

## 1 EXECUTIVE SUMMARY

UNICEF facilitated children's participation in the dialogue leading up to finalisation of the new Constitution, which articulates the best interest of the child.

UNICEF strengthened support to policy and strategy formulation in child survival and development, community-based delivery of social services and social protection, and nomadic education, and promoted elimination of disparities in the policy development process.

In child survival and development, UNICEF catalysed and supported the successful roll-out of high-impact interventions in Nyanza Province that has high infant and child mortality rates. A combination of community-led total sanitation, household water treatment and communication for social and behaviour change resulted in reduction in the incidence and case fatality rate of cholera. Implementation of the community strategy was slow, due to limited funding for community health workers.

UNICEF, through its strategic role within the UN Joint Programme on AIDS, and with other partners, supported GOK to offer PMTCT services to up to 88% of antenatal care centres in the country. Implementation of the ambitious MTCT free - Maisha Zone initiative, including the 'Mother/Baby Pack' was launched. Despite this progress, the mother-to-child transmission rate is still 10–15 per cent, with the number of pregnant women actually receiving ARVs stagnating at around 58,600.

A UNICEF-supported impact evaluation of the cash transfer programme for vulnerable and AIDS-affected households is informing programme adjustments and delivery mechanisms across all collaborating partners. UNICEF continued to support the scaling-up of the programme, which was reaching about 100,000 households by end-2010.

In education and young people's programming, UNICEF supported expanded access to learning, attaining a 9 per cent increase in enrolment in low education coverage areas of the country. The child-friendly schools approach was adopted as a national strategy. Fiduciary risks exposed by an audit of the education sector programme led development partners to adjust funding modalities, thus delaying implementation and slowing down development of a new Kenya Education Sector Support Programme.

UNICEF and other partners have supported alternative financing and resource flow mechanisms, notably the Water Services Trust Fund (fully operational) and the Northern Kenya Education Trust Fund, thus reaching children and families in areas most in need.

## 2 COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Kenya overwhelmingly voted for a new Constitution (Kenya Constitution 2010) and its promulgation on 27 August 2010 put the country on the road to implementing much-needed reforms. Specific provisions were made for children's rights, gender equality, young people, persons with disabilities, minorities, marginalised groups and the environment. Nevertheless, in the run-up to the 2012 general elections, keeping children's issues at the forefront of the political agenda is proving to be a challenge.

On the economic front, growth is accelerating, raising hopes that the target of 10 per cent GDP growth (from 2012) envisaged in the development roadmap, Kenya Vision 2030, will be realised. Government commitment to health, education, agriculture, vital infrastructure and social protection sectors continues. Issues of absorption capacity and equity in allocation of resources require vigilance.

While 2010 saw some improvement in the humanitarian situation in Kenya, progress is tempered by the chronic vulnerabilities of emergency-affected populations. High food prices and the lingering impact of the 2007-2009 droughts have mitigated recovery. The lack of rain in late 2010 and forecast for 2011 point to the onset of another period of drought. Moreover, the difficult situation of refugees in Kenya (412,000 refugees hosted as of September 2010) is compounded by a new influx of Somali refugees (more than 80,000 new arrivals in 2010). The possibility of a new influx from the Sudan is adding to concerns about refugee and host community welfare and the vulnerability of children and women. (Kenya Humanitarian Update 2010)

This year saw the completion and release of: 1) The Multiple Indicator Cluster Survey (MICS) Report for the Eastern Province of Kenya; b) The 2009 Situation Analysis of Children, Young People and Women (by the GOK and UNICEF); c) the Kenya Demographic and Health Survey Report 2008-2009; and d) The 2009 Kenya Population Census. The 2009 Situation Analysis highlights the multidimensionality of child poverty, regional disparities and poor outcomes for children in the North-Eastern province.

Since the 2009 Annual Report, there has been no significant change in Kenya's progress towards the MDGs.

*Goal 1: Eradicate extreme poverty and hunger (slow progress)* – The rates of stunting, underweight and wasting remain unacceptably high. Exclusive breastfeeding rate for children up to six months of age increased from the national figure of 32 per cent (KDHS 2008-2009) to between 42 per cent and 70 per cent in 18 district surveys undertaken during 2010.

*Goals 2 and 3: Achieve universal primary education and promote gender equality (partial progress)* –. The NER increased slightly, from 92.5 per cent (94.6 per cent boys and 90.5 per cent girls) in 2008 to 92.9 per cent (93.6 per cent boys and 92.1 per cent girls) in 2009. Adoption of the nomadic education policy in 2010 could address the equity gap in access to education for vast numbers of children in arid and semi-arid areas.

*Goals 4 and 5: Reduce child mortality and improve maternal health, and Goal 6 Combat HIV and AIDS, Malaria and other diseases (partial to moderate progress):* - UNICEF advocacy efforts helped to secure funding for 8.3 million insecticide-treated bed nets (ITNs), of the 10.6 million needed. The logistics of equitable and timely in-country distribution and use still need to be addressed.

The HIV prevalence rate declined from 7.4 per cent (KAIS 2007) to 6.3 per cent for Kenyans aged 15-49 years in 2008. The mother-to-child transmission rate is still around 10-15 per cent. Preliminary government reporting (National AIDS/STD Control Program) shows that 92 per cent of pregnant women had been tested for HIV and AIDS as part of PMTCT Plus by November 2010, compared to 70 per cent in 2009. Almost 72 per cent of those testing positive are receiving ARVs.

## **3 CP ANALYSIS & RESULT**

### **3.1 CP Analysis**

#### **3.1.1 CP Overview**

UNICEF Kenya re-analysed available data with an equity focus to confirm that the strategies and geographic focus of the Country Programme were responsive to addressing inequities. Working closely with the Ministry of Planning and sectoral ministries, especially Health, Education and Northern Kenya, the Country Programme strengthened its evidence-gathering, advocacy and overall programming efforts.

Support was provided to integrate high-impact child survival interventions in annual operational plans in Nyanza (accounts for 33 per cent of all child deaths) and North Eastern provinces, which also have very high infant and child mortality rates.

Advocacy efforts resulted in national prioritisation of the use of Health Sector Support Fund (HSSF) resources to cover community health workers in the two provinces. Within the Young Child Survival and Development programme, major support was provided to expand access to water and sanitation services and promote good hygiene. In partnership with water services boards, chronically-underserved areas, those prone to drought and host communities were reached. An additional 141,300 children in 130 schools are using improved sanitary and hand-washing facilities as part of the child-friendly schools package. Additionally, capacity of over 2000 partner agencies was strengthened, and UNICEF emergency nutrition assistance saved at least 119,248 children from death or severe illness resulting from malnutrition.

During 2010 major progress was made in PMTCT, with coverage of services increasing through the roll-out of the MTCT-free zone in five districts. Partnership with the UN Joint Programme on AIDS enabled the UN team to provide effective support for Global Fund Round 10 proposals, and attracted funding for technical support to Government institutions from the US Government.

The Nomadic Education Policy and availability of new data on learning achievement at primary school grade 3, disaggregated by province, male/female, private/public and other variables, supported a further drive to enhance equitable access and quality of learning, with a focus on North Eastern Province and urban informal settlements.

In light of the new Constitution, the UNCT overall and the UNICEF CP in particular, have begun to engage strategically with Government and partners, to gain more resources and space for children's rights in the evolving governance structures and devolution of funds.

### **3.1.2 Programme Strategy**

#### **3.1.2.1 Capacity Development**

Capacity development efforts have focused on enhancing results-based management skills of both high- and mid-level managers; social budgeting; communication for development; human rights; and gender dimensions of programming, monitoring and evaluation. This was addressed through each of the programme components.

Communities' capacity to demand and utilise basic services from relevant public sector entities was enhanced. This was achieved mainly through social mobilisation, use of multimedia channels, *Malezi Bora* Strategy, and working closely with faith-based organisations. Child survival-related services, social protection, and emergency preparedness and response were covered.

UNICEF has integrated capacity development for humanitarian response into the Country Programme, given the chronic nature of the humanitarian situation in Kenya. Two notable examples in 2010 were: 'On the Job Training/OJT' framework developed by nutrition partners and Government of Kenya and the efforts to build capacity of District Public Health and Water Officers in 144 districts in water treatment and testing, and of communities in household water treatment, contributing to a reduction of the cholera caseload.

UNICEF Kenya also participated, with partners, in the Disaster Risk Reduction mapping exercise undertaken by Northumbria University to highlight potential future directions for capacity development in Disaster Risk Reduction. The report and consultations highlighted an already strong DRR approach within Nutrition and Education, with clear

opportunities for better articulation and refinement of DRR in WASH. This will inform capacity development initiatives for Disaster Risk Reduction in the coming year.

UNICEF provided support to the development of multi-sectoral emergency preparedness plans in seven high-risk districts in Nyanza and Upper Eastern and North Eastern Provinces, in accordance with the CCCs.

A capacity-development plan based on capacity gaps identified by the HACT micro-assessment of all implementing partners (GOK and NGOs) is under finalisation. With the potential to address the needs of all UN implementing partners, it is anticipated that the Ministry of Planning will sustain the process once proven successful.

UNICEF Kenya worked with selected national universities, under the leadership of the M&E Directorate, to develop an M&E curriculum that will enhance and increase the capacity of national M&E personnel over time.

