportation support to access legal, medical, and social services.
- Strengthen partnerships with non-governmental organizations to expand survivor assistance programs.

6. Strengthening Gender-Based Violence (GBV) Prevention, Response and After care Support:

- Community-based prevention initiatives: Establish and strengthen community-based GBV prevention programs, including awareness campaigns that challenge harmful gender norms and promote positive masculinity and gender equality.
- Survivor support services: Improve access to a holistic range of services for GBV survivors, such as safe houses, one-stop GBV centers, and legal aid services, ensuring the integration of sexual and reproductive health care for survivors.
- Capacity building for service providers: Provide specialized training for healthcare providers, law enforcement, and community leaders to ensure they

are equipped to respond to cases of sexual violence and gender-based violence with sensitivity, respect, and confidentiality.

- Multi-sectoral approach to GBV response: Develop coordinated mechanisms for the prevention and response to GBV, including collaboration among healthcare providers, law enforcement, social workers, and community-based organizations, to provide timely and appropriate services to adolescents.
- Engagement of youth in prevention: Engage young people directly in GBV prevention efforts through peer-led education, outreach campaigns, and youth-led advocacy, to ensure that their voices are heard in the development of GBV programs and policies

3.3 Policy Objective Four: Addressing Concerns of Vulnerable and Marginalized Groups (Women and Girls in Rural Areas)

Policy Goal

The Homa Bay County Reproductive Health Policy, 2026, aims to improve the reproductive health and rights of women and girls in rural areas by ensuring equitable access to high-quality healthcare services, promoting education and empowerment, and addressing socio-cultural and economic barriers. This goal seeks to reduce maternal mortality, prevent unintended pregnancies, and enhance overall health outcomes, particularly for marginalized and underserved populations.

Overarching Policy Statement

The Homa Bay County Reproductive Health Policy, 2026, commits to prioritizing reproductive health for women and girls in rural areas by enhancing access to family planning, maternal and child health services, combating harmful cultural practices, and promoting gender equality. Through a collaborative approach involving community engagement, government, healthcare providers, and local leaders, the policy seeks to achieve reproductive health

equity and contribute to the broader goal of sustainable development in the county.

Policy Objectives

Reduce Maternal Mortality and Morbidity: To significantly reduce maternal mortality rates in rural Homa Bay by improving access to skilled birth attendants, emergency obstetric care, and maternal health education.

Prevent Unintended Pregnancies and Teenage Pregnancies: To lower the incidence of unintended pregnancies, particularly among adolescents, through comprehensive family planning services, sexuality education, and access to contraceptives.

Promote Contraceptive Use and Family Planning: To increase the modern contraceptive prevalence rate (mCPR) in rural Homa Bay by addressing myths, cultural barriers, and increasing the availability and accessibility of contraceptives.

Enhance Access to Comprehensive Reproductive Health Services: To provide integrated HIV and reproductive health services, ensuring that women and girls living with HIV have access to appropriate care, counseling, and economic empowerment initiatives.

Address Gender-Based Violence and Harmful Cultural Practices: To eliminate harmful practices such as early marriage, female genital mutilation (FGM), and intimate partner violence by strengthening response mechanisms, engaging communities, and promoting women's reproductive rights.

Policy Interventions

Strengthening Health Infrastructure and Workforce:

Expand healthcare facilities and increase the availability of skilled healthcare providers, particularly in remote rural areas, to provide essential reproductive health services, including maternal and child health care, family planning, and HIV prevention and care.

Train and integrate traditional birth attendants (TBAs) into the formal healthcare system, empowering them to assist with referrals and providing maternal health education at the community level.

Youth-Friendly Reproductive Health Services and Education:

Expand youth-friendly reproductive health services in health facilities and integrate comprehensive school-based sexuality education programs to reduce teenage pregnancies and equip adolescents with the knowledge to make informed reproductive health decisions. Increase the use of community health volunteers (CHPs) to provide door-to-door sexual health education, RH information and referrals.

Community Awareness and Advocacy Programs:

Launch campaigns to debunk myths surrounding contraception use and promote the benefits of family planning, targeting both men and women to enhance reproductive autonomy for women and girls.

Engage local leaders, and influencers to promote positive cultural shifts and challenge harmful norms such as child marriage, ensuring that communities support women's reproductive rights.

Strengthening Gender-Based Violence (GBV) Response Systems:

Establish and expand GBV response centers and safe houses for survivors of sexual violence and intimate partner violence, ensuring comprehensive care, legal assistance, and psychosocial support.

Introduce community-based initiatives to empower women and girls, reduce gender inequalities, and prevent violence by fostering healthy relationships and gender-equitable norms.

Integration of HIV and Reproductive Health Services:

Continue to integrate HIV care and reproductive health services to address the intersection of these issues, ensuring that women and girls living with HIV receive holistic care and support.

Implement economic empowerment programs for HIV-positive women to enhance their access to healthcare and improve their financial independence, contributing to better health outcomes.

Improved Data Collection, Monitoring, and Evaluation:

Develop a robust monitoring and evaluation system to track the effectiveness of reproductive health interventions, using data to inform policy decisions and improve service delivery in rural areas.

Strengthen collaboration with national and international organizations to ensure that Homa Bay's reproductive health data is up-to-date and reflective of the county's needs.

3.4 Policy Objective Five: Adolescents, Youth and Young People

Policy Goal:

To improve the reproductive health and well-being of adolescents and youth in Homa Bay County through enhanced access to quality youth-friendly reproductive health services, age-appropriate comprehensive sexuality education, and effective gender-responsive interventions.

The overarching policy statement

To promote the sexual and reproductive health and rights of adolescents and youth in Homa Bay County by ensuring equitable access to youth-friendly health services, comprehensive sexuality education, and effective gender-responsive interventions, while combating socio-cultural barriers, gender-based violence, and misinformation, with the ultimate goal of empowering young people to

make informed, healthy, and safe choices about their reproductive health and well-being.

Policy Objectives:

Increase Access to Youth-Friendly Health Services: Improve the availability, accessibility, and quality of youth-friendly reproductive health services in Homa Bay County, ensuring that services are provided in a non-judgmental, confidential, and inclusive manner.

Enhance Age Appropriate Sexual and Reproductive Health Education: Expand the reach and quality of sexuality education for adolescents and youth in schools and communities to increase their knowledge and ability to make informed decisions about their sexual and reproductive health.

Reduce Gender-Based Violence and Improve Support Services: Combat gender-based violence (GBV) by strengthening reporting, legal support, and health services for adolescent survivors, while increasing community awareness and transforming harmful gender norms that perpetuate violence.

Policy Intervention

1. Expansion of Youth-Friendly Reproductive Health Services:

Establish more service points: Set up additional adolescent-friendly health service points in schools, community centers, and local clinics to increase access to sexual and reproductive health services.

Training of healthcare providers: Provide comprehensive training for healthcare providers to ensure they offer quality non-discriminatory, confidential, and respectful reproductive health services tailored to the specific needs of young people.

Comprehensive contraceptive access: Ensure a wide range of contraceptive methods, including emergency contraception, is available in youth-friendly environments. This includes access to long-acting reversible contraceptives

(LARCs) and condoms. **HIV prevention services:** Expand access to HIV prevention services, including voluntary counseling and testing (VCT) and the provision of Pre-Exposure Prophylaxis (PrEP) to high-risk adolescents.

Telemedicine and mobile health (mHealth) platforms: Launch digital health initiatives, such as mobile apps and telemedicine services, to provide remote consultations, contraception distribution, and reproductive health information, particularly for rural and hard-to-reach youth.

2. Enhancement of Comprehensive Sexuality Education:

Scale up school-based programs: Expand and standardize school-based comprehensive sexuality education programs among children, while adhering to the Provisions of the Children's Act, 2022, that address a wide range of topics, including contraception, HIV prevention, consent, healthy relationships, and gender equality.

Out-of-school education programs for AYPs: Integrate sexual and reproductive health education into community outreach programs through peer educators, community health workers, and mobile units that specifically target out-of-school youth.

Use of technology for education: Develop interactive and engaging digital platforms, such as mobile apps, e-learning modules, and social media campaigns, to provide accurate sexual and reproductive health information to adolescents and youth, emphasizing responsible decision-making.

Parent and community engagement: Implement programs to educate parents and communities about the importance of comprehensive sexuality education, creating a supportive environment for adolescents to access sexual health education without fear of stigma.

3. Strengthening Gender-Based Violence (GBV) Prevention, Response and After care Support:

Community-based prevention initiatives: Establish and strengthen community-based GBV prevention programs, including awareness campaigns that challenge harmful gender norms and promote positive masculinity and gender

equality. Survivor support services: Improve access to a holistic range of services for GBV survivors, such as safe houses, one-stop GBV centers, and legal aid services, ensuring the integration of sexual and reproductive health care for survivors.

Capacity building for service providers: Provide specialized training for healthcare providers, law enforcement, and community leaders to ensure they are equipped to respond to cases of sexual violence and gender-based violence with sensitivity, respect, and confidentiality.

Multi-sectoral approach to GBV response: Develop coordinated mechanisms for the prevention and response to GBV, including collaboration among healthcare providers, law enforcement, social workers, and community-based organizations, to provide timely and appropriate services to adolescents.

Engagement of youth in prevention: Engage young people directly in GBV prevention efforts through peer-led education, outreach campaigns, and youth-led advocacy, to ensure that their voices are heard in the development of GBV programs and policies

3.5 Policy Objective Six: Access To Reproductive Health Services For People Living With HIV (PLHIV) And Persons With Disabilities (PWDS)

Policy Goal:

To ensure equitable access to reproductive health services for People Living with HIV (PLHIV) and Persons with Disabilities (PWDs) in Homa Bay County, empowering them to informed reproductive choices while addressing stigma, discrimination, and barriers to care.

Overarching Policy Statement:

The policy seeks to uphold the reproductive health rights of People Living with HIV (PLHIV) and Persons with Disabilities (PWDs) in Homa Bay County by eliminating barriers to access, ensuring comprehensive, stigma-free services,

and fostering inclusive healthcare environments. This will be achieved through enhanced education, policy reforms, strengthened health systems, and community support, enabling these populations to live with dignity and make informed choices about their reproductive health and rights.

Policy Objectives:

- **Increase Access to Comprehensive Reproductive Health Services for PLHIV and PWDs:** Improve the availability, accessibility, and quality of reproductive health services for PLHIV and PWDs by removing physical, financial, and social barriers to care, ensuring services are inclusive, confidential, and non-discriminatory.
- **Eliminate Stigma and Discrimination in Reproductive Health Care:** Address and eliminate stigma and discrimination related to HIV and disability in healthcare settings, ensuring that PLHIV and PWDs are treated with dignity and respect, and have access to the full range of reproductive health services.
- **Strengthen Community Awareness and Empowerment for PLHIV and PWDs:** Empower communities, including PLHIV and PWDs, with accurate information about reproductive health rights, HIV prevention, family planning, and the importance of gender equality, while promoting the involvement of male partners in reproductive health care.

Policy Interventions:

For People Living with HIV (PLHIV):

Expand Access to HIV-Sensitive Reproductive Health Services:

- **Integrated services:** Provide integrated reproductive health services that combine HIV care, family planning, and maternal care, ensuring that pregnant women living with HIV have access to safe pregnancy care, prevention of mother-to-child transmission (PMTCT), and antiretroviral therapy (ART).
- **Mobile clinics:** Establish mobile clinics in remote

areas to provide access to ART, PMTCT services, and family planning, reducing the distance and cost barrier for PLHIV in rural areas.

