

## Kenya

### Update on the context and situation of children

President Uhura Kenyatta's second and final term has coincided with a period of political stability for Kenya, which has contributed to a prolonged period of economic growth.

Devolution of Kenya's government services remains the most important reform coming from the redraft of the constitution in 2010. It has strengthened local governance and economic development. The transformative document has promoted greater investment at the grassroots level, strengthened accountability and enhanced the delivery of public services. Devolution, however, is challenged by strained relations between the national government and the counties and weak capacity of counties to effectively deliver basic services.

While economic activity in Kenya faltered following the 2008 global downturn, sustained growth returned in the last five years, reaching 6.3 per cent in the fiscal year (FY) 2019/20. The recent economic expansion has been boosted by a stable macroeconomic environment, investor confidence and a resilient services sector. Kenya's buoyant economy has also created opportunities to engage the private sector in delivering the Sustainable Development Goals (SDG).

Kenya's budget deficit dropped to 6.8 per cent in FY 2017/18 from 8.8 per cent of gross domestic product (GDP) in FY 2016/17 due to a significant contraction in expenditure on development and a marginal decrease in recurrent expenditure. As a result, public debt remained at about 57.5 per cent of GDP in 2018.

Expenditure projections for FY 2019/20 were revised to accommodate weak revenue performance through trade-offs and reallocations of existing budgetary provisions and additional expenditure on productive areas of spending across government. These budget cuts could have a negative impact on service sectors related to children. Kenya's core social sectors were allocated 683 billion Kenyan Shillings (KES), representing 32 per cent of the discretionary budget in FY 2019/20, up from 29 per cent in the previous fiscal year. This was mainly driven by President Kenyatta's "Big 4 Agenda" (Universal Health Coverage, Housing, Manufacturing and Food and Nutrition Security) and an increase to the education budget.

It is important to note Kenya has decreased its financial commitment to child services, a result of the country's debt burden and competing development priorities. The Government cut expenditure by 2.1% of the overall budget (KES 100 billion) affecting all sectors and counties, including social sectors such as education, water and health which impact children. There is, however, no evidence of an immediate impact on children. Government spending on development should be increased given the absorption rate in FY 2018/19 was 79.2 per cent (development) and 91.2 per cent (recurrent) at the national level, while at the county level it was 57.8 per cent (development) and 90.4 per cent (recurrent). UNICEF will pursue efforts for improving effectiveness and efficiency in government spending, and thus assure cash flow for service delivery.

With regard to the development outlook, the proportion of Kenyans living below the absolute poverty line has declined from 45.9 per cent in 2005/06 to 36.1 per cent in 2015/16 (Kenya National Bureau of Statistics (KNBS), 2018). The absolute number of Kenyans living below the poverty line remains unchanged over the years at 16 million people. The 2014 multidimensional poverty analysis showed an overall child poverty incidence at 45 per cent, or the equivalent of 9.5 million children. Child poverty shows high disparities between counties and large inequalities and inequities between and within counties.

The unemployment rate in Kenya stood at 9.3 per cent in 2018, down from 11.5 per cent in 2017. However, in 2019 youth unemployment was 19.1 per cent, double the national average (KNBS, Economic Survey, 2019). Only 840,600 new jobs were created in 2018 compared to 909,800 reported in 2017. Significantly, about 1 million young people graduated from universities and colleges in 2018. The formal job market absorbed about 78,000 graduates but the remaining 922,000 were relegated to the informal sector or were not employed at all (KNBS, Statistical Abstract 2019). On the upside, Kenya's engagement in the Generation Unlimited (Gen-U) partnership platform will systematically address youth skill improvement and unemployment and acts as a catalyst for public and private partners to support young people.

