



**MSK KNOWLEDGE PRODUCT (End of Project Report)**

Table of Contents.....1

Acronyms.....2

Executive Summary.....4

    1. Situational Background.....5

    2. Progress towards development results.....6

        2.1 Contribution to longer term results.....7

        2.2 Progress towards project outputs.....7

        2.3 Human Centered Story.....10

    3. Cross Cutting Issues.....11

        3.1 Gender Results.....12

        3.2 Partnerships..... 12

        3.3 Environmental Considerations..... 13

        3.4 Sustainability.....14

        3.5 South to South and Triangular Cooperation.....14

        3.6 Strengthening National Capacity.....14

    4. Monitoring & Evaluation.....15

    5. Risk Management..... 15

    6. Challenges.....16

    7. Lessons Learnt.....16

    8. Conclusion and Way Forward.....18

    9. Financial Summary.....18



### Acronyms

MSK – My Sister’s Keeper

ELF – Emerging Leaders Foundation

RHNK – Reproductive Health Network Kenya

KMWA – Kenya Medical Women Association

PPEs – Personal Protective Equipment

NCDs – Non-Communicable Diseases

SGBV – Sexual and Gender-Based Violence

HIV – Human Immunodeficiency Virus

AIDS – Acquired Immune Deficiency Syndrome



## Executive Summary

My Sister's Keeper (MSK) is a partnership between UNDP and ELF- Africa aimed at promoting accountable leadership in the health sector. This was achieved by strengthening the capacity of young female health practitioners between 18-35 years of age practicing within Nairobi County. As a pilot, MSK is a pioneer project and milestone towards ELF's quest to deepen and upscale the signature Value-Based Leadership Programme towards a Sector-Based Approach, in which unique contexts facing the youth are meaningfully addressed. ELF-Africa envisions equipped Value Based Leaders across all major development sectors, including Health, Politics, Public Service, Community Development, Education, Environment, Agriculture and so forth.

MSK is underpinned by ELF's Theory of change. For young people to be effective agents of change, it is paramount for them to: - go through *Self-Discovery* through tools like Storytelling and Reflection; be empowered to *Connect* with other people through opportunities for networking and experience sharing; and be equipped to use individual and collective agency to *Impact* through Community Engagement, Active Citizenship Initiatives and Volunteerism. This is coupled with a comprehensive mentorship framework, in which the fellows are carefully paired with a mentor according to their area of need. The seventy-seven (77) MSK Fellows were able to through this unique ELF experience successfully, in addition to the training on principles and tools for meaningfully engaging in social accountability in the health sector, through UNDP's support.

As a youth serving organization, ELF ensured youth involvement across the entire project cycle. Needs assessment was conducted to establish skills, knowledge, and network gaps for the female health practitioners. The findings informed the training curriculum, as well as effective avenues and timings for engaging the MSK fellows. The fellows were further engaged in monitoring and evaluation, by seeking feedback after every intervention carried out through Pre & Post Training assessments, Interviews and documentation through impact stories blogs, photos, and videos.

The major challenges faced included last-minute change of project partner from KMWA (Kenya Medical Women Association) to RHNK (Reproductive Health Network Kenya) due to unforeseen organizational changes; inconsistency attendance to interventions due to unique working schedules for health practitioners like working in shifts and being on call, delay in approval of budget realignment request and restrictions emanating from the Covid-19 Pandemic necessitating transition to online engagement, that was hampered largely by connectivity issues. ELF's agile team was able to respond to the challenges by reorganizing the program to recover time lost by establishing a virtual learning system through Zoom, Sharing of PowerPoint Presentations, Videos, and links allowed for further readings and gave fellows time to re-read and internalize the content.

MSK being a pilot, provided ELF an opportunity to gain excellent lessons that will shape the new phase of Sector Based Leadership Development Programs. Youth are not homogeneous, and it is critical to invest in Sector focused research to identify and understand the contexts, opportunities and needs. The resource persons in these sectors might also have varying needs, as observed in the request for higher rates of payment by facilitators in the health sector compared to those in the Youth Development Sector. Centralized facilitation of Community Service as opposed to self-organization by the fellows saves on time and money. The project provided insight that not all



youth require mentorship, some requested for counselling or coaching, a good challenge and opportunity for ELF to widen its scope of services to fellows. Further, Mentorship needs among the youth and specifically among female health practitioners are not necessarily tied to their daily practice in health, emphasizing the need to always establish their preferred area of interest at the beginning of the project. Implementing MSK project also shed light on the significant number of young female practitioners with innovative ideas for social change in their communities but lack access to strategic support to make these ideas come to life. Some have even established vibrant youth organizations on the ground, that if strengthened, would provide a unique and sustainable pathway to cascade the learnings gained from the MSK Project.

