

Kenya

Executive Summary

Kenya, with a per capita income of US\$1,366, is classified as a lower, middle income country (LMIC). The country has made significant progress in the implementation of the Millennium Development Goals (MDG) especially in the areas of infant mortality, universal primary education, nutrition and access to clean water. However, progress is not uniform across geographic areas, income groups or gender. Kenya remains one of the most unequal countries as demonstrated in the Kenya Demographic and Health Survey (KDHS 2014), which for the first time, included county level indicators.

The KDHS and the Multiple Indicator Cluster Surveys (MICS) for Bungoma, Kakamega and Turkana counties, show substantive improvements in child health and nutrition indicators in 2014 compared to 2008/9. Under-five mortality was reduced from 74/1000 live births in 2008/09 to 52 in 2014; infant mortality from 52/1000 live births to 39 in 2014; underweight among under-five children was reported at 11 per cent in 2014, meeting the nutrition sector MDG target; stunting dropped to 26 per cent from 35.3 per cent; and exclusive breastfeeding for the first six months improved from 31 per cent to 61 per cent in 2014.

Geographic inequity is apparent in the levels of stunting, with the lowest levels of 15 per cent in Kiambu and Nyeri counties and the highest at 45 per cent in Kitui and West Pokot, a three-fold difference. UNICEF Kenya has started a large multi-year nutrition resilience programme focused on scaling-up high-impact nutrition interventions alongside advocacy for investment in nutrition and behaviour change in the two counties with the highest levels of stunting. This nutrition intervention is complemented by investments in Community-Led Total Sanitation (CLTS). During the launch of the UNICEF-supported Maternal and Child Nutrition Programme (MCNP) in February 2015, Kenya's First Lady graciously accepted to be the Patron for Scaling-up Nutrition (SUN). Both the SUN and MCNP initiatives are important starting points in reaching more malnourished children with effective high-impact interventions in hitherto under-served areas.

The maternal mortality rate has reduced from 488/100,000 (KDHS 2008/9) to 362/100,000 live births (KDHS 2014). However, disparities persist, ranging from 189/100,000 in Elgeyo Marakwet to over 1,000/100,000 in the four counties (Mandera, Marsabit, Wajir and Turkana) where many women live beyond the reach of health facilities (2013, UNFPA). Using DFID funding, UNICEF Kenya, under Delivering as One (DAO), is accelerating investments in Maternal and Newborn Health (MNH).

Based on the multiple deprivations affecting the population in Turkana, the county was selected to be the first UN Joint Programme County. UNICEF's contribution includes, among others, establishment of 20 Centres of Excellence for maternal and neonatal care, reaching 5,517 severely-malnourished children with treatment and improving the learning environment in 130 schools.

In February 2015, UNICEF galvanized the Government, the United Nations (UN), development partners, non-government organizations (NGOs) and adolescents and young people to support

the global ALL IN Campaign to end adolescent AIDS in Kenya. The global launch in Nairobi was presided over by President Kenyatta and resulted in an increased strategic focus, accountability and programmatic action. To address the prevailing stigma associated with HIV, UNICEF, in close collaboration with the UN Joint Team, supported the National AIDS Control Council (NACC) in the development of a new anti-stigma campaign.

Partnerships with private sector entities included: Philips, for maternal and newborn care; Unilever for Water Sanitation and Hygiene (WASH); and Safaricom for promoting Child Rights' Business Principles, and providing resources, and new knowledge networks for modelling innovations. Investments in building capacities of county decision-makers yielded commitments and enhanced resource allocations for child survival (Kakamega and Siaya), sanitation (Kitui and Turkana) and child protection (Garissa).

Based on compelling evidence from the Education Management Information System (EMIS) on disparities and the inability to meet the needs of learners within specific contexts, the Ministry of Education Science and Technology (MoEST) initiated an ambitious programme on curriculum reform. This proceeded despite the teachers' strike that crippled the sector's public schools for over six weeks.

In June, Kenya celebrated a two year milestone since the last wild polio virus case. However, this achievement is threatened by the longstanding immunization controversy led by an influential group from the Catholic Church.

UNICEF ensured an adequate preparedness level and response capacity for Ebola and the cholera epidemic, internal displacements, refugees and for natural disasters.

UNICEF Kenya's staff capacity was strengthened, including in the Zonal Offices. Ninety three per cent of vacant positions were filled with only three of the 105 newly established positions remaining to be filled at the end of December 2015. Group training of staff members was emphasized: in particular, the Programme Policies and Procedures which reached 126 staff (54.8 per cent female); an all staff retreat and Ethics and Integrity Workshop.

Humanitarian Assistance

Kenya experienced multiple shocks including a cholera epidemic, insecurity, floods, and persistent drought in parts of the country. Following the good performance of the long rains from March to May in the arid and semi-arid lands (ASAL), by July, the number of food insecure people had reduced to 1.1 million, down from 1.6 million in February. Acute malnutrition caseloads reduced from 304,083 in February to 218,035 by September. However, in the ASAL some 2,600 children were admitted to severe acute malnutrition management programmes each month. UNICEF Kenya and partners supported: scaling-up of high-impact nutrition interventions (HiNi) in ASAL and urban informal settlements; nutrition sector coordination systems at national and county level; development of timely contingency plans; response planning; gap analysis; and partnership mapping, which ensured that children accessed life-saving nutrition interventions and preventive HiNi. Some 44,070, vulnerable children were treated for severe acute malnutrition including in rural urban and refugee settings, and over 120,000 were admitted to integrated management of acute malnutrition programmes.

Inter-communal conflict and terrorist attacks resulted in over 200,000 internally-displaced people and 310 deaths. In the northern, eastern and coastal regions, access to and quality of basic social services were constrained by the ongoing insecurity. About 1,200 teachers left their jobs

and 122 schools remained closed, thus affecting approximately 320,000 children's access to education. Around 465,000 emergency-affected children remained out of school due to multiple shocks. UNICEF Kenya supported school enrolment campaigns, in-service teacher training and Alternative Basic Education, contributing to access for over 71,000 emergency-affected children. Timely emergency WASH supplies were provided to over 80,000 students and over 5,000 households accessed Family Relief Kits (cooking sets and mosquito nets) through the Kenya Red Cross Society (KRCS). The exodus of health workers, due to insecurity, negatively impacted the quality of health and nutrition services.

Despite the scaled-up response by the Government and partners, the cholera outbreak which started in December 2014 continued through 2015, affecting 22 of the 47 counties. By the end of December 2015, some 10,221 cases and 174 deaths (1.7 per cent case fatality rate) had been reported nationally. In the Dadaab Refugee Camps, 1,216 cases and 11 deaths (0.8 per cent fatality rate) has been reported since 18 November 2015. UNICEF Kenya continues to engage at technical and policy levels to design and implement measures to control the spread, technical support to the Ministry of Health and partners, water and sanitation inputs and evidence-based behaviour change communication. UNICEF Kenya and UNICEF Ethiopia jointly organized a cross-border meeting in Moyale to identify lessons learned from addressing the outbreak and key areas of progress on both sides of the border.

From November 2015, the El-Nino conditions, resulted in flooding, destruction of property, loss of lives and displacement. By the end December 2015, 40,121 households had been affected and 17,254 households (about 103,000 people) had been displaced. UNICEF developed a six-months El-Nino Preparedness and Response Plan (October 2015-March 2016) to support the needs of 1.5 million people. Zonal offices in Garissa, Kisumu and Lodwar supported the development of county-level preparedness plans, mapping of flooding hot-spots, evacuation sites and strategic water points. As sector lead, UNICEF Kenya supported the Government and partners to develop sector response plans and to map existing resources to meet the gaps.

An estimated 591,570 refugees live in Kenya, with 46,653 new arrivals from South Sudan recorded in the Kakuma Refugee Camp since December 2013, of which 67 per cent are children. UNICEF sustained the scale-up of high-impact nutrition interventions in refugee camps and host communities and Maternal Infant and Young Child Nutrition (MIYCN) interventions in the Dadaab Refugee Camp. Some 1,451 (72.6 per cent) severely-malnourished boys and girls, and 2,558 (51.2 per cent) moderately-malnourished boys and girls in the Kakuma refugee camp received treatment. Over 12,000 unaccompanied and separated children in the Kakuma Refugee Camp received a same-day Best Interest Assessment. Following the South Sudan refugee influx, two pre-schools and two primary schools supported by UNICEF, UNHCR and partners, enrolled 4,201 pupils (1,955 female); and 14,645 (5,183 female) respectively. A situation assessment on children and HIV in Kakuma Refugee Camp was undertaken to inform programme improvements. In the Dadaab Refugee Camp, 4,959 children (56 per cent female) from both the refugee and host community accessed basic education through alternative and Peace Education programmes.

UNICEF Kenya has maintained the Early Warning and Early Action tool and in June 2015 played an active role in the development and validation of the new Emergency Platform Concept Tool.

MTR of the Strategic Plan

The Government of Kenya - UNICEF Country Programme (CP), 2014-18, has 11 programme outcomes and one cross-sectoral outcome and is fully aligned to UNICEF's Strategic Plan 2014-17 (SP 2014-17). UNICEF Kenya found the detailed SP 2014-17, with clear outcomes along the key areas of UNICEF focus and strategies at the global level, of significant help in the design and focus of the CP results. For the first time, outcomes on Nutrition and Social Policy were identified, which helped UNICEF Kenya to define its outcomes.

UNICEF Kenya applied all seven SP 2014-17 strategies in the implementation of the CP, with the core strategies of capacity development, evidence generation, results-based planning and management, policy dialogue and advocacy forming the backbone of programme implementation and partnership management.

The bottleneck analysis also greatly helped UNICEF Kenya during the design of the current programme in terms of identifying the key bottlenecks to programme delivery and the realisation of results for children. The analysis informed the design of key interventions in critical programmes like nutrition, health and others.

Summary Notes and Acronyms

AMP Annual Management Plan
ANC Antenatal Care
ASAL Arid and Semi-Arid Lands
BCC Behaviour Change Communication
BSCC Behaviour and Social Change Communication
C4D Communication for Development
CBO Community-Based Organization
CFS Child-Friendly Schools
CHV Community Health Volunteer
CMT Country Management Team
CoE Centres of Excellence
CP Country Programme
CRC Convention on the Rights of the Child
CSOs Civil Society Organizations
DAO Delivering as One
DCT Direct Cash Transfer
DFID Department for International Development
ECD Early Childhood Development
EMIS Education Management Information System
E-PAS Electronic Performance Assessment System
EPRP Emergency Preparedness Response Planning
ERM Enterprise Risk Management
FGM/C Female Genital Mutilation/Cutting
GAVI Global Alliance Vaccine Initiative
GFATM Global Fund to fight AIDS, Tuberculosis and Malaria
HACT Harmonized Approach to Cash Transfer
HiNi High-Impact Nutrition Interventions
HIMS Health Management Information System
HIV Human Immunodeficiency Virus
iCCM Integrated Community Case Management
IDPs Internally Displaced Persons

IMAM Integrated Management of Acute Malnutrition
IRC International Rescue Committee
JCC Joint Consultative Committee
KDHS Kenya Demographic and Health Survey
KEMRI Kenya Medical Research Institute
KEMSA Kenya Medical Supplies Authority
KIRA Kenya Inter-Agency Rapid Assessment
KMC Kangaroo Mother Care
KMET Kenya Medical Education Trust
KNBS Kenya National Bureau of Statistics
KPI Key Performance Indicator
KRCS Kenya Red Cross Society
LTA Long-Term Agreement
MCH Maternal and Child Health
MCNP Maternal and Child Nutrition Programme
MED Monitoring and Evaluation Department (Ministry of Devolution & Planning)
MICS Multiple Indicator Cluster Survey
MIYCN Maternal, Infant and Young Child Nutrition
MNCH Maternal Newborn and Child Health
MNH Maternal Newborn Health
MoDP Ministry of Devolution and Planning
MoEST Ministry of Education Science and Technology
MoH Ministry of Health
MoLSSS Ministry of Labour, Social Security and Services
MoSCA Ministry of Sports, Culture and Arts
NCG National Children Government
NGO Non-Government Organization
ODF Open Defecation-Free
PAS Performance Assessment System
PEPFAR US President's Emergency Plan for AIDS Relief
PMTCT Prevention of Mother-to-Child Transmission
PPP Programme Policy and Procedure
RMNCH Reproductive, Maternal, Newborn and Child Health
RR Regular Resources
RUTF Ready-to-use Therapeutic Foods
SAM Severe Acute Malnutrition
SGBV sexual and gender based violence
SOP Standard Operating Procedures
TOR Terms of Reference
UN United Nations
UN/DaO United Nations Delivering as One
UNDAF United Nations Development Assistance Framework
UNDSS United Nations Department of Safety and Security
UNHCR United Nations High Commissioner for Refugees
UNICEF United Nations Children's Fund
UNON United Nations Office in Nairobi
UNV United Nations Volunteer
USAID United States Agency for International Development
VAC Violence against Children
WASH Water, Sanitation and Hygiene

Capacity Development

In counties with high child deprivations, UNICEF Kenya supports plans to minimize potential risks and negative impacts on children and improve their access to critical services: health, nutrition, and HIV. UNICEF Kenya supported the analysis of disaggregated data on HIV among children and the training of 417 health officers. Six high-burden target counties were equipped with detailed work plans and tools to measure progress and to build further capacity of service providers in the area of paediatric and adolescent HIV.

Capacity development of 3,650 health workers resulted in improved quality of nutrition services in ASAL. Over 75 per cent of children suffering SAM were cured in 14 of the 23 ASAL counties and 71 per cent were reached in the other nine counties under the Sphere standards for Severe Acute Malnutrition (SAM).

Staff from three counties were trained in the use of the Kenya Inter-Agency Rapid Assessment tool (KIRA); the capacity of health staff from 33 counties was enhanced in disease outbreak communication/KIRA and in the management of the National Disaster Operation Centre. Thirteen national county El-Nino emergency and 33 county emergency communication plans were developed.

The quality of BCC was enhanced through the training of UNICEF staff in social norms and of 3,332 partners in interpersonal communication, leading to the increased uptake of MNCH and nutrition services in Homa Bay, Siaya and Turkana counties. A follow-up strategy of trained partners was developed to monitor and demonstrate continued use of knowledge gained from the training.

Fourteen immunization champions/advocates (most of them polio survivors) from some of the hardest-to-reach counties with low immunization coverage, were trained and deployed during the December polio campaign. During August and September 2015, over 8 million children 0-59 months were reached and during December over 9 million children were reached.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Kenya supported the Monitoring and Evaluation Department, Ministry of Devolution and Planning; Kenya National Bureau of Statistics; and Civil Registration Department to strengthen capacity for generating child-focused data. UNICEF Kenya supported revision of the national Monitoring and Evaluation policy enhancing its equity focus and influencing the age breakdown of data. Budget discussions and advocacy efforts were initiated nationally and with six county authorities to strengthen cooperation and influence county decisions and budgets in the best interest of children.

The national Ending Drought Emergency framework was launched. Social Intelligence Reporting, piloted in Turkana and Garissa counties, is helping to produce real-time monitoring data on government actions and strengthen service delivery. Nutrition surveys and the improved Education Management Information System provide accurate information on child vulnerabilities, strengthening planning and service delivery.

Findings of the KDHS 2014 and the Multiple Indicator Cluster Surveys (MICS5) for three counties were disseminated, all showing marked improvements in indicators for children across Kenya. The study on Knowledge, Attitude, Practices and Barriers to Uptake of Maternal, Newborn and Child Health Services informed the development of Communication for Development (C4D) briefs. The humanitarian evidence-generation tool, - Kenya Inter-Agency

Rapid Assessment (KIRA), was transferred to Kenya Red Cross and National Disaster Management Authority.

Using age- and sex-disaggregated data, UNICEF Kenya leveraged investments for children's HIV prevention and treatment from the Global Fund for AIDS, Tuberculosis and Malaria grant (US\$215 million), the Accelerated Children's HIV Treatment Initiative and Reproductive Maternal, Neonatal, Child Adolescent Health investment framework.

UNICEF Kenya is leading the analysis and evidence generation on Social Cash Transfers. Using single registry information, over 1 million children were registered on the National Safety Net Programme. An initial report detailing the socio-economic status of children and vulnerabilities was disseminated, and modelling links between cash and nutrition and health (Kitui and Kakamega counties) is ongoing.

Partnerships

UNICEF Kenya continued to cultivate firm alliances with a broad range of partners to effectively advocate, and to influence, counterparts at county and national level, in their efforts to promote children's rights.

Nutrition partnerships allowed for an enhanced combination of strategies and resources, ensuring wider programme coverage, improved efficiencies and minimal duplication. One notable partnership was with Kenya Medical Supplies Authority (KEMSA), which was initiated by UNICEF Kenya, following the supply chain assessment work carried out in 2014. Subsequently, a steering committee on operational nutrition commodities, led by a senior Ministry of Health (MOH) official, has been established. All the key partners in the supply chain are active members of the Steering Committee, including the Department for International Development (DFID), Global Fund, MOH, National AIDS and Sexually Transmitted Infections' (STI) Control Programme (NASCOP), World Food Programme (WFP), UNICEF and the United States Agency for International Development (USAID).

UNICEF Kenya has a three-year partnership with the Philips Foundation, targeting 1.5 million children and women, with a goal to accelerate innovations of health-promoting devices for maternal, newborn and child health (MNCH), in low-resource settings. Collaboration with community-based organizations (CBOs), such as World Vision and the Pastoralist Children's Foundation, is aimed at strengthening child protection systems to critically address Female Genital Mutilation/Cutting (FGM/C) and child marriage.

The NGO, Educate a Child's global programme with UNICEF is co-funding the Operation-Come-to-School project. A total of 300,000 out-of-school children currently denied their right to education will benefit in ASAL counties (Garissa, Kajiado, Marsabit, Turkana, Wajir and West Pokot), in informal, urban settlements (Nairobi and Mombasa counties) and the coastal island (Lamu).

There was enhanced collaboration with UNICEF National Committees and UNICEF's Private Fundraising and Partnerships (PFP) division regarding field visits for corporates in industrialized countries that are active or interested in Kenya. These field visits were instrumental in the renewal of two global partnerships: Procter and Gamble for the elimination of maternal and neonatal tetanus; and Unilever for global thematic WASH.

UNICEF Kenya sustained advocacy with corporates, primarily spearheaded by Safaricom, to bring their business practices in line with the Child Rights and Business principles.

External Communication and Public Advocacy

Through UNICEF Kenya's support for the National Children's Government (NCG), child rights are being positioned on the governance agendas of county and national governments. The Day of the African Child saw the election of Rukia Abdullahi from Garissa County as the President of the second NCG. Five boys and five girls were elected into office, and each spoke passionately about issues such as child marriage. In order to make real change happen for children, the NCG's participation in government structures and mechanisms has to be enhanced.. Strategic engagement with a TV media personality helped to profile the NCG, and to digitally engage adolescents regarding online child protection issues and adolescents living with HIV and AIDS.

UNICEF joined Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), World Health Organization (WHO), The Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM), The United States President's Emergency Plan for AIDS Relief (PEPFAR), MTV Staying Alive Foundation and young people in sustained advocacy to provide adolescents with life-saving anti-retroviral treatment. This culminated in the global launch of the All-In Campaign by President Kenyatta who committed more domestic resources to the AIDS response. Subsequently, a national Fast Track Plan to end HIV and AIDS among adolescents and young people was developed. New HMIS tools will be used in 2016 to collect improved age and sex disaggregated data.

Polio eradication public advocacy is spearheaded by Harold Kipchumba, a polio survivor, who was recognized as Kenya UN Person of the Year 2015 . Fourteen of his peers, most of them polio survivors, have become the voice of the response in their counties, reaching out to resistant religious groups, insecure and low-performing areas. Nutrition advocacy was bolstered at the launch of the EU-UNICEF US\$21 million Nutrition Resilience project when the First Lady of Kenya, Margaret Kenyatta, was nominated national nutrition patron. She advocated for nutrition to be prioritized in resource allocation.

Plans are underway to revamp the UNICEF Kenya website and to engage young people and more Facebook supporters, which currently totals 5,470.