Although Kenya has made significant progress in reducing maternal, newborn and child mortality, gaps and disparities in the quality, accessibility, governance and affordability of healthcare remain barriers to achieving SDG 3 (Ensure healthy lives and promote wellbeing). Kenya has the third-largest HIV epidemic in the world (alongside Tanzania) with a national prevalence of 4.9%, equating to 1.6 million people living with HIV in 2018. In the same year, 25,000 people died from AIDS-related illnesses. While this is still high, the death rate has declined steadily from 64,000 in 2010. In December 2018, the Kenyan Government launched the Universal Health Coverage initiative, as part of its Big Four Agenda. With the pilot phase completed, plans for a country-wide rollout of the initiative, supported by the UN and other partners, presents a clear opportunity to accelerate the reduction of maternal and newborn deaths.

## Kenya

The failure of two consecutive rainy seasons, between October 2018 and May 2019, contributed to high rates of acute malnutrition. A total of 665,440 children under five years old, including those in refugee camps, were found to be acutely malnourished by August 2019, up from 582,934 children in February 2019. The drought conditions contributed to resource-based conflicts, increasing child protection risks such as separation from families for 130,500 children, and reducing access to schooling for some 560,000 children. In the first half of 2019, access to water remained a key challenge in arid counties as most of the open water sources had dried up. With more than 40 per cent of the population relying on boreholes, pressure was placed on existing facilities, leading to frequent breakdowns in school and health facilities. Despite the drought, Kenya experienced heavy rainfall from September 2019, affecting more than 330,000 people, displacing more than 18,000 of them. The rain caused large-scale flooding, landslides and damage to critical infrastructure including roads, bridges and schools. More than 31 counties were affected, many of which included drought-prone locations where communities had not recovered from the ongoing impacts of water shortages. Going forward, UNICEF will focus on strengthening resilience programming, by linking humanitarian and development approaches, strengthening systems and enhancing risk analysis.

### Major contributions and drivers of results

During 2019, UNICEF Kenya's **Outcome 1** programme (Health, HIV, Nutrition and WASH) supported the Kenya Government, as part of the United Nations Development Assistance Framework (UNDAF) Strategic Result Area on Human Capital Development, to increase the proportion of vulnerable children, pregnant and lactating women, including adolescent girls, with access to quality Health, Nutrition, WASH and HIV/AIDS services. The overall aim of the outcome is to reduce the risk of mortality, preventable diseases, stunting and other forms of malnutrition.

Informed by key health sector strategies, UNICEF supported the development and finalisation of the first multisectoral Kenya Nutrition Action Plan (KNAP) 2018-2022 in 2019, in collaboration with the World Food Programme, World Health Organization, Ministry of Health (MoH), Ministry of Agriculture, Ministry of Labour and Social Protection, Ministry of Water, Sanitation and Irrigation, National Treasury, Council of Governors and implementing partners. The KNAP guided the development of 19 county-specific County Nutrition Action Plans (CNAPs), to ensure inclusion of nutrition priorities in county planning processes and budgets. KNAP and CNAP development was guided by lessons learned in previous years, as well as new data on nutrition-sensitive programming. The Nutritional Improvements through Cash and Health Education (NICHE) programme was scaled up in five Arid and Semi-Arid Lands (ASAL) counties, as well as the integration of nutrition counselling into Community-Led Total Sanitation (CLTS) in two ASAL counties. In addition, a study was completed on the inclusion of severe acute malnutrition (SAM) treatment in Integrated Community Case Management, which will inform the integration of SAM treatment into the community health platform. Other successes included: reaching 4.27 million children aged 6-59 months with vitamin A supplementation, along with other partners (Helen Keller International and Nutrition and Health Programme Plus); iron folic acid supplementation coverage reaching 77.9 per cent (as of December 2019); enhanced capacity of counties to deliver nutrition services, shown by 13 counties completing the development of plans (from 10 counties in 2018); and improved diet diversity and scaling up of SAM treatment services from 25 counties in 2018 to 28 in 2019. UNICEF also supported the establishment of multisectoral committees in nine out of 13 priority counties. And UNICEF supported the development of the Nutrition Scorecard to better track progress.