In conclusion, MSK established that not only is there a significant number of young people working in the health sector, but they are committed to create positive change despite the challenging work conditions. Most reported experienced numerous cases of corruption and poor service delivery in their direct offices, but lacked knowledge, skills, and avenues to express their opinions or whistle blow. This affirms the need for equipping more health practitioners with Values Based Leadership and social Accountability capacity. This high demand was also confirmed by the high by the large number of applications received (300) and numerous expressions of interests on social media throughout the MSK project period.



## 1. Situational Background

Healthcare is one of the Government of Kenya's "Big Agendas" with the aim of achieving equitable, accessible, and affordable healthcare services. As one of the functions that was devolved when Kenya adopted decentralization of services to its citizens in 2010, it remains one of the poorly performing sectors, when it comes to citizen participation, transparency, accountability, good service delivery, equity, and inclusiveness. According to Kenya Health Workforce Report, 2015, the ratio of nurses retained in Kenya to the population varies by county with a national ratio of 8.3 per 10,000 population. Eight counties had fewer nurses than 1 per 10,000, with majority below 35 Years. This is a clear indication of how healthcare practitioners are overworked, an issue that has continued to be exposed during this time of Covid 19 Pandemic, whereby over fourteen (14) nurses and doctors have lost their lives and approximately Fourty three thousand, two hundred (43,200) still exposed to danger. It is no wonder then, that Governance in health is regarded as a salient theme in the development agenda.

As a developing country, Kenya's population is majorly comprised of young people below the age of thirty-five who form 75% of the population according to the 2019 census. There exists a gap when it comes to their representation in decision making processes on issues that concern them, whether as citizens – recipients of services or as practitioners in different sectors. The youth of the female gender are even more excluded, largely due to social norms that have them immersed in more domestic roles compared to their male counterparts. This has even been more visible, in observing the government's response to the Covid-19 Response, whereby the youth voice, was easily forgotten in the design of the policy responses. The Health sector is not exempt from this systemic exclusion of the youth voice, whereby very few young female health practitioners are seen to actively take part in governance processes. Prevailing reasons observed and cited include; Lack of relevant information and know-how on Who, When, Where and How to engage, poor communication skills, fear of victimization, the feeling of "aloneness in the fight and apathy.

According to the young female health practitioners who took part in the MSK Pilot project, most of them felt left out in terms of promotions into leadership positions and from taking part in key decisions that affect their welfare at work. 20% did not have confidence in their leadership skills while 8% did not view themselves as influential people. Whereas 87% of fellows believed that accountable leadership is key for good governance, 83% had never taken part in health policies and budgetary processes in the county. This affirms the need of empowering and building capacity of young female health practitioners to meaningfully engage in governance processes and in decision making in the health sector.

Women and girls have faced challenges in accessing affordable health care services in the past and the global pandemic, Covid-19 has made the situation worse. Covid-19 global pandemic posed a blow to the already strained health care system in Kenya, women and girls have been disadvantaged in many fronts, for instance, over four thousand (4,000) school going children have been impregnated during the lockdown and 90% of GBV reported cases during the lockdown were by women.



To achieve desirable outcomes in the health sector; dignity for women and girls, equitable, accessible, and affordable healthcare, young female health practitioners need to be empowered through training, mentorship, and coaching to activate agency for them to take up leadership roles and offer exemplary Values-based leadership and deliver exceptional healthcare services.

## 2. Progress towards development results

The core aspiration of MSK project is to Strengthen Public Accountability and Integrity Systems in the health sector. MSK positions women to take the lead on leadership & accountability through existing frameworks and actively participate in decision making through skills and knowledge transfer on the following; Self-Awareness – This trigger awakening among fellows on the power they hold toward effecting positive change in the health sector through active participation and leadership; and empowers fellows to gain deep understanding of own self, character values and purpose in their life and profession. Speaking Truth to Power, Social Accountability, Youth engagement & Advocacy – Triggers consciousness in holding leaders and key stakeholders accountable in providing exemplary health care services to citizens; Policy & Budget Cycle and Ethics, Integrity and Advocacy - Increased youth engagement dialogue and civic participation to health advocacy at community level and interrogation of budgetary allocations and expenditure of the same.