South-South Cooperation and Triangular Cooperation

UNICEF Kenya enjoyed the benefits of South-South cooperation in strengthening regional cooperation and dialogue on child protection in emergencies. Following the 2013 outbreak of civil war in South Sudan, child protection partners (UNHCR, UNICEF, Lutheran World Federation, Plan International, Save the Children and World Vision) jointly developed a Regional Framework for the Protection of South Sudanese and Sudanese Refugee Children (May 2014-2015), to provide a common vision for child protection in Ethiopia, Kenya, South Sudan, Sudan and Uganda. Joint exchange visits were undertaken to the five countries. At the Kakuma refugee camp, this multi-partner and cross-border collaboration resulted in personnel being stationed at the four registration points and the establishment of two child protection desks at transit and reception centres, which reached 8,803 children. The Best Interest Assessment was finalized for all of the South Sudanese refugee children with specific needs.

In the education sector, four delegations from Ethiopia, Rwanda, Senegal and Zambia learnt about best practices in Kenya's education assessment system and collectively reviewed and harmonized the learning assessment framework. As a result of a visit to Sudan, the Ministry of

Education developed guidelines to highlight the need to reform the curriculum for the benefit of nomadic children across the country as well as to strengthen teacher training strategy. Rwanda benefited from knowledge exchange regarding the effective management and coordination of Inter-Country Quality Nodes (ICQNs) from Kenya's ICQNs on Peace Education and Science and Technology. Rwanda used the knowledge to develop a strategy for education systems to nurture the values, attitudes, experience and skills for sustainable development and peace

A Kenyan mission visited Botswana to learn about the operationalization of the Adolescents' HIV Assessment and Decision-Making tool which has consequently been adopted and replicated in Kenya.

Identification and Promotion of Innovation

Innovations driven by public- private partnerships are key to transforming the lives of children and women in Kenya. UNICEF Kenya launched the Maternal and Newborn Health Innovations Project with the Philips Foundation, Concern Worldwide and Kenya's first open makerspace for design and rapid prototyping ,Gearbox. The partnership is to save lives and to improve the health of pregnant women and children, as well as contribute to a significant rise in the number of skilled birth attendants. This is an ongoing health initiative to support real-time decisions with data available at county level.

Through the U.S. Fund for UNICEF and the Bill and Melinda Gates Foundation, UNICEF Kenya supports institution-strengthening to improve routine health information management systems by identifying and promoting existing data management practices. This programme invests in building innovative foundations using mobile phone platforms to enable the flow of real-time data and thus improve delivery of health, nutrition, HIV, water and sanitation services in two selected counties. UNICEF Kenya supported the Ministry of Education, Science and Technology (MOEST) to adopt a Education Management Information System web platform to conduct real-time monitoring of education indicators. With over 20,000 head-teachers' names on the contact database, a real-time monitoring system now serves 20,000 schools.

The UNICEF-supported Kenya Inter Agency Rapid Assessment Mechanisms (KIRA) received the "Best Paper Award for Outstanding Impact" at the Boston Humanitarian Technology Conference, 2015. The KIRA was used to support 17 emergencies by identifying and acting on vulnerable group's unmet rights. More details on the application and lessons from innovations are included in the chapter on Lessons Learned and Innovations.

Support to Integration and cross-sectoral linkages

In instances where different thematic areas contribute to common results, UNICEF Kenya learned that evidence-informed cross-sectoral engagement helps to break down silos in delivering results for children. Some examples of UNICEF Kenya's cross-sectoral engagement include: early childhood development (eCD); HIV and adolescent programming; and the multi-sectoral resilience strategy.

The Child Budget Analysis in Kenya confirmed low enrolment in (ECD) and in education, especially in the ASALs. Working with these findings, UNICEF Kenya engaged the MoEST, the Ministries of Health, Labour and Social Services and Devolution and supported counties in ensuring the prioritization of ECD into county budgets. Other partners included the Institute of Economic Affairs, the county governments, Kisumu Medical and Educational Trust and Child Fund Kenya.

Together with the Ministry of Health, UNICEF Kenya co-sponsored the first national multi-sectoral (including health, nutrition, HIV and AIDS, education and social protection) symposium on HIV and adolescents to examine adolescent health priorities in the context of the Sustainable Development Goals (SDGs). Over 200 government officials, development partners, civil society, academia, private sector and young people reviewed trends and priorities in HIV programming. Adolescent boys and girls supported the planning and participated in the symposium, noting it as a great opportunity to be heard, and called for recognition of gender-responsive adolescent health in development plans. Adolescents gained better access to integrated HIV services and their opinions and concerns on HIV programming were considered by the Government and partners.

In recognition of the rise in urban child deprivations, UNICEF Kenya developed a multi-sectoral resilience strategy with an elaborate monitoring and evaluation framework. The strategy focuses on: creating a common understanding of resilience; providing the framework for generating evidence on the risks faced by children; establishing urban risk-thresholds, flexible social protection; and promoting responsive MNCH and nutrition services to build resilience in urban informal settlements.

Service Delivery

Increasing access to quality social services is one of UNICEF's key strategies to improve the lives of children in Kenya. Through the use of the child deprivation index for prioritisation of geographical focus, UNICEF Kenya provided support in the social sectors. The type of support was determined by the underlying vulnerabilities of the population and capacity of the Government. This is most pronounced in the Northern arid counties of Turkana, Mandera, Wajir, Marsabit and Garissa, where indicators for children are amongst the worst in the country and where UNICEF directly supports health, nutrition, WASH and education services.

In the education sector, approximately over 3,000 children in low-cost boarding schools in Garissa, Wajir, Mandera and Marsabit were reached with 455 boarding kits and 10 mobile school kits. A further 18,330 children were supported with solar lighting and WASH facilities.

In the health sector, in line with the Government commitment of reducing maternal and neonatal mortality, in two high-burden ASAL counties, UNICEF Kenya supported 70 maternal and newborn centres of excellence with Basic Emergency Obstetric and Neonatal Care equipment to improve neonatal survival. Sixty-four new community units were established in those counties to increase access for pastoralist populations, with opportunities for community feedback provided at the CHEW/CHW scorecard sessions. Ninety-one per cent of counties received 30-day continuous temperature-monitoring devices to manage vaccine efficacy.

A total of 44,071 children with severe acute malnutrition (SAM) were successfully treated in ASAL counties, refugee camps and urban, informal settlements in Nairobi. A real-time learning exercise was ongoing to measure efficiency of integration of nutrition services into the health system, identify learning opportunities for health workers and plans to link outcomes to a quality improvement tool for the nutrition sector.

Fourteen counties, including seven ASAL counties, were supported with school WASH including the Menstrual Hygiene Management programme, providing gender-sensitive latrines, bathrooms, sanitary towels and training in 127 schools.

Human Rights-Based Approach to Cooperation

In 2015, UNICEF Kenya facilitated the submission of a report on the Convention on the Rights of the Child (CRC) outlining the efforts of the State Party to address the wide disparities in child well-being by ensuring an equity based approach based on gender and geography, with a focus on historically-marginalized populations such as the disabled and pastoralists living in the ASAL.

Through UNICEF Kenya's advocacy, Government allocations for specific child rights, including social protection for persons with severe disabilities, have increased since 2010, from the equivalent of US\$51 million to about US\$111 million in 2015. A number of laws and policies (e.g., Children Act Amendment Bill 2014, the Draft National Children Policy, and the Health Bill 2014) are under review to ensure their alignment with the new Constitution. The Persons with Disabilities Act 2003 is also under review to ensure that provisions of the CRC and the Convention on the Rights of Persons with Disabilities (CPRD) are fully domesticated, including non-discrimination against children with disabilities.

UNICEF maintained engagement with UNHCR and the Government to ensure the protection of the rights of refugees in Dadaab and Kakuma. UNICEF supported the development of sector plans (education, WASH, child protection and nutrition) and a new model of integration between the host community and refugees in Turkana, Kalobei to host 60,000 refugees in 2016.

Gender Mainstreaming and Equality

UNICEF Kenya supported the Government in responding to gender-based violence (GBV) in emergencies, maternal health, adolescent health and HIV prevention, treatment and care interventions. Through partnerships with the MoH and the National AIDS Control Commission, UNICEF Kenya supported: development of the National Adolescent Sexual and Reproductive Health Policy; testing of Health Management Information System (HIMS) tools with disaggregated data for adolescents; and the launch of national HIV guidelines on adolescent HIV testing. Training on care provision for adolescents undertaken in Nairobi and Siaya counties reached 183 health workers (113 female). Utilization of HIV treatment among adolescents living with HIV increased from 400 to 1,283 (594 female) in three high-prevalence counties (Kisumu, Nairobi and Homa Bay). Partnership with the non government organization, LVCT Health, expanded access to online information on behaviour change for sexually active adolescents (140,000 hotline calls; 106,804 online hits and above 8,000 bulk SMS sent). The budget was US\$216,000 and two programme staff were engaged.

UNICEF Kenya supported the reduction of vulnerability to GBV in emergencies through increased uptake of post-GBV services: 19,245 (6,278 girls, 12,967 boys) in humanitarian settings were reached with child protection support. Support to the International Rescue Committee (IRC) sustained the free one-stop medical and psychosocial care services to survivors of sexual and gender based violence (SGBV). The capacity of 100 clinical staff (60 male/40 female) was built in clinical care for sexual assault survivors; and 2,800 dignity kits distributed in the Kakuma Refugee Camp, and to internally-displaced children in four counties in the North-East. The initiative led to 303 survivors (131 women/24 men, under-eighteen 139 girls/9 boys) who received post-GBV services. The budget for the intervention was US\$318,495.

UNICEF Kenya advocated for increased male involvement during antenatal care (ANC), prevention of mother to child transmission (PMTCT), delivery and postnatal health services, and supporting the high-impact Kangaroo Mother Care for premature babies. Consequently, the number of men accompanying their partners to ANC and PMTCT visits increased by about 6 per cent, reaching 75,147 (out of 1,340,844 visits during November 2014-October 2015),

compared to 2010. The budget for the intervention was US\$115,000.

UNICEF Kenya has two section heads as gender focal persons. A gender Specialist was appointed to spearhead gender mainstreaming and 126 UNICEF staff (69 female; 57 male) were trained in gender mainstreaming.

Environmental Sustainability

Increasingly, UNICEF Kenya is exploring opportunities to implement environmentally-sustainable initiatives. Notably, the UNICEF-supported Child-Friendly School Framework integrates environmental sustainability features in 210 schools in eight counties. Through the Modelling of Integrated Programmes, solar lighting and rainwater harvesting equipment were provided to 100 low-cost primary, boarding schools, reaching 28,259 children (16,117 boys and 12,142 girls).

Under the Minimum Infrastructure Standards for Low-Cost Primary Boarding Schools, UNICEF Kenya incorporated various 'green building' features. These included environment-friendly building orientation, solar protection, natural ventilation, rainwater harvesting, and greening with less water-intensive indigenous plants into school design standards to make buildings adaptable to the hot climate of the ASAL.

The Maternal and Neonatal Health programme was expanded to include environmental sustainability features. Funding of US\$5.8 million from the UK's Department for International Development (DFID) is improving the functionality of selected maternal and neonatal centres of excellence by increasing access to sustainable energy and water supplies.

Approximately 105,000 households became part of the open defecation-free community using locally-made earthen material to construct latrines, thus reducing the environmental footprint.

Internally, 126 staff were oriented on the UNICEF strategy on environmental sustainability and learnt about issues related to environment degradation and the need to carry out environmental impact assessments as part of PPP training.

UNICEF Kenya's Operations team conducted an environmental footprint assessment that provided benchmark indicators of paper consumption, air travel, waste management to track improvements.

UNICEF Kenya has developed a nutritional resilience policy and framework that was disseminated to the food security/livelihoods sector. The policy aims to support pastoralist programming by increasing the value-chain of milk production to ultimately improve nutritional status.

Effective Leadership

UNICEF Kenya sustained efforts to enhance programme and operations' efficiency and effectiveness through stronger oversight. Key performance indicators (KPI) were monitored monthly by the Country Management Team (CMT). These included budget utilization, status of direct cash transfers, expiring grants, emergency preparedness, recruitment status, learning plan implementation, audit compliance status, Harmonized Approach to Cash Transfer (HACT) and Enterprise Risk Management (ERM). An Audit Task Force, chaired by the Representative, reviewed implementation of audit recommendations and sustainability of closed recommendations. Fourteen of the 19 WASH Audit (November 2014) recommendations and

nine of the 19 Internal Audit (2015) recommendations were closed.

Strengthening staff competencies to deliver results for children was a priority. Group training was undertaken in programme policies and procedures, enterprise risk management, and resource mobilization. An updated Country Office risk profile was approved by the CMT. Capacity-building of implementing partners (IP) was conducted and attention was given to monitoring programme implementation and budgets, to address the key programme and operational risks in a timely manner. Additionally, outcome teams and zonal offices prepared risk management plans whose implementation was monitored closely. With reference to efficiency and effectiveness, an assurance plan was developed and implemented, while programme monitoring visits and spot checks were carried out to assess progress, bottlenecks and to recommend corrective actions, including special audits where necessary. In line with the revised HACT/CSO procedures, micro-assessments of implementing partners were carried out which helped to operationalize the new Programme Cooperation Agreements (PCA).

The Annual Management Plan (AMP) for the Nairobi Office was updated. For the first time, the three Zonal Offices developed AMPs with clear roles and responsibilities and key performance indicators. During quarterly reviews, bottlenecks were identified and measures were taken to respond to zonal offices' problems: specifically, changes in travel request procedures, business continuity and security enhancements for the Garissa Zonal Office.

Financial Resources Management

The CMT systematically reviewed utilization and reporting of overall budget and donor contributions on a monthly basis. Deadlines were met for accounting and liquidation of cash assistance, submitting monthly bank reconciliations, payroll processing and accounts closure timelines. Timelines for processing payments within 3 days and posting liquidations improved. Five training sessions on financial processes and controls were conducted, focusing on the WASH outcome following audit recommendations. Only 24 spot checks were conducted against a target of 93.

Reconciliation of accounts payable/receivable and optimization of bank and cash were prioritized. Open items of accounts payable and receivable were reduced from US\$1.1 million to \$720,690 (a 28 per cent reduction) and from US\$105,912 to US\$33,788 (68 per cent reduction), respectively.

The CMT endorsed SOPs for grants management whose application was monitored monthly. Outstanding DCTs were monitored to ensure that over 6 and 9 months DCTs remain below 10 and 1 per cent of total outstanding, respectively. By end December, 4 per cent of DCT was in the 6-9 months range and 2 per cent (1.4 per cent excluding write-off cases requested through HQ) was over 9 months.

The Terms of Reference for the Partnership Review Committee were revised and SOPs issued were consistent with the revised CSO Procedures. Some 62 out of 69 planned assessments of implementing partners were completed and assurance activities undertaken. UNICEF Kenya led the inter-agency working group on HACT and facilitated coordination and information-sharing among UN agencies, including assessments. Macro-assessment was completed.

Overall, US\$63.3 million was available for programme implementation: US\$16.2 million in regular resources (RR); US\$29.4 million other resources regular (ORR); US\$17.2 million other

resources emergency (ORE); and US\$0.5 million institutional budget (IB). Utilization reached US\$63 million.

Fund-raising and Donor Relations

UNICEF Kenya continues to apply an effective quality assurance assessment process and all 68 donor reports (due in 2015) were submitted on time. Close to US\$68 million of other resources regular was mobilized, against the CP 2014-2018 target of US\$124 million. While some outcomes (education, nutrition and health) are 70 -100 per cent funded, gaps exist at output level, e.g. low funding for early childhood development (ECD) and nutrition and limited funding for some counties with high levels of wasting/stunting.

Increasingly, UNICEF Kenya's fundraising sources have been and continue to be diversified. In 2015, about US\$39 million was mobilized from the Global Alliance for Vaccines and Immunisation (GAVI), Bill and Melinda Gates Foundation, Philips, Unilever, Rotary, Sweden, Educate a Child-Qatar for health, child protection, social protection, education and WASH, covering the duration of the 2014-18 Country Programme. WASH leveraged US\$36 million from the Kitui County Government to scale up sanitation to accelerate the achievement of open defecation-free status in the County. The Communications Authority of Kenya provided US\$100,000 to the Learning Outcome. UNICEF Kenya engaged Safaricom to integrate Child Rights and Business Principles (CRBP) in all its business operations.

As of 31 December 2015, UNICEF had received 40 per cent (US\$10.1 million) of its US\$25 million appeal and had another US\$10.8 million carried forward from 2014.

Management monitors the resource mobilization strategy through regular meetings. Capacity of 36 staff (15 female, 21 male) in resource mobilization and partnerships was built to enhance resource mobilization and leveraging. UNICEF Kenya actively participated in the UN/Delivering as One (DaO) Resource Mobilization Technical Working Group, supporting the development and implementation of planning tools for fundraising and leveraging.

Expiring grants and grant extensions were regularly monitored and minimised to avoid loss of funds. Uncommitted 'other resources' were re-phased to 2016, contributing to the 99 per cent utilization of funds. A standard operating procedure for grant monitoring was available to staff

Evaluation

The Country Office Plan for Research Impact Monitoring and Evaluation (PRIME 2014-18) identified 38 activities to generate information for better programming: six evaluations to assess the impact of interventions; five pieces of research to systematically generate new information; and 27 studies to inform programming. While no evaluations were completed in 2015, at the year-end, two were at inception phase (the Dutch-funded WASH programme and DfID-funded health programme).

Eight studies were completed. The study on social policy underscored the vulnerabilities affecting children and adolescents in urban settings. The two studies on WASH covered the impact and sustainability of open defecation-free and the physical verification and sustainability of WASH infrastructure. The four health studies covered Integrated Community Case Management (iCCM); uptake of Maternal Newborn and Child Health (MNCH) services – one in Homa-Bay and another in Turkana; and a baseline study on MNCH in five counties. Finally, the Supply Management Study covered essential commodities and services.

To enhance knowledge-sharing, the WASH sustainability study findings were disseminated at

the National, Inter-Agency Coordination WASH Committee of Sanitation Partners in Kisumu. The findings informed programming, especially follow-up actions on ODF sustainability in Kenya.

Informed by the Knowledge, Attitude, Practices and Barriers to Uptake of Maternal, Newborn and Child Health Services Study conducted in Homa Bay and Turkana counties, alternative birth positions are being modelled in Turkana and Garissa counties; and Respectful Maternity Care modelling, to eliminate abuse and disrespect of women giving birth, will be implemented in Homa Bay, Kakamega and Nairobi counties.

The national monitoring and evaluation (M&E) policy is being finalized to guide the strengthening of M&E systems and data management, including age-, sex- and income-disaggregation. Multiple Indicator Cluster Survey 5 (MICS5) key findings were disseminated in Bungoma, Kakamega and Turkana counties and the results are providing county level data for planning. UNICEF Kenya facilitated capacity development for United Nations Development Assistance Framework (UNDAF) teams on monitoring and evaluation and reporting.

Efficiency Gains and Cost Savings

UNICEF Kenya identified three areas for efficiency gains and cost-savings: contract reviews; common services; and nutrition supplies management. Joint Contract Review Committees (CRC) between the UNICEF East and Southern Africa Regional Office (ESARO), UNICEF Kenya and the UNICEF Somalia Office reduced duplication of efforts, costs and enhanced oversight mechanism. Furthermore, establishing common premises in Dadaab and Garissa Zonal Offices improved coherence, resulting in cost-savings in common services: security, cleaning services and communication.

Delivering as One (DaO) is being enhanced by a Business Operations strategy. The UN Operations Management Team has made strides in promoting common processes and collaborative procurement, amongst others. UNICEF led the Harmonized Approach to Cash Transfer (HACT) Working Group which resulted in improved coordination among UN agencies. Long-Term Arrangements with audit firms for micro-assessment and assurance activities facilitated use of these services by other UN agencies. UNICEF Kenya saved US\$25,200 by using other agency assessments of Implementing Partners (IPs).

The comprehensive Market Survey resulting from the country assessment of essential commodities and services has been completed and the suppliers' database, which will serve as a directory of key supplies, was updated and finalized. This database will also be made available to other UN agencies. Training of implementing partners in seven counties on HACT and CSO procedures will help partners manage their funds more efficiently and to report results for children and utilization of funds in a timely manner. Simplification and standardization of processes and procedures was completed for Programme Cooperation Agreements, DCT management, travel planning and reporting, grants management and ICT services. Introduction of Skype for Business and the migration to cloud services helped to improve data security and reduced multiple server requirements locally.