In support of the 2018 National Point of Care (POC) Implementation Roadmap in Kenya, and for scaling up early infant diagnosis (EID) of HIV, UNICEF provided two additional POC EID devices in Laikipia and Migori counties. With the new devices, the turnaround time for obtaining results has been reduced to less than one day, down from 35 to 77 days. The reduction has had a profound impact on paediatric HIV care and will ensure that HIV-infected infants have the earliest possible access to life-saving antiretroviral drug treatment.

UNICEF supported the MoH to manage, plan, budget and prioritise systems to deliver vaccines to protect children and women from 12 vaccine preventable diseases. The support was provided to county health management teams in 47 counties with a focus on outreach to remote areas and extensive social mobilisation. UNICEF support also focused on the design and implementation of programmes in informal urban settlements. UNICEF's support has significantly contributed to Kenya's immunisation coverage which stands at 84 per cent (DTP-3) as of October 2019 (from 82 per cent in December 2018). UNICEF supported the introduction of the Human Papilloma Virus vaccine in all 47 counties through the national vaccination programme, and facilitated the distribution of the yellow fever vaccine in Turkana and West Pokot counties. UNICEF supported polio campaigns, reaching approximately 2.8 million children under five in 11 high priority counties with 95 per cent coverage, and a meningitis A prevention campaign in five high risk counties. UNICEF worked closely with the Regional Office and Supply Division (SD) to support MoH to benefit from procuring vaccines through the SD Vaccine Independence Initiative credit facility. This allows governments of eligible countries to buy vaccines up to a certain credit ceiling (USD 4.5 million for Kenya) and pay for the vaccines upon delivery of the vaccines to country. In this way pipeline

## Kenya

breakages are largely avoided.

Kenya joined the global Maternal and Newborn Health (MNH) Quality of Care (QoC) network in April 2019. At the same time UNICEF supported the implementation of MNH QoC structures at the national level. This included formation of MNH taskforce and adaptation and validation of MNH QoC standards and assessment tools. Improving MNH QoC will be instrumental in further reducing maternal and newborn mortality in Kenya. UNICEF supported the MoH health management information systems in revising the MoH reproductive maternal, newborn, child and adolescent health scorecard to include indicators in quality of care, newborn, early childhood development, nutrition and adolescent health. The additional indicators will be utilised by the MoH and county officials to monitor progress and address bottlenecks.

UNICEF supported the Ministry of Water, Sanitation, and Irrigation in holding the 2019 Kenya Sanitation Conference with the theme "Sanitation for All". The conference was used to distribute a comprehensive UNICEF analysis of the challenges to establishing an adequate sanitation system across the country. The analysis presented evidence to advocate for a consensus on the need to define sub-strategies including revised CLTS for high-burden counties and market-based sanitation for low-burden counties. According to the last Joint Monitoring Programme Report (2019), open defecation in Kenya has declined from 12 per cent in 2015 to 10 per cent in 2017, representing a step towards achieving SDG Target 6.2. UNICEF contributed towards achieving the target in 2019 by adding 2,058 certified open defecation free (ODF) villages in 10 counties, representing 617,400 more people living in ODF communities. However, it will be necessary to accelerate efforts around reducing open defecation to achieve the SDG target on time.

Through county governments, UNICEF supported implementation of the integrated Sanitation and Nutrition Programming (SanNut) in West Pokot County. Findings from a randomised control trial and qualitative programme assessment, undertaken in 2017, as well as lessons learned during pilot implementation of SanNut in Kitui County, were reflected in programme design. Activities implemented in 2019 have translated into 502 villages being triggered, 84 villages being ODF-certified and the successful implementation of care-giver meetings emphasising nutrition messages. UNICEF is scaling-up of this approach at the county level. High-level advocacy has also ensured the commitment, release and absorption of US\$50,000 for SanNut implementation. During 2019 UNICEF intensified convergent programming across Health, Nutrition, WASH, and HIV/AIDS at the community level, strengthening community and primary health care systems, improving services and access.