Mentorship is key between young female health practitioners and their older, more experienced counterparts. This bridges the gap and promote intergenerational knowledge sharing to ensure that best practices are absorbed and is replicated across the system, and experience sharing among the young and older health practitioners positions young practitioners to start at a point of advantage by avoiding mistakes done in the past. Whereas young practitioners learn, grow, and thrive through mentorship by more experienced health practitioners, reverse mentorship also happens where the older, experienced practitioners learn about emerging trends like improved technology operations that offer better services and make work easier hence exemplary service delivery.

The convening of diverse health practitioners and advocates presents a platform to learn, network and form collaborations that spurs innovative ways of problem solving and synergy among health practitioners results to stellar service provision and well-coordinated operations in the health sector through improved systems and employment of best practices.

### 2.1 Contribution to longer Term Results

The major goal of MSK Project was to “Promote accountable leadership among young women health practitioners”. To this end, MSK Project has contributed to this goal in the following ways;

Through the Self-Awareness session on Self-Discovery and Leadership & Governance (Why now? Why me?) the fellows’ consciousness was triggered on their potential to taking up leadership roles, practice exemplary Values-based Leadership and the crucial need to bring positive change in the health sector and community.

Corruption has been a concern in the health sector, affecting service delivery. When a young health practitioner has no idea how to call out the wrong, they tend to turn a blind eye to the





wrongdoing. Through training on ‘How to speak truth to power effectively’, young health practitioners were empowered to identify and address the unethical behavior without jeopardizing their careers hence a rise in accountable leadership in the health sector.

Empowering young female health practitioners on the policy and budget processes institutionalizes the practice of active participation in policy reviews, budget making and allocation processes and decision making in the health sector.

Positioning women in the frontline through skills development and knowledge transfer contributes to equitable, fair, and accessible healthcare services in the health sector as well as increased awareness creation of women’s health needs and their rights in the communities.

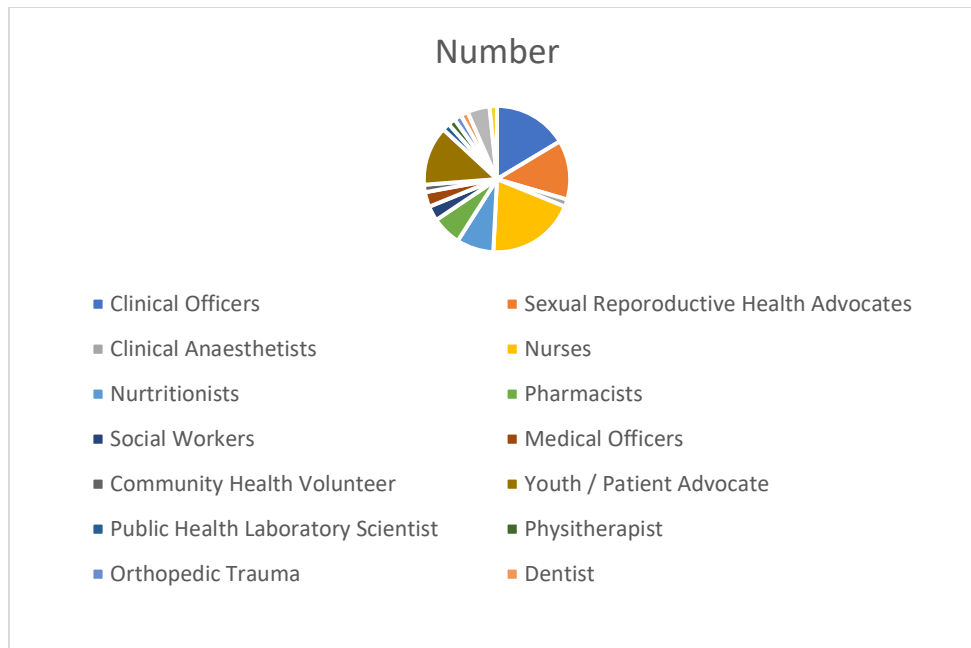
ELF’s slogan of ‘each one reach one’ encourages transfer of knowledge acquired by fellows to the larger community, colleagues, and friends. This creates a ripple effect of holding leaders accountable and the end result is accountable leadership becoming a norm not only in the health sector, but other sectors and entities in the country.