Supply Management

The 2015 Cash Supply Plan was US\$12.2 million and in-kind donations and procurement services throughput reached US\$58 million: 85 per cent of which was new GAVI-financed vaccines, traditional vaccines and other supplies. Over 96 per cent (US\$ 11.7 million) of all

supply orders were raised (32 per cent locally sourced), and 66 per cent (US\$7.8 million) delivered to implementing partners.

UNICEF Kenya 2015	Value in US\$
Programme supplies	11,732,000
Operational supplies	1,012,000
Services	7,416,000
Construction	41,600
Via Procurement Services including GAVI	57,893,400
Total	78,095,000

Inventories in the three UNICEF Kenya-managed warehouses (Garissa, Kisumu and Nairobi) were worth US\$1.7 million. The value of supplies issued from the warehouses was US\$7.4 million, while the value of supplies managed by the warehouses was US\$9.0 million. UNICEF Kenya processed 244 institutional contracts (over US\$7.4 million) for evaluations, studies, surveys, training, media campaigns, audits, hotel and conference facilities.

Through strategic engagement, US\$400,000 worth of nutrition supplies were handled through KEMSA's logistics' chain. Two KEMSA and one MoH warehouse staff received training of trainers in Supply Chain and Warehouse Management, and will train other warehouse and logistics staff in KEMSA and medical warehouses at county level.

Increased donor confidence resulted in USAID partnering with KEMSA. UNICEF Kenya led the design of the UN Business Operations Strategy for the supply chain management proposal to DFID for joint services to counties to optimize resource usage. The comprehensive Market Survey was completed and the suppliers' database was updated.

UNICEF Kenya supported UNICEF South Sudan to trans-ship vaccines; and DRC, Malawi and Somalia to procure/dispatch emergency non-food items, worth US\$2.7 million. Some 184 local and regional LTAs were issued or renewed to procure goods and services.

Security for Staff and Premises

During 2015 there were several terrorist incidents, in particular in the North Eastern region, the major one being the attack on Garissa University where 149 people died. Security Risk Assessments (SRA) were conducted and recommendations implemented, mainly using the Minimum Operation Security Standard (MOSS) fund. Installation of shatter-resistant films in Zonal Offices was completed and access control procedures to the compounds and offices strengthened. Safe havens were established in Garissa and Dadaab Offices. With funding support from ESARO, security measures were enhanced.

The operating environment required enhanced staff awareness and preparedness through training and briefings. In addition to the regular security briefs, 104 staff and dependents were trained in First Aid and nine staff trained as Emergency Trauma Bag Responders; two Dadaab-based drivers were trained in Armoured Vehicle operation; two Floor wardens received "Active Shooter" training; the Field Security Advisor was certified in Hostage Incident Management; and the National Security Advisor certified in Security Analysis Practice and Procedure.

Criminal threats, including car-jacking, home break-ins and robberies, remain security concerns. UNICEF security provided guidance to staff on implementation of Minimum Operating Residential Security Standards (MORSS).

The fluid security situation, especially in the North and Eastern parts of the country, required extra monitoring. The UNICEF Radio Room continues to track all movements in the field, with timely sharing of security information, effective coordination of armed security escorts and rescue missions, where necessary.

The priority for 2016 entails keeping abreast of the evolving threats to devise response mechanisms for continued safety of programme delivery. Active shooter briefing, a mitigation measure against complex attacks, will be implemented. The procurement of armoured vehicles, recommended in the SRA, will also be a priority.

Human Resources

In 2015, ninety-three per cent of planned recruitments were completed (98 out of 105 planned),. Recruitment was completed within the established KPI except for the positions that are either on hold, re-advertised or UNV positions. Overall, the gender ratio of staff is 48:52 (female:male) and among the international professional (IP) category, the ratio of donor versus programme countries is 28:72.

To enhance staff skills in delivering results for children, the office prioritized team building and skills development. A total of 126 staff members were trained in Programme Policy and Procedures (PPP); 98 per cent of staff completed the UN Integrity Awareness and mandatory training on Ethics and Integrity at UNICEF; and 33 staff (20 of them newly recruited) were trained in Managing Performance for Results (M4PR). The overall implementation rate of group training activities was 87 per cent and 40 per cent for individual training activities.

Completion rates for performance management were monitored quarterly and performance management discussions documented. A completion rate of 100 per cent was achieved for the 2014 Year-End Appraisal and 99 per cent for 2015 Performance Planning. However, timely completion of the e/PAS remains a challenge.

The Joint Consultative Committee (JCC) met four times during the year. The Global Staff Survey 2014 follow-up plan was prepared and monitored, with specific attention focussed on leadership and management, career development, work/life balance, personal empowerment, performance management and staff security. An all-staff retreat was held for team building.

Twelve out of 33 new staff undertook the mandatory HIV training, and the existing staff were encouraged to participate. Staff were aware of and continued to use the medical care, counselling and training services offered by the UN Joint Medical Services.

Effective Use of Information and Communication Technology

UNICEF Kenya continued to streamline its information communication technology (ICT) operational services to support programme implementation. The UNICEF Kenya Business Continuity Plan (BCP) was updated and tested through two simulations and recording of learning experiences for further improvement. UNICEF Kenya issued a standard operating procedure (SOP) on the use of ICT services which helped to ensure standardization, minimize risks and to save costs. The SOP included an element on Bring Your Own Device (BYOD) to promote staff use of personal devices. Increased use of Cloud-based applications (Office365, Outlook, OneDrive etc.) enhanced staff productivity, made collaboration easier and prepared staff for telework in case of emergency.

UNICEF Kenya undertook end-user equipment replacement which helped in reducing

downtime, operational costs of maintenance and enhanced business continuity for staff. In addition to the support provided to UNICEF Kenya, the ICT unit continued to provide similar support services to the regional office. The ICT helpdesk services were outsourced to the United Nations Office in Nairobi (UNON) which helped to ensure continuity of services. Seven missions were undertaken to zonal offices. Connectivity remains an issue for field offices and will be addressed in 2016. ICT support was provided to about 104 major events: conferences; training programmes; video; and teleconferences. UNICEF Kenya contributed to the development of Terms of Reference and a technical analysis of health and nutrition real-time systems for a MNCH project supported by the Bill and Melinda Gates Foundation, to improve routine Health Information Management systems.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1: By 2018, children and adolescents and their families participate in processes affecting them; and caregivers, households and communities, in high-deprivation counties and urban locations, adopt positive child-sensitive social norms and key practices in development, and emergency contexts.

Analytical Statement of Progress: Outcome 1 of the Country Programme focuses on promoting the adoption of positive social norms and practices for the realization of children's rights and their families in the most deprived geographic areas. These are the areas where child-related indicators are the lowest and where progress has been limited. In addition to changing behaviours at household level, such as exclusive breastfeeding, this outcome aims to increase demand for and utilization of services. UNICEF has identified ten key behaviours to be addressed during the Country Programme. The substantive capacity will be required of all stakeholders to programme and to implement the appropriate social and behaviour change interventions while working towards equitable access to services.

The 2014 Kenya Demographic and Health Survey (KDHS) findings revealed that despite the availability of services, full, national immunization coverage of children birth to 1 year decreased from 77 per cent to 71 per cent with coverage in some counties, such as Bungoma, Homa Bay, and Kakamega, below 70 per cent. Open defecation is still largely practised by a significant proportion of the population with only 11 per cent of the total of 68,492 villages in the country currently certified Open Defecation-free (ODF). The KDHS also found that exclusive breastfeeding at national level increased from 32 per cent in 2008/09 to 61.4 per cent. It is believed that, the previous national *Ya Mama Yabamba* breastfeeding campaign, conducted by the Ministry of Health with UNICEF support, and the yearly *Malezi Bora*, contributed to an increased uptake of services for expectant mothers and children under-five.

Despite significant gains made in reducing stunting at national level, from 35 per cent in 2008 to 25.9 per cent in 2014, disparities remain across the country. This is apparent with a rate of 15 per cent stunting reported in certain counties and 45 per cent in others, denoting a three-fold difference. The two counties with the highest levels of stunting at 45 per cent are Kitui and West Pokot. In October, UNICEF started a large multi-year nutrition resilience programme focused on scaling up of the high-impact nutrition interventions alongside advocacy for investment in nutrition and behaviour change.

To enhance communication for behaviour and social change for the optimal well-being of children, during 2015 UNICEF conducted a C4D capacity gap assessment among stakeholders

and programme-implementing partners at national and sub-national levels. Key gaps noted by the assessment include poor coordination of Behaviour and Social Change Communication (BSCC) activities at all levels; limited capacity of programme implementing partners for strategic communication planning, implementation and monitoring; limited understanding of the role of C4D in development; and weak mechanisms for community engagement. These findings informed the development of a training packages for C4D and a multi-year/multi-tier capacity development plan to be implemented in UNICEF focused counties.

A Knowledge, Attitude and Practices study on the 10 key behaviours that will inform planning and contextualisation of interventions for Behaviour and Social Change Communication (BSCC) and development of a framework for monitoring outcomes, commenced in the last quarter of 2015. The modelling of integrated communication for BSCC enhanced the uptake of immunization services in three counties, Homa Bay, Siaya and Turkana, and increased utilization of integrated community case management of childhood diseases.

UNICEF support to the Ministry of Health resulted in the revision of National Guidelines on Community Dialogue. These guidelines will regulate the quality, processes and output of community engagement for behaviour and social change at national and sub-national levels. UNICEF input into the revised National Guidelines on Public Participation assured that there was a focus on children's and adolescents' participation, in the guidelines and also at policy level.

Technical and financial support to the Ministry of Health in response to the Ebola Virus Disease threat in the first quarter of 2015 and to the cholera outbreak, which started in December of 2014, facilitated the development of disease outbreak communication response plans and their implementation nationally and throughout all 47 counties. Cholera communication rapid assessments in six counties identified key gaps, including weak advocacy and social mobilization. In response to the assessment findings, resources were allocated for cholera communication by County Governments.

OUTPUT 1 By 2018, UNICEF programme staff and boundary partners at national level and in selected counties have increased capacity to systematically generate and use evidence to inform strategic communication planning implementation and monitoring for social and behaviour change.

Analytical Statement of Progress:

To strengthen evidence-based C4D planning and monitoring, a Knowledge, Attitude, Beliefs, and Practices (KABP) study on 10 key behaviours was initiated under the leadership of the Ministry of Planning and Devolution (MoDP). A multi-stakeholders steering committee comprised of the Government, academia, United Nations, research institutes and civil society is giving direction and securing buy-in for the study. A literature review and a secondary data analysis that commenced in the last quarter of 2015 will inform the field survey that will begin in the first quarter of 2016.

In the second quarter of 2015, findings from a UNICEF – Ministry of Health study, Knowledge, Attitude and Practices (KAP) study on barriers to the uptake of Maternal and Child Health (MNCH) in Homa Bay and Turkana Counties, was disseminated to a cross sector of stakeholders from Government, civil society and at county level. The study identified the cultural beliefs, and misconceptions about immunization, the fear of being tested for HIV during antenatal care visits, and the preference for the squatting position for delivery instead of the standard practice of delivery beds as some of the key barriers. A county-specific plan was

developed in response to the study findings, which also informed Behaviour and Social Change Communication (BSCC) messaging on MNCH at community/households levels. The plan is currently implemented by CHVs.

Training of over 200 staff from government and civil society, partner organizations , across programme sectors at national and county level resulted in improved C4D capacity and practice.

To increase the uptake of services and to enhance care practices at the household level, 72 health care providers in Homa Bay and Turkana Counties trained as trainers on Interpersonal Communication (IPC), who then trained 540 facility-based health care workers/Community Health Extension Workers who in turn trained 3,144 community health volunteers (CHVs). The application of the knowledge acquired by the trained CHVs is evident in the improved uptake of immunization and Integrated Community Case Management of Childhood illnesses in the two counties.

A C4D capacity gap assessment of implementing partners commissioned in the second quarter of 2015 informed the development of standardized C4D training packages, multi-year/multi-tier C4D capacity development plan and an associated M&E framework, and the training of 28 implementing partners, and staff from all programme sectors as C4D Trainers. This multi-year plan will guide C4D capacity development at national/sub national levels in 2016 and beyond

OUTPUT 2 By 2016, frameworks and standard to enhance quality and effectiveness of behaviour and social change practice in the development and emergency contexts at national and county level have been developed and implemented

Analytical Statement of Progress: This output contributes to improving the effectiveness of Behaviour and Social Change Communication (BSCC) by developing strategic documents such as policies and tools to assure the quality and relevance of communication.

The study on Violence Against Children (VAC) conducted in 2010 revealed that a majority, 75 per cent of Kenyan girls and boys, are violated sexually, physically or emotionally before they reach 18 years of age and that school teachers are often involved in this violence. In response to the findings, UNICEF supported the development of a Violence against Children (VAC) prevention toolkit for school children which is in its final stages of production. The toolkit is expected to provide guidance for children and options for preventing, addressing and mitigating violence in the school setting.

The BSCC reference guide and pre-testing protocol facilitated context relevance and quality of communication materials for implementing partners (IPs). Job Aid for Community Health Volunteers (CHV's). BCC household booklets were produced on Integrated Community Case Management (ICCM) and Maternal and Child Health with simple and comprehensive messages on appropriate child care practices. In the third quarter of 2015, these booklets were disseminated and are being used in Homa Bay, Siaya and Turkana Counties.

In response to the Ebola Virus Disease (EVD) threat to Kenya in early 2015, UNICEF provided support to the Ministry of Health (MoH) for the development of a National EVD communication preparedness and response strategy/implementation plan. A total of 94 Health Promotion Officers (HPOs)/Community Health Officers from 47 Counties and 25 media broadcasters/editors were trained in Ebola outbreak communication including cholera. The trained HPOs have used the knowledge gained in the training to develop and implement the cholera communication interventions in the outbreak counties.

In response to the cholera outbreak which started in December 2014, UNICEF supported a cholera communication rapid assessment in the counties of Baringo, Migori, Nairobi, Nakuru, Migori, Turkana and Wajir. The assessment identified poor hygiene and sanitation practices in schools, communities and among food handlers, poor coordination of cholera prevention and control communication, lack of harmonization of messages and the prevailing practice of open defecation as key gaps in the response. To address the gaps identified, UNICEF supported the capacity development of 33 HPOs, who developed and are implementing the county cholera outbreak and El-Nino-related disease communication plans.

OUTPUT 3 By 2017, mechanisms and structures to facilitate meaningful participation of children and adolescent in decision making and for parents, caregivers and community engagement for social and behaviour change for child survival, development and protection established/strengthened

Analytical Statement of Progress:

Interventions under this output focus on ensuring that children, adolescents and communities have more opportunities to meaningfully participate in decision-making as a universal human right. It aims to provide support for the strengthening and establishment of structures and mechanisms that will enable significant and effective engagement of children and communities in planning, implementation and monitoring of interventions to promote optimal child well-being.

Consistent advocacy by UNICEF with the Ministry of Devolution and Planning (MoDP) within the reporting period, resulted in the inclusion of children and adolescent participation in the National Public Participation Guidelines for county governments. The document when finalized is expected to provide a policy framework and a basis for institutionalization of children and community participation. The provision of UNICEF technical support during the National Children's Assembly and the Children's Government in 2015 led to children's active participation in the assembly and enabled their voices to be heard.

Sustained advocacy with the Community Health Services Unit (CHSU) over the last two years resulted in the revision of the National Community Dialogue Guidelines (NCDG) to reflect human rights-based approaches. The mapping of existing mechanisms/structures for community engagement/dialogue in 47 counties, conducted with UNICEF technical support, informed the revision of the national guidelines for community dialogue through a cross sector of stakeholders from government and civil society.

The pace of implementation of planned activities under this output was impeded by limited structures, mechanisms and guidelines for children/adolescents, limited community engagement and participation in the counties. This is been prioritized for the second quarter of 2016.

OUTCOME 2: By 2018, national and county actors plan, budget, track expenditures, and leverage resources to scale-up evidence-based and risk- informed approaches to fulfil children's and adolescents rights.

Analytical Statement of Progress:

This outcome aims to enhance the enabling environment for the realization of children's rights under Kenya's Constitution by building the capacity of national and county governments to plan and budget for children's programmes, and to enhance accountability for the use of resources for children. It contributes to UNDAF Outcome 1.3 under the Transformative Governance Strategic Result Area, which is directly linked to the Political Pillar of the Medium Term Plan

2014-2018. This outcome will be achieved if increased levels of public resources are allocated and utilized in support of prioritizing children's and adolescents' programmes at national and county level.

Outcome 2 leads the innovations throughout UNICEF Kenya, which ensure cross-sectoral engagement on the use of technological and non-technological means to achieve results for children across all outcomes. In 2015, UNICEF received the best innovation award at the Boston Humanitarian Technology Conference for the outstanding impact of the "Kenya Inter-Agency Rapid Assessment".

2015 is the third year of devolved governance in Kenya. Devolution has had a dramatic effect on the enabling environment for children's rights, in particular those services that have been devolved to county levels. Budgets, staff and facilities for frontline health services, nutrition, community water and sanitation, early childhood education, and elements of disaster management have all been transferred to newly-established county governments. The 2015-16 budget has provided increased resources for county governments and for key social services, including education, health and social protection. In Kwale County for example, sanitation received an allocation for the first time in 2015/16 amounting to US\$100,000. While the allocation to the education sector rose by 81 per cent from about USD\$5.3 million in 2014/15 to US\$9.75 million in 2015/16,.

Fiscal decentralization has created not only opportunities but threats to enhanced public service. As new units, the counties lacked the requisite capacities to plan for, absorb and report on some of the due allocations. This is one of the key gaps that the outcome sought to respond to. Secondly, the changeover from the national level to the counties left national government with great scope for policy-making. Child Budget analyses were undertaken and findings disseminated at national level and in six counties: Garissa, Kakamega, Kilifi, Kwale, Tana River, and Turkana. This analysis revealed the huge disconnect between child indicators at the county level and the basket of resources earmarked to respond to the reality on the ground. The counties are not allocating resources in response to the acute needs of child services. In Turkana, where underweight and stunting affect 34 per cent and 24 per cent of under-five children respectively, only US\$30,000 was allocated to nutrition. A focused initiative to raise the awareness and capacity of the County Assembly Health Committee on Budgeting and Investments for Children resulted in an improved understanding of budget bottlenecks and an increased allocation of resources in the amount of US\$500,000 towards community sanitation approaches. The budget analysis results were used in engaging with the six counties on the need to strengthen child sensitivity through dissemination targeting the members of the County Assemblies and the executive. The child budget analysis forms the basis for further engagement in select counties on providing permanent support to county budget offices.

To enhance accountability for resources for children, the Social Intelligence Reporting (SIR) initiative was furthered through two rounds of data collection of field work which focused on the effects of different seasons on the access to and delivery of services for children and women. The SIR data from the two counties of Turkana and Garissa is currently being analysed. In addition, UNICEF, in conjunction with the Ministry of Devolution and Planning, adopted a holistic approach to child deprivation by bringing together a multi-disciplinary taskforce to manage the SIR process.

UNICEF participated in the reporting process for the Convention on the Rights of the Child (CRC) and has updated and presented information on progress towards the realization of children's rights.

Alleviating poverty and supporting equity interventions are a central component of UNICEF's social policy work. On this front, UNICEF supported the Poverty Eradication Commission in its review of arrangements for the coordination of poverty programmes being undertaken by the Ministry of Devolution and Planning. The support aimed to enhance efficiency and effectiveness of public spending in this area and to deliver value to the poor and the vulnerable, including children. A draft, inclusive Growth Bill, under which different poverty eradication interventions will be coordinated, was published and is being considered by Parliament.

A participatory mapping of risk and vulnerability for children in Kenya's urban low-income settlements is near completion. It highlights risks and the positive and negative community strategies to address this.

UNICEF's strategy for resilience was finalized and key programme approaches for monitoring were identified, in a move towards enhancing UNICEF's contribution to building resilient communities and systems.

Lastly, in order to enhance UNICEF's contribution to building resilient communities and systems, UNICEF's strategy for resilience was finalized but it has not yet been endorsed and key programme approaches for monitoring were identified. These programmes will be monitored and documented as indications of enhanced resilience.