Under **Outcome-2** on education, UNICEF provided support for the development of policies to strengthen the national education system and meet national development goals through increased enrolment, retention and learning outcomes. These policies included the National Education Sector Strategic Plan 2018 – 2022, the Competency Based Curriculum, National Pre-Primary Education Policy, and Standards and Guidelines for WASH infrastructure for Pre-Primary and Primary Schools. In addition, UNICEF supported the dissemination of the Education Sector Disaster Management Policy and provided technical expertise to eight counties to develop County Education in Emergency Contingency Plans. The School Health Policy was reviewed and now includes WASH and menstrual management information. The Competency-Based Curriculum and National Pre-Primary Policy are designed to improve the quality of education and learning outcomes. Current data is not available but UNICEF will be working with the Ministry of Education (MoE) to gather data to assess the effectiveness of the policies.

Enrolment data provided by the MoE to the Kenyan National Board of Statistics for 2018 shows increases in pre-primary, primary and secondary education of 3 per cent, 1.3 per cent and 4 per cent respectively. The increases suggest the education system is making gains in reaching remote areas and disadvantaged communities, in both pre-primary and primary age groups. However, transition rates to secondary education remain low.

Direct support for children in ASAL regions was provided by UNICEF to enrol and improve child-friendly environments for 374,088 children aged 3 – 18. Out of the total number of children benefitting from UNICEF support, 161,768 (64,605 girls) were located in refugee camps and host communities. These results were realised through campaigns to increase enrolment and retention, establish new schools, provision of WASH facilities, recruitment and training of teachers, and distribution of teaching and learning materials. The success of education programming provided evidence to support advocacy, inform policy dialogue and create opportunities for capacity development for management boards and head teachers.

With the MoE, innovative approaches were developed to improve learning outcomes and increase transition rates to secondary school. In partnership with Nokia, 1,000 digital, open education resources were mapped on the Competency-Based Curriculum to provide remedial and supplementary material to students in rural and refugee communities. UNICEF convened private and public stakeholders, including all Mobile Network Operators in Kenya, to ensure early engagement and support for the initiative. Accessible digital textbooks were developed to improve access to education and learning outcomes for 55,000 disadvantaged children including those with disabilities. After approval by the Ministry, both the open education resources and the digital textbooks will be made available to all schools in Kenya. UNICEF will support the distribution and use of these resources in the most disadvantaged counties and communities. A co-creation workshop was

## Kenya

undertaken with the MoE, German National Committee and a High Net Worth Individual to expand the work on Innovation in Education into creative learning and coding for adolescents.

As Early Childhood Development (ECD) is a devolved function, UNICEF worked with county governments on integrated ECD services. Two county plans were developed after multisectoral consultations with ECD departments in Isiolo and Samburu counties. The plans commit local funding to improve integrated services for young children. In 2020, UNICEF will expand support to more counties to develop budgeted, integrated ECD plans which, when implemented, will provide better services and opportunities.

Under **Outcome-3** on child protection and HIV, in 2019 UNICEF worked with partners to meet targets for improved protection of adolescents. The outcome is designed to protect young people from exposure to HIV and AIDS, and violence, while providing increased access to care and support services.

A strong social service workforce is essential in preventing and addressing violence against children and adolescents. It also reduces the number of new HIV infections. Accordingly, UNICEF has finalised a new national training curriculum that certifies frontline child protection workers by the Kenya School of Government. Advocacy and technical support by UNICEF resulted in buy-in from the Department of Children's Services (DCS) on the importance of workforce strengthening. The new curriculum has now been included into the DCS five-year strategy. The curriculum, which will be rolled out by the Kenya School of Government in 2020, helps improve teaching skills, fills knowledge gaps and better equips frontline staff – in counties and in refugee camps – to provide protection services for children.