Community Education and Stigma Reduction:

- Awareness campaigns: Launch community-based campaigns to reduce stigma associated with HIV and promote understanding of reproductive health rights for PLHIV, especially targeting communities and health workers.
- Male involvement in PMTCT: Develop programs to actively involve male partners in HIV care, particularly in preventing mother-to-child transmission, ensuring both partners are educated about HIV care and prevention.

Strengthen HIV-Related Maternal Health Services:

- Targeted PMTCT interventions: Improve access to PMTCT services and antiretroviral drugs for pregnant women living with HIV, ensuring timely intervention to reduce mother-to-child transmission rates.
- Retention in care: Improve retention in HIV care by addressing barriers such as transportation, medication stock-outs, and misinformation about ART.

For Persons with Disabilities (PWDs):

Improve Accessibility of Health Services for PWDs:

- Infrastructure upgrades: Ensure that all healthcare facilities are physically accessible, including ramps, accessible toilets, braille materials, and sign language interpreters for the deaf, ensuring that PWDs can access reproductive health services.
- Disability-friendly reproductive health services: Train healthcare workers to provide inclusive and respectful reproductive health services for PWDs, addressing their unique needs, including family planning, antenatal care, and sexual health education.

Eliminate Discrimination and Promote Informed Consent:

- Informed consent protocols: Strengthen legal frameworks to ensure that all medical procedures, especially related to reproductive health, are conducted with full informed consent, particularly for women with disabilities who may be vulnerable to coercion.

- Anti-stigma initiatives: Conduct anti-stigma training for healthcare providers to eliminate discrimination against PWDs and ensure respectful and unbiased delivery of services.

Provide Financial Support and Health Insurance Access:

- Subsidized health insurance: Expand access to subsidized health insurance for PWDs, including increased coverage through the Social Health Insurance Fund (SHIF), to reduce out-of-pocket expenses for reproductive health services.
- Transport support: Implement transportation assistance programs to help PWDs access healthcare facilities, especially in rural and underserved areas.

Increase Access to Reproductive Health Information:

- Inclusive education materials: Develop and distribute accessible sexual and reproductive health education materials, including braille books, sign language videos, and other communication tools to ensure PWDs can access accurate information.
- Community outreach: Organize community-based reproductive health education sessions tailored for PWDs, involving both PWDs and their caregivers in discussions around sexuality, reproductive rights, and family planning.

3.6 Policy Objective Seven: Intersex Persons, People With Elevated Epidemiological Risks Of HIV (PEERH), and Sexual & Gender Minorities.

Policy Goal

The goal of the Homa Bay County Reproductive Health Policy, 2026, is to ensure that intersex persons, key populations, and sexual and gender minorities have equitable access to comprehensive reproductive health services that are inclusive, informed, and free from discrimination.

Overarching Policy Statement

The Homa Bay County Reproductive Health Policy, 2026,

recognizes the reproductive health rights of intersex persons, key populations, and sexual and gender minorities as fundamental human rights. The policy commits to providing inclusive, respectful, and culturally sensitive healthcare services that address the specific needs of these populations. It seeks to eliminate stigma, discrimination, and harmful practices, ensuring that intersex persons, key populations, and sexual and gender minorities can access reproductive health services safely, make informed decisions about their bodies, and enjoy dignity and equality within the healthcare system.

Policy Objectives

- **Ensure Comprehensive and Inclusive Reproductive Health Services:** Guarantee that intersex persons, key populations, and sexual and gender minorities can access a full range of reproductive health services, including family planning, STI prevention and treatment, HIV services, gender-affirming care, harm reduction programs, and mental health support.
- **Promote Awareness, Acceptance, and Inclusion:** Increase public and healthcare provider awareness and understanding of intersex conditions and the specific health needs of key populations, sexual and gender minorities fostering a respectful, non-judgmental environment.
- **Address Health Disparities and Improve Outcomes:** Reduce health disparities and improve reproductive health outcomes for intersex persons, key populations, and sexual and gender minorities by removing barriers to care and providing specialized, client-centered services.
- **Protect the Rights, Autonomy, and Dignity of Intersex Persons and Key Populations:** Advocate against discrimination, forced medical procedures, and violence, while promoting bodily autonomy and empowering intersex persons, key populations, and sexual and gender minorities to make informed choices about their healthcare.
- **Tailored Healthcare Services:** Provide non-discriminatory and specialized reproductive health services, including STI screening and treatment, HIV prevention (PrEP and PEP), harm reduction services for people who inject drugs, and gender-affirming healthcare for transgender and intersex persons.
- **Family Planning and Fertility Services:** Ensure intersex persons, key populations, and sexual and gender minorities have access to comprehensive family planning counseling and services, respecting bodily autonomy and informed consent.
- **Holistic Integration of Services:** Integrate reproductive health services with HIV care, mental health support, and substance use programs to address the interconnected needs of intersex persons, key populations, sexual and gender minorities.
- **Youth-Friendly and Confidential Services:** Provide services that are youth-friendly, confidential, non-judgmental, and accessible, ensuring early engagement and retention of young intersex persons, key populations, and sexual and gender minorities in care.

Eliminating Discrimination and Stigma:

- **Training of Healthcare Providers:** Equip healthcare providers with the knowledge and skills to offer respectful, affirming care to intersex persons, key populations, and sexual and gender minorities addressing biases and promoting dignity in service delivery.
- **Community Education and Sensitization:** Launch sustained campaigns to demystify intersex variations and promote acceptance of key populations, reducing societal stigma and misinformation.
- **Advocacy for Legal Protections:** Advocate for legal reforms and enforcement to protect intersex persons, key populations, sexual and gender minorities from discrimination, including protections against non-consensual medical procedures, violence, and barriers to healthcare access.

Policy Interventions

Inclusive Reproductive Health Services:

Specialized Mental Health and Psychosocial Support:

- **Mental Health Services:** Offer gender-affirming, trauma-informed mental health and psychosocial

support services that address the unique challenges faced by intersex persons, key populations, and sexual and gender minorities due to stigma, discrimination, and violence.

- **Support Groups and Peer Networks:** Establish peer-led support groups for intersex persons, key populations and sexual and gender minorities to foster community solidarity, resilience, and empowerment.

Health System Strengthening:

- **Friendly Healthcare Facilities:** Strengthen healthcare facilities to be welcoming and affirming spaces for intersex persons, key populations, and sexual and gender minorities by adopting non-discriminatory practices and creating safe environments.
- **Mobile and Outreach Services:** Expand mobile health services targeting hard-to-reach and marginalized intersex persons, key populations, sexual and gender minorities to improve service coverage and access.
- **Data Collection and Research:** Develop ethical, disaggregated data systems and support research to better understand and address the reproductive health needs of intersex persons, key populations, and sexual and gender minorities ensuring that interventions are evidence-driven and responsive.

3.7 Policy Objective Eight: Reproductive Health Cancers

Policy Goal

The goal of the Homa Bay County Reproductive Health Policy, 2026, is to reduce the burden of reproductive health cancers through prevention, early detection, treatment, palliative care, and survivorship support.

Overarching Policy Statement

The County recognizes reproductive health cancers, including cervical, breast, prostate, and testicular cancers, as major public health challenges with profound effects on individuals, families, and communities. This policy

prioritizes strengthening health systems to prevent, detect, and treat reproductive cancers promptly, promote public awareness, and provide compassionate care and support to all affected persons.

Policy Objectives

1. **Increase Awareness and Prevention:** Promote knowledge and preventive practices against reproductive health cancers across all age groups and populations.
2. **Enhance Early Detection and Screening:** Expand access to regular, affordable, and accessible screening and diagnostic services.
3. **Improve Access to Treatment and Care:** Strengthen the availability of comprehensive, timely, and quality cancer treatment and management services.
4. **Support Survivorship and Palliative Care:** Ensure survivors receive psychosocial, rehabilitation, and palliative care services to enhance quality of life.

Policy Interventions

Cancer Prevention and Health Promotion:

- **Community Education:** Implement sustained community awareness campaigns on risk factors, preventive practices (e.g., HPV vaccination), and early warning signs of reproductive cancers.
- **Vaccination Programs:** Strengthen the routine delivery of HPV vaccination to eligible populations to prevent cervical cancer.
- **Lifestyle Modification Initiatives:** Promote healthy living practices such as smoking cessation, healthy diets, physical activity, and reduced alcohol consumption.

Screening and Early Detection Services:

- **Regular Screening Programs:** Establish regular screening services for cervical, breast, prostate, and testicular cancers at all levels of the county

health system.

- **Mobile Outreach Services:** Deploy mobile screening units to underserved, rural, and hard-to-reach areas.
- **Integration into Routine Care:** Integrate cancer screening into reproductive, maternal, and primary healthcare services to improve uptake.

Diagnosis, Treatment, and Referral Systems:

- **Strengthening Diagnostic Capacity:** Equip health facilities with essential diagnostic technologies and train personnel to facilitate early and accurate diagnosis.
- **Treatment Access:** Facilitate timely access to surgical, medical, and radiotherapy treatments through partnerships with regional centers of excellence.
- **Efficient Referral Networks:** Establish clear referral and feedback systems between primary health care units and specialized treatment centers.

Support for Survivors and Palliative Care:

- **Survivorship Care:** Develop and implement follow-up and rehabilitation programs to address the long-term physical, emotional, and social needs of survivors.
- **Palliative Care Services:** Expand access to quality palliative care services, including pain management,

counseling, and home-based care.

- **Capacity Building:** Train healthcare workers on survivorship care, palliative approaches, and compassionate communication.

Monitoring, Research, and Data Management:

- **Cancer Registry Systems:** Strengthen cancer registration and surveillance to generate accurate data for policy and program improvement.
- **Research and Innovation:** Promote operational research to identify barriers to cancer care and implement evidence-based interventions.
- **Performance Monitoring:** Regularly monitor and evaluate reproductive health cancer programs to measure progress and impact.

CHAPTER FOUR: STAKEHOLDER ANALYSIS AND RESPONSIBILITIES

4.1 Introduction

Reproductive health is a fundamental component of human rights and a key determinant of social and economic progress. Ensuring access to comprehensive reproductive health services is essential for improving quality of life, reducing maternal and neonatal mortality, and fostering sustainable development.

Homa Bay County faces significant reproductive health challenges, including limited access to quality healthcare services, cultural and societal barriers to family planning, high teenage pregnancy rates, a high burden of HIV/AIDS, and inadequate health infrastructure. These challenges disproportionately affect women, adolescents, and marginalized populations, necessitating targeted interventions and strengthened health systems.

The successful implementation of an effective reproductive health policy requires a collaborative, multi-sectoral approach involving government agencies, health professionals, educators, community leaders, and civil society organizations. This document serves as a strategic guide to ensure coordinated efforts that enhance service delivery, improve policy implementation, strengthen financial sustainability, and foster inclusive community engagement in reproductive health initiatives.

The implementation of an effective reproductive health policy requires a multi-sectoral approach, with defined roles for each stakeholder. This document provides a roadmap for collaborative efforts, emphasizing the need for integrated service delivery, capacity building, financial sustainability, and community engagement.

4.2 Stakeholder Identification and Responsibilities

County Government Department and entities

A. County Executive Committee Member (CECM) for Public Health and Medical Services

Responsibilities:

- Develop and oversee county-level reproductive health policies and strategic plans.
- Ensure interdepartmental coordination with education, social services, gender, and finance sectors.
- Mobilize financial resources and allocate budgets for reproductive health programs.
- Monitor the effectiveness of reproductive health interventions and evaluate policy impact.
- Establish public-private partnerships to improve service delivery.
- Advocate for increased county and national funding for reproductive health programs.
- Implement policy frameworks to address gender-based violence and reproductive rights violations.
- Spearhead initiatives to reduce maternal mortality by improving emergency response systems.
- Engage with community leaders to promote culturally sensitive reproductive health policies.
- Strengthen collaboration with national and international health agencies for technical and financial support.