## 2.2 Progress towards project outputs

### Output 1: Identify 100 young health practitioners

ELF executed MSK Project in partnership with Reproductive Health Network Kenya (RHNK), a network of health professionals within private and public facilities committed to Comprehensive Sexual and Reproductive Health and Rights, advocacy, and service provision, formed to provide evidenced-based information and quality comprehensive reproductive health services in Kenya. RHNK supported in recruiting young female health practitioners within their network, as well as mentors, advantaged by their members who are all health practitioners and health advocates, and have a wide reach of beneficiaries, partner organizations and on social media.

One hundred (100) young female health practitioners and advocates were selected through a very competitive process. The call for application attracted a total of two hundred and ninety-two (292) application, which shows the need new knowledge and mentorship among young people. All the young practitioners came from diverse areas of health practice as illustrated in the pie chart below;



## Output 2: Deepening engagement with the Community on young women’s health needs and rights

MSK Project offered modular trainings; The first module themed *‘Self-Discovery’* covered: Self-Discovery as a leader; Personality types; Storytelling; Body Ming Soul and Spirit – Thriving in turbulence and uncertainty/ wheel of life; Leadership and Governance & Mentorship. This module reintroduced the fellows to self and empowered them to gain a deeper understanding of their strengths, abilities, and purpose. It triggered consciousness in the minds of fellows on what they are doing in their careers and why they are doing it. The Self-Discovery topic was timely since the health practitioners were distraught and depressed by the overwhelming cases of Covid-19 and working around the clock to save Kenyans and reduce infections. This empowered them to manage





their anxieties and pursue a balanced life by giving their best at working and being intentional on taking rest to rejuvenate.

The second module themed '*Connect*' covered the following topics: Social Accountability in the Health Sector; Policy and Budget Cycle; Public Participation & Ethics, Integrity and Values. This module triggered consciousness on importance of actively participating in the governance processes in the health sector and holding duty bearers accountable for improved service delivery. The last module themed '*Impact*' covered the following topics: Youth Engagement and Advocacy; How to Speak Truth to Power Effectively; How to harness Social Media for Improved Health Outcomes & Personal Branding and writing. This module empowered the fellows to actively engage and advocate for health issues affecting women and girls at community level and in-service provision in the health sector and deepened their understanding on how to address issues /speak truth to power without jeopardizing their careers. Teaching and learning resources used included: Case studies, experience sharing, videos, Practical demonstrations, Lectures, Group work/ discussions and Reading Materials.

ELF identified Forty (40) mentors, all of them specific to the needs of MSK fellows having used tools like pre-training & Post-Training Surveys and mentorship needs form. Some of the fellows' mentorship need was unique (not in line with current practice) e.g., Communications & Public Speaking. Seventy-seven (77) MSK Fellows were paired to mentors according to their areas of interest / need. ELF will monitor and follow-up on mentoring progress for a period of six months.

### **Output 3: Documented Stories of young women health practitioners**

MSK Fellows were profiled on the ELF Website and documentation of their impact stories is underway. Narrative change has been recorded among the fellows through blogs, one fellow was able to speak up against unethical practice that had been going on at her workplace, two fellows have organized more than two community engagement sessions in the communities since the training and others are in the process of collaboration to work together and creating awareness in different communities on women's health needs.

### **Output 4: Documented Project Learning to inform replicability in future**

Activity reports, Monthly reports, Quarterly reports were prepared, which captured learning during the implementation.

Evaluation and outcome harvesting of the project is underway whose findings will inform upscaling of the project and improve project quality. The final project report will be presented to UNDP by 5<sup>th</sup> January 2021.

### **Community Engagement**

MSK Fellows conducted their Community Engagement Activity at SHOFCO Rescue Centre in Mukuru Kwa Njenga Slums. Shining Hope for Communities (SHOFCO) is a grassroots movement that catalyzes large-scale transformation in urban slums by providing critical services for all,



community advocacy platforms, and education and leadership development for women and girls. The objective of the community engagement was to educate, raise awareness and bring sensitization to young women in the urban settlements various health issues affecting women and girls.

The event was attended by a hundred and one (101) participants: Forty three (43) MSK Fellows (There was a low turnout of fellows for community service since the country was experience a surge in Corona positive cases and health practitioners could bared afford a day off work, to manage the demand of health service needed in the country) ; 50 women living in slums, eight of whom were young mothers and attended the events with their infants; Five (5) SHOFKO staff, three male and two females; Three ELF Staff, two male and one female. MSK Team educated and created awareness on Contraception, HIV/AIDS, Covid-19/ Hand washing, Nutrition and Non-Communicable Diseases (NCDs), SGBV, Health Rights and Psychological Support.