### **3.1.2.2 Effective Advocacy**

In the complex political environment of 2010, visibility for the children's agenda was often overshadowed. Indeed, it was a challenge to recruit, convince and maintain the attention of those with the ultimate power and resources to realise Kenya's child rights commitments.

Effective, evidence-informed advocacy resulted in the roll-out of the *Maisha* MTCT-free Zone initiative by the Government and partners, and the cementing of strong partnerships and alliances for the mobilisation of US\$30 million for the virtual elimination of mother-to-child transmission of HIV and quality PMTCT services. Concerted advocacy and technical expertise also played a significant role in Kenya's recently approved Global Fund Round 10 proposal (Category 2b). A total of US\$350 million was secured, mainly for ART and PMTCT.

Another critical effort was the impact evaluation of the Cash Transfer Programme for Orphans and Vulnerable Children, which contributed to building evidence for advocacy and programme development in social protection. A documentary on the cash transfer programme, which is part of a series on child rights violations and milestones, also served to give children a stronger voice on their issues.

Issue-based engagement with parliamentary select committees and interest groups yielded the following results: 1) parliamentarians from arid and semi-arid areas, whose constituencies have poor access and achievements in primary education, fast-tracked approval of the Nomadic Education policy; and 2) evidence of sharp disparities in child survival, from the 2008-2009 Kenya National Demographic Health Survey, convinced parliamentarians from Nyanza, one of the provinces with very high IMR and U5MR, to explore the use of discretionary funds to support child health workers (CHWs).

UNICEF used its convening power to advocate on equity with the private sector to enable them to better influence decisions within the National Socio-Economic Council and the Social Pillar of Vision 2030.

Finally, the new Constitution presents new opportunities for heightened advocacy and for nurturing more meaningful partnerships to safeguard provisions for children. While, the Country Programme is already focused on addressing disparities, the proposed advocacy strategy will have a stronger equity focus to determine exactly which children are being excluded in the countdown to meeting the MDG targets.

### **3.1.2.3 Strategic Partnerships**

UNICEF continued to pursue partnerships with the private sector, making a shift to fostering more in-depth relationships that embrace corporate social responsibility rather than just purely fundraising relationships. This year, US\$278,333 was raised from corporate contributions (as compared to US\$266,897 in 2009). Five key partners were identified: DHL, Gulf Energy, Imperial Bank, Mumias Sugar (cause-related marketing) and Safaricom (technology for development). To influence the policies of corporate partners in a way that is compatible with our mission, and to steer them towards expanding their social investment programmes, we will need a clear Corporate Engagement Plan – this is under way. Currently, efforts are disjointed and there is no clear mechanism for leveraging resources (cash or in-kind).

UNICEF regular engagement with the Kenya Private Sector Alliance (KEPSA) and key corporate leaders culminated in the signing of a Statement of Commitment in September 2010. KEPSA and its partners have committed themselves to supporting five key “Better Business Practices” that will facilitate exclusive breastfeeding in the workplace. Progress was made in influencing corporate policies; e.g., fortification of sugar and oil.

Finally, another notable public-private partnership arrangement for child protection and vocational training programmes brings together UNICEF Kenya, the UK National Committee for UNICEF, Barclays International, and the Government of Kenya. Key outcomes include the establishment of Child Protection Centres (CPCs) in Eldoret and Mombasa; the provision of basic social services for rehabilitated children formally working and living on the streets; vocational skills training and job placement for the graduates.

Given the country’s governance challenges, a comprehensive database is essential to identify the social investment programmes that offer opportunities for partnerships at different levels, and to also monitor and evaluate the partnerships. Transparency International Kenya is working with major private sector players to integrate integrity standards into their CSR policies and practices.

Global partnerships were reinforced through the provision of technical support in the preparation of proposals (malaria and HIV/AIDS) to the Global Fund and in the launch of the Maternal and Neonatal Health roadmap, which is part of the Joint Action Plan for Women’s and Children’s Health.

#### **3.1.2.4 Knowledge Management**

The publication of the *2009 Situation Analysis on the Rights of Children, Young People and Women* in 2010 provides the most up-to-date repository of knowledge on Kenya’s obligations, as well as the successes and gaps to be filled. This report was produced in collaboration with the Government of Kenya, CSOs and with participation by children and stakeholders. The report reviews the interventions and resources that support equitable access to opportunities for education, survival, growth and development, participation and protection. Through the analysis of childhood and female deprivation, it sheds light on the socio-economic situation of the nearly 20 million children in Kenya and offers an overview of the public policy and service delivery environments for children. In-depth knowledge on the situation of children and women at a disaggregated level is available following the publication of MICS reports on 13 districts and Mombasa informal settlements.

As a contribution to the dialogue with Government and development partners on the review of the social protection sector, UNICEF produced a preliminary analysis of the disparities faced by children and women using several multi-dimensional measures of poverty. The most deprived children in Kenya are those living in the North Eastern Province, where levels of poverty and deprivation are nearly twice the national average (ref: *Human Development Report*, 2010, p.99). Children in these areas are most disadvantaged in their nutritional status, and in education. Children in Nyanza and

Western provinces, and in urban informal settlements, particularly in Nairobi and Mombasa, are also disadvantaged. Children from the poorest wealth group are also disadvantaged on most indicators. This analysis validated the equity focus of the respective programme components of the Country Programme.

At the request of the Government of Kenya, UNICEF produced a concept note for a course that would enhance national M&E capacity. The course aims to promote the culture of M&E as a mutual accountability tool for meeting the obligations encoded in human (and children's) rights principles, gender and social equity. The concept is currently being adopted by universities under the leadership of the Ministry of State for Planning National Development and Vision 2030.

### **3.1.2.5 C4D - Communication for Development**

The key result areas for C4D were focused on fostering positive behaviour and practices around HIV and AIDS and child survival and development. To that end, a Strategic Communication Framework was developed for CSD in collaboration with the Child Health inter-agency coordinating committee and the Division of Child and Adolescent Health. Teams of district public health communicators were trained, and Integrated District CSD communication plans were developed. Communication activities proposed in these plans are geared towards addressing key high-impact interventions identified and agreed to with partners at the district level using a participatory approach.

As part of the CSD Communication Framework, several communication plans/initiatives were undertaken this year: 1) Exclusive Breast Feeding - Ya Mama Yabamba was rolled out. An estimated 8 million women of child-bearing age were reached with messages through this multi-channel campaign; and 2) continued roll-out of the SOPO Champion drive.

The Faith for Life partnership takes a holistic approach to CSD. Carefully selected verses from holy books are being used to help communities to improve their knowledge and practice of the seven high- impact child survival interventions.

In the Dialogue for Life Initiative, piloted in three districts, the village elder is the converging point for community dialogue; his/her role is to mobilise village members to tailor local solutions to common challenges.

Regarding HIV and AIDS, a strategic partnership with NASCOP and the findings of formative research resulted in the development of a PMTCT Communication Strategy and eventual launch of the PMTCT Communication Initiative 'Kata Shauri.' The initiative raised PMTCT awareness among pregnant women and their partners and the general public, and initiated a national debate on male involvement in antenatal care.

A major effort is required to evaluate the impact of C4D interventions and to validate the extent to which poor, rural communities are being reached by these efforts.

### **3.1.3 Normative Principles**

#### **3.1.3.1 Human Rights Based Approach to Cooperation**

For budget allocations to benefit children and women, UNICEF assisted the Government of Kenya to produce programme documents based on the principles of human rights, gender, participatory accountability and social justice. Specifically, the [Social Budgeting Guidelines](#) and the Social Intelligence Reporting (SIR) tool enable the Government, CSOs, children and women to engage in tracking efficiencies in budget utilisation for social services. This type of 'real-time' engagement allows for timely monitoring, reporting and addressing situations and challenges that hinder children and women from accessing equitable quality services in health; education; water, sanitation and hygiene; and social protection. UNICEF has provided technical and financial support to the Ministry

of State for Planning National Development and Vision 2030. This support has initiated the process of institutionalising the generation and use of the SIRs in 23 districts (one each per county) to track the share of resources allocated to realising the rights of children and women to equitable social services.

An assessment of the child protection systems in the country, using the principles of human rights, gender and social equity, was undertaken. UNICEF collaborated with the Department of Children's Services (DCS) of the Ministry of Gender, Children, and Social Development (MoGCSD), the National Council of Children's Services (NCCS), and CSOs. As a first step to developing a national child protection system strategy, partners piloted a UNICEF Systems Development Toolkit and facilitated stakeholder sessions, including with children, to map protection mechanisms and identify gaps in services. The human rights-based mapping of the child protection environment in Kenya revealed, among other findings, a severe shortage of trained child protection professionals and a need for uniform, institutionalised capacity-building. The completed toolkit now provides a basis from which the MoGCSD will develop a child protection systems strategy, along with an integrated management information system for child protection.

UNICEF continues to support the Government to align the Children Act 2001 with the new Constitution, adopt tools with principles of participatory accountability, child protection system, social budgeting/intelligence reporting into a comprehensive reporting framework for all treaties (CRC, CEDAW, ACRWC, the Kenya Children's Act) by all actors, including the county governments.