In 2019, the national government embraced a care reform agenda with a view to move away from an overreliance on institutional care. The move is significant as 38,036 children were housed in 838 registered charitable children's institutions across Kenya in 2019. The government established an intra-departmental working group on alternatives to institutional care and UNICEF will provide support to develop a reform strategy. Targeted advocacy by UNICEF, and partners, with senior ministry officials was an important step in moving the care agenda forward. To demonstrate how to operationalise care reform, UNICEF supported a pilot project in Kisumu County. Several implementation tools were developed including the child and family assessment tools, guidelines for reintegration case management, and standard operating procedures for various alternative care options. Department of Children Services officers were trained on the use of these tools and will serve as master trainers for the eventual rollout of the revised care programme.

Efforts to strengthen social services and protect children from violence were enhanced by UNICEF-supported, peer-led interventions and youth-centred approaches to address HIV among adolescents. UNICEF's engagement contributed to an additional 200,000 adolescent boys and girls receiving HIV tests from the previous reporting year. In total, 1.2 million adolescents, 10 to 19 years old, were tested for HIV in 2019.

Health facilities in Kenya improved HIV information collection systems in 2019 by adopting new reporting tools which focus on age and sex-disaggregated data. All health facilities adopted the new tools in 2019, up from 60 per cent of health facilities which adopted the tools in 2018. The adoption of the tools has led to more than 90 per cent compliance in timely reporting of adolescent-related HIV data compared to 65 per cent compliance in 2018. The reinforcement of reporting systems, which UNICEF contributed toward through capacity building, was prompted by a high number of new HIV infections in 2018. County coverage for use of the national Child Protection Information Management System (CPIMS) increased in 2019, with nine additional counties using CPIMS. Some 83 per cent of Kenya is now covered by the CPIMS. A dedicated focus on building capacity at health facilities at the country level has been key in extending the coverage of the system. The CPIMS is an important tool for government child protection officers, helping them effectively provide services to children they support. It also informs national programmes.

UNICEF advocacy around the 30th anniversary of the Convention on the Rights of the Child (CRC) helped make progress towards achieving important policy goals, including ratification of the outstanding Optional Protocols to the CRC, and accelerating momentum towards enactment of the Children's Bill.

Under **Outcome-4** on Social Policy, UNICEF continued to support the Kenyan Government's National Safety Net Programme (NSNP). The programme provides shock-responsive social protection interventions to more than 3 million poor children in 1.3 million households. The country's budget for social safety net programmes increased from KES 24.4 billion in 2017/18 to KES 30.1 billion in 2018/19. The proportion allocated to social assistance was 2.2 per cent, equivalent to 0.4 per cent of GDP.

School children from vulnerable households benefited from clean energy lighting, provided as part of the national cash transfer programmes. Additional light has a positive impact on school performance and overall child wellbeing as children can stay up and study after dark. Households that have clean energy lighting installed have also used the additional light to generate income. Evidence gathered during monitoring visits and discussions with recipients has provided encouraging indications that households with the lights are more likely to graduate from the regular cash transfer programme.

## Kenya

In other UNICEF-supported cash plus pilots, pregnant and lactating women were able to access basic Maternal, Newborn and Child Health services as part of the NSNP. UNICEF supported the Government to design, revise and enforce social protection policies. UNICEF also developed evidence to support the continuation of the cash plus pilot programmes. Advocacy, analysis and evidence creation around public finance enabled the government to strengthen its commitment to child-centred policies and programmes.

Budget provision to social sectors that mainly benefit children increased to a high of 32 per cent of the overall national budget in FY 2019/20, up from 25 per cent in 2017/18 and 29 per cent in 2018/19. The increase was in part the result of work done by UNICEF and other partners. UNICEF co-chaired the Public Finance Management Development Partner Group with the European Union and advocated for budget increases by taking part in expenditure reviews, sector working groups and planning processes. Kenya is a lower middle-income country that funds 90 per cent of its own budget. UNICEF helped convince the Kenyan Government to use its own resources to fund social sectors.