4.3 Homa Bay County Department of Health

Responsibilities:

- Lead the implementation of reproductive health services across county health facilities.
- Develop training programs for healthcare providers to ensure adherence to best practices.
- Strengthen emergency obstetric and neonatal care services.
- Establish robust data management and monitoring systems for service quality evaluation.
- Ensure the availability of reproductive health commodities and medications.
- Develop and enforce strict service delivery protocols to ensure equitable access to care.
- Expand community-based maternal and child health programs to rural and hard-to-reach areas.
- Conduct periodic health assessments to identify gaps and address service delivery challenges.
- Enhance telemedicine and digital health strategies to improve service access.
- Strengthen regulatory oversight on private and public health service providers to ensure quality compliance.

4.4 Homa Bay County Department of Education

Responsibilities:

- Integrate reproductive health education into school curricula.
- Train teachers to provide age-appropriate reproductive health education.
- Organize school-based health programs in collaboration with health professionals.
- Introduce mentorship programs to guide adolescents on reproductive health issues.

- Promote adolescent-friendly health services within school environments.
- Conduct parental engagement workshops to improve family communication on reproductive health matters.

4.5 Homa Bay County Department of Gender

Enhanced Responsibilities:

- Develop gender-sensitive policies and programs to enhance reproductive health outcomes.
- Address gender-based violence (GBV) as it relates to reproductive health and ensure survivor support services.
- Collaborate with health and education sectors to provide reproductive health information tailored to women, girls, and vulnerable populations.
- Advocate for women's empowerment initiatives that promote access to reproductive health services.
- Support community outreach programs that focus on gender equality in reproductive health decision-making.
- Strengthen legal and policy frameworks to address harmful cultural practices affecting reproductive health, such as early marriage and female genital mutilation (FGM).
- Provide training and sensitization programs on gender and reproductive health for community leaders and policymakers.

4.6 County Treasury

Responsibilities:

- Secure and allocate funding for reproductive health initiatives.
- Ensure financial transparency and accountability in reproductive health program expenditures.
- Partner with development agencies to mobilize additional financial support.

- Establish innovative financing mechanisms such as public-private partnerships to sustain reproductive health services.
- Regularly audit reproductive health programs to ensure financial prudence and effective use of resources.

B. Health Care Providers

4.7 County Reproductive Health Coordinator

Responsibilities:

- Lead the implementation of reproductive health programs across all county health facilities.
- Develop strategic plans for improving reproductive health service delivery in line with national and county health policies.
- Coordinate the distribution of reproductive health commodities, ensuring availability and accessibility.
- Provide technical support and capacity building to healthcare providers on reproductive health best practices.
- Strengthen community outreach programs and partnerships with stakeholders to enhance reproductive health awareness.
- Monitor and evaluate reproductive health initiatives, ensuring adherence to set standards and policies.
- Advocate for reproductive health funding and policy advancements within the county government.
- Facilitate training programs for healthcare workers to enhance service delivery and patient care.
- Ensure data collection, analysis, and reporting mechanisms for reproductive health services are robust and effective.

4.8 Public and Private Health Facilities

Responsibilities:

- Provide quality reproductive health services, including antenatal and postnatal care, family planning, and

HIV prevention.

- Maintain accurate patient records and report service data to county health authorities.
- Strengthen referral systems for specialized reproductive health services.

4.9 Community Health Workers (CHWs)

Responsibilities:

- Conduct community outreach and education on reproductive health.
- Identify high-risk pregnancies and refer cases to health facilities.
- Support household-level interventions for maternal and child health.
- Participate in regular training on new reproductive health guidelines.

C. Non-Governmental Organizations (NGOs) and Civil Society

4.10 Local and International NGOs

Responsibilities:

- Advocate for reproductive rights and gender equality.
- Provide community-based reproductive health services and counseling.
- Support capacity building for local health providers.
- Conduct research and policy advocacy.

4.11 Community-Based Organizations (CBOs)

Responsibilities:

- Mobilize communities to access reproductive health services.

- Organize community dialogues and awareness programs.
- Support reproductive health programs tailored to local cultural contexts.

4.12 Conclusion

A coordinated, multi-stakeholder approach is essential for improving reproductive health outcomes in Homa Bay County. Strengthening service delivery, expanding access to essential reproductive health services, fostering gender-inclusive policies, and enhancing accountability mechanisms will ensure long-term sustainability and effectiveness of reproductive health interventions.

To achieve meaningful progress, all stakeholders must actively engage in policy implementation, data-driven decision-making, and capacity-building initiatives. Community participation, strategic partnerships, and adequate resource allocation will be key to addressing persistent reproductive health challenges. This policy framework will undergo regular evaluations to align with emerging health trends, technological advancements, and evolving community needs, ensuring that it remains responsive, inclusive, and impactful for the residents of Homa Bay County.

CHAPTER FIVE: POLICY COORDINATION AND IMPLEMENTATION

5.1 Introduction

Reproductive health is a fundamental human right and a cornerstone of socio-economic development. It encompasses services such as family planning, maternal and child health, and the prevention and management of STIs, including HIV/AIDS. In Homa Bay County, reproductive health challenges—such as high maternal and neonatal mortality, a heavy HIV burden, teenage pregnancies, and gender-based violence—require urgent, coordinated, and context-specific responses.

Systemic challenges, including limited infrastructure, workforce shortages, and cultural barriers, further limit access to quality care, particularly for women, youth, and marginalized groups. Addressing these requires a robust, multi-sectoral framework that integrates evidence-based strategies, community engagement, and efficient resource use.

This chapter outlines the institutional and operational mechanisms that will guide the implementation of the policy, emphasizing stakeholder coordination, accountability, and sustainability.

5.2 Approaches for implementing the Policy

The implementation of this policy shall be guided by the following approaches:

- a. Rights-based approach;
- b. Survivor centred approach
- c. Gender transformative approach
- d. Youth mainstreaming;
- e. Professional approach;
- f. Coordinated approach;
- g. Evidence basis and knowledge sharing;
- h. Youth oriented approach; and,
- i. Sustainable development.

5.3 Reproductive Health Coordination Committee

To provide overall leadership, coordination, and policy oversight in the implementation of reproductive health programs, a County Reproductive Health Coordination Committee shall be established through a legislative framework.

The County Executive Committee Member (CECM) for Public Health and Medical Services shall propose to the County Assembly the Homa Bay County Reproductive Health Act, whose provisions shall formally establish the Committee, define its mandate, and institutionalize its role in overseeing all county reproductive health efforts.

The Committee shall be chaired by the County Executive Committee Member (CECM) for Health and coordinated by the Chief Officer for Public Health, who shall serve as Secretary. The membership shall comprise of the County Reproductive Health Coordinator, alongside designated representatives from key departments, including health, education, gender, youth, social services, planning, and finance. In addition, the Committee shall include representatives from civil society organizations, community-based and faith-based organizations, and the private sector. Youth and women representatives, as well as development partners engaged in the health sector within the county, shall also form part of the Committee to ensure inclusive and multi-stakeholder representation.

5.4 Roles and Responsibilities

- Provide strategic leadership in planning, implementation, and evaluation of reproductive health interventions
- Facilitate interdepartmental and intersectoral collaboration for integrated service delivery
- Oversee mobilization and alignment of financial, technical, and human resources
- Guide monitoring and evaluation mechanisms and ensure timely data reporting
- Support risk identification and mitigation in reproductive health programs
- Recommend legislative and policy reviews based on emerging reproductive health trends

The Committee shall meet at least once every quarter and hold additional special sittings as needed. It shall submit annual performance reports to the County Executive and County Assembly and provide a forum for stakeholder engagement and feedback.

5.5 Establishment of a Decentralized Reproductive Health Coordination Framework and Unit

To support the Coordination Committee, a County Reproductive Health Technical Unit shall be established within the Department of Health Services. It will be headed by the County Reproductive Health Coordinator and include technical officers with expertise in reproductive health, adolescent health, SGBV, HIV, monitoring and evaluation, and health systems management.

5.6 Functions of the Unit

- Provide technical expertise and implementation support for county reproductive health programs
- Conduct regular programmatic reviews and operational planning

- Ensure standardization of care and compliance with national guidelines
- Produce technical reports and coordinate donor-supported initiatives
- Work closely with sub-county and ward-level structures for localized action

The Unit shall be decentralized to sub-county and ward levels, with focal persons designated to coordinate reproductive health services and community engagement at the grassroots.

5.7 Develop Intersectoral Action and strategic Plan

The county executive committee member shall Create joint strategic and action plans that detail the roles, timelines, and resource allocations for each stakeholder, ensuring that interventions are well-integrated across sectors. This action plan shall be aligned with the CIDP.

5.8 Regular Coordination Meeting/ technical working group.

The chief officer responsible for public health with the approval of the County executive committee member shall ensure the establishment of the County Reproductive Health Technical Working Group. The technical working group shall meet regularly and not less than quarterly and will include all key stakeholders to share updates, discuss challenges, and adapt strategies based on real-time data and feedback.

5.9 Decentralized Service Delivery and Integration

The county undertakes to perform the following when implementing the decentralization of service delivery and integration:

- **Strengthen Primary Health Facilities:** Enhance the capacity of both public and private health facilities at the county and community levels by equipping them with the necessary resources, technology, and trained personnel.
- **Integrate Services:** Combine reproductive health services with HIV prevention, maternal and child health, and family planning programs to offer comprehensive care at a single point of service. This includes integrating counseling, testing, and follow-up care to ensure continuity.
- **Mobile and Outreach Clinics:** Deploy mobile clinics and community health outreach programs, especially in remote and underserved areas, to bring services closer to the target populations.

5.10 Community Engagement and Demand Creation

The county undertakes to perform the following when implementing community engagement and demand creation

- **Participatory Planning:** Involve community members, especially women, adolescents, and marginalized groups, in the planning, implementation, and evaluation of reproductive health programs to ensure that services are culturally sensitive and locally acceptable.
- **Health Education Campaigns:** Launch comprehensive health education initiatives using local media, community forums, school programs, and digital platforms to raise awareness about reproductive health rights, family planning, and available services.
- **Peer Outreach Programs:** Empower local leaders and community volunteers to act as peer educators and champions, facilitating trust and fostering a supportive environment for reproductive health initiatives.

5.11 Innovative Financing and Resource Mobilization

The county undertakes to perform the following when implementing innovative financing and resource mobilization;

- **Diversified Funding Sources:** Secure sustainable funding through county and national budget allocations, supplemented by grants and technical assistance from international development partners and private sector collaborations;
- **Public-Private Partnerships:** Establish partnerships with local businesses, pharmaceutical companies, and non-governmental organizations to leverage additional resources, share best practices, and enhance service delivery; and
- **Innovative Financial Mechanisms:** Explore innovative financing models, such as social impact bonds and community-based health insurance schemes, to ensure long-term sustainability of reproductive health programs.

5.12 Risk Management and Contingency Planning

The county undertakes to perform the following when implementing the risk management and contingency planning for reproductive health in the county;

- **Identify Risks Early:** Proactively identify potential risks (e.g., funding shortfalls, cultural resistance, infrastructure challenges) through regular situational analyses.
- **Develop Contingency Plans:** Create detailed contingency plans that outline response strategies for unforeseen challenges, ensuring minimal disruption to service delivery.
- **Regular Risk Assessments:** Periodically review and update risk management strategies to reflect changing circumstances and ensure readiness for emergency interventions.