### **3.1.3.2 Gender Equality and Mainstreaming**

The Gender Task Force (GTF) developed a work plan for gender mainstreaming that holds each programme accountable for reporting concrete achievements as part of the rolling work plan results. Taking the gender case study of 2009 further, for example, the UNICEF/Ministry of Public Health and Sanitation Nutrition Programme launched a partnership with the business community and media to adopt 'Better Business Practices for Children'. As a result, the Kenya Private Sector Alliance, the Federation of Kenya Employers, as well as 30 associated members made formal commitments to providing a conducive workplace environment and support for breastfeeding mothers, thus taking both the rights of employees, children and gender as an integral part of good business and industrial practice.

During the development of Government Annual Operation (and funding) Plans, the Health programme seized the opportunity to integrate gender-sensitive tools into the high-impact interventions, so that data disaggregated by age and sex would be part of the monitoring of the Community Strategy Health Information System.

A gender audit of the Country Programme was undertaken. Its recommendations, which will be implemented in 2011, include: a) UNICEF staff take time at section or at institution-wide level to consider welfare versus empowerment approaches to gender mainstreaming and consider ways that it can encourage a more empowerment-driven approach; b) the 'gender marker' be applied more broadly across programmes, and not only to emergency programming. The gender audit helped to position gender mainstreaming within management processes.

UNICEF provided important sectoral humanitarian cluster leadership in Nutrition, Education, WASH and Child Protection to implement the gender marker in the 2011 Kenyan humanitarian appeal. Kenya is among ten countries including DRC, Ethiopia, Haiti, Pakistan, Somalia, Sudan, Yemen and Zimbabwe that piloted the gender marker within the humanitarian appeal this year to inform a broader roll-out in subsequent years. The gender marker provides a score that reflects the degree to which the project

is designed to advance gender equality. A review of the effectiveness of the gender marker will be held in mid-2011 during the Mid-Year Review of the appeal.

### **3.1.3.3 Environmental Sustainability**

As part of the Water, Sanitation and Hygiene (WASH) emergency programme, investments are being made in enhancing environmental sustainability, among other strategies. To this end, a five-pillar approach was introduced/reinforced to achieve planned results around environmental and systems sustainability:

1. Social participation, integrated water resources management community proposals, contributions, ownership, awareness on environmental issues
2. Institutional – support for institutional/community structures around water catchment
3. Technical – use of appropriate solutions for modest/proportionate/controlled abstraction of groundwater; rainwater harvesting ; promotion/introduction of sub-surface dams across seasonal river beds; introduction of windmill
4. Financial – user-based fees for water as an economic good
5. Pollution control - through safe disposal/use of waste water, promotion of household latrines. etc.

This five-pillar approach has been rolled out in Turkana district (population 850,000) and a first phase of implementation has begun. Turkana is an area where livelihood and child survival are in constant tension with a depleted environment that is under the pressure of cycles of drought and floods, inhabited by pastoralists and agro-pastoralist communities in arid/semi-arid area of Kenya. Implementation will continue next year in this district, while other opportunities for scaling-up implementation with these technologies are being explored.

## **3.2 Programme Components**

**Title: *Child Survival and Development***

### **Purpose**

Programme Component Result (PCR) is “Women and children having equitable access to quality essential social and protection services and practices (focus on vulnerable populations) by 2013”. Within the two year period 2010 to 2012, the programme aims to:

Intermediate Result 1: Increased proportion of women and children receiving quality, evidence-based essential integrated maternal and child care services by December 2012.

Intermediate Result 2: Increased number of households practising improved care practices (nutrition, health, HIV/AIDS and WASH) with focus on reaching the un-reached by 2012 and sustained after that.

Intermediate Result 3: Sectoral policies and strategies supportive of maternal, newborn and child health.

These outcomes are a direct expression of the national priorities and flagship programmes described in *Vision 2030*.

The three sub-components of the CSD programme aim to develop the capacities of Government and partners to: 1) increase access for women and children to a defined set of high-impact nutrition interventions; 2) take maternal, newborn and child health high-impact interventions to scale nationally, especially in poor and hard-to-reach communities; 3) accelerate attainment of the MDG goals for maternal health, child survival and water and sanitation through increased access and utilisation of water and sanitation services for communities, households, schools, and health facilities; and contribute to ACSD results, through promotion of household water treatment, hand-

washing at critical times and increase and use of improved latrines at the household level.

### **Resources Used**

#### **a) Health Sub-component:**

Total approved for 2010 as per CPD: RR - US\$853,492; OR - US\$5,550,000  
Total available for 2010 from all sources: RR: US\$1,094,400.02, OR: US\$3,106,856.27,  
Emergency: US\$3,125,496.97, Total: US\$7,326,753.26  
Special Allocations: GS/00/0076 US\$110,000, GS/09/0015 US\$48,527.42  
Donors: National Committees for UNICEF (German, Finnish, United Kingdom, Norwegian, Japan) Consolidated Natcoms, GAVI, United Nations Foundation, DFID (through UNDP) Global thematic, Rotary International, UNOCHA, CIDA, United Kingdom, Japan, Kenya PSFR, Bill & Melinda Gates Foundation

#### **b) Nutrition Sub-component**

Total approved for 2010 as per CPD: US\$3,000,000  
Total available for 2010 from all sources: RR: 2,405,226.72 (RR US\$929,419.70 & Set Aside US\$1,475,807.02); OR: US\$11,657,156.27. Total: US\$14,062,382.99  
Special allocations: Set Aside - US\$1,475,807.02  
Donors; USA OFDA, EC/ECHO, UK DFID, Japan, CERF, Swedish SIDA, Finnish Natcom, CIDA Luxembourg, Denmark, Micronutrient Initiative (in-kind), UNDP USA.

#### **c) WASH Sub-component**

Total approved for 2010 as per CPD: RR - US\$544,140; OR - US\$6,458,297  
Total Available for 2010: RR: US\$1,088,499; OR: US\$11,713,964.93 and emergencies US\$7,385,088  
Donors: DFID, EU, Netherlands, SIDA, Japan, United States Fund for UNICEF, Canadian Committee for UNICEF, OCHA, UNDP-US administration support and Global Thematic Humanitarian Fund.

### **Results Achieved**

A comprehensive package of 12 high-impact nutrition interventions adopted; 62% of children less than five years reached with vitamin A supplementation against 50% in 2009. Management of malnutrition improved: 59% of moderately malnourished children accessed care with a recovery rate of 79%; 64% of severely malnourished children accessed treatment, with a recovery rate of 85%. In Nairobi and Kisumu, 84% of severe malnutrition cases treated and a recovery rate of 76%. In refugee camps, 71% of moderately malnourished children reached, with a recovery rate of 96%; and 74% for severely malnourished children reached, with a recovery rate of 93%.

UNICEF supported partners and Government to roll out the Health Sector Service Fund (HSSF), and developed capacity of 33 trainers and 484 Health Facility Management Committee members on HSSF.

Under PMTCT plus, 92% of pregnant women tested for HIV and AIDS, compared to 70% in 2009; 72% of women that tested positive are receiving ARVs. With regard to Highly Active Antiretroviral Therapy (HAART) for mothers, 200,000 CD4 test kits were distributed to five strategic district hospitals and MCH clinics.

Following the Epidemiological Bulletin of MoPHS and field reports during 2010, the case loads for cholera and acute diarrhoeal incidents in Kenya declined by 60% in less than a year. This result was largely due to improved household water treatment, hand washing with soap and ORT use.

Improved water supply, sanitation services and hygiene knowledge reached additional 1,267,000, 300,000 and 350,000 people respectively in communities and schools.

UNICEF worked with Government and partners following the polio outbreak in neighbouring Uganda, where two rounds of the polio campaign conducted achieved 80% coverage.

Implementation of a revised Malezi Bora Strategy resulted in 84% coverage with measles vaccination and 500,000 people reached with messages on exclusive breastfeeding, hand-washing, ITN use and early initiation of ANC services. Rates of exclusive breastfeeding for children 0-6 months of age have increased, reaching 42% to 70% in 18 districts.

The measles mop-up campaign reached 87% of the 95% planned in 50 poorly performing districts through the Reach Every District Approach (RED).

An additional 141,000 children in 130 schools are using improved sanitary and hand-washing facilities, and participating in school health clubs.

UNICEF advocacy and technical support efforts yielded funding from the Global Fund, WB and Presidential Malaria Initiative for the purchase of 8.3 million nets of the 10.6 million needed. In addition, UNICEF Supply Division procurement services facilitated the procurement of 6.8 million nets (worth US\$40 million); a campaign is planned for February 2011.

The Breast Milk Substitutes Control Bill (2009) was gazetted, and awaiting parliamentary review. UNICEF support to systems and capacity development and the Nutrition technical Forum worked well in crisis management, mitigation, increased readiness, response and reduced vulnerability.

Partnership with the private sector increased the availability and use of iodised salt, which now reaches 98% of Kenyans.

UNICEF assisted the country to refocus on: the Operational Strategy for ACSD with HRBAP focus; National Maternal Newborn Road map; National Malaria Policy; Policy Guidelines on Control and Management of Diarrhoeal Diseases; 2011-2015 costed plan for immunisation; Guidelines for HSSF financing; and new PMTCT guidelines following the WHO Option A recommendations were adopted.

UNICEF supported WASH emergency preparedness and response; developed/adopted an EPRP at national and sub-national levels led by the WESCOORD group and maintained WASH cluster lead and coordination.

### **Constraints**

The CSD programme was constrained by challenges resulting from sporadic polio and cholera outbreaks, with a slow pace of governance and low staff capacity.