### **MSK Graduation**

The graduation was aimed at bringing together young female health practitioners to celebrate their commencement in serving with Integrity and ensuring accountability in the Health Sector; Create awareness online on Integrity and for visibility for organizations and donors doing amazing work in promoting Integrity and accountability among young professionals.

The graduation ceremony was streamed live on Facebook and two hashtags were used during the MSK Graduation; **#MySistersKeeper** & **#ELFImpact** and impressively, they both trended at top three all day on Saturday 21st November 2020. **#MySistersKeeper** was able to reach 6.8 Million people online; 48.6% Male & 51.4% Female (27% were between 18-24 Years old; 33% were between 25-34 Years Old & 38% between 35-44 Years Old. **#ELFImpact** was able to reach 4.3 Million people Online; 54.1% Male & 45.9% Female )14.8% were between ages 18-24; 41.6% between ages 25-34 & 43.6% between ages 35-44. The top interest of people reached were; Family & Parenting 39.4% and Fitness & Health 32.8%.

The two hashtags used in MSK graduation trending all day gave the project, UNDP and their back donors, and Emerging Leaders Foundation visibility that would be beneficial in upscaling the project and in partnership creation.

### **Human Interest Story**

#### **Mary Nduku Boniface's Story;**



*Figure 1: Mary Boniface leading a discussion during Community Service at SHOFKO Rescue Centre*



I am a clinical officer specializing in medical imaging practicing at Savannah Healthcare Services. I have two leadership roles; First, I am the National Treasurer at the Kenya Union of Clinical Officers, and the chairperson of the Medical Education Committee. Although being a leader I was always reserved in asserting my leadership muscle. Through My Sisters' Keeper project, I realized that even without a title, I could lead and bring positive in the health sector and community at large. I was empowered and my consciousness triggered through MSK Project and I became proactive in serving others. I took advantage of my leadership position in the health sector, shifted to the frontline to advocate for issues affecting medical practitioners.

*“Generally, my point of view in terms of offering services and sharing knowledge has changed. I feel empowered to be able to actively participate in my workplace and leadership areas. I now take personal initiative to be my colleagues' cheerleader.”*

Additionally, I have gained passion and energy for community service, hence my decision to volunteer time and skills with community-based organizations such as Nivishe and Caro foundations in Kibera through outreach programs. Given an opportunity to rejoin MSK, I would focus on feedback-based community engagements. Through the project, training on leadership and governance stood out for me which is a key consideration to the Kenyan youth. Through MSK Project, I got a mentor who has been beneficial in offering guidance and knowledge which has progressed my personal and professional life.

### 3. Cross Cutting Issues

**Global pandemic** – Covid-19 attacked the continent and strict restrictions were enforced by the government including lockdown, ban on social gathering among other measures. Health practitioners worked around the clock to meet the rising need of medical attention by infected citizens. Not only did it cause poor attendance on training days, but also low turnout during Community Service since this was at a time where there was a surge in Covid-19 positive cases in the country

**Poor working conditions in the health sector** – Health practitioners work under adverse conditions and this was evidenced in the Covid-19 crisis where health practitioners had to work without Personal Protective Equipment (PPEs which include garments, helmets, gloves, goggles etc.) hence exposing them to the deadly virus. In the same regard, government health facilities are understocked with required tools and equipment and understaffed at the same time. These conditions affected MSK Fellows in that they came to trainings tired and emotionally worn out. The sessions provided a safe space for them to vent, thus getting encouragement from ELF Staff, facilitators, and fellow participants.

**Unethical behavior at work** – Fellows admitted to having experienced unethical behavior going on at the workplace ranging from violation of patients' rights, misuse of supplies meant to provide exemplary service delivery and abuse of office hours for instance colleagues catching up on non-work issues while patients are waiting in the queue. The sessions empowered fellows on how to effectively speak truth to power, and from post-training assessment, a significant number of fellows





noted this as their action point going forward, to always speak truth to power and call out colleagues engaging in unethical behavior

**Poor Leadership** – At one point or another, the young female health practitioners across different disciplines experienced poor leadership in assigned stations. Some experience corruption in terms of awarding tenders for medical supplies and other, illegal dealing in healthcare practice. Fellows got empowered from sessions to proactively take up leadership roles at workplace and in communities and lead exemplary through practicing Values-based leadership for the team to emulate

### 3.1 Gender Results

It is crucial to note that even though MSK project was a targeted grant with focus on young female health practitioners in Nairobi county, there was high demand for it from male counterparts

Not only did the MSK Project attract female health practitioners, but it also attracted participants from sexual minorities. The participant who was a sexual minority did not have any special needs in terms of project design and they participated fully.