CHAPTER SIX: MONITORING, EVALUATION AND LEARNING

The implementation of the Policy will be monitored regularly by County Department of Health and will utilize annual reporting framework to report progress. An evaluation will also be conducted annually to assess impact of the Policy and benefits accruing for all the applicable stakeholders and shall be reported through the annual county report to the County Assembly.

This Policy is underpinned on the principles of integration and cooperation. Hence monitoring, evaluation and learning shall be undertaken through strong partnership between the County Government, relevant national government entities, private sectors, development partners, Informal Sector, other stakeholders and the youth. For effective monitoring and coordination of the Policy, the department in charge of public health will develop its monitoring and evaluation framework modelled around the County Integrated Monitoring and Evaluation System currently in existence.

All relevant County Departments shall be involved in monitoring and evaluation processes. Furthermore, the institutional frameworks established herein shall be

involved in the overall monitoring, evaluation and impact assessment of this policy. The county government shall establish an institutionalized framework to ensure the aforementioned function is diligently undertaken.

The department shall develop a set of key performance indicators (KPIs) that measure service uptake, quality of care, maternal and neonatal outcomes, and client satisfaction and shall further conduct periodic evaluations—both internal and independent—to assess program effectiveness, identify gaps, and guide policy adjustments.

In view of the county government's decentralization of services policy the department shall set up community oversight frameworks, suggestion boxes, and digital feedback platforms to gather input from service beneficiaries and ensure accountability. Lastly, use data-driven insights to make continuous improvements, adjusting strategies to address emerging challenges and incorporate technological advancements.

CHAPTER SEVEN: RESOURCE MOBILIZATION AND SUSTAINABLE FINANCING FOR REPRODUCTIVE HEALTH POLICY

7.1 Introduction

Sustainable financing of reproductive health (RH) services in Homa Bay County requires a multi-sectoral strategy that leverages diverse funding sources, enhances accountability, and aligns with national and global best practices. This chapter outlines mechanisms for mobilizing and sustaining financial and in-kind resources through public investments, private partnerships, community contributions, and legal frameworks to ensure equitable and long-term delivery of RH services.

7.2 Funding Sources

Public Sector Financing

The County Executive Committee shall allocate adequate RH resources in the annual budget aligned with the Medium-Term Expenditure Framework (MTEF).

The County Department of Health shall harness funding through national health programs such as the Facility Improvement Fund (FIF), Universal Health Coverage (UHC) and conditional grants like the Health Sector Services Fund (HSSF).

The Department shall advocate for ring-fenced budget lines for RH services to safeguard funding integrity.

7.3 Private Sector and Development Partners

- Engage in Public-Private Partnerships (PPPs) with healthcare providers, financial institutions, and pharmaceutical companies.
- Promote Corporate Social Responsibility (CSR) contributions from businesses.

- Seek financial and technical support from bilateral and multilateral partners such as UNFPA, WHO, and the World Bank.
- Strengthen partnerships with NGOs, FBOs, and Public Benefit Organizations (PBOs).
- Facilitate social impact investments for RH infrastructure and service delivery.

7.4 Community and Individual Contributions

- Scale up community-based health insurance and SACCOs.
- Encourage philanthropic donations from individuals, diaspora, and well-wishers.
- Utilize crowdfunding and digital platforms to raise funds for RH priorities.

7.5 Sustainable Financing Mechanisms

- Health Insurance and Social Protection
- Promote universal access to RH through the Social Health Insurance Fund (SHIF).
- Support uptake of Community-Based Health Insurance (CBHI) schemes.
- Introduce Performance-Based Financing (PBF) to improve service quality.
- Encourage establishment of health savings accounts at the household level.

7.6 Resource Optimization

- Adopt program-based budgeting to align funding with RH outcomes.
- Maximize use of existing facilities and human resources.
- Implement joint procurement of RH commodities to reduce costs.
- Train community and mid-level health workers to deliver cost-effective services.

7.7 County Reproductive Health Fund

To institutionalize sustainable financing, the County Government shall establish a County Reproductive Health Fund anchored in legislation. The Fund shall:

- Consolidate allocations from county budgets, national grants, and external contributions.
- Receive support from private sector investments, community contributions, and CSR.
- Operate under clear governance and accountability structures with periodic audits and public reporting.
- Be administered by the County Department of Health under the oversight of a multi-sectoral committee.

7.8 Legal and Institutional Frameworks

- Enact legislation to provide a legal basis for the County Reproductive Health Fund and mandate sustained financing from diverse revenue streams.
- Establish formal partnership agreements (e.g., MoUs) with donors, private actors, and civil society organizations.
- Strengthen governance and financial systems to ensure effective resource tracking and reporting.
- Develop policies for innovative revenue generation, including sin taxes on harmful products (e.g., alcohol, tobacco) earmarked for RH services.

CHAPTER EIGHT: COMMUNICATION, PUBLICITY AND INFORMATION

The County Government through the department responsible for Public Health and in collaboration with relevant county entities including the department responsible for Public Communication and stakeholders' engagement shall develop mechanisms for using formal and informal channels, print and electronic media in developing a robust and multifaceted communication strategy for the Policy and the programme activities to all relevant stakeholders.

This will also include capacity building of relevant stakeholders on the Policy and the roles in implementation, monitoring and evaluation and impact assessment.

The Department through the relevant county channels shall facilitate the communication of results for policy interventions annually. The Department in charge of public health shall develop an Annual County Report on the Status of reproductive health in the County that shall be approved by the County Executive Committee and tabled in the County Assembly for discussion.

CHAPTER NINE: POLICY REVIEW

The Policy and its implementation framework were developed through a consultative process while giving cognizance to the dynamic nature of issues around reproductive health in the county. Consequently, the Policy shall be reviewed as the need arises to take into account emerging issues on reproductive health.

Notwithstanding the generality of the above paragraph the policy shall be reviewed after every five years to determine the progress of implementation and scope of its interventions. It shall further act as an important guide to the development of the County Integrated Development Plan (CIDP) and other county reproductive health interventions.

CHAPTER TEN: CONCLUSION

The overarching goal of this policy is to ensure universal access to high-quality, affordable, and equitable reproductive health services for all residents of Homa Bay County. By strengthening healthcare systems, improving service delivery, and addressing socio-cultural barriers, the policy seeks to enhance reproductive health outcomes and contribute to the overall well-being and socio-economic development of the county.

ANNEXTURE ONE: COMPREHENSIVE IMPLEMENTATION MATRIX FOR THE HOMA BAY COUNTY REPRODUCTIVE HEALTH POLICY 2026

Below is an operational implementation matrix aligned to the Policy's goals, mission, objectives and key deliverables as set out in the Homa Bay County Reproductive Health Policy (2026).

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
POLICY OBJECTIVE ONE: ACCESS TO HIGH-QUALITY MATERNAL HEALTHCARE SERVICES						
STRATEGIC INTERVENTION AREA 1: EXPANDING ACCESS TO QUALITY ANTENATAL CARE (ANC)						
Universal 8-Contact ANC Coverage	Strengthen community outreach to track and enroll pregnant women early	County Department of Health (CDH)	CHPs, Community Units, Sub-County Health Teams	Short-Medium Term	% of pregnant women completing 8 ANC contacts; 1st trimester ANC uptake rate	CHV stipends, outreach transport, ANC registers
	Provide free/ subsidized ANC services including iron/folate, IPTp, TT vaccination	CDH	Facility In-Charges, National MoH	Ongoing	Stock-out rate of essential ANC commodities; ANC service utilization rate	Essential medicines, supplements, lab reagents
Integration of HIV Services	Integrate HIV testing, PMTCT, and PrEP into routine ANC	CDH-HIV Program	HIV-focused NGOs, National AIDS & STI Control Program	Ongoing	% of pregnant women tested for HIV; % linked to ART	HIV test kits, ART supplies

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Human Resource Strengthening	Train and deploy additional skilled ANC providers	CDH	County Public Service Board	Medium Term	Skilled provider-to-client ratio	Training funds, recruitment budget
Data & Monitoring	Strengthen DHIS2 reporting and maternal dashboards	CDH-Health Information Unit	Facility Records Officers	Immediate & Ongoing	% facilities reporting timely ANC data	ICT equipment, training

STRATEGIC INTERVENTION AREA 2: ENHANCING SKILLED BIRTH ATTENDANCE AND FACILITY-BASED DELIVERIES

Facility Upgrading	Upgrade maternity wards to meet national standards	CDH	County Treasury, Development Partners	Medium Term	% facilities meeting maternity standards	Infrastructure funds, delivery beds, theatre equipment
Skilled Birth Attendance	Recruit and deploy midwives to underserved wards	CDH	CPSB	Short-Medium Term	% deliveries attended by skilled personnel	Recruitment budget
Maternity Waiting Homes	Establish maternity waiting homes in remote sub-counties	CDH	Local NGOs, Community Leaders	Medium Term	Number of operational waiting homes	Construction & operational funds
Referral & Transport Systems	Strengthen ambulance services and emergency referral coordination	CDH	Emergency Services Unit	Immediate	Average referral response time	Ambulances, fuel, communication systems
Demand-Side Incentives	Introduce facility delivery incentives (e.g., Mama packs)	CDH	Social Protection Dept.	Short Term	% increase in facility deliveries	Incentive supplies

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
STRATEGIC INTERVENTION AREA 3: STRENGTHENING EMERGENCY OBSTETRIC CARE (EmONC)						
24/7 Comprehensive EmONC	Operationalize round-the-clock EmONC services in all sub-county hospitals	CDH	Sub-County Management Teams	Medium Term	% sub-county hospitals offering 24/7 EmONC	Staffing, theatre supplies
Life-Saving Commodities	Ensure availability of oxytocin, magnesium sulfate, blood transfusion services	CDH	Kenya Medical Supplies Authority (KEMSA)	Ongoing	Stock-out rates; Case fatality rate	Drug procurement budget
Blood Services	Establish functional blood banks at referral facilities	CDH	National Blood Transfusion Services	Medium Term	Units of safe blood available	Refrigeration, screening kits
Capacity Building	Train staff on Basic & Comprehensive EmONC	CDH	Professional Associations	Annual	Number of providers trained	Training resources
STRATEGIC INTERVENTION AREA 4: IMPROVING POSTNATAL CARE (PNC) SERVICES						
Early PNC Coverage	Ensure PNC within 48 hours of delivery	CDH	Facility Teams, CHPs	Immediate	% mothers receiving PNC within 48 hours	Home visit transport
Community Follow-Ups	Conduct home visits for newborn and maternal follow-up	CDH	CHPs	Ongoing	Number of home visits conducted	CHV stipends

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Mental Health & Breastfeeding	Integrate maternal mental health screening & lactation counseling	CDH	Nutrition & Mental Health Units	Medium Term	% mothers screened for post-partum depression	Screening tools
Mobile PNC Units	Deploy outreach PNC services in hard-to-reach areas	CDH	NGOs	Quarterly	Outreach coverage rate	Mobile clinics