### **Partnerships**

This annual work plan component was executed through the rolling work plans of three sub-components: Health, Nutrition and WASH. The main implementing partners are the Ministry of Public Health and Sanitation, Ministry of Medical Services, WFP, Food for the Hungry Kenya, International Rescue Committee, Action Against Hunger, World Vision Kenya, Medical Emergency Relief International (MERLIN), Samaritan's Purse, Family Health International, Pathfinder International, Programme for Appropriate Technology in Health (PATH), MERCY USA, GTZ-BMZ, Concern Worldwide, International Medical Corps, Islamic Relief, Save the Children UK and National HIV and AIDS Control Council (NACC). The WASH programme is working alongside other development partners within the SWAp framework through the Water Services Trust Fund.

### **Future Workplan**

The future workplan for CSD sub- programme components focuses on: partnerships; integrating high-impact interventions on the ground and at policy levels; developing national and sub-national plans and MISs; building on lessons learnt to scale up high-impact services; explore the use of new technology (cell phone) for information management; adopting environmentally friendly technologies; introducing hand-drilling techniques; extending services to peri-urban centres; and evaluating the partnership with the Water Service Trust Fund to extract lessons.

## **Title: Education and Young People**

### **Purpose**

Increased numbers of boys and girls aged up to 24 years access and complete ECD and primary schooling with national quality learning standards and transit to secondary schooling, and out-of-school youth acquire relevant skills by 2013.

Activities directly contribute to six intermediate results:

1. ECD and primary enrolment increased by 12% in 18 Arid and Semi-Arid Lands (ASAL) districts and two urban informal settlements by 2013
2. 80% of children continue schooling during emergencies
3. 8,000 primary schools meet CFS standards and are certified CFS-compliant nationwide by 2013
4. 5,000 young people in the 22 selected districts access quality relevant learning and skill- building programmes by 2013
5. Life Skills curriculum is in use nationwide and improves awareness and behaviour change among school children and out of school youth by 2013.
6. Framework for national qualification and competencies for Basic Education in Kenya is in place by 2013.

### **Resources Used**

Total approved for 2010 as per CPD: US\$4,714,400

Total available for 2010 from all sources: RR - US\$1,023,523.; OR - US\$3,883,393

Total: US\$4,906,917

#### Donors:

T49907 BASIC EDUCATION AND GENDER EQUALITY

G30001 Netherlands

C45301 United Kingdom Committee for UNICEF

U99905 UNDP - USA Administrative Services Section

C45301 United Kingdom Committee for UNICEF

C07201 Canadian UNICEF Committee

### **Results Achieved**

An action plan to facilitate inter-ministerial coordination of the Early Childhood Development Policy Framework was finalised through support to the National Council for Children's Services. Training of 693 ECDE staff for underserved centres of the Integrated Islamic Education programme resulted in enhanced capacity to extend services in the Coast and North Eastern areas.

*Nomadic education policy adopted* by the Ministry of Education (MOE) and the Ministry of State for the Development of Northern Kenya (MDNK). It addresses the inequity in access to quality basic education, as 40 per cent of out-of-school children in Kenya are from the arid/semi-arid lands and pastoralist areas. Initial implementation in 20 nomadic districts accomplished through district-level enrolment plans, rural nomadic boarding schools and mobile schools. These initiatives resulted in a 9 per cent (17, 269 pupils) increase in enrolment, against a target of 6 per cent. A five-year costed implementation plan (US\$15million) was developed and shared with 26 parliamentarians to garner their support for implementation and fast-tracking. A National Commission for Nomadic Education for Kenya was created through a cabinet memo.

*High success rate for girls in scholarship programme from marginalised communities.*

Forty-six of 60 girls in the first cohort (68%) attained university/tertiary institution entry marks. To ensure sustainability and scale-up of the scholarship program, UNICEF supported the establishment of a Northern Kenya Education Trust Fund (NoKET). The

NoKET Board of Trustees is seeking to raise US\$2.5 million in 2011, to cover over 200 boys and girls from 10 districts in Northern Kenya, beyond the initial target of 60 girls.

*The Alternative Basic Education policy was finalised, printed and its implementation plan is being drafted* as part UNICEF's effort to address disparities in access to education in urban informal settlements. Enrolment drives have begun in Mombasa Municipality. UNICEF supported the MoE to draft an implementation plan for the Gender and Education policy, which will be costed in 2011.

*Adoption of the child-friendly schools (CFS) approach* as the national strategy for quality improvement, with: 1) 80,000 copies of a national CFS manual produced to facilitate nationwide CFS implementation; 2) 460 district level officers and 205 school cluster coordinators' capacity strengthened to build a strong foundation for district-level CFS support system and future rollout; 3) national CFS trainers trained 114 Primary Teacher Training Colleges tutors to ensure programme expansion and long-term sustainability through new teachers graduating from colleges. Advocacy and engagement with Kenya Primary Schools Heads Association (KEPSHA) resulted in a total of 15,000 of its 26,000 members committing to making their schools Child-Friendly by using the CFS monitoring tool. This is a major step in mainstreaming CFS in schools.

*Building the youth sector through support to:* 1) the International Year of the Youth, which enhanced visibility for resource mobilisation and was instrumental in the formation of the Youth Donor Group (CIDA, ILO, UNDP and USAID); 2) partnership with the Secondary Head Teachers Association on the introduction of student leaders and school councils in school management; 3) the Ministry of Youth Affairs and Sports (MOYAS) for revival of National Youth Council Act, through development of an innovative 'second chance' alternative learning procedure based on talent development for youth; 4) leveraged MOYA resources worth US\$125,000 from 2010/2011 national budget allocation to fund the pilot talent development programme. Over 1,000 youth are in the Talent Academy, with gender parity in participation and training opportunities in sports, communication, the arts and other subjects. UNICEF also supported the development of a national Emergency Preparedness and Response Plan, led by the MOE and in collaboration with Education cluster partners.

### **Constraints**

The programme and sector SWAps remain constrained by the extensive audit of MOE, due to the fiduciary risks uncovered in 2009 that halted implementation and led some donors to suspend funding.

### **Future Workplan**

1) Focus on marginalised children by supporting mobile schools, strategic rural boarding schools and NoKET; 2) Strengthen capacities of education officials, especially at sub-national level, in both ECDE and primary levels; advocacy on importance of ECDE and link between school readiness and performance in primary schools; 3) Promote CFS as a framework to strengthen quality; and 4) Support the establishment of a National Talent Development Foundation or Trust as a semi-autonomous agency.

### **Title: *Child protection***

### **Purpose**

The purpose of this Programme Component is to establish a national child protection system that prevents and responds to violence, abuse, and exploitation of children and

family separation, including in emergencies, and should be operational in seven districts by 2013.

The following Intermediate Results contribute to the PCR:

IR 1: The legal, regulatory and policy framework necessary for a CRC-convergent national child protection system is in place by 2013.

IR 2: A national information management mechanism functioning for the child protection system, with regular input from seven districts and inputting into planning and budgeting cycle by 2013.

IR 3: Ministry of Gender, Children and Social Development and AACs in seven selected districts coordinate interventions for a functioning Child Protection System by 2013.

IR 4: Institutional capacity of child protection services in place to prevent and respond to violence, abuse and exploitation of children and to separation of children from family by 2013.

IR 5: A harmonised Cash Transfer Programme for OVC is in place in 47 districts and fully integrated into the Child Protection System in the seven selected districts by 2013.

IR 6: Community-based structures are engaged and strengthened to prevent and respond to violence, abuse and exploitation of children and to separation of children from family by 2013.

Specific milestones were not established for 2010; however, significant progress was made towards each of the IRs as described below.

### **Resources Used**

Total approved for 2010 as per CPD: US\$9,097,600

Total available for 2010 from all sources: RR - US\$588,065; OR - US\$12,960,801; Total: US\$13,548,866

Special allocations: Global Child Protection Thematic Fund - US\$600,000

Donors: SIDA, DFID, Government of Denmark, Government of Italy, Government of Japan, Norwegian Committee for UNICEF, United Kingdom Committee for UNICEF, Global Fund on FGM/C (UNFPA and UNICEF), and UNDP-USA.

### **Results Achieved**

UNICEF collaborated with the Ministry of Children, Gender, and Social Development (MoCGSD), the National Council of Children's Services (NCCS), and international and national NGOs to commence developing a strategy for a National Child Protection System. First, partners piloted UNICEF's System's Development Toolkit to map protection mechanisms and identify gaps in services. This revealed severe shortages of trained child protection professionals, a need for uniform, institutionalised capacity building, and other gaps. The completed toolkit will inform the Government's strategy for developing a child protection system.

Towards a strong legal framework for a functioning child protection system, UNICEF collaborated with MoGCSD/stakeholders to identify sections of the 2001 Children's Act for amendment, aligned adoption regulations with the Hague Convention, supported the drafting of the National IDP Policy, the Sexual Offences Policy, and a National Code of Conduct for the travel and tourism sector. UNICEF also supported the Cabinet's adoption of the FGM/C Abandonment Policy and drafting of the FGM/C Prohibition Bill, and obtained a commitment of abandonment from the Kuria Council of Elders through of community-level advocacy efforts started in 2009.

To augment child protection information, UNICEF carried out a capacity assessment of the existing DCS database/MIS and began work with partners on a national survey to establish a baseline on the extent, nature and circumstances of violence against children.