The Standard Chart of Accounts (SCOA) – a system that will be applied to more accurately track specific expenditures that impact children at both national and county levels – was also developed with UNICEF technical support. The assistance led to production of the SCOA codes, manuals and curricula, and training of government trainers who will implement the SCOA. Partners including the World Bank and the International Monetary Fund reviewed the SCOA, and, together with others, UNICEF advocated for the adoption of the system by the Kenyan Government. The SCOA has the potential to improve efficiency in budget execution at national and county levels. Kenya could be the first country in Africa to have a SCOA that can track expenditure to sub-programmes, such as nutrition and hygiene.

KCO provided support to the Monitoring and Evaluation Department, under the Ministry of National Treasury and Planning, to develop national evaluation guidelines and a costed evaluation plan. The guidelines, which will be completed in 2020, aim to improve evaluation quality in the country.

UNICEF's humanitarian response reached over 500,000 children impacted by the effects of drought, disease outbreaks, floods, tribal conflict and displacement. UNICEF provided life-saving and protective interventions through enhanced preparedness, effective coordination, strengthened risk analysis and timely humanitarian response.

Access to safe water was provided to 218,272 people (106,953 male and 111,319 female) affected by cholera, floods and drought during the year. UNICEF strengthened 700 health and nutrition outreach sites resulting in services being brought closer to beneficiaries. From January to October 2019, UNICEF supported the treatment of 76,242 severely malnourished children (36,960 boys, and 39,537 girls) in ASAL counties, informal urban settlements and refugees with a cure rate of 80.8 per cent. In addition, a total of 314,752 children (156,270 boys and 158,482 girls) were reached with life-saving health interventions through UNICEF programmes. Undisrupted emergency nutrition services were made possible through UNICEF's support to health facilities. Facilities were helped with analyse of SAM admission trends before the drought, allowing for timely pre-positioning of critical supplies and deployment of technical support.

During the year, UNICEF supported the MoH response to cholera outbreaks and provided technical support to the Cholera Task Force. In 2019, 4,758 cases of cholera were confirmed resulting in 37 deaths. Through effective system strengthening the Cholera Case Fatality Rate was kept to 0.8 per cent -- below the global benchmark of 1 per cent.

A total of 127,186 children out of a targeted 160,000 children were able to access either formal or non-formal early learning, pre-primary or secondary education through UNICEF's education-in-emergencies support. The support integrated Child Protection services and ensured increased access, retention and quality of learning. In Kalobeyei, Turkana West, an integrated refugee settlement where the host community and refugees live together and can access common services, UNICEF supported the construction of 32 houses for teachers, one teacher resource centre and three permanent schools.

To achieve these results, UNICEF promoted an enabling policy environment and systems strengthening at both the national and county levels. The adoption of a risk-informed approach to programming ensured adequate preparedness and pre-positioning of supplies, risk analysis, early action and the promotion of equitable development. This strategy was aligned to the goals in the UNDAF and the UNICEF 2019 Humanitarian Action for Children which focused on reducing exposure to risks and building community resilience to disasters and emergencies.

### Lessons Learned and Innovations

One of the important lessons learned during 2019 was that aligning to county priorities by incorporating child-focused priorities in the County Integrated Development Plans (CIDPs) facilitates increased budget allocations services affecting children. All 47 county CIDPs reflect child priorities, but there is a disconnect between the CIDPs, allocation of budgets and actual budget spending. For example, counties are not meeting the Public Finance Law requirement of allocating and

## Kenya

spending at least 2 per cent of their budgets on emergencies and disaster response. There is an opportunity for UNICEF to enhance engagement in CIDP and budget processes at the county level in a coherent manner which would emphasise the connections between data, vulnerabilities, prioritisation of sectors and budgeting. There is also room for enhancing inter-governmental coordination between counties and national government at the county level, and within sectors at the county level.