STRATEGIC INTERVENTION AREA 5: REDUCING DISPARITIES IN MATERNAL HEALTH SERVICES

Mobile Clinics	Establish mobile maternal health clinics	CDH	Partners	Quarterly	Number of mobile outreaches conducted	Vehicles, fuel
Financial Risk Protection	Expand SHIF enrollment for pregnant women	CDH	Social Health Insurance Fund (SHIF)	Medium Term	% pregnant women insured	Subsidy funds
Socio-Cultural Engagement	Engage elders, religious leaders to address harmful norms	CDH	Community Leaders	Ongoing	Community dialogue sessions held	Advocacy funds
Telemedicine	Develop digital maternal consultation platforms	CDH	ICT Unit	Medium Term	Teleconsultation utilization rate	ICT infrastructure

STRATEGIC INTERVENTION AREA 6: INTEGRATING MATERNAL HEALTH WITH HIV/AIDS SERVICES

PMTCT Strengthening	Ensure universal HIV testing & ART initiation in pregnancy	CDH-HIV Program	NASCOP, NGOs	Ongoing	MTCT rate; % HIV- positive mothers on ART	ART supplies
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Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Capacity Building	Train providers on HIV-maternal integration protocols	CDH	Training Institutions	Annual	Providers trained	Training budget
Counseling & Support	Establish peer mentor mother programs	CDH	Community Units	Ongoing	Retention rate in PMTCT programs	Peer stipends

STRATEGIC INTERVENTION AREA 3: SECURING SUSTAINABLE FINANCING FOR MATERNAL HEALTH

Budget Advocacy	Increase maternal health allocation in County Budget	CDH	County Treasury, County Assembly	Annual Budget Cycle	% increase in maternal health budget	Policy advocacy
Resource Mobilization	Partner with donors & NGOs for maternal funding	CDH	Development Partners	Ongoing	Amount of funds mobilized	Proposal development costs
PPP Development	Develop PPP frameworks for maternity services	CDH	Private Sector	Medium Term	Number of PPP agreements signed	Legal & financial advisory
Health Insurance Expansion	Expand SHIF coverage for maternity services	CDH	SHIF	Ongoing	% facility deliveries covered by insurance	Subsidy funds

POLICY OBJECTIVE TWO:

ELIMINATION OF SEXUAL, EMOTIONAL AND GENDER-BASED VIOLENCE (SEGBV) IN HOMA BAY COUNTY

STRATEGIC INTERVENTION AREA 1: STRENGTHENING LEGAL AND INSTITUTIONAL FRAMEWORKS

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Capacity Building for Justice Actors	Continuous specialized training for police, prosecutors, magistrates, healthcare workers on survivor-centered SGBV case handling	County Department of Gender & Social Services (CDGSS)	Judiciary, ODPP, National Police Service (NPS), CDH	Annual	% of justice actors trained; Survivor satisfaction rate	Training funds, technical experts
Fast-Tracking SGBV Cases	Establish SGBV fast-track courts at county level	Judiciary (County Court Stations)	CDGSS, ODPP	Medium Term	Average case resolution time; Conviction rate in SGBV cases	Infrastructure, magistrate deployment
Police Gender Desks	Expand and operationalize police gender desks in all sub-counties	NPS	CDGSS	Short-Medium Term	% police stations with functional gender desks	Office equipment, trained officers
P3 Form Accessibility	Ensure free, timely issuance of P3 forms in all police stations & health facilities	NPS & CDH	Judiciary	Immediate	% survivors receiving P3 within 24 hours	Printing, policy directives
Legal Aid Services	Establish county-supported legal aid scheme for SGBV survivors	CDGSS	Legal Aid Providers, NGOs	Medium Term	Number of survivors accessing legal aid	Legal aid fund allocation
Inter-Agency Coordination	Establish County SGBV Multi-Agency Technical Working Group	County Executive	Judiciary, NPS, CDH, NGOs	Immediate & Ongoing	Quarterly coordination meetings held	Secretariat support

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
STRATEGIC INTERVENTION AREA 2: ENHANCING SURVIVOR SUPPORT SERVICES						
GBV Recovery Centers (GBVRCs)	Establish and equip GBVRCs in all sub-counties	CDH	Development Partners	Medium Term	Number of functional GBVRCs	Medical equipment, forensic kits
Post-Rape Care Services	Ensure 24/7 availability of PEP, EC, STI treatment	CDH	KEMSA	Immediate & Ongoing	% facilities with zero stock-outs	Drug procurement budget
Forensic Capacity	Train clinicians on forensic evidence collection & preservation	CDH	Judiciary, ODPP	Annual	Number of trained forensic providers	Training budget
Safe Houses & Shelters	Establish safe houses in each sub-county	CDGSS	NGOs, Faith-Based Organizations	Medium Term	Number of operational shelters	Infrastructure & operational funds
Economic Empowerment	Develop livelihood and vocational programs for survivors	CDGSS	Youth & Trade Departments	Ongoing	% survivors enrolled in income programs	Training grants, seed capital
Mobile Outreach Services	Deploy mobile SGBV clinics to remote wards	CDH	NGOs	Quarterly	Outreach sessions conducted	Mobile clinic resources
STRATEGIC INTERVENTION AREA 3: PREVENTING AND CHALLENGING HARMFUL CULTURAL NORMS						
Community Dialogues	Conduct structured dialogues with elders, religious leaders & cultural gatekeepers	CDGSS	Chiefs, Community Leaders	Ongoing	Number of dialogue forums held	Advocacy funds

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
School-Based Interventions	Integrate gender equality & human rights modules in schools	County Education Office	CDGSS, NGOs	Medium Term	% schools implementing gender programs	Curriculum materials
Enforcement of Laws	Strengthen enforcement against child marriage, FGM, widow inheritance	NPS	Judiciary, Chiefs	Ongoing	Number of reported and prosecuted cases	Operational funds
Media Campaigns	Launch sustained radio, TV, and social media campaigns	CDGSS	Media Houses	Annual	Reach and engagement metrics	Media budget
Male Engagement Programs	Promote positive masculinity programs	CDGSS	Youth Groups	Ongoing	Male participation rate in programs	Training materials
STRATEGIC INTERVENTION AREA 4: IMPROVING SGBV RESPONSE AND REPORTING MECHANISMS						
24/7 SGBV Helplines	Establish toll-free county SGBV hotline	CDGSS	ICT Unit	Short Term	Hotline operational; number of calls received	ICT infrastructure
Integrated Case Management System	Develop digital SGBV case tracking system	CDGSS	Judiciary, NPS, CDH	Medium Term	% cases digitally tracked	Software development
Community First Responders	Train chiefs, CHPs, teachers as first responders	CDGSS	CDH	Annual	Number of trained responders	Training funds

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Rural Police Access	Improve rural policing and anti-corruption oversight	NPS	County Security Committee	Ongoing	Response time to SGBV cases	Patrol vehicles
Transport Support	Establish survivor transport assistance scheme	CDGSS	Social Services	Immediate	% survivors receiving transport support	Emergency transport fund
NGO Partnerships	Formalize MOUs with NGOs for survivor support	CDGSS	Civil Society	Ongoing	Number of active partnerships	Partnership framework

STRENGTHENING GBV PREVENTION, RESPONSE & AFTERCARE (CROSS-CUTTING)

Strategic Area	Strategic Actions	Indicators				
Community-Based Prevention	Establish ward-level GBV prevention committees	Committees operational in all wards				
Youth Engagement	Peer-led anti-GBV advocacy programs	Number of youth-led initiatives				
Multi-Sectoral Coordination	Annual county GBV review summit	Annual GBV performance report				
Aftercare & Reintegration	Psychosocial counseling & reintegration programs	% survivors completing counseling				

CROSS-CUTTING ENABLERS

Enabler	Strategic Measures	Indicators				
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Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Sustainable Financing	Dedicated County GBV budget line	Annual GBV allocation increase (%)				
Data & Surveillance	Integrate SGBV indicators into DHIS2 & county reporting systems	% facilities reporting SGBV data				
Monitoring & Evaluation	Annual GBV performance audits	Annual GBV status report produced				
Equity & Inclusion	Prioritize women, girls, adolescents, PWDs & marginalized groups	Disaggregated service coverage data				

POLICY OBJECTIVE THREE: ADDRESSING CONCERNS OF VULNERABLE AND MARGINALIZED GROUPS (WOMEN AND GIRLS IN RURAL AREAS)

Strengthening Health Infrastructure and Workforce	Expand and equip rural health facilities to provide Basic and Comprehensive Emergency Obstetric and Newborn Care (BEmONC & CEmONC) services	County Department of Health (CDH)	National Ministry of Health, Development Partners, County Treasury	Short-Medium Term (1–3 years)	•% increase in functional BEmONC/CEmONC facilities •Reduction in referral delays •Increase in skilled birth attendance rate	Infrastructure funding; medical equipment; ambulances; HR recruitment budget
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Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	Recruit, deploy, and retain skilled health personnel (midwives, nurses, clinical officers, obstetricians) in rural areas	CDH	County Public Service Board (CPSB), PSC	Short-Medium Term	•Health worker-to- population ratio •% of rural facilities meeting staffing norms	Wage bill allocation; rural hardship incentives; training funds
	Formalize referral linkages and integrate Traditional Birth	CDH	CHPs, Community Units,	Short Term (1-2 years)	•Number of TBAs trained and linked to facilities	Training modules;
	Attendants (TBAs) into community referral systems		Local Administration		•% increase in facility-based deliveries	stipends; referral tools
Youth-Friendly Reproductive Health Services and Education	Establish/ strengthen youth-friendly corners in all sub-county and selected primary facilities	CDH	Department of Education, NGOs	Short-Medium Term	•Number of functional youth- friendly service points •Adolescent service utilization rates	Renovation funds; IEC materials; trained youth counselors
	Integrate comprehensive sexuality education (CSE) in schools and community forums	Department of Education	CDH, TSC, Faith- based Organizations	Medium Term (2-4 years)	•% schools implementing CSE •Reduction in teenage pregnancy rates	Curriculum development funds; teacher training; monitoring tools

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	Scale up door-to-door RH education by Community Health Promoters (CHPs)	CDH	Community Units, CSOs	Continuous	•% households reached annually •Increase in contraceptive uptake	CHP stipends; educational materials; supervision costs
Community Awareness and Advocacy Programs	Conduct county-wide multimedia campaigns addressing myths on contraception and promoting gender equality	CDH	Department of Communication, Media Houses, Religious & Cultural Leaders	Short-Medium Term	•Community knowledge index score •mCPR increase (%)	Media airtime; advocacy materials; campaign logistics
	Establish male engagement forums to promote shared reproductive decision-making	CDH	Local Leaders, CSOs	Continuous	•Number of male dialogue forums held •Increased male participation in ANC visits	Community mobilization funds; facilitators
	Develop community by-laws discouraging child marriage and harmful practices	Department of Gender & Social Services	County Assembly, Local Administration	Medium Term	•Number of enacted/enforced by-laws •Reduction in	Legal drafting support; civic education funding
					reported child marriages	

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Strengthening GBV Prevention and Response Systems	Establish and operationalize GBV recovery centers in all sub-counties	CDH	Department of Gender, Judiciary, Police Service	Medium Term (2–5 years)	•Number of operational GBV centers •% survivors receiving comprehensive care within 72 hours	Infrastructure; forensic kits; trained counselors; legal aid support
	Expand safe houses and psychosocial support services	Department of Gender	NGOs, Faith-based Orgs	Medium Term	•Number of safe houses established •Survivor reintegration success rate	Shelter facilities; counseling staff; operational budget
	Roll out community-based GBV prevention programs targeting youth and men	CDH & Gender Department	CSOs, CHPs	Continuous	•Reduction in GBV incidence rates •Increased reporting and referral rates	Training manuals; monitoring tools
Integration of HIV and Reproductive Health Services	Integrate HIV testing, ART services, PMTCT, and family planning services at facility level	CDH	NASCOP, Development Partners	Short–Medium Term	•% facilities offering integrated services •PMTCT coverage rate •Reduced mother-to-child transmission rate	HIV commodities; FP supplies; staff training