One unique challenge to consider while designing upscaling of MSK Project is the fact that young female health practitioners have young families and have unique working hours e.g., work in shifts (Day & Night) and are call for emergencies unless they are on leave. Creating partnerships with employers in the health practice could result to more support for young female health practice to take part in the training.

Young female health practitioners have young families, and their domestic partners play a big role in supporting or deterring their career growth. In training them communication skills, they are able to communicate to their spouses the importance of an extra obligation of going through a training, for support and peace of mind.

### 3.2 Partnerships

Working towards Strengthening Public Accountability and Integrity Systems needs collaboration of a wide array of strategic actors not limited to; Duty bearers who create policies that affect provision of health care and working conditions of healthcare practitioners; Leaders in healthcare sector, Community leaders who facilitate community dialogues and awareness creation on women’s health needs.

ELF partnered with the organizations in the table below during the Launch of My Sister’s Keeper (MSK) Project;

No.	Name of The Organization	Person Invited	Topic of Interest



1.	Kenya Obstetrical and Gynecological Society	Head of Science and Research, Dr. Madadi Moses Obimbo	Why Kenya needs Healthy Values-System in the Health Sector
2.	Aga Khan Foundation	Global Advisor, Health and Nutrition	How to Create Accountable Leadership in the Health Sector
3.	Ministry of Health	Principal Secretary, Susan Muchacho	To Launch MSK Project
4.	Reproductive Health Network Kenya (RHNK)	Chief Executive Officer	Partnerships for Sustainable Development

ELF Partnered with the following health organizations and bodies to share call for applications for MSK Fellows and Mentors in their network; Kenya Medical Association (KMA), Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU). Kenya Medical Practitioners and Dentists Council (KMPDC), National Nurses Association of Kenya (NNA-Kenya), Nursing Council of Kenya, Kenya National Union of Nurses (KNUN), Pharmaceutical Society of Kenya, Hospital Pharmacists Association of Kenya (HOPAK), Kenya Union of Clinical Officers, Clinical Officers Council (COC), Kenya Cardiac Society, Kenya Counseling and Psychological Association, Psychological Society of Kenya (PSK), Hope worldwide Kenya, Women Fighting AIDs in Kenya, AMREF Health Africa, Coalition on Violence Against Women, Africa Mental Health Foundation, Centre for Health Solutions – Kenya, Kenya AIDs NDOs Consortium, Care International Kenya, Kenya Association for Mental and Neonatal Health, Afya Kenya, Foundation & Women’s Health – AMPATH.

ELF Partnered with Shining Hope for Communities (SHOFCO) to host the Community Engagement between MSK Fellows and their members who are young women residing in slums.

Engaging in Social Media played a huge role in awareness creation on different health issues and widened the reach resulting to online advocacy and awareness creation of health rights and needs

### 3.3 Environmental Considerations

- In implementation of MSK Project, printing was done only when necessary and was double sided, effort was made to ensure most operation was paperless.
- Coordination with venue contact person to burn plastic water bottles to ensure that no pollution occurs to the environment.
- Materials used during training sessions e.g., Manilla papers and flip charts were bio-degradable
- Recycling of printing papers was practiced ensuring that we save on paper.



### 3.4 Sustainability

ELF model of leadership development training and mentorship encompasses Self-Discovery for fellows, connection with like-minded young leaders working towards promoting Integrity and Accountability in the health sector and beyond and Impact creating where fellows; individually and collectively identify existing problems and devise working solutions for improved health outcomes in the country. Through trainings, fellows are taken through various topics hence acquisition of knowledge that will put them at an advantage in their leadership journey, in their professions and in mentoring other young people beyond the project.

Emerging Leaders Foundation (ELF) has a strong Values Based Leaders Alumni Network across the country, designed to ensure continuous networking, learning, accountability and support geared toward promotion of integrity and accountability across all sectors. The MSK fellows are thus plugged to this rich and exciting network.

Further, ELF leverages its rich pool of partners to link the alumni to emerging opportunities, strategic information, and resource persons.

Mentorship is a key component in MSK Project, and fellows are paired to mentors according to their areas of interest, who then journey with them for a period of six months. Throughout this period, fellows are encouraged to mentor young people coming after them, who are challenged to also mentor younger individuals with an interest in health practice. This creates a ripple effect when knowledge acquired does not stick to one person but is trickled to a couple more hence increased behavior change and positive change in the communities.

