Kenya Health Outcomes Partnership – Driving Measurable Impact in Adolescent Sexual & Reproductive Health Through Outcomes-Based Funding

Overview

Bridges Outcomes Partnerships (BOP), a not-for-profit social enterprise, was built around a simple idea: to bring partners together to design, fund, and deliver meaningful support for people. Since its creation, BOP has built on over a decade of outcomes partnership practice and has now supported **1.4 million people via 90 partnerships and contracts,** achieving over **£ 250 million** worth of outcomes across multiple sectors. In recent years, it has expanded its model to low- and middle-income countries (LMICs).

One of these LMIC programs is BOP's Kenya Health Outcomes Partnership (KHOP), a health program which focuses on improving sexual and reproductive health (SRH) and HIV-related outcomes for adolescent girls aged 15-19.

The Need for KHOP

For adolescent girls in Kenya, unintended pregnancies and new HIV infections pose overlapping health risks that can permanently derail health, education, and economic prospects.

According to UNFPA Kenya, one in six girls aged 15-19 has been pregnant or is already a mother. At the same time, adolescent girls and young women bear a disproportionate HIV burden—accounting for 78% of new HIV infections according to UNFPA Kenya's 2023 estimate.

While SRH services are, in principle, available through the public system, real-world access is often restricted by affordability, distance to health facilities, stigma, and confidentiality concerns, which discourage adolescent girls from seeking care. These barriers keep many girls from getting contraception, testing, and treatment when they need it most. KHOP was designed to address these core constraints.

The Solution: A Digital, Youth-Centered Delivery Model

KHOP's approach to delivery starts with a practical premise: make services easy to find, free to use, and safe to access—then continuously adapt based on what the data shows throughout the program.

BOP partnered with Tiko, a Kenyan NGO and local delivery organization, which uses its mobile-based digital platform to connect adolescent girls to nearby participating local clinics offering free SRH and HIV-related services.

Tiko tackles the exact obstacles that keep girls from accessing care by providing multiple enrollment pathways (such as youth-friendly apps), connecting users to the network of clinics and service providers, and creating incentives such as a point-redeeming system for continued engagement and to overcome practical barriers.

The UN Joint SDG Fund (in partnership with the UNFPA Kenya), the Government of Kenya, and the Children's Investment Fund Foundation (CIFF) partnered together to support this program; meanwhile BOP provided program management and technical expertise and coordinated the up-front social investment necessary for program delivery.

Outcomes & Funding Model

KHOP uses an outcomes-based contract structure. Measurable outcomes, in this case linked to SRH/HIV services, are defined and agreed upon in advance with the outcome funding partners (the UN Joint SDG Fund and CIFF). Flexible working capital to enable delivery of the service is provided to Tiko by social investors coordinated by BOP; this is repaid by the outcomes funders only once the outcomes have been achieved and independently verified.

As the program runs, delivery and outcomes are tracked through Tiko's digital platform and reported against the agreed target outcomes. The flexible nature of the outcomes-based model allows Tiko to adjust its delivery continuously according to impact data and ongoing learnings, enabling it to achieve greater impact and better outcomes. Outcome funding partners only pay once these outcomes have been achieved: creating clear accountability to those the program is supporting, and ensuring funders pay for measured impact rather than activities.

Delivery and Results: The Role of Data, Flexible Delivery, and Impact Measurement

The digital platform operated by delivery partner Tiko was central to on-the-job feedback and accountability. Since the platform securely tracks how the service is accessed by local girls, including repeat and follow-up behaviors, data was used to identify patterns and bottlenecks – helping teams to understand what areas were positively affecting engagement and outcomes, and what was leading to potential barriers. This enables delivery innovation and redesign accordingly. Lucia Santirso Richards, Executive Director at BOP, describes how this plays out in practice:

> *"Early in the program delivery, when looking at our multidimensional poverty indicator, we realized that even though we were targeting girls in severe poverty, we were not reaching many of them. We looked closer and found out that, because we were looking for girls mostly close to where the clinics are, those are relatively "rich" blocks within the targeted area, while girls living farther, inside informal settlements, faced long walks and transport challenges—sometimes up to two hours—to access contraception.*
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> *Tiko proposed a simple shift: "What if we bring the clinic to the girls"? So, we worked together to create a mobile clinic that brings services into those neighborhoods on set days, so girls could get access to contraception. After this change, our poverty-reach indicator improved—we could see we were reaching the girls the program was designed to serve. This kind of adaptation depends very much on building trust with the delivery organization, being transparent, having a flexible model, and prioritizing collaboration to achieve better outcomes."* —Lucia Santirso Richards, Executive Director at BOP

This example illustrates how Tiko's on-the-job innovation, BOP's continued provision of support and insights, and their partnership based on mutual trust, were key in enabling the practical design and delivery changes that improved equity of reach.

Data was also crucial as the basis for regular performance reviews and quantification of outcomes. Outcomes data is externally verified, after which corresponding payments from outcomes funders are released; ensuring integrity, accountability, and true value for money.

Impact to Date

As of the end of 2025, KHOP has **reached over 800,000 girls** and delivered **more than 1.5 million services**. The model demonstrates how **targeted and flexible funding**, **technology**, and **a focus on outcomes** can be translated into **visible, verifiable impact at scale**.

KHOP in numbers *(to date):*

- ***827,822*** *program starts*

- ***1,382,520*** *sexual health services delivered*
- ***447,296*** *HIV services delivered*
- ***$9.8 million*** *outcomes achieved (verified and paid)*

Source: Bridges Outcomes Partnerships (https://bridgesoutcomespartnerships.org/work/young-people/health-wellbeing/kenya-health-outcomes-partnership/ Accessed 5/1/2026)

Future Outlook

BOP is working with Tiko to expand this approach across Kenya and into other countries, including South Africa. The model is designed to be replicable, and provides a sustainable, outcomes-focused solution in a context where global funding for sexual and reproductive health is under significant pressure. Funders value measurable results, and delivery partners can leverage technology to deliver, track and improve localized impact.

Beyond health, Lucia also highlights the cross-sector benefits an outcomes approach brings:

> *"With the Kenya Health Outcomes Partnership, we're helping to avoid unintended pregnancies among adolescent girls. But the additional impact which this key outcome can have can enable these girls to stay in education and later access employment. When we measure those additional outcomes, we may attract other funders who might not be focused directly on contraception outcomes, but who are keen to invest in education and employment solutions."* —Lucia Santirso Richards, Executive Director at BOP

As KHOP and similar initiatives evolve, this outcome-first mindset—anchored in clear metrics and technology providing verifiable outputs, and in strong collaboration—offers a practical path to align diverse funders around a single program or challenge, to reduce fragmentation, to improve value for money, and to keep the focus on what works for tangible health improvement in the communities that need it.