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	Implement economic empowerment programs for HIV-positive women (e.g., table banking, vocational skills)	Department of Social Services	NGOs, Microfinance Institutions	Medium-Long Term	•Number of women enrolled in empowerment programs •Increased income levels among beneficiaries	Seed capital; training facilitators; partnership agreements
Data Collection, Monitoring and Evaluation (M&E)	Develop and operationalize a county RH M&E framework aligned to DHIS2	CDH (Health Records & Information Unit)	MoH, KNBS, Development Partners	Short Term	•RH dashboard operational •Timeliness & completeness of reporting (>95%)	ICT systems; data officers; training
	Conduct annual RH program reviews and publish county RH status reports	CDH	County Executive Committee (CEC) Health, County Assembly	Annual	•Annual RH review reports produced •Policy adjustments informed by data	Evaluation budget; research consultants
	Strengthen civil registration and vital statistics (CRVS) systems to capture maternal deaths	CDH	Civil Registration Services	Medium Term	•Maternal death surveillance response rate •Accurate maternal mortality ratio (MMR) trends	Data systems upgrade; training

POLICY OBJECTIVE FOUR: ADOLESCENTS, YOUTH AND YOUNG PEOPLE

STRATEGIC INTERVENTION AREA 1: EXPANSION OF YOUTH-FRIENDLY REPRODUCTIVE HEALTH SERVICES

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Establishment of Youth-Friendly Service Points	Establish adolescent- and youth-friendly corners in all sub-county hospitals and high-volume primary care facilities	County Department of Health (CDH)	County Treasury, Development Partners, Facility Management Committees	Short-Medium Term (1–3 years)	•% of facilities with functional youth- friendly corners •Increase in adolescent service utilization rate	Infrastructure refurbishment funds; equipment; IEC materials; staffing
	Set up satellite service delivery points in schools, TVETs, youth centers and community halls	CDH	Department of Education, Youth Affairs Department, NGOs	Medium Term	•Number of satellite youth service points operational •Geographic coverage index	Outreach kits; mobile clinic vans; service delivery supplies
Capacity Building of Health Workforce	Develop and implement standardized training curriculum on Adolescent & Youth-Friendly Services (AYFS)	CDH (HR & Training Unit)	MoH, Professional Regulatory Bodies	Short Term	•% of providers trained in AYFS •Client satisfaction scores	Training modules; facilitators; supervision budget
	Institutionalize continuous mentorship and supportive supervision for AYFS providers	CDH	Sub-County Health Management Teams	Continuous	•Quarterly supervision reports •Compliance with AYFS standards	Supervision tools; transport facilitation

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Comprehensive Contraceptive Access	Ensure availability of full contraceptive method mix including LARCs and emergency contraception	CDH (Reproductive Health Unit)	KEMSA, Development Partners	Continuous	•Contraceptive stock-out rate (<5%) •Increase in adolescent mCPR	Commodity procurement funds; logistics systems
	Scale up condom distribution through youth networks and digital voucher systems	CDH	Youth Organizations, CSOs	Short-Medium Term	•Condom distribution coverage •Reported condom use at last high-risk intercourse	Distribution logistics; communication materials
Prevention & Care Integration	Expand access to HIV testing services (HTS), VCT, and PrEP for high-risk youth	CDH (HIV Unit)	NASCOP, Community Units	Short-Medium Term	•% of youth tested annually •PrEP uptake among eligible adolescents	HIV test kits; PrEP commodities; counselors
	Integrate HIV, STI, and SRH services within youth-friendly settings	CDH	Facility Managers	Continuous	•% of youth facilities offering integrated SRH-HIV services	Training; integration protocols
Digital Health & Innovation	Develop mHealth platforms (SMS platforms, apps, teleconsultations) for confidential RH	CDH (ICT Unit)	ICT Authority, Private Tech Firms	Medium Term	•Number of youth enrolled on mHealth platforms •Teleconsultation utilization rates	ICT infrastructure; app development; data security systems

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	information and appointments					
	Introduce digital contraceptive refill and appointment reminder systems	CDH	Telecom Providers	Short-Medium Term	•Appointment adherence rates •Reduced missed follow-ups	SMS gateway systems; database management

STRATEGIC INTERVENTION AREA 2: ENHANCEMENT OF COMPREHENSIVE SEXUALITY EDUCATION (CSE)

School-Based CSE Scale-Up	Standardize and roll out age-appropriate CSE curriculum across primary, secondary, and tertiary institutions	Department of Education	CDH, TSC, KICD	Medium Term (2–4 years)	•% of schools implementing CSE •Student SRH knowledge index	Curriculum materials; teacher training funds
	Conduct teacher capacity building on delivery of sensitive SRH content	Department of Education	CDH	Short-Medium Term	•Number of teachers trained •Quality assurance audit scores	Training budget; facilitation allowances
Out-of-School Youth Programs	Deploy peer educators and community health promoters targeting out-of-school youth	CDH	Youth Affairs Department, CSOs	Continuous	•Number of outreach sessions conducted •Reach among out-of-school youth	Peer educator stipends; outreach kits

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	Operate mobile outreach clinics targeting beaches, fishing communities and informal settlements	CDH	Community Units	Medium Term	•Outreach coverage rate •Services provided per outreach	Mobile clinics; fuel; medical supplies
Technology-Driven Education	Develop interactive e- learning modules and social media campaigns on SRHR	CDH (Health Promotion Unit)	Youth Influencers, Media Houses	Short-Medium Term	•Engagement metrics (clicks, downloads) •Online knowledge survey improvements	Content production budget; digital marketing funds
Parent & Community Engagement	Conduct structured parent dialogue forums on adolescent SRH	Department of Social Services	Faith-Based Organizations, Chiefs	Continuous	•Number of dialogue forums conducted	Community mobilization funds
					•Community acceptance index	

STRATEGIC INTERVENTION AREA 3:

STRENGTHENING GBV PREVENTION, RESPONSE AND AFTERCARE SUPPORT FOR ADOLESCENTS & YOUTH

Community-Based GBV Prevention	Roll out youth-led GBV prevention campaigns promoting positive masculinity and gender equality	Department of Gender & Social Services	CDH, Youth Groups	Continuous	•Reduction in GBV prevalence among adolescents •Increased awareness levels	Advocacy materials; training workshops
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Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Survivor Support Services	Establish adolescent-responsive one-stop GBV recovery centers	CDH	Judiciary, Police, NGOs	Medium Term (2–5 years)	•% survivors accessing care within 72 hours •Number of adolescent-specific GBV cases managed	Forensic kits; psychosocial counselors; safe house funding
	Expand safe shelters and legal aid access for adolescent survivors	Department of Gender	Legal Aid Board, CSOs	Medium Term	•Number of operational shelters •Legal case resolution rates	Shelter operations; legal support funds
Capacity Building of Service Providers	Conduct specialized GBV case management training for health workers, police, teachers and social workers	CDH & Gender Department	Judiciary Training Institute	Short–Medium Term	•Number of personnel trained •Quality of survivor-centered response	Training curriculum; facilitation
Multi-Sectoral Coordination	Establish County Adolescent & Youth GBV Coordination Forum	Department of Gender	CDH, Police, Education, NGOs	Short Term	•Quarterly coordination meetings held •Referral pathway compliance rate	Secretariat support; coordination budget
Youth Engagement in GBV Prevention	Support youth-led advocacy platforms and innovation grants for GBV prevention initiatives	Youth Affairs Department	Development Partners	Medium–Long Term	•Number of youth-led initiatives funded •Youth participation index	Seed grants; monitoring systems

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
CROSS-CUTTING IMPLEMENTATION ENABLERS						
Enabler	Strategic Action	Indicator				
Governance & Accountability	Establish County Adolescent & Youth SRHR Steering Committee	Committee operational with quarterly reports				
Financing	Ring-fence budget for AYFS within County Annual Development Plan (ADP)	% of Health Budget allocated to Adolescent SRHR				
Data & M&E	Develop adolescent-disaggregated SRHR indicators within DHIS2	% of facilities reporting age-disaggregated data				
Equity & Inclusion	Target marginalized youth (PWDs, fisherfolk communities, urban informal settlements)	Increased service uptake among vulnerable youth				
Policy Alignment	Align with CIDP, Kenya Adolescent SRHR Policy, and UHC Framework	Policy harmonization index				

POLICY OBJECTIVE FIVE: ACCESS TO REPRODUCTIVE HEALTH SERVICES FOR PEOPLE LIVING WITH HIV (PLHIV) AND PERSONS WITH DISABILITIES (PWDS)

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
STRATEGIC INTERVENTION AREA 1: INTEGRATED AND INCLUSIVE REPRODUCTIVE HEALTH SERVICES FOR PLHIV						
Integration of HIV & RH Services	Fully integrate ART, PMTCT, family planning, cervical cancer screening and ANC within one-stop service delivery points	County Department of Health (CDH)– HIV & RH Units	NASCOP, Facility Management Teams, Development Partners	Short–Medium Term (1–3 years)	•% of facilities offering integrated HIV–RH services •PMTCT coverage rate >95% •Reduced missed	ART & FP commodities; training budget; service integration SOPs
					opportunities for FP among PLHIV	
	Standardize dual-service clinical protocols for HIV- sensitive reproductive care	CDH	Professional Regulatory Bodies	Short Term	•Approved integrated care guidelines disseminated	Technical working group funding
Mobile & Outreach Services	Deploy mobile clinics targeting hard-to-reach beaches, islands, and fishing communities	CDH	Community Units, NGOs	Medium Term	•Number of mobile outreaches conducted annually •% increase in ART refill coverage in remote areas	Mobile clinic vans; fuel; outreach staff; commodity kits

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Strengthening PMTCT & Maternal Health for PLHIV	Scale up targeted PMTCT interventions (early ANC booking, viral load suppression monitoring)	CDH (HIV Unit)	Community Health Promoters (CHPs)	Continuous	•Mother-to-child transmission rate <5% •Viral suppression rate among pregnant women	Viral load testing kits; PMTCT drugs
	Implement structured male partner involvement programs in ANC/PMTCT	CDH	Community Leaders, CSOs	Short-Medium Term	•% of male partners tested •Increased couple ANC attendance	Advocacy materials; training facilitators
Retention in Care & Adherence Support	Introduce differentiated service delivery models (multi-month dispensing, community ART groups)	CDH	NASCOP, Facility Teams	Continuous	•Retention in care rate at 12 months (>90%) •Reduced ART default rates	Logistics systems; community group facilitation
	Establish transport voucher programs for vulnerable PLHIV	CDH	Social Services Department	Medium Term	•Reduction in missed ART appointments	Voucher fund allocation

STRATEGIC INTERVENTION AREA 2: ACCESSIBILITY AND INCLUSION FOR PERSONS WITH DISABILITIES (PWDS)