OUTPUT 1: National and county development planning processes strengthened through assessment and review of development plans and promotion of child responsive guidelines

Analytical Statement of Progress: National and county level capacities to deliver on child-sensitive planning and budgeting were identified as a key thrust for achieving child rights. The focus of UNICEF Kenya's work in this area is to support the county governments in formulating County Integrated Development Plans (CIDPs) that reflect the critical needs of children and adolescents. This is the county level five-year blueprint to guide social and physical development. During the reporting period, UNICEF opened negotiations with three of the select counties to conduct a mid-term review of the CIDPs. The review is scheduled to start in February 2016. On the budgeting component, a capacity development workshop targeting the Health Committee of the Turkana County was held with the view to raise the capacity of the County to plan for, allocate, and oversee expenditure and reporting to deliver measurable results for children. Bottlenecks in realising effective budgeting in health and sanitation were identified and commitments made by the committee on the necessary responses.

UNICEF participated in the Sector Working Groups organized by the national Treasury to pitch for resource allocation which would be the most responsive to the needs of children. UNICEF gave a presentation on the budget allocations to key sectors through the Sector Working groups, which provided an opportunity for UNICEF to influence allocations to the relevant sectors. UNICEF will continue with these efforts into 2016 as the budget process is ongoing. The Poverty Eradication Commission was supported in formulating and advocating for the Inclusive Growth Bill. A lobbying and sensitization session was held with members of the Parliamentary Committee of Justice and Legal Affairs. The committee made a commitment to support the private member's bill aimed at coordinating poverty eradication and social inclusion mechanisms in Kenya.

OUTPUT 2 National and county actors' capacities developed to participate, analyse budgets and track investments and expenditures for children and adolescents

Analytical Statement of Progress: In this area, UNICEF seeks to provide counties and other players with actionable evidence to support improved allocations and effective spending on children and adolescents. In line with the budget analysis which was started in the third quarter of 2014 and completed in mid-2015, UNICEF is in the process of conducting further budget analyses in six counties of Turkana, Garissa, Kwale, Kilifi, Kakamega and Tana River. The findings are aimed at supporting further engagement with the counties in the current budgeting period to allocate and spend resources on essential services that are key to children. As an improvement to the 2014/2015 version, the on-going analysis included the absorption rate in the allocated resources. This addition was as an appreciation of the gap noted on the part of the counties to absorb the financial allocations even in the face of adverse child indicators.

The social budgeting guidelines, as drafted by the Ministry of Devolution and Planning with technical support from UNICEF, were finalized and are ready for ministerial approval. The guidelines seek to provide a framework for budgeting for social services at the county and national level. A taskforce, comprised of players from the key government ministries of devolution and planning, education, health and water, and from Nairobi County, is steering this process. This multi-stakeholder approach provides UNICEF and the Government of Kenya with an opportunity to holistically support service provision to vulnerable people including children. UNICEF provided Garissa and Turkana counties, two of the most deprived counties in Kenya, and the Ministry of Devolution and Planning and the National Drought Management Authority, with technical support to assess and respond to social service delivery at the county level through the Social Intelligence Reporting approach. Social Intelligence Reporting is an UNICEF research and advocacy tool for strengthening service delivery. Data is collected to match budget allocations with the actual service delivery. Service delivery at the facility level is then tracked to identify areas of improvement. The tool is currently being piloted in Turkana and Garissa counties.

OUTPUT 3 Resources leveraged for scaling up successful models of service delivery through investment cases and learning fora at national and county level

Analytical Statement of Progress:

An urban participatory mapping of the risks and vulnerabilities facing children in informal settlements was carried out by UNICEF Kenya across the informal settlements of Garissa, Kisumu, Mombasa and Nairobi. In this study, fire was identified as the major environmental hazard directly affecting women, boys and girls, with an increased fire risk during the months children were out of school. UNICEF Kenya is therefore partnering with the Kenya Red Cross to create an innovative community design for an early warning system using smart sensors, including mobile phones, with the aim of reducing death, injury and property damage caused by frequent fire outbreaks.

In Turkana County – one of the most deprived counties of Kenya, UNICEF Kenya has been supporting the Delivering as One approach through the Stakeholder Approach to Risk Informed and Evidence-based Decision-making (SHARED). The aim is to provide a guided framework to assist the Turkana County Government in the process of rationalizing county plans and programming for enhanced resilience, with a specific focus on targeting and assisting vulnerable women and children. The SHARED partnership with the National Drought Management Authority, Turkana County, ICRAF/World Agroforestry Centre and UNICEF Kenya has developed a comprehensive resilience diagnostic and decision-making support tool. In addition, a targeted facilitation and capacity-building programme on decision-making for the Turkana Government, is being spearheaded by the Ministry of Finance and Planning. The programme

has initiated the process of creating an e-tool allowing access to information at the village level on social, economic and environmental indicators. While simultaneous efforts have been directed at trying to change the decision-making culture to ensure that evidence is part of the decision-making process.

OUTCOME 3 By 2018, equitable child and adolescent responsive standards and systems for data generation, information management, policy analysis, monitoring and evaluation are developed and used.

Analytical Statement of Progress:

This outcome aims to strengthen national and county level capacities and systems to collect data, measure results, generate and use evidence, to improve development, resilience building and humanitarian programming in Kenya. It draws from and contributes to Strategic Result Area 1: Transformative Governance, Outcome 1.4 of the UNDAF 2014-18, Evidence and rights-based decision making: “By 2018 development planning and decision-making are evidence and rights based, supported by a well-established and strong research monitoring and evaluation culture that guarantees the independence, credibility, timeliness and disaggregation of data, broadly accessible to the intended audience.” UNICEF’s work and contributions in this area, within the *Delivering As One* (DaO) framework, aims to draw on the synergies and leveraging of resources in order to support knowledge-driven policy and decision-making for sustainable socio-economic transformation.

Data and evidence generation at county level have been strengthened by the 2014 Kenya Demographic and Health Survey (KDHS) and Multiple Indicator Cluster Survey 5 (MICS5) as they are the first surveys designed to measure indicators at county level. KDHS 2014 was undertaken in all the 47 counties and MICS5 in Bungoma, Kakamega and Turkana counties. Findings from the KDHS 2014 showed significant improvements in key indicators, especially the maternal and child health indicators. For example, under-five children who were underweight was reported at 11 per cent, meeting the nutrition sector MDG target; stunting among under-five children dropped from 35.3 per cent in 2008/09 to 26 per cent in 2014; exclusive breastfeeding for the first six months improved from 31 per cent in 2008/09 to 61 per cent in 2014 and infant and child mortality decreased to 39/1,000 and 52/1,000, respectively from 52/1,000 and 74/1,000 in 2014. UNICEF’s input into the 2014 KDHS included technical support during the planning and design stages and financial support during the dissemination of the key findings report.

Birth registration rates increased to 62.2 per cent from 58.4 per cent in 2014, thanks in part to the implementation of the Maternal and Child Health Strategy as an approach to reaching children and mothers at points of birth. In addition, advocacy and support was sustained to the Civil Registration Department under the Ministry of Interior, which is responsible for civil registration, the MoH and the Kenya National Bureau of Statistics, including participation in the 3rd Conference of African Ministers Responsible for Civil Registration, and Health, in Cote D’Ivoire. However, only a quarter of those registered have a birth certificate.

National and county level systems and capacities for programme monitoring and evaluation have been strengthened throughout the year. The Monitoring and Evaluation Department (MED) within the Ministry of Devolution and Planning continues to play a critical role in nurturing a culture of monitoring and evaluation in Kenya. With support from UNICEF and other development partners, MED has established the National Integrated Monitoring and Evaluation Systems (NIMES) which tracks progress towards the national Medium Term Plan II and *Vision 2030* goals; and County Integrated Monitoring and Evaluation Systems (CIMES) which track the

achievement of the County Integrated Development Plans (CIDP). UNICEF has provided technical support to the NIMES and CIMES through review of the indicators and capacity-building of national and county level M&E and technical officers. Capacities of the national and county level technical officers and M&E officers have also been strengthened through training in Results Based Management (RBM) and through an advanced evaluation course for senior technical officials, including university lecturers.

Strong coordination and active participation by both Government and UN partners in the Monitoring and Evaluation Technical Working Group has helped to strengthen advocacy initiatives, resource leveraging and avoiding duplication of efforts. UNICEF provided technical and financial support, and facilitated sessions of the national M&E week, underscoring the importance of impact evaluations of child-focused programmes for the generation of evidence on what works and what does not work to inform programming.

The National M&E policy to strengthen guidance and standards for all monitoring and evaluation processes at national and county level is being finalized with UNICEF's support. Evidence generation, monitoring and evaluation initiatives for resilience-building and humanitarian programmes were strengthened through technical support to the Ending Drought Emergency (EDE) initiative being led by the National Drought Management Authority (NDMA). Technical support has been provided through active participation in the EDE M&E Technical Working Group workshop for the development of the M&E framework and review of the draft. An M&E plan for the *El Nino* response plan is also currently under development.

The Plan for Research, Impact Monitoring and Evaluation (PRIME) 2014-2018 outlines the research, surveys and studies for evidence generation and to measure the impact of the KCO programmes. Four PRIME activities were completed with others at various stages of implementation. Initial findings of the iCCM and treatment of pneumonia using antibiotics, Vitamin A Supplementation by Community Health Workers and use of Mobile phones (MiCCM) studies in Homa Bay county, indicate a 16 per cent increase in the treatment of pneumonia cases.

OUTPUT 1 Systems for disaggregated data collection and real-time monitoring of barriers and bottlenecks faced by the most disadvantaged strengthened

Analytical Statement of Progress:

Ongoing support to the Kenya National Bureau of Statistics, the Civil Registration Department and the Monitoring and Evaluation Department strengthened capacity for generation and availability of data for policy formulation and programming. Counties and partners were assisted in enhancing knowledge management and use of available evidence and existing M&E systems to inform child-focused planning and implementation at national and county levels. With UNICEF support, findings of the KDHS 2014, with county-level indicators and the Multiple Indicator Cluster Surveys for Bungoma, Kakamega and Turkana, counties) were disseminated.

The National Monitoring and Evaluation System (NIMES) and County Integrated Monitoring and Evaluation System (CIMES) are being strengthened to provide disaggregated data and real-time monitoring of the barriers and bottlenecks faced by the most disadvantaged. Through Results-Based Management and advanced evaluation courses, the capacities of the National and County level M&E and technical officers are being built. UNICEF together with other UN agencies has supported a training for SRA technical officers and university lecturers on RBM, HRAP and Gender.

Finalization of the National M&E Policy is in progress with UNICEF participating in the review workshop and providing technical assistance by hiring two professionals (legal and M&E) to provide technical guidance to the MED for finalization of the policy and upstream engagement with parliament, Cabinet, Constitutional Commissions and county governments.

At UNDAF level, UNICEF contributed to the development of reporting templates, review of the quarterly, mid-year and annual reports, development of the UNDAF M&E framework and training the Strategic Result Areas (SRA) technical officers on Results-Based Reporting to improve on the quality of reporting within the UNDAF framework.

OUTPUT 2 Birth registration system models established in two counties and civil registration system strengthened to generate real time birth registration data

Analytical Statement of Progress:

This output aims to support the Civil Registration Department (CRD) of the Government and registration agents in strengthening their capacities to implement the maternal and child health (MCH) birth registration strategy by modelling approaches in two counties and eventually nationwide scale-up for all counties. Considerable progress has been made, with gradual operationalization of the MCH strategy to increase and facilitate birth registration in two counties. Garissa and Homa Bay and two sub-counties in Siaya county are fully implementing this strategy. Application of the MCH strategy in birth registration contributed to the registration of 954,254 under-five children (489,685 boys; 464,569 girls) in 2015, against an annual target of 1.5 million children. The H4 plus partners involving Government and key UN agencies, UNFPA, UNICEF, UN Women, WHO, World Bank, (working together for children's and women's health) have allocated resources to scale up the MCH birth registration strategy in six counties.

UNICEF supported Kenya's participation (from the Ministry of Health, Ministry of Interior – CRD and the Kenya National Bureau of Statistics) in the 3rd Conference of African Ministers Responsible for Civil Registration and those responsible for Health. This support for the CRD will continue in order to ensure implementation and reporting of the recommendations. The meeting, whose theme was "Promoting the use of Civil Registration and Vital Statistics in support of Good Governance in Africa" underscored the importance of functional civil registration systems as an important source of accurate data for planning, particularly for improved access to basic services at all levels, including meeting the MDGs and the broader realization of child rights.

Inadequate prioritization of birth registration by key policy-makers and weak coordination at sub-national level are key challenges that need to be addressed to expedite the enactment of laws, that will enable realization of free and universal access to birth registration.

OUTCOME 4 By 2018, children, families and communities utilize child protection services, provided by a functional child protection system that prevents and responds to violence, family separation, and harmful practices in regular and emergency situations at national and county levels, including in vulnerable urban areas

Analytical Statement of Progress:

The Child Protection Outcome contributes to UNDAF Strategic Results One: Transformative Governance, and Two: Human Capital, Outcome 2.4. Social Protection. By positioning child protection under these strategic results, the aim is to enhance the child protection profile within the broader UN/Government joint advocacy effort on child protection.

Kenya has a strong legal and policy framework in place for child protection, though it is not fully implemented or monitored. For the past seven years, UNICEF has been working with the Government to strengthen the legal and policy environment in line with the Concluding Observations of the Committee on the Rights of the Child (CRC)

The 2014 Children's Act (Amendment) Bill, to which UNICEF provided technical support, contained many changes to the current law, and in late 2015, the Independent Commission on the Implementation of the Constitution (CIC) advised that a new law should be enacted. The Department of Children's Services (DCS) initiated the process of drafting the new law, combining the provisions of the proposed 2014 Child Justice Bill to deal with children in contact with the law. UNICEF and partners initiated advocacy to have a participatory law development process, including multi-sector, and multi-disciplinary stakeholders from national, county and sub-county levels, including children.

Sustained advocacy through the Joint UNFPA/UNICEF/ partners' programme on Female Genital Mutilation/Cutting (FGM/C) led to a government budget allocation to the Anti-FGM Board. It also contributed to Kenya's Director of Public Prosecutions establishing an Anti-FGM and Child Marriages Unit headed by the Principal Prosecution Counsel to fast-track FGM and child marriage cases. A committee of 18 prosecution counsels was formed to support 21 counties with high FGM prevalence rates, contributing to further enforcement of the law.

In 2015, UNICEF's constant advocacy at national and county level was focused on children's rights to protection from violence, abuse, neglect, exploitation and family separation and support for modelling and provision of services in counties with high child deprivations.

The '*Guidelines for the Alternative Family Care of Children in Kenya*' and the '*National Standards for Best Practices in Charitable Children's Institutions*' were launched in March 2015 by the Cabinet Secretary of the Ministry of Labour, Social Security and Services (MoLSSS). Subsequently, all 47 County Children Coordinators and 450 key stakeholders in eight counties (Kakamega, Kisumu, Malindi, Mombasa, Nairobi, Nakuru, Nyeri and Turkana) were trained in these guidelines. Kisumu County was selected for piloting for full implementation of the guidelines and standards. While it is too early to measure how the guidelines will translate in to the reduction of family separation of children and to improved quality care, the full endorsement of the guidelines and standards are an important step towards strengthening the policy component of the child protection system.

UNICEF and the DCS, developed a communication strategy following the 2010 national Violence Against Children (VAC) study. An information booklet for children, as part of a larger school toolkit, was pretested in 45 schools in 5 counties in May 2015. Children's recommendations are being used to develop the next version and materials for the toolkit. This will be completed in 2016.

In collaboration with the Communications Authority of Kenya, the regulatory government authority in the area of communications and internet service providers, a national stakeholders' meeting on prevention of online child sexual abuse and exploitation was held in mid-December. This marks the start of a new partnership in this area and will continue in 2016.

UNICEF is expanding partnerships with other ministries and departments such as the Ministry of Planning and Devolution, the Office of Public Prosecution, as well as with related UN agencies (UN Office on Drugs and Crime (UNODC and UNDP) to facilitate and accelerate the legal and

policy reform processes. The priority for UNICEF in 2016 onwards is to support implementation of the existing legal framework, while simultaneously accelerating the reform process.

The MoLSSS, the Ministry charged with protection and promotion of children's rights underwent changes at Cabinet Secretary and Director levels of the DCS. Decision-making processes were slowed down, which had an impact on implementation of the child protection programme in 2015. The Ministry now has a new structure and name with a new Cabinet Secretary and five Principal Secretaries instead of one. It is not yet clear what the implications are for the mandates of the two key departments that UNICEF works with, i.e. DCS and the National Council for Children Services.

Disbandment of the National Adoption Committee following the November 2014 Moratorium on Inter-country adoption caused delays in the adoption process. Pipeline cases are under review by the Committee established to do this (changed by Gazette Order in Dec 2015), and the process needs to be fast tracked in the best interest of the children concerned.

OUTPUT 1 By 2018 the Government of Kenya has the legal framework in place to prevent and respond to violence, family separation and harmful practices.

Analytical Statement of Progress:

As outlined earlier, Kenya has a strong legal and policy framework for child rights and the protection of children from violence, abuse, exploitation and family separation. However, it has not been fully endorsed, and the implementation and monitoring mechanisms remain weak. In addition, knowledge of child-related laws and policies among policy- and decision-makers and service providers, as well as children and families requires strengthening. For duty-bearers this is important to fully apply the laws and policies, and for children and families (rights-holders) to know their rights and responsibilities. UNICEF Kenya continued support through advocacy and capacity-strengthening of partners.

UNICEF and partners successfully advocated with the Anti-FGM Board, Gender Directorate and the Office of the Public Prosecution to develop a handbook on the Anti-FGM law for practitioners from various professional groups. This will be completed in 2016.

In the area of legal protection of children, UNICEF initiated dialogue with the Office of the Director of Public Prosecution on piloting diversion from the official criminal justice system to restorative justice (e.g. written apology, counselling, community service, etc.) for children in conflict with the law pending the enactment of the new law. The current Children Act does not allow diversion although it provides for some alternative measures. It is included in the proposed Child Justice Bill (2014).

Major changes in the ministry responsible for child protection, the Ministry of Labour, Social Security and Services, impacted the child protection programme and initiatives, a legal audit related to children's laws was not initiated and the Child Protection strategy has not yet been validated.

The Child Protection Working Group led by DCS had one meeting in 2015. DCS committed to forming a broader child protection coordination mechanism, supported by UNICEF and partners.

OUTPUT 2 By 2018, The Government of Kenya has adequate technical and financial capacities to coordinate the implementation of the child protection system at national and county level.

Analytical Statement of Progress: UNICEF sustained support for capacity development in the area of child protection among various government agencies, including developing key policies and strategies with budgets.

The Government officially launched key policies and guidelines in support of increased capacities and coordination of care and protection of children. The *Guidelines for the Alternative Family Care of Children* and *National Standards for Best Practice in Charitable Children's Institutions* were launched in March. UNICEF facilitated and lobbied the Government to work with the Better Care Network- East and Southern Region which can offer technical support to Kenya's care reform.

UNICEF contributed to final drafts of two national level action plans: The National Plan of Action for Children 2015-2022 and the Anti-trafficking in Persons Action Plan 2015-2019, as well as the National Directory for Children's Services Providers, were launched in May. When implemented, these documents will enhance child protection coordination and children's services.

The Child Protection Information Management System Strategy (CPIMS) and its costed plan were endorsed by the National Steering Committee. The national level CPIMS, when fully functional, will enhance child protection data collection, analysis and use. UNICEF provided technical support to assess the child protection data needs, which were finalized in February. The gaps identified and the recommendations inform the implementation of the information management system.

A UNICEF cost analysis of the child protection system is pending Government endorsement. The Government agreed to pilot the Charitable Children's Institutions standards at county level. Stakeholders, including the private sector, will be brought together to start development of a national framework to prevent and protect children from online sexual abuse and exploitation. The Ministry of Education accepted violence against children as a theme for the 2016 Kenya National Music Festival that will directly involve 1.2 million children and indirectly many more children, teachers and parents (in collaboration with the Education Outcome).

OUTPUT 3 By 2018, nine target county governments have the strategies and capacities needed to coordinate and implement services for child protection.

Analytical Statement of Progress:

Throughout 2015, UNICEF continued to foster relationships with selected county governments to enhance their capacity to provide effective child protection coordination, prevention and response services. To this end, county level child protection networks and Area Advisory Councils in the counties of Garissa, Isiolo, Marsabit, Tana River and Turkana received child protection training. In Garissa and Turkana counties, CP advocacy resulted in larger county budget allocations for child protection. For example, in Garissa County, a child protection unit was established at the police station and in Turkana County, the GBV wellness centre receives in-kind technical support from the County hospital.