Material, technical, and financial support was provided to child protection service providers, including [Child Line](#), which offered referral services to 24,880 children, and to

legal partners, who provided representation for 1,235 children in 2010. This year a fifth Child Protection Centre was established in Coast Province, thus expanding the Government-linked facilities that perform rescues, referrals, counselling, legal aid, family reintegration, foster placement, life skills and vocational training. UNICEF also finalised child protection standards for CPCs, police station Child Protection Units, and charitable children's institutions.

Major results were realised in the cash transfer programme for orphans and vulnerable children (CT-OVC), which covers 47 districts. The number of households enrolled increased from 75,000 (262,500 children) in January 2010 to 85,891 (290,500 children) in December 2010. Efficiency in the mode of beneficiary payment was attained as funds were transferred through the Postal Cooperation of Kenya (PCK) instead of physical delivery of cash to households. For future expansion, the MIS capacity of the programme was increased from 200,000 to 2 million households.

In 2010 the impact evaluation of the CT-OVC was completed. Compared against a 2007 baseline, there has been a 13% reduction in the proportion of households living on less than 1\$ a day, an improvement in dietary diversity, an increase in healthy consumption, a 15% increase in 6-7 year olds enrolled in primary school, a 6% increase in 13-17 year olds enrolled in secondary school, and a significant reduction in child labour among beneficiary households. However, the cash disbursements had very little impact on families with four or more children. Results of an on-going national survey on violence against children are expected in 2011.

UNICEF is engaged in joint programming on FGM with UNFPA, and with UNAIDS on HIV & AIDS. The CT-OVC partnership has led to increased funding from the World Bank (US\$80 million over 10 years), DFID (US\$50 million over four years) and DCS, whose contribution is US\$10.34 million (2010-2011) against just US\$600,000 in 2005.

With regard to emergency preparedness, ahead of possible violence following the constitutional referendum, UNICEF collaborated with partners to pre-position supplies (including 1,200 doses of PEP) in volatile areas. UNICEF continued its support to the Dadaab refugee camp, resulting in all seven child-friendly spaces becoming operational and enabling 278 children to receive representation before the UNHCR-sponsored mobile courts.

### **Constraints**

Although the new Constitution is a milestone, other legislation has been prioritised over amendments to the Children's Act. Further clarity is required on the roles and responsibilities of the policy-making body, NCCS, and the operational body, DCS, of the MoGCSD. Shortage of DCS staff with requisite skills to discharge the DCS mandate at the local level persists. Many NGOs continue to operate without government oversight and are unaware of the new child protection standards. With the exception of the CT-OVC, government earmarked funds for child protection remain inadequate.

### **Future Workplan**

Priorities for 2011 are to expand the CT-OVC programme to 120,000 household; develop the child protection system and its components (strategy, viable MIS and child protection indicators); strengthen the legal, policy, and regulatory framework; assess children's access to justice and legal aid; support standard-setting for CCIs, CPCs, and CPUs; and strengthen CP service delivery system's development in refugee settings and emergency preparedness and response.

**Title: *Policy, planning, advocacy and communication***

### **Purpose**

The Policy, Planning, Advocacy and Communication (PPAC) programme component has three sub-components; (1) Advocacy and Partnership (A&P); (2) Policy, Strategic Planning, M&E (SPME); and (3) Communication for Development (C4D). Jointly with A&P sub-component, the SPME Component Results (PCR) is 'children and women's rights and gender equality prioritised in policy implementation, participatory planning and budgeting for Vision 2030 at the national and district levels based on evidence from data collection exercises'.

The SPME Intermediate Results (IRs) are:

IR1: Pro-child & Pro-women social policies developed, approved and implemented by 2013.

IR2: National authorities allocate & utilise sufficient public resources to prioritise child rights & gender in education, health & social protection by 2013.

IR3: Kenya periodic reports (CRC, ACRWC, etc.) submitted and concluding observations implemented by 2013.

IR4: Quality & timely disaggregated data available & used for evidence-based policy planning, monitoring & evaluation of the rights of women & children by 2013.

IR5: National M & E system more integrated and accountable to children policies by 2013.

The A&P sub-component aims to position children's issues at the centre of national dialogue by forging partnerships with the corporate sector and other strategic allies for policy commitments, resource mobilisation and better business practices for children, young people and women.

The A&P IRs are:

IR1: National dialogue increased to advance social policies for the realisation of children's and women's rights by 2013

IR2: A 10 per cent increase in resource mobilisation attained annually for children and women

IR3: Partnership with the private sector strengthened for implementation of pro-child/pro-women policies by 2013

IR4: Kenyan public, donors, national committees and partners are well-informed about children's rights.

Communication for Development (C4D) is an integral, inter-sectoral intervention of the GOK and UNICEF Country programme 2009-2013. It contributes to two of three UNDAF priority areas, and is an integral part of Country Programme Outcomes. The C4D sub-component entails one PCR and four IRs. The PCR is: "Children, families, communities adopt appropriate attitude, practice and utilise social services for CSD, Education, Child Protection and HIV, including in emergency situations, with focus on vulnerable groups and the most marginalised regions of Kenya by 2013."

### **Resources Used**

#### *Advocacy and Partnership*

Total approved for 2010 as per CPD: US\$788,619

Total available for 2010 from all sources: RR - US\$588,951; OR US\$50,667

Total: US\$739,619

Special allocations: Private Sector Division, Geneva, US\$49,000

Donors: European Commission, Finnish National Committee, UK National Committee and the Alexander Bodini Foundation

#### *Policy, Strategic Planning, M&E*

Total approved for 2010 as per CPD: US\$2,741,000

Total Available for 2010 from all sources: RR - US\$986,300.13; Set-Aside

US\$100,000.00, OR - US\$84,179.77:

Total = US\$1,170,479

Special allocation

Thematic: Girls' Education: US\$4,891.16; Thematic: Child Protection: US\$11,156.28;  
Thematic: Policy Advocacy and Partnership: US\$45,798.88 & Finnish National Committee  
for UNICEF: US\$22,333.45

*Communication for Development*

Total approved for 2010 as per CPD: US\$1,000,000

Total available for 2010 from all sources: RR – US\$1,330,000; OR – US\$290,000;

Total: US\$1,620,000

Donor: DHL

## **Results Achieved**

*Advocacy and Partnerships*

- Stark disparities in child survival among provinces in Kenya were brought to the attention of 15 Members of Parliament from Nyanza province. MPs pledged to prioritise this issue.
- Produced and printed the 2009 Situation Analysis (previous one was 1998); produced a documentary series on key child rights issues, which was useful for awareness-raising and resource mobilisation.
- Continued engagement with the media on CSD, child protection, education, HIV and AIDS and maternal/newborn health.
- Progress on website maintenance.
- Hosted five National Committee visits this year for resource mobilisation, advocacy and media initiatives.
- Regular engagement with the Kenya Private Sector Alliance and key corporate leaders on the promotion of exclusive breastfeeding resulted in a commitment to five "Better Business Practices" in the workplace.
- Inroads were made in influencing manufacturers to fortify flour, sugar and oil; advocacy efforts with the largest salt manufacturer, Kensalt Ltd, were successful as Kensalt has adopted exemplary iodization standards.
- Increased engagement of the private sector with UNICEF through the 'Cards Full of Life' event, catalogue (also online), media advertising and prospecting for new clients.
- Took stock of existing partnerships and embarked on the development of a Corporate Engagement Plan.

Policy, Strategic Planning, M&E

- UNICEF's evidence-led advocacy and partnership with Government contributed to sustained allocation of treasury resources to key sectors that benefit children and women.
- Social Budgeting Guidelines were developed, with the principles and concepts of human rights, gender and vulnerability analysis incorporated, and launched by the Minister of State for Planning, National Development and Vision 2030 (MSPNDV2030). UNICEF Kenya shared innovative knowledge, tools and useful lessons from working with Governments on social budgeting at an international conference in Ethiopia.
  - Initial draft of Kenya's 3rd, 4th & 5th Kenya State Party CRC report were used to engage all stakeholders.
  - UNICEF assisted in the development and launch of the Ministry of Gender, Children and Social Development Strategic Plan with focus on social protection, the rights of children, women and marginalised populations.
  - The Mombasa Informal Settlements Survey report and 13 district MICS reports for Eastern province were published.
  - UNICEF fostered collaboration with other partners and facilitated the training of 35 GOK staffers on the use of KenInfo.

- UNICEF contributed to capacity development in the area of M&E with technical support to: a) the assessment of Monitoring and Evaluation Directorate (MED) capacity and sector MIS/M&E systems to enhance sectoral and national level capacity; b) development of child rights-, gender- and social equity-based M&E curriculum that was adopted by universities; c) revival of the Kenya Evaluation Association, through advocacy and technical guidance.
- Completed a budget analysis in the health and education sectors, revealing the need to focus on budget utilisation and efficiency.