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Infrastructure Accessibility Upgrades	Retrofit existing health facilities with ramps, accessible toilets, wide doorways, tactile signage	CDH (Infrastructure Unit)	County Public Works, NCPWD	Medium Term (2–5 years)	•% of facilities compliant with disability-access standards	Infrastructure upgrade budget
	Deploy sign language interpreters and establish interpreter call-in systems	CDH	Department of Social Services	Short–Medium Term	•Number of facilities with interpreter access	Interpreter contracts; training funds
Disability-Friendly Service Provision	Train healthcare providers on disability-inclusive SRHR service delivery	CDH (HR Unit)	Professional Councils, NGOs	Short Term	•% of providers trained •Client satisfaction among PWDs	Training modules; facilitation
	Develop tailored service protocols for women and men with disabilities	CDH	Legal & Policy Units	Short Term	•Standardized disability-friendly guidelines adopted	Technical review workshops
Informed Consent & Legal Safeguards	Develop and enforce strengthened informed consent procedures (accessible formats)	CDH & Office of the County Attorney	Judiciary, Ethics Committees	Medium Term	•% of facilities implementing accessible consent forms	Legal drafting resources

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	Monitor and report cases of coercion or discrimination	Department of Gender & Social Services	Human Rights Institutions	Continuous	•Reduction in reported rights violations	Monitoring framework
Financial Protection & Insurance Access	Facilitate enrollment of PWDs into Social Health Insurance Fund (SHIF)	Department of Social Services	SHIF Offices	Short-Medium Term	•% of PWDs enrolled in SHIF	Enrollment drives; subsidy funds
	Provide transport assistance for rural PWDs	CDH	County Treasury	Medium Term	•Increased facility attendance among PWDs	Transport support budget
Access to Information	Develop braille, large print, audio, and sign-language SRHR education materials	CDH (Health Promotion Unit)	Disabled Persons Organizations (DPOs)	Short Term	•Number of accessible IEC materials produced	Printing & production funds
	Conduct community-based education sessions for PWDs and caregivers	CDH	CHPs, CSOs	Continuous	•% increase in SRHR knowledge index among PWDs	Outreach logistics budget

STRATEGIC INTERVENTION AREA 3: STIGMA ELIMINATION AND COMMUNITY EMPOWERMENT

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Anti-Stigma Campaigns	Conduct countywide stigma reduction campaigns targeting HIV and disability discrimination	CDH & Department of Gender	Media Houses, Faith-Based Organizations	Continuous	•Community stigma index reduction •Increased service utilization by PLHIV & PWDs	Media airtime; advocacy materials
Health Worker Sensitization	Mandatory anti-discrimination training for all reproductive health providers	CDH	Regulatory Bodies	Short Term	•% providers certified in anti-stigma training	Training resources
Male Engagement & Gender Equality	Conduct male partner dialogue forums on HIV care & disability inclusion	CDH	Local Administration	Continuous	•Increased male participation in RH services	Community mobilization budget
Community Empowerment & Peer Networks	Strengthen PLHIV and PWD peer support groups	CDH	CSOs, Support Groups	Continuous	•Number of active peer groups •Improved retention in care	Facilitation funds; meeting spaces

CROSS-CUTTING ENABLERS

Enabler	Strategic Action	Indicator				
Governance	Establish County PLHIV & Disability SRHR Technical Working Group	Quarterly review meetings conducted				

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Financing	Ring-fenced budget allocation for inclusive SRHR programming	% of Health Budget dedicated to inclusive services				
Data & M&E	Introduce disability- and HIV- disaggregated SRHR indicators in DHIS2	% facilities reporting disaggregated data				
Partnerships	Formal MOUs with DPOs and PLHIV networks	Number of active partnership agreements				
Accountability	Annual public report on inclusive SRHR access	Report published annually				

POLICY OBJECTIVE SIX: INTERSEX PERSONS, PEOPLE WITH ELEVATED EPIDEMIOLOGICAL RISKS OF HIV (PEERH), AND SEXUAL & GENDER MINORITIES

STRATEGIC INTERVENTION AREA 1: COMPREHENSIVE & INCLUSIVE REPRODUCTIVE HEALTH SERVICES

Tailored, Non-Discriminatory Clinical Services	Establish designated inclusive service delivery points within selected high-volume facilities	County Department of Health (CDH)– SRHR & HIV Units	Facility Management Teams, Development Partners	Short–Medium Term (1–3 years)	•% of sub-county facilities offering inclusive SRHR services •Increase in service uptake by target populations	Facility adjustments; training; commodity support
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Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	Provide comprehensive STI screening & treatment, PrEP, PEP, ART, harm reduction services (needle/syringe programs where permitted), and gender-affirming clinical services within legal framework	CDH	NASCOP, Community-based Organizations (CBOs)	Continuous	•PrEP uptake among eligible PEERH •STI positivity rate reduction •ART retention rate >90%	HIV commodities; lab reagents; trained clinicians
Family Planning & Fertility Services	Offer individualized, rights-based family planning counseling emphasizing informed consent and bodily autonomy	CDH	Professional Councils	Continuous	•Client satisfaction index •Increased voluntary contraceptive uptake	Counseling materials; provider training
	Ensure fertility counseling for intersex persons and transgender clients	CDH	Referral Hospitals	Medium Term	•Number of facilities providing fertility counseling	Specialist training; referral networks

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Integrated Service Delivery	Integrate SRHR, HIV care, mental health, and substance use services into one-stop service models	CDH	Mental Health Unit, NGOs	Medium Term	•% of facilities with integrated service protocols •Reduced missed service opportunities	SOP development; staff cross-training
Youth-Friendly & Confidential Services	Implement strict confidentiality protocols and anonymous service options where appropriate	CDH	Health Records Unit	Short Term	•Client confidentiality compliance audits	Data protection systems
	Establish youth-specific outreach clinics for young intersex persons and sexual/gender minorities	CDH	Youth Organizations	Medium Term	•Youth engagement rate in SRHR services	Outreach funding

STRATEGIC INTERVENTION AREA 2: ELIMINATION OF DISCRIMINATION, STIGMA & STRUCTURAL BARRIERS

Health Workforce Sensitization	Develop and institutionalize mandatory competency-based training on inclusive, affirming healthcare	CDH (HR & Training Unit)	Regulatory Bodies, CSOs	Short Term	•% of providers certified in inclusive care training	Training curriculum; facilitation
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Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
	Conduct refresher courses and supportive supervision visits	CDH	Sub-County Health Teams	Continuous	•Reduction in reported discrimination cases	Supervision budget
Community Education &	Launch sustained multimedia campaigns	CDH (Health Promotion Unit)	Media Houses, Faith Leaders	Medium Term	•Community attitude survey improvements	Advocacy materials; media airtime
Social Norm Change	addressing stigma, myths, and misinformation					
	Facilitate structured dialogue forums with community gatekeepers	Department of Gender & Social Services	Local Administration	Continuous	•Number of forums held •Reduced reported stigma	Mobilization funds
Legal & Rights Advocacy	Strengthen county-level reporting and referral mechanisms for discrimination and violence cases	CDH & Office of the County Attorney	Human Rights Institutions	Medium Term	•Functional grievance redress mechanism operational	Legal framework review funds
	Advocate enforcement of protections against non-consensual medical procedures and violence	County Government	National Agencies	Continuous	•Reported rights violation cases addressed	Policy engagement resources

STRATEGIC INTERVENTION AREA 3: SPECIALIZED MENTAL HEALTH & PSYCHOSOCIAL SUPPORT

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Trauma-Informed Mental Health Services	Train providers in trauma-informed, gender-affirming counseling	CDH (Mental Health Unit)	Professional Associations	Short-Medium Term	•% of facilities offering specialized counseling	Training & supervision funds
	Integrate depression, anxiety, and substance-use screening into SRHR services	CDH	Facility Teams	Continuous	•Screening coverage rate	Screening tools
Peer Support & Community Networks	Establish and fund peer-led support groups	CDH	CBOs, Peer Networks	Continuous	•Number of active peer groups •Retention in care rate	Facilitation grants
	Provide leadership and advocacy training for peer champions	Youth & Gender Departments	NGOs	Medium Term	•Peer-led initiatives implemented	Capacity building funds

STRATEGIC INTERVENTION AREA 4: HEALTH SYSTEM STRENGTHENING & EVIDENCE-DRIVEN PROGRAMMING

Friendly & Safe Healthcare Facilities	Adopt and enforce non-discrimination policies displayed publicly in facilities	CDH	Facility Boards	Short Term	•% facilities with visible non-discrimination policy	Policy dissemination funds
	Design safe and private consultation spaces	CDH	Public Works	Medium Term	•Client satisfaction improvement	Minor infrastructure funding

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Mobile & Targeted Outreach	Expand mobile services targeting high-risk hotspots	CDH	CBOs, Outreach Teams	Medium Term	•Outreach coverage rate •Increased PrEP enrollment	Mobile clinic resources
Ethical Data & Research Systems	Introduce confidential, voluntary disaggregated data capture within DHIS2	CDH (Health Records Unit)	MoH	Short-Medium Term	•% facilities reporting anonymized data	ICT upgrades
	Conduct operational research to identify service gaps and disparities	CDH	Academic Institutions	Medium Term	•Annual research reports published	Research funding
Monitoring & Accountability	Establish County Inclusive SRHR Technical Working Group	CDH	Civil Society	Short Term	•Quarterly review meetings held	Secretariat support
CROSS-CUTTING ENABLERS						
Enabler	Strategic Action	Indicator				
Governance & Oversight	County SRHR Inclusivity Steering Committee operational	Annual performance report produced				
Financing	Dedicated budget line for inclusive SRHR programming	% of RH budget allocated to inclusive services				

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Data Protection	Confidentiality & ethical data handling protocols adopted	Zero data breach incidents				
Partnership	Formal MOUs with peer-led and key population organizations	Active partnership agreements				
Accountability	Anonymous client feedback & grievance redress platform	Grievance resolution rate >80%				

POLICY OBJECTIVE SEVEN: REPRODUCTIVE HEALTH CANCERS

STRATEGIC INTERVENTION AREA 1: CANCER PREVENTION AND HEALTH PROMOTION

Community Education & Awareness	Develop and implement county-wide cancer awareness campaigns (cervical, breast, prostate, testicular)	County Department of Health (CDH)	Sub-County Health Teams, CHPs, NGOs, Media Houses	Short-Medium Term	% increase in community awareness levels; Number of outreach forums conducted annually	IEC materials, media airtime, transport, training funds
	Conduct male engagement forums on prostate and testicular cancer	CDH	Faith-Based Organizations (FBOs), Community Leaders	Annual	Number of male- focused forums conducted; screening uptake among men	Mobilization funds, training materials

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
HPV Vaccination Strengthening	Integrate HPV vaccination into routine immunization outreach	CDH-Expanded Programme on Immunization (EPI)	Schools, Ministry of Education	Ongoing	HPV vaccination coverage rate (%) among eligible girls	Vaccines, cold chain equipment, logistics
	Conduct school-based vaccination drives	CDH	School Administrators, CHPs	Bi-annual	% of eligible girls vaccinated	Transport, social mobilization resources
Lifestyle Risk Reduction	Launch county healthy living campaigns (anti- smoking, alcohol reduction, nutrition)	CDH	NACADA, Community Groups	Ongoing	% reduction in tobacco/ alcohol use prevalence	Media campaigns, health promotion materials

STRATEGIC INTERVENTION AREA 2: SCREENING AND EARLY DETECTION SERVICES

Routine Screening Services	Establish cervical cancer screening (VIA/ VILI/HPV DNA) in all Level 2–4 facilities	CDH	Sub-County Hospitals	Medium Term	% of eligible women screened annually	Screening kits, cryotherapy equipment, trained staff
	Integrate breast examination into routine maternal & primary care visits	CDH	Facility In-Charges	Immediate & Ongoing	% of women receiving CBE during facility visits	Training, IEC materials
	Introduce PSA testing services at sub-county hospitals	CDH	Laboratory Units	Medium Term	Number of men screened for prostate cancer annually	Lab reagents, diagnostic kits