In Turkana, UNICEF advocacy led to drafting of the first county-level child protection strategy, this was achieved through a UNICEF led consultative process at the invitation of the County Governor. This model will be rolled out to other counties to ensure a stronger child protection component in the County Integrated Development Plans.

Three child protection centres in Garissa, Malindi and Nakuru, managed by DCS with support from UNICEF and implementing partners are fully operational. The centres provide

comprehensive child protection services including counselling, referral and family reintegration to children and their families.

In Turkana, UNICEF continued support to the Gender-Based Violence Centre, offering psychosocial, medical and counselling services to survivors of sexual and GBV at the Lodwar Hospital, in collaboration with the International Rescue Committee.

Through a combination of these services, a total of 7,305 children (3,228 girls/4,077 boys) were reached. Child protection and GBV outreach activities reached a total of 71,553 adults and 9,363 children.

In the Kakuma Refugee Camp, UNICEF and Lutheran World Federation (LWF), in collaboration with UNHCR, strengthened child protection services to 12,818 unaccompanied and separated children (unaccompanied: 528 girls, 1,556 boys and separated: 3,622 girls, 7,112 boys) and those with protection concerns (209 girls and 403 boys). A total of 10,242 children (2,702 girls and 7,540 boys) accessed psychosocial support (out of a total of 13,221 children (4,359 girls and 8,862 boys in CPIMS). In addition 6,024 internally-displaced (IDP) children in Mandera (1,919 girls and 4,105 boys) received psycho-social support. A total of 2,800 dignity kits were distributed to the Wellness Centre in Kakuma and IDP children in Garissa, Mandera, Marsabit and Wajir. There are more refugee boys than girls in Kakuma, and more boys than girls were reached in conflict affected Mandera. Capacity development on effective case management and integrating CPIMS and UNHCR child protection data was provided to 42 UNHCR and LWF staff.

OUTPUT 4 By 2018, children, families and communities increasingly reject harmful practices and respond to violence, family separation and adopt positive social norms, and utilize child protection services.

Analytical Statement of Progress:

Advocacy through the Joint UNFPA/UNICEF/partners' programme on ending FGM/C led to a Government budget allocation to the Anti-FGM Board. It also contributed to Kenya's Director of Public Prosecutions establishing an Anti-FGM and Child Marriages Unit headed by the Principal Prosecution Counsel to fast-track FGM and child marriage cases. A committee of 18 Prosecution Counsels was formed to support 21 counties with high FGM prevalence rates. These will contribute to effective law enforcement.

UNFPA, UNICEF and partners supported the national Anti-FGM strategic Plan of Action, which will be validated in early 2016. A first joint Anti-FGM Board, UNFPA and UNICEF comprehensive media campaign with anti-FGM messages was launched. The communication campaign on ending FGM/C was rolled out in 16 counties with the highest FGM/C prevalence rates through six radio stations, and three national television stations. The campaign was aimed at increasing public awareness on the detrimental effects of FGM/C on girls, while also informing the public about the legal action against perpetrators. It targeted parents, communities and young people to bring about necessary change in attitudes and the behaviour for the abandonment of FGM/C. Media houses used specially designed radio/television shows with anti-FGM/C messages, aired interactive talk shows in local languages as well as in Kiswahili and English. Television channels aired the shows in English and Kiswahili for six days while radio spots were aired in regional languages for 22 days. In response, listeners have shared positive and negative comments through social media platforms, which are being used by UNICEF and partners in programming.

Through the Anti-FGM Board and Gender Directorate, UNICEF supported child protection training of 95 county assembly members (39 women/56 men) in Isiolo, Tana River and West

Pokot counties with a focus on FGM/C and child marriage.

UNICEF engaged with a new partner in Samburu (Pastoralist Child Foundation) to mobilize youth and community leaders to become change agents for abandoning harmful social norms and practices. A total of 90 persons including women, *morans* (male youth), religious leaders and reformed circumcisers were trained on FGM/C issues, ten community dialogues reaching 2,500 community members were conducted.

OUTCOME 5 By 2018, there is improved and equitable use of proven HIV prevention, treatment and care interventions by children, pregnant women and adolescents in selected high-prevalence counties including in emergencies and vulnerable urban contexts.

Analytical Statement of Progress:

According to new national HIV Estimates (UNAIDS July 2015), Kenya continues to be among the countries with the highest HIV burden globally – over 1.4 million people are living with HIV of whom 700,000 are women aged 15 and above and 160,000 children 0-14 years. The national adult HIV prevalence has slightly reduced from the earlier 6 per cent in 2013 and was estimated at 5.3 per cent in 2014. Adolescent girls and young women between the ages of 15 and 24 continue to be at much higher risk of HIV compared to young men, with 70 per cent of HIV infections in 15-19 year olds among girls and more than 60 per cent of HIV infections in 20-24 year olds among young women. The drivers of the HIV epidemic include unprotected sex, multiple sexual partners, limited condom use and quality of services. Structural factors such as age disparate sex between young women and older men, poverty, gender-based violence and continued stigma and discrimination increase the vulnerability of children and adolescents. Maternal prophylaxis coverage is estimated to have decreased from 70 per cent in 2013 to 66 per cent in 2014, and mother-to-child transmission of HIV continued to be high at 14 per cent (MoH NASCOP February 2015).

To strategically reduce HIV infections and improve HIV treatment and care outcomes for children, adolescents and their families, UNICEF's HIV and AIDS outcome contributes to the UNDAF Outcome 2.3: Multi-sectoral HIV & AIDS response and is aligned to the Kenya AIDS Strategic Framework (KASF). It focuses on paediatric and adolescent HIV prevention, treatment and care at national level and in six targeted counties. Working closely with the UN Joint Programme on HIV, UNICEF's support to government and non-governmental partners emphasizes accelerating efforts in reducing new HIV infections, improving health and wellness of children and adolescents living with HIV, reducing stigma and discrimination and advocating for increased domestic financing for the HIV response. The outcome underscores strengthening data driven planning, budgeting and evidence generation/utilization, capacity building and modelling service delivery approaches in HIV prevention, care and treatment of children and adolescents, including young key populations, at national and subnational level. Furthermore, the outcome focuses on addressing structural barriers and enhancing comprehensive social protection for improved prevention and treatment outcomes.

During the year significant gains were made to improve capacity, planning and tracking progress for children, adolescents and their families in HIV prevention, care and treatment. These included improved disaggregated programme data at national and county level and new Kenya HIV Estimates. The six focus counties were supported to develop assessments on adolescents and HIV which is anticipated to have spin-off effects for other counties as well. Two major plans and one national guideline, highlighting children and adolescents, were developed and disseminated with UNICEF support: The Fast Track Plan on ending AIDS among Adolescents and Young People launched by the President of Kenya, the operational plan to Accelerate HIV Care and Treatment and tools to measure progress for children, and new HIV

testing guidelines lowering the age of consent for HIV testing to 15 years, were all disseminated.

Earlier in the year, UNICEF galvanized the Government, UN, development partners, NGOs and adolescents and young people to support the global launch of the ALL IN Campaign to end adolescent AIDS. The launch was presided over by President Kenyatta and resulted in an increased strategic focus, accountability and programmatic action to end AIDS among adolescents in Kenya. To address the prevailing stigma associated with HIV, UNICEF in close collaboration with the UN Joint Team supported the National AIDS Control Council (NACC) for development of a new anti-stigma campaign.

UNICEF continued to inform the President's Emergency Fund for AIDS Relief (PEPFAR) and the Global Fund for AIDS, TB and Malaria (GFATM) processes by providing data and technical support for the development of new programmes for girls, young women and children living with HIV as well as the development of the GFATM Joint HIV and TB Concept Note respectively. A new partnership with LVCT Health, a national NGO, has been implemented to provide real-time data on adolescents and greater access to HIV and sexual and reproductive health (SRH) information by over 120,000 adolescents and youth nationally, including in urban poor areas. Through partnerships, capacities of adolescents living with HIV have been developed to increase their involvement in the HIV response, resulting in a new network of 1,500 young people living with HIV. UNICEF continued to be an active member of the UN Joint Team on HIV, visibly involved in developing a new UN Joint Programme on HIV for Kenya.

Working with the National AIDS and STI Control Programme (NASCOP) and other partners, the development of a situational assessment of adolescents in key populations in Kenya commenced. NASCOP and six high HIV burden counties received intensified technical support to improve access and retention of children and adolescents in HIV care and treatment. This included technical support to 20 MOH national programme officers and building the capacity of 417 members of the county and sub-county health management teams, health workers, and implementing partners in the six priority counties, resulting in evidence-informed county work plans and '90-90-90' HIV targets cascaded to facility level for enhanced accountability. Addressing the structural drivers of new HIV infections, a Government-led task force was set up to support the development of HIV-sensitive social protection interventions in a high HIV prevalence setting.

OUTPUT 1 National and selected sub-national HIV and sectoral development plans, strategies and investment case comprehensively address HIV and children, adolescents and pregnant women, including in humanitarian situations

Analytical Statement of Progress:

UNICEF galvanized a multitude of stakeholders for the global launch of the 'ALL In campaign to end adolescent AIDS' in Nairobi. The President of Kenya presided over the launch which resulted in an increased strategic focus to end AIDS among adolescents in Kenya, including commitments for resources and clear directives by the President to ministries. Participants included dignitaries from the GFATM, PEPFAR, WHO, MTV Staying Alive, GNP+, UNAIDS, UNFPA and UNICEF's Deputy Executive Director, Ministers of Health and Education, CSOs, Government and adolescents. Young people, including those living with HIV, were actively involved in the launch and follow-up actions. Subsequently, UNICEF, NACC and partners developed a national 'Fast Track Plan to end AIDS among Adolescents and Young People.' This Fast Track plan was again launched by the President of Kenya, only seven months after the global ALL IN launch. This multi-sectoral Fast Track plan sets clear national and county targets on HIV and AIDS for adolescents and young people. To close the glaring HIV treatment

gap for children and their families, the MoH was supported to develop a detailed two year HIV treatment and care acceleration plan, disseminated to all 47 counties during the national ART Stocktaking meeting. The plan is accompanied by a MoH-approved dashboard to measure progress for children 0-14 years at national and county levels.

Notable progress was made in lowering the age of consent for HIV testing from 18 to 15 years, and the introduction of self-testing through the new national HIV testing guidelines. The Adolescent Sexual and Reproductive Health (SRH) policy was revised and a communication strategy for an anti-stigma campaign and acceleration of care and treatment for children and adolescents living with HIV was developed. Sustained advocacy led to five of the six counties supported by UNICEF allocating domestic resources for HIV and AIDS in their county plans.

The development of PEPFAR's DREAMS and ACT initiatives and the new RMCAH GFF investment framework were supported, resulting in relevant targets and increased resources for children, adolescents and HIV. UNICEF continued to be an active member of the UN Joint Team on HIV, visibly involved in developing and launching a new UN Joint Programme on HIV for Kenya. A database for children and AIDS in humanitarian situations is under development.

OUTPUT 2 Increased national and sub national capacity for scaling up integrated HIV prevention, treatment and care interventions for adolescents

Analytical Statement of Progress:

UNICEF Kenya assisted high HIV-prevalence counties to improve HIV interventions for children and adolescents leading to improved county-level coordination, planning and data for decision-making. For the first time, all sub-counties in the six target counties were actively involved in developing work plans with targets aligned to national targets, cascaded down to facility level. At least 20 Ministry of Health programme officers and 417 members from county and sub-county health management teams received technical support to develop strategies to roll out the new HIV plans. To improve the quality of services, UNICEF supported the development of a new HIV paediatric and adolescent toolkit and training of 183 health workers on new guidelines in HIV testing and treatment for adolescent boys and girls. Monitoring of service quality improvement and application of new tools and guidelines will be a priority for 2016.

A comprehensive analysis of the situation of adolescents 10-19 year old boys and girls, and HIV was kick-started in six counties. Multi-sectoral inception meetings were completed and Government-led technical teams were established. The global UNICEF assessment tool was modified to allow for a sub-national analysis, all with endorsement from NACC and NASCOP. The process is planned to be completed in early 2016, the possibility of undertaking a national assessment is under discussion.

UNICEF partnered with LVCT Health to improve access to and participation of adolescents in mobile-based HIV and health promotion programmes. A new dashboard was installed to generate real-time data from this 'one2one integrated digital platform.' Nearly 140,000 calls from adolescents to the confidential hotline, 106,804 online hits and more than 8,000 bulk SMS were managed to promote access to correct information, including support for condom utilization and other proven prevention methods among sexually-active adolescents and HIV treatment adherence for those who are HIV positive.

Partnerships with the NACC, the National Empowerment of People Living with HIV (NEPHAK) and the National Organization of Peer Educators (NOPE) and with adolescents themselves resulted in the formation of a network for and by young people called '*Sauti Skika*' (i.e. "Amplify

Voices of Adolescents”). Meanwhile, a pool of 78 adolescents and young people living with HIV from Kisumu, Mombasa and Nairobi were trained, which has resulted in a marked increase of adolescent participation in the HIV response at county level and the setting up of adolescent-focused technical working groups that include adolescents.

OUTPUT 3 Evidence on children, adolescents and HIV is utilized for policy and programming and models for scale up developed

Analytical Statement of Progress:

To facilitate improved utilization of evidence, UNICEF co-convened with the Ministry of Health the first national multi-sectoral Adolescent Health Symposium on health and HIV-related priorities for adolescents in Kenya in the context of the Sustainable Development Goals. Some 200 government officials, development partners, UN, CSOs, academic and research organizations, private sector and young people reviewed trends and priorities. In addition, they called for increased recognition of gender-responsive adolescent health in national plans and investment cases, including on HIV prevention, care and treatment. Adolescents and young people, including young mothers, were key partners in developing the programme and participating in the national event. Jointly with the Elizabeth Glaser Paediatric AIDS Foundation (EGPAF), CDC and USAID, the national symposium was promptly followed by positioning adolescent health and HIV priorities on the agenda of Homa Bay county, the county with the highest HIV prevalence in the country.

Working closely with UNAIDS and WHO, UNICEF supported the NACC in the development of the new Kenya HIV Estimates. To advance evidence on young key populations, UNICEF assisted the Government and NGO partners to conduct a rapid situational assessment, which will map existing interventions and assess gaps in addressing the particular needs of adolescents who are in key populations. The assessment design has been submitted for ethical review clearance and is expected to be completed in early 2016.

To reduce structural barriers in accessing HIV and other social services, UNICEF initiated the development of a new model building on the Government’s Orphans and Vulnerable Children Cash Transfer programme, linking HIV and other services. This model is being developed under the leadership of the Kisumu County government and in close coordination with NACC and the National Social Protection Secretariat and other partners. In addition, consultations with CDC secured agreements for new funding for social cash transfers under the DREAMS initiative which will be invested via the Government’s Orphans and Vulnerable Children Cash Transfer programme.

OUTCOME 6 By 2018, social protection mechanisms and systems for vulnerable children and adolescents are integrated, adequately resourced, coordinated and sustainable in regular and emergency situations.

Analytical Statement of Progress:

This outcome supports the Government of Kenya’s National Social Protection Policy (NSPP) of 2012, the 2nd Medium Term Plan commitments, including the Flagship programme for expansion of social cash transfers, and UNICEF’s contribution to the UNDAF Outcome 2.4 on Social Protection. It also builds on the successes of the previous Country Programme under which UNICEF strengthened evidence on the effectiveness and impact of transfers on children’s rights, provided technical assistance to the development of the NSPP (comprised of three elements: non-contributory social assistance, contributory social insurance and health insurance), and worked with partners in support of systems for the expansion of cash transfers.

By December 2015, the national social transfer programmes had reached 551,800 households and the Government has allocated resources for further expansion following the approved mid-term financial framework. The current 2015-2016 financial budget has increased to US\$191 million (from US\$140 million in 2014-2015) allowing for a new targeting and enrolment process of an additional 220,000 households in four programmes: Cash transfer for Orphans and Vulnerable Children (CT-OVC), Older Persons Cash Transfer (OPCT), Persons with Severe Disabilities Cash Transfer (PWSD-CT) and the Hunger Safety Net programme (HSNP). According to UNICEF information analysed in 2015, over 1.2 million children are receiving social cash transfers out of which 742,535 children (380,540 boys; 361,995 girls) are orphans and vulnerable children under the CT-OVC programme compared to 392,862 orphans in 2012.

UNICEF is providing technical assistance to the Government's ambitious plan to expand, harmonize and improve efficiency in the four main cash transfer programmes that together reach less than 20 per cent of the poor. In addition, to ensure that child vulnerability is assessed and factored in the targeting and consolidation strategy, UNICEF in collaboration with WFP contracted consultants to provide guidance on the child vulnerability analysis and inclusion.

Progress has been registered in adopting the Social Protection Policy 2012. In January, the Ministry of Labour Social Security and Services (MLSSS) with UNICEF support, hosted the first National Social Protection Conference Week in Nairobi. The event offered a platform for interactive deliberate discussions on issues that guide and affect social protection delivery and the growing opportunities for social protection in Kenya. A "Call for Action" was adopted by the participants and endorsed by the MLSSS to provide coordination and clarity for a social protection system. In June, the Parliament approved Sessional Paper 2 on the Social Protection Policy.

UNICEF has assisted the Government developing a framework and budget for implementing the "Call for Action" proposals for the next 10 years. This entails getting consensus from stakeholders, political actors, several ministries, labour organizations, private and public sector employers, service providers, development partners and civil society.

Although some milestones have been achieved, the social protection system is still fragmented, and the linkages between components (social assistance, contributory social insurance and health insurance) and other sectors (health, education and agriculture among others) are weak or absent. A high proportion of the most vulnerable population are receiving partial services or are not covered.

During this period, UNICEF gave technical support and advocated for additional key foundational actions, including: inclusion of under-five children as a vulnerable group for cash transfer support; harmonization and integration of the programmes; and strengthening of the payment processes system through the hiring of a finance consultant who supported the payment process.

UNICEF has supported model improved linkages between social protection cash transfers and social services in order to test mechanisms that integrate cash to services, enhance benefits to families and reduce delivery transaction costs. Three model initiatives have been initiated targeting specific outputs, determining nutrition outcomes of cash interventions and their determinants, identifying ways for efficiently targeting newborn children to reduce maternal and neo-natal mortality and to expand benefits to children living with HIV and AIDS.

UNICEF gave technical support to Kakamega County, one of the counties that contributes substantially to the burden of maternal and new-born mortality, to design a cash transfer programme targeting poor pregnant women and children up to eighteen months of age. So far, 19,139 pregnant women have been registered in the programme and close to 5,000 have received at least one payment having met all the programme conditions. Factors potentially contributing to the high neonatal and infant mortality include the low rate of skilled delivery, low rate of antenatal care and low rate of contraceptive prevalence. The goal of the model is to accelerate maternal and child survival in Kakamega County through the use of social transfers. The general objectives of the Social Transfer programme is to reduce maternal, newborn and under five mortality by improving the uptake of services and recommended nutrition practices.

The development of an integrated social protection system is still constrained, since this is dependent on political and institutional reforms that have stalled, and without these, progress on policy and strategy will continue to be fragmented.

A social protection system is an important component of the Ending Drought Emergencies (EDE) framework to build resilience to shocks and disasters. UNICEF Kenya contributed towards finalizing the Pillar 5 of the EDE on Drought Risk Management focusing on strategies to reach more children, to enhance accountability for adaptive services for children, and to include indicators of child vulnerability in the plan.

OUTPUT 1 Resources leveraged and strategies developed for a nationally owned, integrated social protection system linked to child vulnerability

Analytical Statement of Progress:

This output focuses on the overarching need to put in place a framework for the implementation of the National Social Protection policy. Specifically, it addresses the critical bottlenecks in the enabling environment for social protection, mainly the removal of bottlenecks related to legislation and regulation, policy and strategic leadership, and national resourcing and monitoring of social protection. This output is embedded in UNDAF Outcome 2.4, Social Protection where collaboration with other partners and UN agencies is an important prerequisite for realizing results.

During 2014-15 the UNDAF SP group developed a consolidated and Government-endorsed work-plan and produced a consolidated annual report. UNICEF's key contribution to Output 2.4.1 National Ownership and Leadership, has been advocacy for the establishment of the National Social Protection Council and the National Social Protection Strategy. These advocacy efforts with other partners resulted in the approval of Sessional Paper 2 on the Social Protection Policy by Parliament in June.