#### *Communication for Development*

- Three C4D training sessions were organised, with participants from UNICEF Eritrea, Somalia, GoK and CSO partners.
- An Emergency Communication Centre was set up in MoPH&S, and now functions as the nerve centre of health-related emergency communication.
- A Strategic CSD Communication Framework was developed and endorsed by Child Health ICC.
- Integrated District CSD Communication Plan was developed to address key HIIs.
- Ya Mama Yabamba - An estimated 8 million people being reached with motivational messages promoting a sense of pride in exclusive breastfeeding.
- SOPO Hand-Washing Champion Drive to enlist 1 million children in two Provinces through a combination of interpersonal community and school activation mobilised 146,730 people and 98,488 children as SOPO Champions.
- Dialogue for Life Initiative piloted in three districts: village elder is the converging point for community dialogue towards and tailoring local solutions to common challenges.
- Faith for Life partnership, with the leading Kenyan faiths including Christianity, Islam, Hindu and Sikh, remained on track.
- Developed and rolled-out a PMTCT Communication Initiative 'Kata Shauri', initiating national debate and increased awareness among pregnant women, partners, and the general public.
- Disseminated results of a baseline study on circumcision and recommendations used in communication programming, leading to increased uptake of male circumcision in 12 districts in Nyanza.

### **Future Workplan**

#### *Advocacy and Partnerships*

a) Follow up on parliamentarians' commitment to the *Look out for Leaders who Look out for Children* in the run-up to the 2012 elections; b) Develop an advocacy plan linked to specific policy outcomes in order to seize media opportunities more strategically; c) position the *2009 Situation Analysis* as a major diagnostic tool to inform policy dialogue and child-focused policy advocacy; d) develop a Corporate Engagement Plan to mainstream this work into the wider programmatic and resource mobilisation efforts; e) enhance participation of children and young people through the constitutional implementation process.

#### *Policy, Strategic Planning, M&E*

In 2011 and beyond, if funding permits, add an empirical evaluation/study component to social budgeting to track the impact of the initiative (i.e. the introduction of "Social Intelligence Reports (SIR)") on key indicators such as the size and stability of allocations or other potentially important measures. Such evaluations could contribute to UNICEF's strong emphasis on "what works" and provide evidence of the impact of our work. This may entail the use of technology solutions (PDA etc.) to reduce the cost of surveys, reduce the time it takes for SIR reports to reach decision-makers and prompt faster remedial actions for increased efficiency of social sector budgets and outcomes for children and women in deprived areas.

#### *Communication for Development*

Implementation of communication activities will continue to accelerate to promote community-level dialogue and outreach to disadvantaged groups in North Eastern province. SOPO's scope will be extended from hand-washing to safe water and sanitation. Once the KAP findings are available, a new communication initiative on Child Protection will be rolled out. Finally, tracking progress from an equity perspective will be initiated for the on-going communication programmes.

**Title:** *Cross-Sectoral costs*

### **Purpose**

The purpose of the cross-sectoral component is to provide operational support to the planning, implementation, management, monitoring and evaluation of the Country Programme. It also covers some staff salaries and related costs for national and sub-national level work. The PCR is "effective and efficient programme management and operations support". The IRs are: (1) "effective and efficient governance and systems". (2) "effective and efficient management and stewardship or financial resources; and (3) "effective and efficient management of human capacity".

### **Resources Used**

The CPD allocation for 2010 was US\$3,812,816 (RR) as well as contributions from Thematic Funding, DFID and Japanese NatCom.  
Actual funds utilised: US\$3,605,250

### **Results Achieved**

UNICEF Kenya has two Field/Zonal Offices that support the implementation of Country Programme results in Nyanza and Western (Kisumu) and North Eastern (Garissa) Kenya respectively; the areas of the highest overall disparity in terms of child survival and child rights. This year, particular focus was placed on building the capacity of the Kisumu Field Office to support UNICEF programmes with a focus on Nyanza Province, the province with highest disparity in child survival and highest prevalence of HIV and AIDS. This support lead to the development of a provincial strategy for Accelerated Child Survival and the integration of High-Impact Interventions into the Government's Annual Operational plans for each district. Another significant achievement was the launch of the 'Maisha Initiative' for a Mother-to-Child Transmission-Free Zone in Nyanza province that was launched by the UNICEF Executive Director during his visit in November 2010. The aim of the MTCT Transmission-Free Zone is to improve the quality and coverage of PMTCT services and paediatric care and treatment programmes by strengthening data quality and analysis, in order to identify and address critical bottlenecks through coordinated action by provincial and district health management teams. This was accompanied by the launch of the first ever PMTCT Communication Initiative 'Kata Shauri', which aims to raise PMTCT awareness among pregnant women and their partners and the general public, and to provoke national debate on male involvement in antenatal care.

The Kisumu Field/Zonal Office was also instrumental in scaling up efforts aimed at the reduction of diarrhoeal disease and cholera in Kenya's Western Region, working with NGOs and Government to scale up Household Water Treatment (HHWT), Community-Led Total Sanitation and Hand-washing. The celebration of Global Hand-washing day in the region provided high-level advocacy support to the community interventions being undertaken.

The Garissa Field/Zonal Office supported much of the child protection programming, including for the Daadab refugee camp, and provided an impetus for supporting nomadic education.

As both areas covered by the Field/Zonal Offices are prone to emergencies (primarily drought, cholera and flooding), Field/Zonal Offices provided support to District administrations, NGOs and communities in seven particularly high-risk Districts to undertake vulnerability and capacity analysis (VCA), followed by District Emergency Preparedness and Response Plans (EPRP) to build local capacities to prepare for and respond to emergency situations.

The presence of UNICEF staff members in the Field/Zonal Offices provided for more sustained work with Government, NGOs and community partners at the field level, more dedicated support in programme planning, implementation and monitoring and the ability to continually engage local decision-makers in ensuring that the agenda for children is consistently promoted at the community, district and provincial levels.

Operations support was critical to the performance of Field/Zonal Offices, including upgrading security and IT infrastructure and supporting office functioning and transport services for field outreach.

Security considerations constrained access to some parts of North Eastern province.

### **Future Workplan**

Priorities for 2011 include the roll-out of the Accelerated Child Survival strategy in North Eastern Province through support of the Garissa Field Office. In preparation for the Mid-Term Review of the Country Programme, a review of the performance of the Field/Zonal Offices will be undertaken to provide recommendations on how best to strengthen UNICEF's support at the sub-national level in light of the disparity-reduction agenda and the Government of Kenya's planned devolution process.

## **4 OPERATIONS & MANAGEMENT**

### **4.1 Governance & Systems**

#### **4.1.1 Governance Structure**

KCO enhanced communication on Office objectives, priorities, and CCCs through monthly staff meetings and interactions with NGO implementing partners.

All oversight structures met regularly and communicated decisions, and where appropriate, posted information on the common drive for ease of access. Weekly section meetings reviewed programme implementation.

Thirty emergency focal points and staff from all sections underwent EPR training and participated in development of the 2010 EPRP. A minimum level of preparedness was agreed (30-day multi-sectoral response in place for 30,000 newly displaced persons), implemented and monitored monthly. Preparations for potential humanitarian consequences of flooding in May, and the referendum on the Constitution in August, were well executed.

The CMT monitored operations and programme management performance, including audit follow up, resource mobilisation, review of programme issues and constraints in programme delivery, including supplies and human resources. CMT reviews were supported by monthly progress reports. The CMT paid specific attention to simplification of some workflow processes, improved reporting and follow-up of field monitoring visits, updating the resource mobilisation strategy and follow-up of evaluations.

Audit follow-up is a standing agenda item at CMT meetings. KCO was last audited by OIA in 2007, before the audit area 'governance' had been introduced in the audit scope. All

recommendations of the 2007 audit were implemented and closed by OIA. KCO provided comments on, and benefited from, the thematic audit on vehicles in 2010 though recommendations were addressed to DFAM, DPP and OED. KCO was audited by the Board of External Auditors in 2008. Action was taken and responses were provided to recommendations by the 2008 BOA country audit, the status of which was deemed closed. During 2010 DFAM reviewed the responses submitted by the Office, and changed the status of two recommendations to open, pending submission of additional evidence of sustained action. Updates were provided to DFAM in December as requested.

As the CO moves toward the MTR, the management structure will be reviewed in light of recent changes in simplified programme structure that makes clear distinctions between programme components, cross-sectoral and support functions of operations.

#### **4.1.2 Strategic Risk Management**

The CO has on-going risk assessment tools, such as the EPRP and the BCP. An Enterprise Risk Management Plan (ERM) was developed in a participatory and consultative manner. Once full implementation is underway, there will be annual updates to ensure all risk- management tools (EPR, BCP and ERMP) are updated and included in the RWP/PCR and IRs.

Programme and financial risk control is part of the HACT micro-assessment, covering both programme and financial management. The level of management and financial support is continuously adjusted to the appropriate risk levels. In addition, field programme monitoring visits and spot checks of implementing partners are carried out regularly.

Emergency risks identified in the EPRP risk profile, validated by all sections (programme and operations) and endorsed by the CMT, were incorporated into the ERM plan that was developed by the Country Office this year. The CO also continued to update its risk profile quarterly on the online Early Warning-Early Action system. Minimum level of preparedness (30 day multi-sectoral response in place for 30,000 displaced persons) was agreed, implemented and monitored monthly.

A bulk cell phone text messaging system, which ensures that urgent messages are communicated to all staff instantaneously, was installed.

KCO's preparedness planning for potential crisis situations include staff training on security issues, stand-by power supplies, and maintenance of a 24/7 radio communication centre. KCO drivers are trained in defensive driving and driving in all terrains. All field vehicles have adequate Telecommunication equipment and all drivers going on field missions to Phase 3 Security areas are issued Thuraya satellite Phones. The Office has also set up a permanently ready "Office in a box" which has the necessary equipment to enable a temporary functioning office to be set up anywhere if required.