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Mobile Screening Outreach	Deploy mobile cancer screening clinics targeting remote wards	CDH	CHPs, NGOs	Quarterly	Number of outreach missions conducted; number of clients screened	Mobile vans, fuel, portable screening equipment
Integration into Routine Care	Integrate screening into ANC, PNC, HIV and Family Planning clinics	CDH	Facility Managers	Ongoing	% of integrated clinics offering cancer screening	Training, clinical guidelines

STRATEGIC INTERVENTION AREA 3: DIAGNOSIS, TREATMENT AND REFERRAL SYSTEMS

Diagnostic Capacity Strengthening	Equip County Referral Hospital with biopsy and pathology services	CDH	County Treasury, Partners	Medium-Long Term	Functional pathology lab established	Lab equipment, specialist staff
	Train clinicians on early cancer diagnosis and staging	CDH	Professional Associations	Annual	Number of health workers trained	Training budget
Treatment Access	Establish oncology clinic at County Referral Hospital	CDH	National MoH, Referral Hospitals	Medium Term	Oncology clinic operational	Oncology equipment, oncology nurse/doctor
	Develop formal referral linkage with regional cancer centers (e.g., Kisumu, Nairobi)	CDH	Regional Referral Hospitals	Immediate	Referral protocols developed and operational	MoUs, referral tools

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Referral Network	Create standardized referral and feedback forms	CDH	Health Information Unit	Short Term	% of referred cases with documented feedback	Printing, digital system upgrades

STRATEGIC INTERVENTION AREA 4: SURVIVORSHIP AND PALLIATIVE CARE SUPPORT

Survivorship Programs	Develop follow-up care guidelines for cancer survivors	CDH	Oncology Specialists	Short Term	Survivorship protocol adopted	Technical working group costs
	Establish survivor support groups	CDH	Civil Society Organizations	Ongoing	Number of active support groups	Counseling staff, meeting facilitation funds
Palliative Care Expansion	Integrate palliative care into all sub-county hospitals	CDH	Kenya Hospices & Palliative Care Association	Medium Term	% of hospitals offering palliative services	Morphine supply, trained personnel
	Expand home-based care programs	CDH	CHPs, Community Units	Ongoing	Number of home-based care visits conducted	Transport, training, home-care kits
Capacity Building	Train healthcare workers in pain management and compassionate communication	CDH	Training Institutions	Annual	Number of health workers trained	Training resources

STRATEGIC INTERVENTION AREA 5: MONITORING, RESEARCH AND DATA MANAGEMENT

Cancer Registry System	Establish County Cancer Registry	CDH-Health Information Unit	Kenya National Cancer Registry	Medium Term	Cancer registry operational	Data software, registry officers
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Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Data Strengthening	Integrate cancer indicators into DHIS2 reporting	CDH	MoH	Immediate	% facilities reporting cancer data	System upgrades, training
Operational Research	Conduct periodic studies on cancer burden and service gaps	CDH	Universities, Research Institutions	Biennial	Research reports published	Research funding
Performance Monitoring	Conduct annual cancer program review meetings	CDH	Stakeholders	Annual	Annual performance review report produced	Review workshop funds

CROSS-CUTTING ENABLERS

ENABLER	STRATEGIC ACTIONS	INDICATORS				
Financing	Increase County budget allocation for cancer services; leverage donor funding; expand SHIF coverage	% increase in annual cancer budget allocation				
Partnerships	Strengthen collaboration with NGOs, private sector, and national referral hospitals	Number of formalized partnerships				

Strategic Intervention Area	Key Activities	Lead Agency	Supporting Actors	Timeline	Performance Indicators	Resource Requirements
Human Resources	Recruit oncology nurses, pathologists, radiographers	Specialist staff-to-patient ratio				
Equity Focus	Prioritize rural wards and vulnerable populations	Screening coverage disaggregated by ward				

ANNEXTURE II: ABBREVIATIONS & ACRONYMS MATRIX

Abbreviation	Full Meaning	Application in Policy Context
ADP	Annual Development Plan	County annual planning and budgeting framework
ANC	Antenatal Care	Maternal health service provision
ART	Antiretroviral Therapy	HIV treatment services
AYFS	Adolescent & Youth-Friendly Services	Youth-centered reproductive health services
AYP	Adolescents and Young People	Target population group (10–24 years)
BEmONC	Basic Emergency Obstetric and Newborn Care	Essential maternal emergency services
CBO	Community-Based Organization	Grassroots service delivery and advocacy partner
CEmONC	Comprehensive Emergency Obstetric and Newborn Care	Advanced obstetric emergency services
CEC	County Executive Committee	County policy oversight body
CDH	County Department of Health	Lead implementing department
CHP	Community Health Promoter	Community-level health service provider
CHV	Community Health Volunteer	Community outreach health worker

CIDP	County Integrated Development Plan	Five-year county development blueprint
CSE	Comprehensive Sexuality Education	Structured sexual and reproductive health education
CSO	Civil Society Organization	Non-governmental implementing partner
DHIS2	District Health Information System 2	National health data reporting platform
DPO	Disabled Persons Organization	Representative body for PWDs
FP	Family Planning	Contraceptive services and counseling
GBV	Gender-Based Violence	Violence rooted in gender inequality
HIV	Human Immunodeficiency Virus	Virus causing AIDS
HR	Human Resources	Health workforce management
HTS	HIV Testing Services	Voluntary HIV testing services
IEC	Information, Education and Communication	Health promotion materials and messaging
IPV	Intimate Partner Violence	Form of gender-based violence
KEMSA	Kenya Medical Supplies Authority	National medical commodity supplier
KNBS	Kenya National Bureau of Statistics	National statistics authority
KP	Key Populations	Groups at higher risk of HIV exposure
LARC	Long-Acting Reversible Contraceptive	Implants and intrauterine devices

M&E	Monitoring and Evaluation	Performance tracking and assessment system
mCPR	Modern Contraceptive Prevalence Rate	Indicator measuring contraceptive uptake
MMR	Maternal Mortality Ratio	Maternal death measurement indicator
MoH	Ministry of Health	National health authority
mHealth	Mobile Health	Digital/mobile health platforms
NASCOP	National AIDS & STI Control Programme	National HIV coordination body
NGO	Non-Governmental Organization	Development partner organization
PEERH	People with Elevated Epidemiological Risks of HIV	High HIV vulnerability populations
PEP	Post-Exposure Prophylaxis	Emergency HIV prevention medication

PLHIV	People Living with HIV	Individuals diagnosed with HIV
PMTCT	Prevention of Mother-to-Child Transmission	HIV prevention intervention during pregnancy
PrEP	Pre-Exposure Prophylaxis	Preventive HIV medication
PSC	Public Service Commission	Public service oversight institution
PWD	Person with Disability	Individual with physical, sensory, intellectual, or psychosocial disability
RH	Reproductive Health	Reproductive health services and rights
RHC	Reproductive Health Clinic	Specialized RH service facility
SGBV	Sexual and Gender-Based Violence	Violence based on sex or gender
SHIF	Social Health Insurance Fund	National health insurance financing mechanism
SRH	Sexual and Reproductive Health	Health services relating to sexuality and reproduction
SRHR	Sexual and Reproductive Health and Rights	Rights-based SRH framework
STI	Sexually Transmitted Infection	Infection transmitted through sexual contact
TBA	Traditional Birth Attendants	Community-based maternal support providers
TWG	Technical Working Group	Multi-sectoral advisory body
UHC	Universal Health Coverage	Access to essential health services without financial hardship
VCT	Voluntary Counseling and Testing	HIV testing service modality
VL	Viral Load	Measure of HIV virus in blood
WHO	World Health Organization	Global health authority

ANNEXTURE III: KEY STAKEHOLDER DEVELOPERS

No	Name	Designation	Organization
1	Evelyne Ododa	Chief Officer, Public Health	County Government of Homa Bay
2	Dr. Adel Ottoman	Director Public Health	County Government of Homa Bay
3	Dr. Ephraim Onanga	OBS GYN	Homa Bay County Teaching and Referral Hospital
4	Dr. Vincent Warimga	County PHC coordinator	County Government of Homa Bay
5	Dr. Amos Dulo	Deputy Director Medical Services	County Government of Homa Bay

6	Collins Ondeng	Director Policy Planning	County Government of Homa Bay
7	Jacob Odhawa	Reproductive Health Coordinator	County Government of Homa Bay
8	James Otiato	SCPHNC	County Government of Homa Bay
9	Evelyne Oteng	Sub County Reproductive Health Coordinator	County Government of Homa Bay
10	Joe Robert	Partnership Coordinator	County Government of Homa Bay
11	Michael Ocholla	GBV Coordinator Homa Bay County	County Government of Homa Bay
12	Fredrick Orego	County Attorney Homa Bay County	County Government of Homa Bay
13	Vincent Mboya	Principal Legal Counsel Office of the County Attorney	County Government of Homa Bay
14	Diana Omondi	Legal Officer	Office of the County Attorney
15	Willis Bolo	Deputy Director Budget and Economic Planning	County Government of Homa Bay
16	Hon. Paul Barry	Member Health Committee	County Government of Homa Bay
17	Hon. Tom Ojwang	Chairperson Committee on Health	County Government of Homa Bay
18	Hon. Walter Adongo	Vice Chairperson Committee on Health	County Government of Homa Bay
19	Lucy Odwar	Director Social Services and Inclusivity	County Government of Homa Bay
20	Magdalene Owino	Director Gender	County Government of Homa Bay
21	Rachael Ogutu	Deputy Director Stakeholder Management	County Government of Homa Bay
22	Silas Raba	Chief Officer Youth and Corporative Development	County Government of Homa Bay
23	Cynthia Ouko	Team Lead	Homabay LBQ-Women Network
24	Basra Dahir	Program Coordinator	CATAG
25	Edwine Nyanja	Program Officer	KELIN
26	Elsie Milimu	Senior Program Officer	KELIN
27	Evelyne Ojwang	County Field Coordinator	WERK
28	Hermes Gichane	Senior Manager Community Health	LWALA Community Alliance
29	Immaculate Amondi	Senior Programs Coordinator	NAYA Kenya
30	Jane Otieno	Programs Officer	EACHRights
31	Julius Omuga	Site Coordinator	ZANA Africa
32	Kadiam Brian	Programs Officer	Center for the Study of Adolescents (CSA)
33	Margrate Ouko	Program Officer, Gender & Inclusion Department	SHOFCO
34	Lewnida Achieng	Secretary General	HBCSON
35	Jane Nyanjom	Advocacy Officer	Center for the Study of Adolescents (CSA)
36	Mark Adongo	Program Officer	MSI Reproductive Health choices

37	Maureen Mobasi	Program Officer	KMET
38	Nelly Egehiza Asena	Principal Program Officer Region 10 (Homabay & Migori)	NSDCC
39	Mavin Njuguna	Regional Coordinator	GVRC
40	Michael Kadasia	County Coordinator	MSI Reproductive Health Choices
41	Penina Ndire	County Project Coordinator	AYAN
42	Rodgers Omollo	Executive Director	Activate Action
43	Steve Oyugi	Regional Offices Coordinator, Western & Nyanza	NSDCC
44	Sharon Amendi	Policy and Advocacy Lead	KMET
45	Stephen Odima	Senior Technical Officer MCGL	MCGL
46	Steven Opiyo	Executive Director	CYAN Kenya
47	Vidalyne Omollo	Program Officer	Center for the Study of Adolescents (CSA)
48	Immaculate Oliech	Program Manager	NAYA KENYA