UNICEF supported the Social Protection Conference Week opened by the Kenyan President. The event offered a platform for interactive deliberate discussions on key issues and clarified the role of different actors on the SP system. The Call for Action endorsed by the MoLSSS provides a framework for coordination of the Social Protection System. UNICEF provided technical assistance for the development of a mid-term strategic framework for Social Protection defining the key priorities, costs and the financing sources for the next 10 years through participation in the technical working groups. The 2015-16 Government of Kenya budget of US\$191 million allowed for a new expansion across 47 counties, reaching a total of 771,800 households by the end of the financial year, from US\$140 million that was allocated in the financial year 2014-15.

OUTPUT 2 Improved linkages between social protection and services to address modelled child vulnerabilities and evidence generated

Analytical Statement of Progress:

This output focuses on gaps in the social protection system for children, or areas where there is need to enhance the effectiveness of social protection for children and adolescents. It aims to model and generate evidence for scaling up approaches to removing financial and behavioural barriers to the realization of children's rights to nutrition, health, protection, and livelihoods.

UNICEF sustained the provision of technical assistance to support the modelling of social cash transfer links with social services (education and health) and other sectors and programmes. UNICEF provided technical assistance to the Oparanya Care programme in Kakamega county that provides cash transfer support to mothers and new born children. This model provides evidence on reaching the poorest women with the aim of increasing skilled delivery at the county and ensuring that every child in the first 1,000 days has the right start, from pregnancy through to a child's second birthday, setting the critical foundation for a person's intellectual development and lifelong health.

During the year the Kakamega model has reached a total of 19,139 mothers registered in the programme, 15,792 of which are recipients of US\$1,200 distributed in 6 payments in 1,000 days. Since the start of the programme, 4,973 programme participants have received at least one payment.

The monitoring framework developed has facilitated close monitoring of the indicators. A baseline survey was finalized and will be disseminated to stakeholders and a policy brief will be produced. UNICEF has provided technical support to develop a complaints and grievances strategy, IT infrastructure, risk mitigation measures and integrity of transactions. Plans are under way to contract an audit firm to conduct a systems audit to determine and provide guidance on the risk management, control and governance structures.

Under the EU Share programme, UNICEF has designed and is implementing a model for determining the nutrition impact of Cash Programmes in 0-2 year old children. The model proposed, supplements the current cash transfer of CT-OVC and Cash for Assets programmes in selected households in Kitui county (one of the highest rates of stunting). This intervention will link increased social transfers with other nutrition resilience approaches such as enhanced nutrition counselling. Implementation of this model will start in the first half of 2016, targeting 1,800 under-five children for 2 years.

OUTPUT 3 Capacity of national and county governments developed for co-ordination, harmonization, and emergency response of social assistance linked to child vulnerability

Analytical Statement of Progress:

In response to the National Social Protection Policy (2012), Kenya has made significantly made progress in scaling up and expanding social assistance programmes. During the year, an additional targeting process began to reach 220,000 new households. UNICEF has limited its participation to technical support and strategic oversight of the National Safety Net programme.

During the reporting year, UNICEF focused on addressing the key bottlenecks in the targeting mechanism, payment process and accountability, and the monitoring and evaluation system to ensure improved coordination and to address child vulnerability.

Under the UNDAF Social Protection group, UNICEF and WFP signed an agreement for the development of a consolidation strategy for the NSNP that includes three strategic components,

i) how to integrate asset creation programmes into the Social Protection System; ii) to propose an expanded definition of child vulnerability and; iii) to develop a proposal on how to set and when to adjust transfer values. This strategy, which is under development will be finalized and discussed at the Social Protection Secretariat in the first quarter of 2016.

Technical assistance from UNICEF strengthened Government capacity in financial management and payment processes. During 2015, delays in the National Safety Net Programme (NSNP) payments to recipients (average days per cycle) were reduced from 44.3 days in financial year 2014-15 to 25.6 days in 2015-16. The last five payment cycles (March–April, May–June, July–August, September–October and November–December 2015) were all on time, though with slight delays in the September–October and November–December cycles. This progress can be attributed to UNICEF Kenya’s advocacy efforts and strengthened links with the Treasury.

The joint efforts of the World Bank and DFID as well as UNICEF technical assistance, are helping the Social Protection Secretariat in building a robust monitoring and evaluation system. This M&E systems links inputs, activities, outputs, outcomes, impacts and the results that the GoK aims to achieve under the NSNP. It also aims to improve the indicator level reporting that will support the updating of the single registry. An Annual Programme Implementation and Beneficiary Survey (PIBS) for the National Safety Net Programme has been carried out and will provide monitoring information on the key indicators linked to beneficiary awareness and perceptions.

UNICEF supported the analysis of children’s information, using the single registry and the programmes management information systems (MIS). This initiative enables the identification of the number of children under each of the NSNP programmes, their locations, living conditions and socio-economic status. Currently, over 1.2 million children are identified in the single registry under NSNP across 47 counties and 290 constituencies. The CT-OVC has a total of 742, 535 children (380,540 boys; 361,995 girls) This information has improved the monitoring system and is being used for the current programme expansion.

OUTCOME 7 By 2018, newborns, children, adolescents and women have increased access to and utilise quality, equitable and affordable, integrated high-impact health services, especially in counties with high mortality burden and vulnerable urban communities and in emergencies.

Analytical Statement of Progress:

This outcome area contributes to Strategic Result Area 2 – Human Capital, of the United Nations Development Assistance Framework (UNDAF). Achievements contributed to overall UN efforts in reducing maternal, newborn and child mortality and enhanced system capacity at devolved levels for delivery of health services.

While Kenya continues to make advances in reducing maternal, neonatal and under-five mortality rates, progress remains insufficient due to low access and utilization of cost- effective high-impact health interventions, especially in under-served communities. Nationally, UNICEF contributed to under-five mortality reduction from 74/1,000 in 2008/9 to 52/1,000 live births in 2014, against an MDG target of 32/1,000. Around 70,000 children are estimated to have died in 2015, down from 108,000 in 2014. Over 70 per cent of these deaths are preventable.

Maternity services have shown an improvement in the percentage of births attended by skilled health personnel, increasing nationally from 44 per cent in 2013 to 62 per cent in 2015, against the target of 65 per cent by 2018. There are similar improvements in the five UNICEF ‘equity’ counties. The percentage of HIV-positive pregnant women receiving ARVs for the prevention of

mother-to-child HIV transmission increased by over 10 percentage points in all five counties.

To further reduce mortality rates, UNICEF supported efforts to capacitate national and county health systems for improved health care. UNICEF investments are prioritized in five “equity” counties, Garissa, Homa Bay, Kakamega, and Turkana as well as the Nairobi urban informal settlements of Embakasi and Kamukunji, ensuring that children in greatest need are reached first. UNICEF’s assistance is focused on strengthening systems and enhancing the capacity of national and county MoH staff and implementing partners to adopt and implement initiatives and best practices. In 2015, 63 per cent of counties’ health managers were trained in Leadership, Management and Governance, against a target of 100 per cent by 2018.

UNICEF also supported a Government Health and Leadership Congress which brought together national and county MoH representatives, partners, and international experts for the first time in the newly devolved health system. Key innovations and best practices in Kenya’s health services were shared. A communique was signed highlighting key commitments at national and county levels that the private sector and partners could contribute to implementing key MNCH interventions.

A number of innovations have been initiated in the five counties, using lessons learnt from South-South visits to Karamoja, Uganda, on their Nomadic MNH strategy and alternative birthing positions. As a result, in 2015 Turkana and Garissa adopted the Birthing Cushion which allows mothers now to choose alternative birthing positions, one of the barriers to facility delivery. Solar suitcases were introduced in Turkana to provide essential lighting during delivery, treatment and care. Evidence and experience from Ethiopia also helped to consolidate best practices for community health in Kenya.

Upgrading and equipping of 75 Centres of Excellence to deliver Basic Emergency Obstetric and Neonatal Care (BEmONC) was initiated, with the adoption of MNCH high-impact interventions such as Chlorhexidine for cord care and the Uterine Balloon Tamponade (UBT) technique for Post-partum Management (PPH) management. Integration of MCH services in 5 counties was strengthened. Establishment of Kangaroo Mother Care (KMC) in Pumwani and Mama Lucy Kibaki Hospitals in Nairobi County will further strengthen the capacity of the counties to address major causes of maternal and neonatal mortality. To date, at least 30 per cent of health facilities (up from 10 per cent in 2014) have been upgraded to provide quality BEmONC services. Preparations have begun to mainstream green energy within all Centres of Excellence (CoEs), including another 80 health facilities.

In Homa Bay and Siaya counties, 89,281 additional sick children were provided with prompt and effective treatment for malaria, pneumonia and diarrhoea, while 8,150 children were successfully referred for immunization. Community Health Volunteers (CHVs) continue to support demand generation by providing health messages on key behaviours at household level, tracking and referring sick children, including those who have missed immunization visits and pregnant women for antenatal care.

To maintain and eradicate polio, two rounds of polio vaccination campaigns were supported: the first round reached 93 per cent of under-five children in 32 high-risk, polio counties while the second round covered 93 per cent in all counties. National immunization coverage reported marginal improvement with 14 counties reporting at least 80 per cent of children fully immunized compared to 12 counties in 2014. Addressing one of the major recommendations from the 2013 Effective Vaccine Management assessment, the 30 day continuous temperature monitoring devices were introduced in all sub-counties ensuring maintenance of vaccine efficacy across the

supply chain. Furthermore, in Garissa which is a polio high-risk county, 178 teachers and 4,200 pupils in 30 schools are mobilizing caregivers in 8,000 households to comply with the routine immunization schedule through the school to parent strategy.

OUTPUT 1 Health System: By 2018, capacity of MOH and partners in selected vulnerable counties have improved capacity including through South-South cooperation to plan and operationalize models of innovative, effective, efficient equitably accessible and quality health system.

Analytical Statement of Progress:

With UNICEF support, a China/Africa delegation on Every Woman Every Child (EWEC) was organized in Kenya, resulting in consultations with the Cabinet Secretary for Health, technical officers and the private sector on the Global Financing Facility. MoH at county level advocated to EWEC secretariat and Chinese delegation to support Kenya on clean energy and digitization of health sector, and shaped up Kenyan President Participation in launch of revised EWEC strategy at UNGAS.

Regarding emergency health, UNICEF facilitated coordination of the influx of South Sudanese refugees to the Kakuma Refugee Camp in Turkana; supported preparedness and response for Ebola, cholera and; assisted with the El Nino contingency planning. Support for cholera management and control included mapping of resources for rapid and life-saving responses, improved linkages between case management, water, hygiene and sanitation and advocacy, communication and social mobilization.

Following the cholera outbreak in the Dadaab refugee camp in late November 2015, UNICEF conducted a rapid assessment and disseminated preventive messages on cholera through the mass media and provided life-saving commodities and supplies to equip Cholera Treatment Centres (CTC). UNICEF has maintained presence in the Dadaab camp both to give immediate support to the response in the camp and to closely monitor the situation in the camp. UNICEF developed a consolidated twelve-week action plan and submitted a multi-sectoral request to the Emergency Programme Fund.

Technical and financial support was provided, and health supplies procured to strengthen emergency health preparedness and response for refugee influxes and the negative impacts of El Nino related floods. In addition the support also provided life-saving interventions for disease outbreaks such as Kala azar, malaria, measles and cholera. As a result, 51,353 refugee children received life-saving interventions, including measles vaccination, and 134,494 children received a package of high-impact interventions including routine measles and polio immunization, Kala azar management and preventive interventions.

UNICEF supported county departments of health to increase the capacity of multi-sectoral teams and to develop emergency and disaster management plans. This helped improve the skills of county teams, and increased the availability of assorted health supplies to manage outbreaks, including pre-positioning for possible repercussions from El Nino.

Five vulnerable “equity” counties of Garissa, Homa Bay, Turkana, Kakamega and Nairobi were supported to strengthen county-specific skills in Human Resources for Health management. Development plans and referral systems were established and supported to address bottlenecks in attraction, motivation and retention of human resources and to provide additional emergency referral opportunities.

OUTPUT 2 Innovative models for health behaviour for optimal health service delivery: By 2018, MOH and selected counties with high maternal, newborn and child mortality have adequate technical and financial capacity to design, implement, monitor and evaluate models of positive health behaviour change at household, community and health facility levels.

Analytical Statement of Progress:

UNICEF invested substantially in community health care in the five “equity” counties with the aim of increasing demand through changes in behaviour to increase utilization of high-impact cost-effective health interventions. This included expansion of the provision of treatment for pneumonia, diarrhoea and malaria by CHVs in households (integrated Community Case Management – iCCM), and referral of complicated cases for management at health facilities.

UNICEF sustained advocacy with the MoH for the development of the Community Health Services Policy to effectively address the high neonatal and child mortality situation of the country. UNICEF is also supporting Community Health Services Units to enhance evidence generation and policy formulation. In addition, demand generation was increased through use of Community Health Volunteer job and teaching aids for Community Health Volunteers (CHVs) to provide health messages to help caregivers to identify health danger signs and increase uptake of health care interventions, both from CHVs and health facilities. UNICEF also provided technical and financial support to the Division of Family health to test and finalize teaching materials for community-based Maternal and Newborn Health (cMNH).

UNICEF supported a workshop on “Financing Community Health Workers (CHW) and Health Systems at Scale in sub-Saharan Africa” to advocate for the recognition of CHWs as a formal cadre of health workers. The objective is for the Government to increase the mobilization and allocation of financial resources towards CHVs from their core funding to maintain sustainability. Both Kakamega and Homa Bay Counties subsequently allocated regular monthly stipends to CHVs.

UNICEF invested substantially in the establishment of new community units, in addition to improving the quality of existing units. Kakamega County CHVs attained universal coverage in 2015, with the addition of 120 community units, where all families are now able to access basic health services and information. Garissa County was also supported with the establishment of 75 community units.

Capacity-building events conducted include: Basic Community Health Strategy; Integrated Community Case Management of Childhood Diseases (iCCM); and Community Maternal and Newborn Health (cMNH). Over 2,000 CHVs were trained in the Community Health Basic modules and iCCM, 863 workers (8 master trainers and 855 (CHVs) in iCCM. In cMNH, 341 workers were trained, including 129 master trainers. Some 528 health workers (18 CHEWS and 510 CHVs) in Turkana County were trained in Community-Based Health Information Systems (CBHIS) and provided with revised reporting tools, leading to improvements in the timeliness/quality of county reporting.

OUTPUT 3 Maternal, New-born, child and Adolescent Health: By 2018, selected counties with high maternal and child mortality rates and vulnerable populations will have increased access to and use of quality, integrated maternal and newborn health services (including HIV).

Analytical Statement of Progress:

There is an urgent need to provide health interventions to reduce high levels of neonatal and maternal mortality, which is especially high in Garissa, Homa Bay, Kakamega, Turkana and

Nairobi. The UNICEF response in 2015 included the establishment of over 70 maternal and newborn Centres of Excellence (COE) as a model continuum of care by providing essential MNH equipment and ensuring availability of skilled/motivated staff and support systems. This ensured selected health facilities complied with the minimum standards for delivery of requirements of quality Emergency Obstetric and Neonatal Care (BEmONC) services. Investments in the Mukuru Health Centre, in Nairobi resulted in provision of new maternity services to a large informal urban catchment of over 1 million people. An additional 1,143 health workers were trained in EmONC against the target of 9,000 by 2018.

Chlorhexidine for cord care, a new high-impact MNH intervention, was implemented in five focus counties. National orientation on Kangaroo Mother Care (KMC) resulted in the establishment of KMC centres in Bungoma, Nairobi (Pumwani and Mama Lucy Kibaki) and Turkana counties. UNICEF also supported finalization of KMC national guidelines and commemoration of World prematurity day. Sepsis management was strengthened to save newborn lives. Reporting on maternal and perinatal death surveillance and review (Health Management Information System/Maternal and Perinatal Death Surveillance and Response) was also facilitated as a crucial component of maternal mortality reduction. An integration tool was developed and endorsed by the Ministry of Health to ensure MCHs provide all related services (HIV/ Nutrition/ Disease prevention/ Screening and Health Promotion).

Through South to South Cooperation, UNICEF supported a learning visit by Turkana and the Garissa County health department teams to Karamoja, Uganda. Following the visit, the counties adopted the Birthing Cushion that allows options for alternative birthing positions. Solar suitcases were procured and connected in facilities to provide emergency lighting and electricity for essential equipment during childbirth.

UNICEF supported a national stocktaking meeting to review progress towards integration of HIV services in MNCH service delivery points to reduce missed opportunities and loss to follow up. A national campaign to track and treat all HIV-infected mothers and exposed infants who missed treatment and prevention services in 2014 is in the final stages of design as a result of this meeting. 51 Portable Rapid Testing CD4 machines were distributed in 37 counties and participating laboratory technicians trained in their use and maintenance as part of the support for integration of services.

OUTPUT 4 Communicable and Non-communicable Conditions: By 2018, MOH and selected counties will have improved delivery of child health services, with particular focus on the major causes of under-five mortality, vaccine preventable and communicable diseases;

Analytical Statement of Progress:

Two national polio vaccination campaigns were conducted reaching over 93 per cent of children, including 298 children living in pastoral communities in Turkana who were vaccinated with all routine vaccines for the first time through the Nomadic strategy. With GAVI funding, UNICEF supported procurement of 732,200 doses of IPV vaccine and facilitated successful introduction of the new vaccine in the last quarter. A total of 7,862 health workers and supervisors at national and sub-national level were trained and communities were successfully mobilized through interpersonal communication enabling 95 per cent of 6,500 health facilities to provide routine vaccinations. Additionally, 390 health facilities were provided with cold chain equipment and all the regional depots across Kenya reported no stock-out of any routine childhood vaccines (except for BCG) during the last quarter of 2015. The shipment of BCG vaccines has since arrived in January 2016.

UNICEF supported orientation of 49 tutors from medical and nursing schools on the new EPI curriculum and current immunization principles and practices. The aim of the orientation is to sustainably address recurrent gaps in knowledge and practice on immunization amongst healthcare providers. Through the school strategy, 178 teachers and 4,200 pupils in 30 schools mobilized caregivers in 8,000 households for routine immunization in the polio high-risk county of Garissa. Continuous cold chain temperature monitoring devices were introduced in all sub-counties in all the 47 counties to ensure quality and efficacy of vaccines.

In early 2015, some Catholic Church representatives called for a boycott of the April 2015 polio campaign, accusing the Government and partners of supplying unsafe vaccines. In consultation with key stakeholders, UNICEF developed a crisis communication plan which widely disseminated mass media messages on vaccine safety. Due to these efforts, the momentum for polio activities was regained during the second half of 2015.

UNICEF and KEMRI continued with trials for treating pneumonia with amoxicillin dispersible tablets (within iCCM) by CHVs in Homa Bay, resulting in further evidence to inform the Community Health Policy. Over 126,824 cases of sick children with malaria, diarrhoea and pneumonia in Homa Bay and Siaya received prompt and effective treatment or were referred by CHVs. The iCCM strategy contributed to an over 18 percentage point increase in coverage for treatment against childhood diarrhoea and pneumonia in the two counties compared to 2014. Some 2,634 CHVs in Homa Bay County were trained in inter-personal communication to increase demand for iCCM and immunization services.

OUTCOME 8 By 2018, increased proportions of girls, boys and women have equitable access to and use an essential package of high-impact quality nutrition interventions to reduce stunting, especially among high burden counties, vulnerable urban populations and refugees including in emergency settings

Analytical Statement of Progress:

The Kenya Demographic and Health Survey (KDHS 2014) results released in December 2015 demonstrated significant improvements in key nutrition outcomes across the country when compared to 2008. This included a decrease in the proportion of underweight children from 16 to 11 per cent, stunting from 35 to 26 per cent, and wasting from seven to four per cent. Kenya was the only country out of 74 countries assessed in 2015 that is on course for all five World Health Assembly targets. Amongst the determinants of undernutrition, exclusive breastfeeding rates increased from 31 per cent in 2008 to 61 per cent in 2014. This improvement in exclusive breastfeeding for the first six months of life, noting even higher rates of up to 70 per cent for children exclusively breastfed up to three months from birth, demonstrate that investments by UNICEF in supporting the MoH in promotion and support to counselling have delivered results. However, this also illustrates the impact on women returning to work after three months, which is the Kenyan maternity leave allowance.