Another lesson learned around humanitarian interventions is that supporting government services among refugees strengthens the relationship between humanitarian response and development, enhancing resilience. UNICEF continues to support commitments made by the Kenyan Government to develop integrated settlements for refugee and host communities to enhance livelihood opportunities and streamline service delivery. In this regard, UNICEF's efforts to strengthen the relationship between humanitarian response and development in Kenya has included UNICEF's child protection efforts in refugee settings, which previously fell to NGO partners. UNICEF has been at the forefront of a strategic shift that seeks to include actions related to child protection in humanitarian settings in longer term national child protection systems in Kenya. Through UNICEF's efforts, a national level curriculum for frontline child protection staff will now be implemented in refugee hosting areas for camp case workers. To increase the engagement of the Department of Children Services (DCS) in refugee camps, UNICEF hosted the first ever mission by the DCS to the Kakuma refugee camp in Turkana. This resulted in a commitment by the DCS to deploy additional children's officers in refugee hosting sub-counties that are currently served by only one officer. Additional personnel will ultimately boost sustainability, continuity of service and inclusion of refugee children in the national child protection system.

One of the most significant innovations that UNICEF invested in during 2019 was the Cash-plus Energy approach within the scope of the *Mwangaza Mashinani* programme. Through the provision of a solar device, voluntarily repaid through additional cash top-ups, school-going children from vulnerable families were able to study in the evenings, after completing their household chores. As most of these cash beneficiaries are single mothers or widows, they are also encouraged to engage in income generating activities such as using solar devices to charge phones of neighbours. The payment scheme for the solar energy is flexible and adapted to the circumstances of poor families, which means it is a business model that can be scaled up by the private sector in hard-to-reach areas.

UNICEF has engaged with the private sector and academia to address gaps in essential medical equipment. A well-equipped and fully functional "Maker Space" lab was established at University of Nairobi (UoN) to facilitate the development of innovative health technology and solutions in the field of maternal, newborn and child health. Innovators from Kenyatta National Hospital, UoN and the private sector were trained in advanced calibration, marketing, user-centred designs and design-thinking processes.

Through a six-week hackathon training programme, more than 40 participants gained knowledge in product development and the processes to produce prototype designs. Participants worked with hospital clinicians to understand shortcomings in certain medical devices. As a result, several prototype devices were developed including a suction machine, phototherapy, and examination light, and are now undergoing clinical testing. If proven successful, the intention is to manufacture the devices locally and support the government's agenda to increase access to affordable, essential lifesaving medical equipment for mothers and newborns.

UNICEF invested in automation of systems to improve collaboration, knowledge management and efficiency. In 2019 UNICEF implemented Enterprise Content Management (ECM) as the organisation's major productivity and collaboration platform. ECM implementation involved training focal points in the toolset, site management and archiving. UNICEF further implemented systems to facilitate Supply and Logistic functions including e-bidding, a mobile warehouse and inventory management system, and set up an electronic contracts review committee. UNICEF also invested in staff training on e-tools for more effective information management with partnerships. For improved payment management, a "Push and Track" system was implemented. A cellular based vehicle tracking system was launched to enhance staff safety in the field and ensure fuel efficiency.

Solar electricity generation was added to zone offices in Kisumu, Lodwar and Garissa. These grid-tied systems generate electricity and reduce the carbon footprint of the offices by eliminating diesel generators. The solar systems provide back-up power for communications and allows them to continue to support field operations during grid outages.

Significant staff and management attention was given to furthering management excellence in the office. In response to the Independent Task Force Report on Workplace Gender Discrimination, Sexual Harassment, and Abuse of Authority, all staff meetings were convened, focus groups met and an action plan was developed addressing priority issues. Senior managers all underwent a 360-degree assessment with findings informing development plans. A second cohort of managers attended the Management Masterclass training, and living UNICEF's core values was emphasised regularly at staff gatherings. Additional capacity to support learning and development was added to the HR team. The country office completed a training needs analysis, a learning and development plan, and piloted new initiatives such as internal cross-functional job shadowing and interview skills training. Clear guidelines on stretch assignments were issued offering equal

# Country Office Annual Report 2019

## Kenya



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opportunities for all levels of staff.