In profiling MSK Fellows, their exemplary work gain visibility hence possibility of forging partners to support and promote their work in communities. This also increases the number of citizens reached with the information and knowledge on Integrity and accountability.

ELF will continue to seek more partnerships to upscale the MSK project to other counties.

### 3.5 South to South and Triangular Cooperation

MSK Project was a county-based project which targeted young female health practitioners in Nairobi county, hence no opportunities for South to South and Triangular Cooperation.

### 3.6 Strengthening National Capacity

MSK Project was a 6 Month pilot project whose evaluation would provide insight for a national program in the future.

A number of young female health practitioners from MSK work for public hospitals and chances are they could be posted to different counties at some point in their careers and will replicate best practices in service delivery and share knowledge acquired from MSK project in their new stations. They will also mentor other young health practitioners directly and indirectly through their exemplary values-based lifestyle.





#### 4. Monitoring and Evaluation

##### Monitoring

A needs Assessment was conducted before commencement of MSK project to inform curriculum development process and ensure that fellows' needs are catered to. A pre-training assessment was also administered to assess the level of understanding of fellows on various topics that were to be covered during the training. This informed the brief to the facilitators in ensuring no fellow is left behind. Post-training assessments were administered after each training session to gauge the fellows' level of satisfaction on content delivery, mode of delivery, understanding of the content, time allocation for each training and quality of food and service delivery & suggestion or concerns, which were acted upon to ensure that quality and satisfactory trainings.

Fellows signed registration forms on arrival, and the transport reimbursement forms at the end of the training to ensure that they stayed throughout the training. ELF Team had weekly brief where they reviewed MSK's implementation matrix to ensure the implementation is on track. A WhatsApp group was created for MSK Fellows and ELF Staff which facilitated communication between fellows, ELF Staff and RHNK team.

##### Evaluation

Assessment of MSK Project was done through Pre & Post training surveys, which indicated high satisfaction levels on content delivery and engagement by the facilitators. A significant number of fellows recommended more time allocation for content heavy topics which would also allow time for practicability of sessions e.g. In the Public Participation session, fellows used a skit to demonstrate the petition process among Duty bearers and Duty handlers. Interviews were also used as well as Impact stories from fellows, which were written, as well as captured and documented through photos and videos.

ELF contracted a consultant to do a project evaluation and develop a report which will be presented to UNDP by 5<sup>th</sup> of January 2020.

#### 5. Risk Management

MSK fellows who were working in Covid-19 isolation centers and as well as those who tested positive for covid-19 could not attend the sessions physical, to protect other participants from the risk of infection. Zoom class was created for the fellows to attend the sessions virtually and it worked well

Covid-19 restrictions ordered by the government, banning public gatherings threatened to hinder commencement of MSK Project physical trainings. Plans had been set up for MSK to go virtual but luckily, the ban on public gatherings was lifted in time for MSK's physical training.

Unwillingness of facilitators to attend and facilitate physical session due to fear of contracting the virus. Emerging Leaders Foundation put measures in place to ensure that participants, facilitators, and service providers felt safe and comfortable to attend physical sessions i.e., maintaining social



distance in the sitting arrangement by spacing chairs, provision of masks, sanitizers and hand washing points and rest rooms at the training venues

## 6. Challenges

**Challenge with main partner KMWA** – Last minute change of project partner from KMWA (Kenya Medical Women Association) to RHNK (Reproductive Health Network Kenya) due to unforeseen organizational changes which delayed program start by three weeks. ELF Partnered with RHNK, scheduling of sessions and Community Service on subsequent Saturdays helped recover the time lost.

**Unique working conditions for health practitioners** – Working schedules for health practitioners are unique i.e., Working in shifts (day and night) posed a challenge for full concentration during trainings. Some fellows had to take double or triple shifts during the week to afford Saturday off for the training. Fellows who attended trainings right after night shifts suffered low concentration due to exhaustion. PowerPoint presentations, links to further reading and videos were shared to the fellows for further reading and reference. Facilitators readily answered follow up questions from fellows fronted to them through contact details in the PowerPoint presentation.