The August 2015 Food Security and Nutrition Situation Assessment also showed improvements in the nutrition and food security situation compared to February 2015, since the same time last year. The estimated number of under-five children requiring treatment for acute malnutrition in the Arid and Semi-Arid Lands (ASAL) reduced to 239,446 following the 2015 Long Rains Assessment, from 261,120 reported in the 2015 Short Rains Assessment. Although improvements were noted from the positive impacts of the 2015 long rains season, chronic vulnerabilities such as food insecurity, limited access to basic health and sanitation services, sub-optimal child feeding and care practices, and insecurity (terrorism and inter clan conflicts) continued to adversely affect health and nutrition service delivery across the ASAL. Inequities

were also noted in the ASAL compared to other regions, where county-level statistics showed the highest levels of undernutrition - both acute and chronic, with rates significantly above national average in the ASAL.

In light of these factors and with the opportunity of multiyear development funding from the EU, UNICEF's Nutrition programme focused on the design of a risk-informed and integrated nutrition resilience programme, the Maternal and Child Nutrition Programme (MCNP), to address undernutrition in the ASAL. Collaboration with other nutrition-sensitive sectors, such as Health, WASH, Social Protection, Education, and Agriculture, was enhanced to realize further achievements, both through the design of operational research to influence national policy on social protection and on influencing the nutrition sensitivity of programmes in various sectors, as well as contribute to achievement of *Vision 2030*. Programme design and partner selection were completed in the first six months with new CSO guidelines applied, while the second six months focused on finalising 13 partnerships and launching the new programme to increase access to quality High Impact Nutrition Interventions (HiNi). To ensure increased utilization of these facility and community based HiNi services, the MCNP also expanded on community based and resilience building nutrition activities to create increased demand for services and support positive behaviour change – in a much more focused manner than in the past and with targeted technical support provided by Communication for Development (C4D). The MCNP also developed strategies to improve quality of services and case coverage, whilst ensuring improved geographic coverage across all counties.

Kenya's overall policy context remained conducive to this resilience building approach, allowing the MCNP to form the cornerstone for the nutrition sector, specifically through integrated support to service delivery, demand creation, evidence generation, and policy development. A Nutrition Resilience Policy brief and framework was developed by UNICEF in 2015 to strengthen understanding and application of resilience in nutrition programs, while advocating for increased nutrition-sensitive interventions in Livelihoods, WASH, Food Security, and Social Protection, within the national Ending Drought Emergencies Common Programming Framework (EDE-CPF). UNICEF's Nutrition programme further supported the EDE-CPF through a nutrition specialist embedded in National Drought Management Authority (NDMA), to improve coordination between the nutrition sector and NDMA while ensuring an emphasis on nutrition in contingency planning, DRR, and national and county level responses. Several advocacy sessions on the policy brief were held with key stakeholders to identify further areas of synergy across health, livelihoods and nutrition programmes. Thus, the MCNP and the accompanying Resilience Framework were aligned to the priority of reducing stunting, Vision 2030, and the UNDAF 2014-2018 framework.

Humanitarian support also continued across parts of Kenya throughout 2015, particularly in emergency-prone areas such as Mandera and Wajir, where chronic vulnerabilities were heavily concentrated and acute malnutrition remained significant. From January through December 2015, UNICEF supported the treatment of 37,720 severely malnourished children under five and 76,405 moderately malnourished children under five across ASAL and Urban counties, with outcome indicators well within SPHERE standards and meeting UNICEF's caseload targets for 2015. An additional 11,955 severely malnourished and 16,058 moderately malnourished children were also reached in Kakuma and Dadaab Refugee Camps from January through December 2015 with a total SAM reach of 49,675. Expanded partnerships were also supported with the Kenya Red Cross Society (KRCS) to provide surge staff in areas of need on the Somali border, as was the timely pre-positioning of emergency supplies to facilities with anticipated El Nino-related road access challenges. In 2015, the nutrition programme thus strengthened and refined community and facility-based programming to enhance early response, increase

demand for services, and expand the scope of integrated prevention and promotional nutrition activities.

OUTPUT 1 By 2018, community based nutrition services and behaviour change strategies are implemented and utilized in the most deprived counties, selected urban settlements, and refugee settings to improve maternal and new born nutrition

Analytical Statement of Progress:

Kenya continued to experience a high burden of undernutrition in 2015 owing to high levels of underlying vulnerability exacerbated by micronutrient deficiencies, inadequate Maternal, Infant and Young Child Nutrition (MIYCN) practices, as well as poor sanitation and hygiene related behaviours. For instance, a minimum acceptable diet, an important complementary feeding-related determinant of undernutrition, declined from 38.5 per cent in 2008 to 21 per cent in 2014. Thus, to improve key behaviours while ensuring increased demand for services, the nutrition programme continued to support national and county level review, design, dissemination, implementation, and monitoring of key community-based nutrition policies, guidelines, strategies and action plans.

Significant progress was made towards addressing poor complementary feeding practices through support for ten counties in the development of two-year Complementary Feeding Action Plans, to improve the proportion of children with minimum acceptable diets. UNICEF also supported the review of a new national MIYCN Summary Statement, Policy Guidance on Infant Feeding in the Context of HIV, and the development of guidelines on Infant Feeding in Ebola Contexts. Additionally, 77 MoH and NGO staff and 80 lead mothers were trained on MIYCN, which was instrumental in facilitating county-level MIYCN formative assessments and the development of MIYCN C4D Strategies. Key messages aimed at influencing behaviours of caregivers and opinion leaders to adopt appropriate IYCF and care practices were also delivered through various platforms, including community conversations and radio messages.

Given the benefits of increased investments in promoting exclusive breastfeeding, UNICEF's nutrition programme supported the launch of the 2015 World Breastfeeding Week in August, which bore the overarching theme of "Breastfeeding and work, let's make it work". Breastfeeding in the workplace success stories were presented by several Kenyan corporates and multinational organizations during the week, including Safaricom. Furthermore, in order to ensure heightened workplace support, especially for the informal sector, the nutrition programme developed a Breastfeeding in the Workplace Support Model in tea estates of Western Kenya. UNICEF also supported the dissemination of MIYCN Policy, Guidelines and Strategy to 35 higher learning institutions to enhance national training institution capacity in nutrition behaviours. County level capacity was enhanced through support for sensitization of 131 health workers from Marsabit, Isiolo, Wajir, Mandera, and Tana River counties on Social Behaviour Change Communication (SBCC). Technical support was also provided in the development of the Regulations for the Breastmilk Substitute Act, as well as sensitization on maternity/paternity protection and workplace support for breastfeeding.

OUTPUT 2 By 2018, high impact nutrition services are available and utilized by the most vulnerable children under 5 years of age in the most deprived counties, urban settlements and refugee settings, which are responsive in times of shock and stress.

Analytical Statement of Progress:

The Nutrition programme successfully enhanced HiNi coverage across 13 ASAL counties at community and facility level through 13 renewed MCNP partnerships between September and

December, 2015. In doing so, the nutrition programme strengthened and refined the supply and availability of community and facility-based HiNi services, human resources, and supplies. Partnerships with KRCS mobilized additional support for delivery of critical humanitarian services in areas affected by El Nino. From January through December 2015, UNICEF supported the treatment of 37,720 severely malnourished children under five and 76,405 moderately malnourished children under five across ASAL and Urban counties, with outcome indicators well within SPHERE standards and meeting UNICEF's caseload targets for 2015. An additional 11,955 severely malnourished and 16,058 moderately malnourished children were also reached in Kakuma and Dadaab Refugee Camps from January through October 2015.

The UNICEF-supported Surge Model was employed as a key MCNP strategy to enhance the adaptability of county level health systems to potential emergencies, with facility level predefined thresholds informing response scale up to meet increasing needs or a scale down with improvements in the situation. The model was piloted in Marsabit county in 2014 and, in light of encouraging results from a 2015 evaluation, the approach was incorporated as a strategic MCNP systems strengthening approach. The Real Time Learning Project (RTL), launched in April 2015, will complement this strategy through an enhanced understanding of the contribution of nutrition interventions to health systems strengthening. Significant progress was achieved on RTL county consultations and the identification of learning opportunities to better understand the advantages and lessons of integrating nutrition into health systems.

In order to ensure timely availability of commodities under the health systems strengthening approach, UNICEF supported the integration of Ready to Use Therapeutic Feeding (RUTF) supply chains into one streamlined system managed by the MoH under the Kenya Medical Supplies Agency (KEMSA). UNICEF led a four-month pilot in 2015 utilizing KEMSA systems to deliver RUTF in Laikipia and Turkana counties. The pilot achieved integrated RUTF distribution, reducing stock-outs at facilities and ensuring a government-led pipeline for Integrated Management of Acute Malnutrition (IMAM) treatment. Findings are now informing the National Nutrition Commodity Steering Committee on the road map for full integration, with a Supply Chain Specialist embedded in KEMSA to support the process. The Capacity Development Framework, endorsed in 2015, will also be instrumental in guiding strengthening strategies for county level health systems through improved availability and capacity of skilled health and nutrition human resources.

OUTPUT 3 By 2018 multi sectoral coordination structures and programmes are established in 8 counties linking nutrition sensitive and specific programming

Analytical Statement of Progress:

UNICEF continued to play a key role in multi-sectoral coordination in 2015, both as the sector lead and in supporting the Scaling Up Nutrition (SUN) platform. SUN Academia and Business Networks were officially formed in 2015 and, with this, the four established SUN networks (Government, Civil Society, Donor, and UN Network), actively engaged in work plans. Efforts towards the establishment of a high level SUN Multi-Stakeholder Platform (MSP) continued, with UNICEF supporting development of the MSP Position Paper, a powerful advocacy document for MSP establishment. UNICEF also supported institutionalization of the SUN Technical Taskforce and All SUN Networks, which furthered critical discussions on multi-sectoral approaches to nutrition programming.

Given that the MCNP is also multi-sectoral in nature, MCNP governance structures were established at national level, with the MoH, UNICEF, EU, DFID, and key sectoral actors to oversee programme planning and implementation. The MCNP was itself launched during a

high-level National Nutrition Symposium, with Kenya's First Lady inaugurated as the Nutrition Patron for Kenya. County level launches of the MCNP also commenced, with the EU Commissioner for International Cooperation and Development undertaking the premier county launch in Samburu in September 2015, with additional county launches following for West Pokot, Isiolo, and Kilifi counties. These successful advocacy events created strong county government ownership, leading to increased commitments to investments in nutrition.

Since the implementation of the new constitution in Kenya, these investments in nutrition are primarily determined at county level. Allocation of resources have varied in the past, depending on county capacities to articulate key priorities and leverage resources. In order to facilitate these efforts, UNICEF supported the development of the Advocacy, Communication and Social Mobilization (ACSM). The strategy in 2015 was to bridge capacity gaps at national and county level, while supporting multi-stakeholder engagement. To enhance county-level capacity for nutrition financing, UNICEF supported the development of a HiNi Costing Tool, piloted in Turkana County, and facilitated a financial tracking exercise focused on national nutrition expenditures and resource requirements. Furthermore, to effectively engage counties in budgetary processes, sensitization sessions were undertaken for key stakeholders in MCNP counties. These initiatives informed the development of Costed County Nutrition Action Plans (CNAPs), which define key results for prioritization and resource allocation, with CNAPs finalized in eight counties in 2015. Thus, the ACSM strategy, HiNi Costing Tool, and CNAPs significantly advanced the agenda for increased resource allocation for nutrition at national and county levels in 2015.

OUTCOME 9 By 2018, an increased proportion of households access and use safe water and improved sanitation, an increased proportion of schools and health centres have adequate WASH facilities and hygiene practices, and the resilience and sustainability of water services have increased, especially in high burden counties and emergency settings

Analytical Statement of Progress:

As a key component of a preventive health strategy to reduce communicable diseases and malnutrition, Kenya adopted the Community-Led Total Sanitation (CLTS) approach as the core strategy for promoting sanitation and hygiene in 2011. The National Sanitation Hub completed country-wide micro-planning for CLTS for the second year running and a synthesized country report was produced, providing evidence for decision-making and advocacy with county governments. Significant progress towards the national goal to be Open Defecation-free (ODF) by 2018 was made: some 13,079 villages (over 20 per cent of the 63,492 villages in Kenya) had been "triggered" by the end of 2015, and the number of ODF-certified villages almost doubled in 2015 from 3,958 in 2014 to 7,024.

UNICEF's sustained advocacy efforts to prioritize sanitation at global, national and county levels. UNICEF supported preparation of a country progress report that was submitted to the Sanitation and Water for All (SWA) secretariat as input to Kenya's participation in the Ministerial meeting on SWA in Washington. This strengthened the country's commitment to scaling up the sanitation programme. UNICEF supported the Kenya delegation's (Governor of Kitui and the County Health Executive) participation in AfricaSan 4 (Dakar, Senegal) in May where collaborative advocacy resulted in a commitment to reach the target of a budgetary allocation of 0.5 per cent for sanitation which has so far been negligible, and mostly dependent on the financial contributions of external agencies. Using this high level commitment, UNICEF managed to leverage an allocation for sanitation for the first time in Kitui County (a UNICEF focus county), where US\$360,000 was earmarked to initiate a county ODF programme integrating it with "*Pamoja Tujikinga Mangojwa Integrated Programme.*" This entails 2,100

community health volunteers addressing cross-cutting preventive and promotive health issues, including reaching 45 per cent of ODF-certified villages. Nevertheless, only 18 out of 47 Counties have allocated budgets to sanitation, but these do not have separate budget lines specific to sanitation in the county budgets.

The certification process for ODF communities was decentralized thus strengthening the planning and the monitoring of implementation of CLTS to address one of the major bottlenecks in its implementation.

UNICEF supported two global advocacy days to draw national attention to the critical issues of hygiene and sanitation. Global Hand Washing Day with its theme, *“Raise a Hand for Hygiene”* was commemorated on 15 October with 7,000 children demonstrating mass handwashing in Kiambu County. *“Equity, Dignity and the Link between Gender-based Violence and Sanitation”* was the theme of World Toilet Day marked on 19 November in Butula, Busia County, where the county was declared ODF, the first county in the country to have achieved ODF status.

A total of 140 schools in 14 counties had their water and sanitation facilities improved. This was combined with sanitation and hygiene promotion activities that reached 76,823 children. Specific attention was paid to Menstrual Hygiene Management (MHM) through the provision of gender-sensitive latrines, bathrooms, sanitary towels and training. Furthermore, UNICEF played an active role in the ongoing development of the MHM policy through review of the consultant’s draft products. UNICEF Kenya also contributed to the WASH in Schools technical working group for coordination of WASH in schools activities in the country.

The Water Bill 2015 was passed by Parliament, but is pending review by the Senate before enactment. UNICEF continues to engage with county level stakeholders on advocating with parliamentary committees on fast-tracking the bill so that draft County Water Bills and policies can be passed into law. Five Counties received funding from UNICEF for the completion of County Water Strategic Plans 2014-2018 to guide respective sector investments. The enactment of county water policies and laws will help to strengthen service delivery and regulation, including enhancing sustainable financing of these strategies. Ten other counties reviewed the enabling environment in their water sector to identify existing bottlenecks, incorporating action plans for their resolution in draft water policies and bills.

Strengthening of County WASH Forums in 14 Counties continued to focus attention on water services equity and sustainability. Engagement with county sector leadership and the County Assemblies has led to increased funding to the sector in several counties. Additional County Assemblies will be targeted for engagement to attract funding to the sector.

Over 273,000 people received WASH emergency support in 27 counties affected by conflict, cholera and flooding in 2015. Of these, 80,743 benefitted from improved access to safe water through rehabilitated systems in 5 drought- and conflict-affected counties. Another 88,606 received behaviour change communication messages for safe hygiene practices, while 24,157 school children in 5 counties benefitted from improved sanitation. The 2015 cholera outbreak affected non-traditional cholera areas where institutional structures and knowledge about cholera prevention and management practices were poor. UNICEF WASH supported capacity-building for the environmental health sector in 12 affected counties to strengthen the county level response and mitigation. In addition, support to strengthen inter-agency coordination and response in 23 affected and at-risk counties was given. In the Dadaab Refugee Camp a cholera outbreak was reported at the end of November. In response, UNICEF dispatched an assessment team, which supported immediate interventions, including treatment and safe

storage of drinking water, promotion of hand-washing and sanitation improvements. Lastly, a short-term response plan was also developed.

OUTPUT 1 Sanitation and Hygiene/CATS: Community approaches to sanitation scaled up, nation-wide with increased capacity at national level and in 5 counties to plan, budget and monitor sanitation programmes, informed by innovative approaches to promote hygiene and sanitation.

Analytical Statement of Progress:

During the year, the WASH programme focused on two counties, Kitui and Siaya, which scaled up CLTS. In Kitui County, 970 villages were certified as ODF out of 4,463 villages in the county while Siaya certified 703 villages as ODF out of 1,982 villages in the county, bringing the total to 1,673 ODF villages. Kitui and Siaya accounted for almost 82 per cent of the national achievement in CLTS in 2015. Significant progress in the two counties is attributed to i) advocacy with the Minister at the county level, which created a sense of urgency; ii) bringing together the national ministry and the county level partners to create a sense of purpose and to contribute to the national ODF vision; and iii) use of micro planning for implementation of CLTS coupled with intensive monitoring to build the capacity of partners in systematic implementation and reporting.

Both Kitui and Siaya Counties extended budgetary support to CLTS although separate budget lines for sanitation are yet to be created. Kitui County allocated US\$360,000 from county resources targeting 2,100 villages as ODF (constituting 45 per cent of the villages in the county) by March 2016. Siaya County and local partners have made a commitment to support CLTS programmes in 158 villages by the end of the year. Furthermore, Kitui County has committed to pay 2,100 community health workers (CHWs) a performance-based stipend of US\$20 per month. The CHWs are expected to trace defaulters to ensure compliance with health interventions such as immunization, tuberculosis treatment, malaria control, antiretroviral treatment, malnutrition, antenatal care and community action leading to ODF communities. This single action will go a long way in ensuring active participation of the CHWs in mobilizing villages, triggering and undertaking follow-up of ODF claims. In Kitui County, 40 ward administrators received orientation on CLTS to enhance skills for supportive supervision of 2,100 CHWs while 35 Public Health Officers were trained as CLTS facilitators for scaling up CLTS.

UNICEF supported both Kitui and Siaya Counties to establish sanitation stakeholders' forums that has contributed in strengthening the partnerships bringing synergy The stakeholders' forums provide a platform for learning and sharing experience to strengthen programme implementation.

UNICEF supported the Ministry of Public Health and Sanitation by bringing together partners to mark Global Handwashing Day celebrations on 15 October in Kiambu County and World Toilet Day on 19 November in Busia County during which Busia County was declared ODF and UNICEF supported quality assurance of certification of newly certified 1,180 ODF villages.

OUTPUT 2 Facilities WASH: Package of sustainable WASH facilities and hygiene promotion in institutions modelled and scaled up nationally to contribute to CF environments and improved MCH. Generation of evidence to support national scale up and influence national education and health policies.

Analytical Statement of Progress:

The WASH in School (WinS) programme is designed to contribute to the healthy development of school children and the quality of their education by ensuring that there is a healthy learning environment that promotes life skills. In particular, retention of girls in schools is contingent upon the availability of safe, hygienic and dignified sanitation facilities together with hygiene education. The UNICEF WinS programme in Kenya is being implemented in 13 out of 15 counties with low WASH services in schools. This programme is implemented in partnership with the ministries of Health, Education, Science and Technology and Water and Irrigation, as well as NGOs. Children received a comprehensive WASH in schools package comprised of a safe water supply, separate latrines for girls with provisions for hand washing facilities; and a hygiene promotion package, including capacity development for sustainable WASH services in 140 schools benefitting 76,823 children (39,551 boys and 37,272 girls). These facilities are also adapted for children with physical disabilities and young children. Menstrual Hygiene Management (MHM) was also included through the provision of gender-sensitive latrines, bathrooms, sanitary towels and training. An innovative mass handwashing activity has been supported in 21 schools where daily group handwashing activities regularly take place to foster sustainability of this fundamental hygiene practice. A harmonized hygiene promotion package for schools has been developed through a participatory approach with the WASH in schools partners. To standardize hygiene promotion in schools, school children play a central role in the CLTS approach through outreach on hygiene and sanitation practices in surrounding communities. As a result, 26 villages were triggered with four villages achieving ODF status.