The Office Business Continuity Plan, which ensures that operations will continue if and when our offices cannot be accessed for whatever reason, is updated regularly. Initial sites identified as suitable alternative Office locations have not proven to be practical, so other sites are being identified.

The Office responds to changes in the operating environment through regular formal meetings, and through informal telephone conferences as necessary.

#### **4.1.3 Evaluation**

The Office developed and used an IMEP to guide studies, evaluations of the country programme and partnership with the Government of Kenya on the rights of children and women while the Country Management Team (CMT) tracks management responses for at least 2 key evaluations.

The Office continues to support and ensure that evaluations are joint and country-led and evaluation findings and recommendations are owned by all stakeholders insofar as possible. Capacity remains a challenge in some sectors, but the CO ensure that all evaluation TORs are cleared for ethical and technical adequacy and embrace the principles of participation, independence and transparency, in line with UNICEF evaluation policy

Evaluation capacity exists in the country, as evidenced in the quality of reports submitted. However, high-quality evaluators are often engaged due to the growing market for their services hence the costs of quality, timely evaluations remains high. UNICEF is working with the M&E Directorate of the Ministry of Planning and academic institutions in the country to: a) develop an M&E curriculum that encompasses all aspects of conducting professional evaluations ; b) support the professional status of evaluation and revive the Evaluation Society of Kenya to regulate and provide a platform for sharing experiences among evaluation professionals in the country; c) enhance national capacity for quality evaluation/evaluators, as there are no formal schools delivering a complete evaluation curriculum at advanced levels.

Findings and recommendations are routinely discussed, shared and disseminated, together with the government partners and other stakeholders. This has improved the adoption and utilisation of the results and conclusions of the evaluations.

In many internal and external forums, findings from evaluations are presented, discussed and adopted at sectoral and management levels into respective programmes. The Office will seek to ensure that in 2011 this process is more clearly documented for key evaluations.

#### **4.1.4 Information Technology and Communication**

The KCO ICT infrastructure is the technology foundation for UNICEF ESARO, UNICEF Kenya and to some extent UNICEF Somalia. It enables staff and associates to access a wide range of ICT services and tools in support of UNICEF programmes. This includes timely release of core business applications, dealing with end-user problems, disaster planning, business continuity and advisory support to programmes with ICT components. A high level of systems availability was ensured through promptly planned ICT releases, including strengthening connectivity and infrastructure redundancy, which ensured uninterrupted service delivery in 2010.

The Office supports the UN reform agenda, actively participates in the UN Common Services Mechanism at the UN complex in Kenya for cost savings through: a) sharing of common ICT services; b) joint learning; c) common procurement and d) sharing common infrastructure, and also advises the UNICEF Common Services Management Team on pursuing harmonised ICT operations in line with UNICEF ICT policies. These initiatives have significant costs-saving potential and reduce technology footprints and overheads for all agencies.

On the business continuity plan, the Office enabled remote access to key IT systems through Citrix, actively promotes the use of WebEx and Webinar technologies and supports these services for enhanced collaboration among internal and external stakeholders, including sub-offices and during emergency responses.

The Office established five local LTAs with vendors of critical services, including Internet Service Providers, maintenance contracts etc. These LTAs improved home connectivity for BCP, sub-office wide area network link over newly released fibre optics backbone, preventive maintenance, and enhanced collaboration through Video Conference Bridge.

Obsolete equipment is usually donated to partners, or sold at auctions as per organisational policy and local regulations. However, the lack of in-country recycling facility means little opportunity for many of these components to be industrially recycled.

All ICT services were maintained throughout 2010 within prescribed corporate practices and policies, particularly to ensure access and accountability of staff and associates. Where exceptions arose, approved procedures were followed to comply with corporate policies. The Office also enhanced its BCP strategy, and plans a full ICT resources redundant recovery site outside the UNON campus in 2011.

## **4.2 Fin Res & Stewardship**

### **4.2.1 Fund-raising & Donor Relations**

All donor reports were sent out on time. Significant progress was made in the quality of reporting, yet the analytical components of the reports require further improvement. The CO achieved 100% of the OR target for 2010, raising US\$33.2 million of US\$32.75 million. However, more effort is required to achieve reasonable opening balances for subsequent years.

Of the US\$23.1 million included as UNICEF's component in joint appeals, US\$16.2 million was raised, achieving 70% of resource requirements.

PBA management was largely satisfactory; all 25 PBAs with expiry dates during the year were fully utilised.

Budget / PBA status review was one of the standing agenda items of the weekly section chiefs' meeting and monthly programme meeting, as a way to ensure maximum usage of the budget /PBA resources and achieve the highest implementation rates. There is scope for further improvement.

Private-sector fundraising mobilised a total of US\$77,244; an in-kind donation valued at US\$70,000 was provided by DHL. The CO is actively exploring partnerships for linking humanitarian and development contributions for systems strengthening (e.g. with EC/ECHO and USAID/OFDA), and South-South cooperation, such as with Brazil and China taking into account these countries' evolving bilateral relations with Kenya.

### **4.2.2 Management of Financial and Other Assets**

The CO received a satisfactory rating in financial control at its last audit. The CMT has established mechanisms to monitor contributions management, budget control and financial procedures, bank reconciliations, accounting and liquidation of cash assistance. Kenya's good practice in cash, which was started in 2009, was upheld in 2010 with seamless cash management.

Bank reconciliations were prepared on time; reconciling items were closely monitored to ensure no items remained outstanding more than two months.

DCT status is reviewed at the weekly section chiefs meeting. and the Office submitted four consecutive quarterly reports reflecting zero balances outstanding over six months.

The planned results were, by and large, matched by planned resources. A constraint faced during the year was delays in the availability of resources that constrained full achievement of planned results. Furthermore, the cyclic humanitarian crisis (natural disasters) attracted substantial resources that could not be necessarily matched with requirements to strengthen systems to support implementation. Implementation rate for use of RR resources was optimal during the year.

It was necessary to request extension of PBAs for five of 74 PBAs (less than 7% of all PBAs).

Significant improvements were made in management of DCT. During 2010 the Office had no DCT of more than nine months for 10 out of the 12 months of the year.

While we work to obtain efficiency gains and cost reductions (e.g., through improved and team field monitoring travels), there is still scope for improvement.

### **4.2.3 Supply**

Timely completion of supply and distribution plans was achieved, and 71% of requisitions were raised in 1<sup>st</sup> quarter. Creation of LTAs for both regular and emergency supplies has reduced the order processing time, thus ensuring prompt delivery. Kenya is likely to remain a strategic procurement hub for the region as the local market provides a wide range of locally produced and imported products. There is growing demand from emergency-prone countries in the region that rely on the Kenyan market for quick delivery.

KCO benefited from US\$100,000 of in-kind assistance from DHL for in-country transport. Pre-positioning of emergency supplies was pursued in partnership with Kenya Red Cross and IOM. UNICEF partnered with WVI and KRCS for secondary transportation of supplies to end users. Active participation in work of the Interagency Procurement Group, sharing LTAs with UNON, UNOPS and UNHCR, improved responsiveness. UNICEF facilitates in-country warehousing, logistics and delivery to end-users due to capacity constraints within Government structures. Simultaneously, UNICEF supports the Government in capacity building for warehousing and inventory management. KEMSA, responsible for customs clearance, warehousing, transportation and inland distribution of essential medical supplies, does not receive adequate national budget for distribution of supplies and tends to fall back on UNICEF, in spite of stipulations of the BCA. This is a major constraint.

Supply Division improved its response time to technical enquiries, product sources, freight costs and delivery time for offshore supplies.

Staff development opportunities included secondment to other offices (Yemen, DRC, UNOPS Somalia, field offices); multiple missions for the UNITRACK focal person; and online training courses on Procurement and Logistics for most Supply staff.

#### **Lessons learned:**

- 1) Participation in end-user monitoring ensures improved technical guidance to programme on supply specifications
- 2) Capacity development of Government and partners in warehousing, inventory management and in-country logistics that fosters ownership and proper handling by Government of UNICEF-provided supplies is a continuous process
- 3) Innovative supply and technical solutions have led to improved quality, timely delivery and monitoring, thus contributing to achieving results for children.

### **4.3 Human Resource Capacity**

A competency gap assessment of all general service staff was completed. The second phase will include KCO professional staff. The findings and recommendations of the study will be executed and incorporated into the 2011 Staff Development Plan.

The performance management cycle is a natural part of the Office culture, with regular PER discussions; the e-pas was launched globally in March and KCO briefed and oriented all IP staff. The Office managed to complete phase I (90%) and phase II successfully. Several supervisors also ensured transparent discussions with their supervisees throughout the year, in the form of an NFR signed by both parties.

Regarding EPR, KCO has assessed staffing gaps based on the EPR to ensure effective humanitarian /early recovery in line with CCCs. The HR inputs to the KCO 2010 EPRP included detailed planning for emergencies, minimum level of immediate preparedness, a list of HR staffing requirements for each sector, and defined clearly the four main HR core commitments.

Around 70 staff members participated in a UN-sponsored learning programme on Stress Management. The objectives were to provide staff with clarity on situations that cause stress and decide on strategies that reduce stress, while recognising individual needs.

As part of Caring for Us, the Office in collaboration with Van Breda, launched the HIV/AIDS Management Pilot Programme. KCO is a pilot country office in One Stop clinic & Right to Care. All staff have access to a Stress & HIV/AIDS Staff Counsellor on the premises.