**Poor Attendance of Sessions by Fellows** - Achieving 100 % attendance was inhibited by the fact that some of the MSK fellows worked in COVID isolation facilities, and some had tested positive for Covid-19 hence self-quarantined. This resulted to a low turnout for physical trainings at around 70%. This was taken care of by zoom sessions with gave fellows an opportunity to attend trainings virtually

**Delay in Approval of the budget realignment request** – This caused a delay in the executing some activities. As soon as the approval came through, the ELF team was ready and on standby hence execution of the pending activities. Trainings were squeezed on consecutive Saturday hence fellows were overwhelmed by content heavy topics. Sharing of PowerPoint presentations, video clips and other links enabled fellows to catch up on content and engage facilitators with questions and clarifications

**Connectivity Issues** – Due to unavoidable circumstance, physical training translated to virtual for some fellows. Virtual sessions faced challenges of poor connectivity in some instance and zoning out of some fellows. In cases of poor internet connectivity, fellows were allowed to switch off videos to prevent dropping out of sessions. Facilitators devised mechanisms to keep fellows engaged e.g., randomly selecting fellows to answer questions during sessions.

## 7. Lessons Learned

Youth are not homogeneous; In designing youth programs, going sectoral helps in identifying unique needs of young people in different sectors. A good example is young female health practitioners working day and night shifts and being on call, not forgetting emotionally draining conditions they face every day. An assumption to the project was that all the beneficiaries would be available to attend the training on Saturday owing to the fact it is a weekend. This was not



practical as some of the fellows had to report on duty on these days hence a decline in attendance. Additionally, due to the prevailing COVID-19 pandemic the services of these health practitioners were necessitated at their areas of operation. Nonresidential training did not work very well with young health practitioners

Research brings awareness of different patterns, trends, and different unique situations in the various sectors. Realization that the training rates in Health sector were higher than that for Youth Development and Governance facilitators. As ELF moves to sectoral youth projects, there is need to expand pool of resource persons (Mentors & Facilitators).

Centralized facilitation of Community service saves on time and money. The venue for MSK Community Service (Shining Hope for Communities {SHOFCO} Rescue centre) is located at the heart of Mukuru Kwa Njenga Slums, had no clear directions on google maps hence difficult to locate; meeting at the venue led to fellows arriving at different times which delayed start of the program. Having a centralized transport pick up and drop off point will ensure fellows arrive together at the venue and leave together after the event hence creating time for experience sharing and reflections.

Creating partnerships with employers in the health practice could result to more support for young female health practice to take part in the training.

Health practitioners' mentorship needs are not necessarily tied to their daily practice, some need mentorship in other areas which are not in line with health practice e.g., Mentorship in Communication & Public Speaking.

In publishing a call for application for MSK Project, one of the requirements should be 'proof of working in the Health sector and on final selection, they should sign a code of conduct which includes commitment to MSK Fellowship and to attend all training sessions

Findings from the project show that not everyone identifies with the conventional male and female genders therefore belong to sexual minority group. This calls for the consideration of gender neutrality and inclusivity in future projects. Subsequently the heterogeneity of the participants manifested in that some were mothers, wives or single mothers which necessitated a divergence in attending to the dissimilar needs.

It was evident that not all participants were interested in being mentored. Some already had mentors while others preferred getting coaches or counsellors. This calls for a need assessment to determine the interests of beneficiaries and conferring what suits them best.

There is a significant number of young female practitioners with innovative ideas for social change in their communities but lack access to strategic support to make these ideas come to life. Some have even established vibrant youth organizations on the ground, that if strengthened, would provide a unique and sustainable pathway to cascade the learnings gained from the MSK Project.



## 8. Conclusions and way forward

### Conclusion;

There is a gap in Values-based Leadership skills and knowledge among young people. This is demonstrated by; the interest generated from applicants (399 applications to select 100 fellows) & the request to develop a program for male health practitioners. Further, numerous expressions of interest were presented through Social Media during Project Implementation.

From the needs assessment, there is an urgency to train young health practitioners on the budget cycle for them to be empowered to actively participate, interrogate, and hold duty bearers accountable. Empowering young health practitioners establishes a generation of responsible, ethical, and accountable leaders in the health sector and community at large.

The project established that young people are interested in public participation, but lack the skills, knowledge, and networks to engage strategically

### Way Forward;

ELF recommends upscaling of the MSK Project to other counties, this time within a longer time frame to ensure quality engagement with the fellows and support for implementing newly gained knowledge and skills.

Further, consideration to strengthen fellows' initiatives and organizations is critical, as this goes a long way in safeguarding and cascading the investment applied on the fellows during project implementation. This can take form of Capacity Development for Youth/ CEOs in the Communities and provisions of Organizational Development Support, including Micro-grants.

## 9. Financial Summary

A detailed financial summary is attached in a separate document for your reference.