#### **4.4 Other Issues**

##### **4.4.1 Management Areas Requiring Improvement**

The Office actively participates in the common services mechanism, whose mandates include exploring efficiency and cost savings through joint UN operations. New areas added under the common services umbrella include staff bus transport.

The UN Spouse Association in Nairobi was contracted in 2010 to take on part of the new staff orientation process, assisting new IP staff to settle in smoothly at the duty station.

Through the HR UN working group & UNON, the Office managed to facilitate a Pension Fund mission to Nairobi.

Use of the local intranet to advertise posts has reduced the cost of advertising by around 40%.

##### **4.4.2 Changes in AMP**

In 2011 the Office will explore further cost savings through, for example: (i) limiting use of sub-contracted taxi services to absolute essentials, (ii) reviewing the size of the vehicle fleet, and (iii) rationalising hours of opening for the radio room.

## **5 STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS**

### **5.1 List of Studies, Surveys & Evaluations:**

- 1. Mombasa Informal Settlements MICS*
- 2. Baseline Assessments/ Surveys for FGM/C Interventions in Selected Districts of Marakwet, Kuria, Migori, Naivasha and MT. Elgon.*
- 3. Rapid Assessment of Child Protection Centres in Mombasa, Malindi, Eldoret & Garissa*
- 4. Mapping and assessing Kenya's child protection system*
- 5. Nutrition and mortality survey- Kisii Central District, West Pokot, Turkana, Greater Moyale, Marsabit, Wajir North, Kilifi, Samburu, East Pokot.*
- 6. Evaluation of the Emergency Blanket Supplementary Feeding Programme (BSFT) in five districts of Northern Kenya*
- 7. Eastern Province MICS - Marsabit, Meru South, Meru North, Meru Central, Tharaka, Isiolo, Mbeere, Embu, Moyale, Machakos, Kitui, Makueni, Mwingi.*
- 8. Budget Analysis for Social Sectors (Health and Education) with a Focus on Child and Women Related Programmes*
- 9. Situation Analysis on Children and Women*
- 10. Review on status of education in nomadic counties in Kenya*
- 11. Government of Kenya-UNICEF Programme of Cooperation Baseline Survey Final Report. Study on the usage of urinals in Kenyan Schools*
- 12. GOK UNICEF WASH Programme, Kenya: Programme Review 2004-2010 and recommendations for the way. Support to sustainable Water Management and Governance for the Poor in Drought and Flood-Prone Areas in Kenya*
- 13. Evaluation & Review of WESCOORD Structures*
- 14. Community Strategy Evaluation*

15. *MTCT Joint Review*
16. *Formative Research for PCV10*

## **5.2 List of Other Publications**

1. *Kipindupindu ni nini? (What is cholera?)*
2. *Policy guidelines on Control and Management of Diarrhoeal Diseases in Children below 5 years in Kenya*
3. *Kenya Strategic Communication Plan*
4. *The SOPO Champion Book*
5. *Unaweza Kuzuia Kipindupindu (You can prevent Cholera)*
6. *We can STOP Cholera?*
7. *Infant & Young Child Feeding Counselling – A Community Focused Approach – Trainer’s Guide*
8. *Infant Feeding and Maternal Nutrition Titles: i)How to Breastfeed Your Baby ii) Feeding a Baby After Six Months iii) Nutrition During Pregnancy and Breastfeeding iv) How to Express & Heat Treat Breast Milk (insert)*
9. *National Maternal Newborn Roadmap*
10. *You Can STOP Cholera*
11. *Kenya Nutrition Bulletin (Quarterly)*
12. *Social Budgeting Guidelines*
13. *Child Friendly School Manual*
14. *Child Friendly School Tool*
15. *National Environmental, Sanitation and Hygiene Policy. The Popular Version*
16. *National Malaria Policy*
17. *Basic Paediatric Protocols revised*
18. *An Operational Strategy for Improving Child Survival and Development in Nyanza and Western Provinces*
19. *Child Survival and Development TOT manual*

## **6. INNOVATION & LESSONS LEARNED**

**Title:** *Mapping and assessing Kenya’s child protection system*

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### **Abstract**

This brief report should enable other countries to learn from Kenya’s experience in mapping and assessing the strengths and gaps of the child protection system. Kenya was one of the first countries to undergo this process, resulting in strong Government commitment to address the identified gaps, in order to develop a functioning child protection system that prevents and responds to violence, abuse, and exploitation of children and family separation.

### **Innovation or Lessons Learned**

A lesson learned from the process was the positive outcome of the parallel child participation assessment, spearheaded by Save the Children Alliance. Based on the main toolkit, a child-friendly toolkit was developed to capture children’s experiences and views of the existing components of the child protection system. This process could be replicated in other assessments, studies and situation analyses.

### **Potential Application**

A UNICEF regional meeting in Nairobi on mapping and assessing child protection systems, using the toolkit, was held in August. Kenya shared its experiences and lessons learned of the toolkit exercise, including the importance of making the process participatory, planning for adequate time, and not underestimating the work of compiling the information of the toolkit. Other countries that have embarked on the process have already replicated some of Kenya’s methodology.

### **Issue/Background**

The ultimate objective of the UNICEF - GoK partnership is to develop a functioning child protection system. A global toolkit was developed to map and assess the existence of a child protection system at country level. The toolkit was piloted in seven countries, Kenya being the first country to implement it. The process was owned and spearheaded by the National Council for Children Services (NCCS), which endorsed a summary document of the toolkit outcome, covering existing components and gaps of the system.

### **Strategy and Implementation**

A task force under NCCS was established to develop a methodology for completing the toolkit and coordinating the process. Members included line ministries involved in child protection (such as ministries of social welfare, labour, education, health, judiciary and police), CBOs, NGOs, and UN agencies. Four one-day workshops were held, during which participants filled in different parts of the toolkit. Critical gaps of the system were highlighted and agreed upon. A validation workshop was held to get buy-in from a larger stakeholder group. A summary document of the process, outcome and major gaps was developed.

At the near completion of the mapping and assessment exercise, UNICEF accompanied a GOK delegation to observe and understand the child protection system in the UK. The aim of the study tour was to provide a vision of what a functioning child protection system looks like, and to provide lessons that could be applied in Kenya. (Efforts were made, unsuccessfully, to locate a developing country that could demonstrate an effective child protection system.) The study tour greatly helped the Government representatives to understand how a child protection system is structured, and to give them confidence in the existing components of the system in Kenya.

### **Progress and Results**

As a result of the mapping and assessment exercise, the Ministry of Gender, Children and Social Development is strongly committed to addressing the critical gaps identified in the toolkit and to developing a functioning child protection system, including additional child protection services, staff /capacity. A Child Protection Systems Strategy document will be developed, which will include costing of the critical gaps. This document will be used for coordination and advocacy to obtain increased funding from Treasury and donors.

The Progress so far is attributed to the timing of the mapping and assessment. The Children Act is in the process of amendment. Outcomes from the process can therefore be captured in the amended Act. Furthermore, previous efforts to develop a child protection system stalled due to internal politics, and the toolkit was therefore considered an external tool which could assist the process moving forward. Challenges include the extensive time required to ensure that the process is participatory and that the Government takes full ownership. Political buy-in is crucial; it requires considerable time and effort, and is difficult to measure in terms of results. Also, there were many differing perspectives on what data should be inputted into the toolkit.

### **Next Steps**

A strategy document will be developed outlining the major tasks to be completed to address the agreed upon gaps to establishing a functioning child protection system. The strategy document will include a cost analysis of the actions required to address the gaps, enabling the government to argue for increased funds allocation for developing the system. The outcome of the mapping and assessment exercise also informed the work plans of the child protection section and UNICEF partners.

## **7 SOUTH-SOUTH COOPERATION**

Kenya facilitated multi-country study tours which took officials from the Kenya Ministry of Health to Malawi, India and Ethiopia in 2009 to learn the operation of the Community

Health Strategy (CHS). Essentially Kenya and the supporting countries sought to a) fast track attainment of the health MDGs; b) enable under-served children and women to access and use health (and related) child survival services. A major component of the strategy is 'Community Health Workers' who promote a set of high-impact health interventions, provide information/skills to assigned households and act as a bridge between 'claim-holders' and the health facilities where other services outside the mandate of the CHWs are offered. As a 2010 follow up, Kenya hosted a national community strategy convention, with UNICEF assistance and participation from India, Malawi and Ghana to share success stories on the strategy and recommendations for scale-up. Kenya, India, Malawi and Ethiopia are demonstrating the value of cooperation through community strategy to fulfil the right to health (and in some countries, protection and other services) for un-reached populations.

UNICEF forged a partnership between Kenyan and Ethiopian Statistical Authorities in 2010 related to *DevInfo*. Both countries sought UN assistance to strengthen accountability towards the MDGs, Government development priorities and the UNDAF – for which the *DevInfo* platform is vital. Two Kenyan Government officials (Statistics Bureau and M&E Directorate of the Ministry of State for Planning) and a UNICEF staff member (representing the UN) undertook the mission in March 2010. The operationalisation, hub/database management, uploading of surveys, census, user support and utility of '*EthioInfo*' and '*KenInfo*' formed the core of the learning. This exercise formed part of UNICEF-assisted national capacity development on M&E as public accountability for good governance on the rights of children and women.