Partnership strengthening continued through collaboration with the Ministry of Education, Science and Technology and schools in the planning, implementation, operation and maintenance and monitoring of WASH services in schools. UNICEF has also actively participated in the WASH in Schools technical working group for coordination of activities in the country, and also engaged them to actively participate in the County WASH forums to bring out their needs and priorities.

OUTPUT 3 Water services sustainability: Models of sustainable water systems demonstrated in 5 counties, capacity increased for scaling up service delivery informing the national and county regulatory framework and standards.

Analytical Statement of Progress:

The enactment of policies and bills increases the budget allocations for drinking water and improves access to safe water for households in addition to strengthening accountability mechanisms. UNICEF supported five Counties (Busia, Homa Bay, Kisumu, Kitui and Siaya) to complete County Water Strategic Plans 2014-2018 to guide improvements in access to safe drinking water. Draft water policies and bills for enactment by County Assemblies have been completed. Finalization of bills is pending the enactment of the National Water Act 2015 by Parliament.

Ten Counties, selected on the basis of being either arid or prone to floods (Busia, Garissa, Homa Bay, Kajiado, Kisumu, Kwale, Mandera, Siaya, Tana River, and Wajir) completed the WASH Bottleneck Analysis Tool (WASH BAT) for the rural water sector. These counties reviewed the enabling environment and identified the bottlenecks that could be addressed through modification of strategic actions in their draft water policies and bills. Each county developed action plans for resolution of the bottlenecks.

Attention continued to be focused on equity in access and sustainability. Specifically through the strengthening of County WASH Forums in 14 Counties (Baringo, Busia, Garissa, Homa Bay,

Isiolo, Kajiado, Kisumu, Kitui, Kwale, Mandera, Marsabit, Siaya, Tana River and Wajir). In Homa Bay County, the sector allocation rose from US\$ 950,000 in the 2013/14 financial year to US\$3.5 million in 2015/16 following advocacy with the County Assembly. In addition, another US\$3 million was pledged through the County WASH Forum by partners. In Turkana County, funding for capacity development rose from US\$27,000 to US\$270,000 in 2016/17 following engagement with the County Assembly. These budget increases will enhance access to sustainable drinking water in all target counties.

A study on modelling of Public Private Partnerships has been completed, identifying new opportunities for partnerships with the private sector. UNICEF Kenya has signed a 3 year partnership with UNILEVER to accelerate access to safe water through improved sustainability of water services. As part of this process, UNICEF and SNV Netherlands supported a high level consultation forum on enhancing sustainability of rural water supplies held under the auspices of the Council of Governors bringing together multiple stakeholders to provide a platform for high-level advocacy for sustainable water services.

OUTPUT 4 Institutional Development: National and County platforms for coordination of WASH activities strengthened and information management systems improved to support planning and evidence generation.

Analytical Statement of Progress:

Strengthening of County WASH Forums in 14 Counties (Baringo, Busia, Garissa, Homa Bay, Isiolo, Kajiado, Kisumu, Kitui, Kwale, Mandera, Marsabit, Siaya, Tana River and Wajir) continued with additional training in 3 Counties (Homabay, Kisumu and Siaya). This has strengthened synergy between stakeholders and increased inter-sectoral coordination, collaboration and leveraging of resources from partners. Stakeholder inputs into sector planning, evidence-based budgeting and reviews has improved. Sector coordination meetings have been held regularly where sector investments were evaluated.

UNICEF WASH emergency response interventions for conflict-affected populations in Baringo, Kakuma, Lamu, Mandera, Marsabit and Wajir counties reached 80,743 persons out of 150,000 targeted for an improved safe water supply from rehabilitated systems and household water treatment. Another 88,608 persons out of 150,000 affected by drought and conflict received behaviour change messages. Gender empowerment was strengthened through participation of women and girls in the location of water and sanitation projects and management of water supplies and sanitation infrastructure. Interventions targeted women with children below 2 years, pregnant women or the elderly. A total of 2,064 people received water storage containers and other non-food items.

Over 24,157 school children out of 100,000 targeted, accessed improved sanitary facilities, including safe hygiene practices. School Committees and teachers were trained in sustainable management of school WASH facilities and safe hygiene practices. The UNICEF WASH programme further supported the response to the cholera outbreak, which affected up to 21 counties. More than 180,000 people in the affected counties received NFIs and behaviour change messages. Forty schools were supported with hygiene behaviour promotion of hand-washing to 3,000 school children. This cholera outbreak affected non-traditional cholera areas where the preparedness and response as well as institutional arrangements were poor. UNICEF WASH has supported capacity development and strengthened coordination in 12 affected counties to strengthen the county level response and mitigation, including 11 counties that are at risk. Additionally, water treatment chemicals, enhanced hygiene promotion along with communication for cholera preparedness and response were provided.

Over 40 technical staff and policy makers from four Counties in the coastal region were sensitized on sector coordination and emergency preparedness. This helps to entrench Water and Environmental Sanitation Coordination (WESCOORD) at national and county levels as a WASH Coordination Forum for emergencies and resilience-building. UNICEF further supported a national WESCOORD conference for 21 ASAL county ministers to advocate for institutionalization of WESCOORD at the county level.

OUTCOME 10 By 2018, children and adolescents in Kenya receive child-centred quality teaching learning with improved learning outcomes through evidence-based basic education plans and Child Friendly School standards that are implemented with full participation of parents, communities and county governments, including in emergencies, disadvantaged and vulnerable urban contexts

Analytical Statement of Progress:

This Outcome linked to the Human Capital of the UNDAF 2014-18 specifically contributes to UNDAF Outcome 2.1 on Education and Learning, for which UNICEF is the lead agency. In this second year of implementation, UNICEF has worked very closely with the Ministry of Education Science and Technology and partners to improve learning outcomes of children. With the focus on equity, UNICEF has to ensure that the UN delivers on the commitments made within the UNDAF, which is closely linked to the National Education Sector Plan (NESP 2013-2018).

UNICEF together with partners provided policy advocacy and technical support that saw a national shift in focus and investment from universal access to equitable access to quality and inclusive education and learning. The budgetary allocation at the national level for the sector in the 2015/2016 increased by 8.8 per cent. The county level conferences organized in Garissa and Turkana successfully showcased the Child-Friendly School framework contribution in promoting an inclusive, democratic and participatory learning environment for all children with a particular focus on the most deprived and marginalized arid and semi-arid lands (ASAL) communities in schools. A total of 189,120 children (boys, 106,050; girls, 83,070) benefited from a better learning environment through cross-sectoral interventions including Water Sanitation and Hygiene, Communication for Development, Child Friendly Schools and solar facilities.

The Peace-Building, Education and Advocacy (PBEA) Programme, designed to strengthen resilience, social cohesion and human security in conflict-affected contexts, supported the development and continuation of the Peace Education Programme for both Primary and Secondary education, out-of school children, adolescents and youth in the Dadaab Refugee Camp and host community, benefitting more than 52,204 learners (40 per cent girls). The PBEA programme in Dadaab was based on the approved Peace Education Policy. Implementation of the PBEA has contributed to increased tolerance, understanding and acceptance of diversity within and among communities for peace and cohesion in the conflict and disaster-prone counties; and full participation by all ethnic communities in their social, economic, cultural and political life of and other communities.

UNICEF supported the MoEST to draw lessons and challenges on measurement of learning outcomes from five countries. This was through discussions/dialogue with policy makers, technical experts and teachers' representatives and school visits. Specifically, five countries (Ethiopia, Kenya, Rwanda, Senegal and Zambia), part of the Learning Metrics Taskforce (LMTF) gained understanding of Kenya's assessment system (and Kenya learned from the other countries), reviewed the frameworks and tools on which to benchmark their progress on measurement of learning outcomes.

In partnership with the Ministry of Education Science & Technology (MOEST), achieved timely collection of data and this is attributed to the strengthening of the Education Management Information System (EMIS). The EMIS 2015 is being digitalized and linked with the light EMIS dashboard for real-time monitoring system. As for the EMIS 2014, there has been an increase in the number of public primary schools from 19,059 in 2010 to 21,718 in 2014 (an increase of 14 per cent) and enrolment of children increased by 6 per cent since 2010 and; girls' enrolment has increased by 7 per cent but gender parity is at 0.97. However, regional disparities are huge particularly in the ASAL region. There has been progress at primary school level but at secondary school level challenges remain due to low transition rates, and drop-outs of children after primary school due to inadequate number of schools (a total of 29,460 primary school and 8,734 secondary schools).

UNICEF together with the Government, UN agencies and development partners developed a strategic framework for curriculum reform with a strong focus on competency-based learning outcomes that are relevant and responsive to the needs of children in Kenya, and particularly to meet the aspirations of *Vision 2030*. The curriculum reforms provide an opportunity to ensure a comprehensive structure for Kenya's Education System, Curriculum and Assessment, which will deliver quality education and learning from early childhood through to secondary education and to build empowered, healthy and economically-stable, more equitable societies.

Major challenges have affected the education sector in Kenya. The protracted 8 weeks' teacher strike over a salaries dispute starkly exposed Kenya's widening inequality gap – loss of learning time in public schools. In addition, emergencies either in the form of inter-communal conflicts, terrorist attacks or natural disasters had an impact on about 465,000 boys and girls. In order to address some of these challenges, UNICEF will continue to strengthen resilience of communities and schools especially in the emergency-prone areas, advocate on behalf of children during strikes to bring all parties to negotiate better, and contribute technically and financially to the curriculum reform and review process to ensure the delivery of quality, equitable and inclusive access to education is available to all children in Kenya.

OUTPUT 1 By 2018, evidence based equity focus policies, strategies and plans developed and implemented by the education sector at national, county and community level focusing on Nomadic, Peace Education/DRR, CFS and children with special needs, girls and children affected by conflict within NESSP framework

Analytical Statement of Progress:

The national development plans such as, VISION 2030 MTPII, National Education Sector Plan (NESSP 2013-2018), policies and strategies have all emphasized the provision of quality basic education, early childhood through to secondary education for Kenya's sustainable development. However, the increasing geographic and gender disparities in the Arid and Semi-Arid Lands (ASALs), show that it may not fully reach out to all of the poorest and the hardest-to-reach children. In 2015, UNICEF successfully partnered with MOEST to identify the gaps in policy and facilitate revision, development, validation and dissemination of different policies. The Curriculum Reforms framework, Disaster Management Policy and School Health Policy have been developed and are available for validation, the Nomadic Education Policy and Strategy validated and disseminated at county level.

UNICEF's advocacy and technical support led to adoption of the Child Friendly School Framework as an important strategy in NESP and included as critical component in the Education Strategic Plan of Garissa, Kisumu, Wajir & Turkana Counties. Over 5,290 Head

Teachers, Quality Assurance officers at national and county level have enhanced knowledge of CFS meriting tool, which is used for school monitoring through the Light EMIS dash board.

UNICEF, working with partners, advocated and provided technical support to initiate curriculum reforms aimed at reviewing the current system of education, the content and learning assessment. A draft curriculum reforms policy framework has been developed and needs assessment is ongoing to generate evidence and strengthen the rationale for curriculum reforms and in reviewing the national curriculum framework.

The robust EMIS system for collecting school data has been established in partnership with MOEST and data for 2015 was collected and made available at school, county and national levels. The online light Education Management Information System (EMIS) covering 21,000 schools has been used successfully to gather and disseminate information and conduct real time monitoring. The 2014 Statistical Booklet has enhanced the capacity of MOEST on better planning and monitoring. UNICEF has supported and facilitated successful pilot testing of digitalization of EMIS 2015.

Currently, about 40 per cent of recurrent expenditure is allocated to education (about US\$540 million i.e. 7.3 per cent of GDP), but despite this heavy investment, access to quality equitable education remains a challenge and in 2016, UNICEF will support development of a sustainable education financing and investment framework and an accelerated teacher training strategy to address the challenge faced by schools under attack particularly in North East part of the country.

OUTPUT 2 Facilitate in developing strategies to enhance skills of duty bearers to promote social and behaviour change on correct HIV/AIDS knowledge, life skills and guidelines for Comprehensive Sexual Education (CSE) especially among most at risk and vulnerable adolescent

Analytical Statement of Progress:

UNICEF in partnership with the government focused attention on improving access to quality education and enrolment has improved with access to standard 6 increasing from 93 per cent in 2010 to 100 per cent in 2014. In total 18,888 new children (54 per cent girls) against target of 26,300 enrolled through enrolment drives in Garissa, Wajir, Mandera, Lamu, Turkana and Marsabit. Mobilisation campaigns resulted in improved community/ parental support for formal education and distribution of 230 education supplies to the targeted schools in Baringo and Turkana counties led to enrolment of additional 2,571 children (42 per cent girls) in schools.

UNICEF facilitated capacity development of 1,350 school managers and Board of Management (BOM) members in Garissa and Turkana to map out of school children, advocate child rights and protection, and as the managers of mobile schools, discuss on how to improve enrolment, retention of children in school and enhancing mobile schools community linkages and partnerships. In addition, a total of 112 teachers of mobile schools in Garissa, Wajir, Mandera, Tana River, and Turkana and Marsabit were trained on multi-grade and alternative teaching methodologies, benefitting 8,004 children (3,604 Girls and 4,400 Boys). The training greatly improved the teachers' skills in managing children of different ages and the quality of teaching including learning in these schools.

The girl's mentorship initiative has proved to be a good intervention to promote access, transition and retention for girls in schools in Turkana County. This initiative plays a leading role in empowering girls in school to take decisions that are beneficial to them. UNICEF continues to

provide technical and financial support to the programme in Turkana Central and Loima sub counties benefitting 1,200 girls through participation in the 24 established peer mentorship clubs. Additional gains include: enhanced capacity of 24 mentors and 18 female mobilizers to ensure retention of girls in schools, monitor performance and ensure transition to higher levels of learning. The programme also conducted four child conferences in which more than 1,000 girls have exhibited critical understanding of cross cutting gender issues and concerns that affect them academically and socially in their communities.

Social and cultural practices constitute some of the barriers affecting access for quality education for girls and boys in this area. The inter-communicable conflicts, insufficient teachers in remote areas and the constant fear of terrorist attack on schools and teachers have been a key factor preventing children from accessing quality education.

OUTPUT 3 By 2018, government and partners have increased capacity to implement inclusive and innovative CFS minimum standards to promote retention, age-appropriate learning outcomes and improved teachers' skills benefitting boys and girls including children with special needs

Analytical Statement of Progress:

In 2015, UNICEF has made progress in mainstreaming a Child Friendly School (CFS) system at County level with all target 250 schools having a functional and active student council. The final CFS Meriting Tool, with a set of 10 thematic areas, has been adopted as a new approach for measuring quality education in line with Learning Metrics Taskforce (LMTF) incorporating the learning domains indicators. In an effort to scale up CFS, UNICEF provided technical and financial support to Garissa County, in the capacity development of 156 teachers and Education Officers on CFS principles. These teachers supported implementation of CFS principles in their schools, aimed at improving the learning environment and sharing information on CFS. A total of 22,592 (10,214 girls and 12,378 boys) children received CFS information.

In 2015, a total of 130 CFS targeted schools in Turkana reflect improvement of 35 per cent in enrolment (50 per cent girls) and 30 per cent in learning environment for both boys and girls. The capacity of CFS Mentors, particularly TAC tutors at the sub county level was enhanced on use of digitalized CFS meriting tool. These Mentors are using tablets to provide real-time online data on CFS indicators for 40 per cent of total project (200) schools and integrates environmental considerations such as waste management, tree planting, fuel-efficient cookers, innovative dry land school gardens and water conservation (in line with the UNICEF Child-Friendly School Environmental Education Resource Pack). A total of 189,120 children (boys-106,050; girls-83,070) were provided with a better learning environment through cross sectoral interventions including construction of gender disaggregated WASH, C4D activities, CFS training and solar facilities in 250 Low Cost Primary Boarding School (LCPBS) in 8 ASAL counties (Garissa, Wajir, Isiolo, Tana River, Turkana, Mandera, Marsabit and Samburu).

During the year 20,500 (47 per cent girls) from 89 schools were reached through the Physical Health Examination of School Children in Low Cost Primary Boarding Schools across 7 ASAL counties and generated evidence for advocacy for School health programmes. 14,214 girls from 160 LCPBS across 8 ASAL Counties benefitted from Menstrual Hygiene Management Kits, resulting in improved attendance and learning among girls.

OUTPUT 4 By 2018, National and county governments and partners have capacity for adequate preparedness and coordinated response to emergency and children affected by conflict, to

access quality lifesaving and peace building education in line with Core Commitment for Children

Analytical Statement of Progress:

UNICEF together with partners and MoEST responded by carrying out enrolment campaigns and providing education supplies and tents to 11,000 children (35 per cent girls). Some 37 school-based peace clubs have been formed and psychosocial support provided benefiting 2,143 (35 per cent girls) children; 169 teachers (33 per cent female) and 2,351 parents. Through the cholera response plan, 823 boys and 275 girls in schools were sensitized on hygiene and sanitation during the cholera outbreak.

UNICEF has continued to support the capacity development of the MoEST officials at the county levels and a contingency plan for El Nino preparedness developed in Kisumu County. 1,200 head teachers, teachers and SMC members from 450 primary have enhanced knowledge on school-level emergency preparedness.

Education in Dadaab refugee camp was also affected by insecurity in the region while education in the Kakuma camps has been over-stretched as a result of the continued influx of refugees from South Sudan and the Great Lakes region. A total of 64,075 (40 per cent girls) children in Dadaab have benefitted from peace education in 33 primary schools and 201 (178 male, 23 female) teachers were trained on alternative education approaches and peace building, with a refresher course for 364 (307M, 57F) teachers on the same. 75 learners (15 girls, 60 boys) from the secondary schools in Dadaab refugee camp were coached in various sports to promote sports talent training. UNICEF also supported access to Alternative Basic Education (ABE) in the 22 established centres in both refugee camps and host community reaching 4,959 (56 per cent female) learners.

In 2015, the education sector has been affected by multiple crises including conflict, drought, cholera, attacks on educational institutions and their personnel and most recently, the effects of El Nino. Most affected has been the Northern region being hit most, total of 24 teachers were killed in December 2014 and 148 students killed during the Garissa attack. In addition, 465,000 children were affected by different emergencies in 2015.

UNICEF supported setting up of the 2 pre-schools and 2 primary schools in Kakuma Refugee camp benefitting 4,201 (1,955 girls) and 14,645 (5,183 girls) children respectively. Net school participation rates of 37.2 per cent and 44.6 per cent at the pre-primary and primary school levels respectively have been achieved.

To address some of the challenges on refugee and nomadic education, UNICEF will provide technical and financial support to develop a refugee education policy and contextualised curriculum for Nomadic education as well as working closely with partners to address new and emerging issues.

OUTCOME 11 By 2018, counties model, budget and implement holistic inclusive quality school readiness programmes for the most deprived children.

Analytical Statement of Progress:

Investment in the early years is critical for improved education outcomes, evidence shows that children who have the opportunity for early learning have better learning outcomes. Kenya's early childhood services do not fall deftly into any one sector and the systems are not yet adequate and effective to provide for an integrated and cross-sectoral approach in the areas of

health and nutrition. UNICEF in partnership with Government and partners, developed innovative integrated Early Childhood Development (IECD) community based models to increase access to quality early learning especially for the most disadvantaged children to engage in meaningful, age appropriate learning. The cross-sectoral programming applied enabled a reach out to children in a holistic manner and incorporated health, nutrition, water and sanitation, and education interventions to support holistic development.

The Gross Enrolment Rates and Net Enrolment rates for Early Childhood Development and Education (ECDE) have improved significantly in 2015 but despite the increase there still exist regional disparities with 22 counties recording rates below the national average. UNICEF advocacy efforts and technical support have led to improved availability of ECDE data and ensuring that stand-alone ECDE centres are mainstreamed into the Education Management Information System (EMIS) reporting framework.

In partnership with the Government, UNICEF supported the refining, launch and roll-out of the Kenya School Readiness Assessment Tool (KSRAT) to promote transition, holistic and age-appropriate early learning opportunities for children. Preliminary findings from the 2015 EMIS data in the 14 counties of implementation demonstrated increased access to pre-school and lower primary school education. Additionally, KSRAT now provides guidance to policymakers, educators, programme professionals and practitioners on how to promote holistic and barrier-free early learning and child development.

UNICEF continued to offer technical support to MOEST to finalize the National ECDE policy to guide policy formulation and standard setting for counties to effectively deliver ECDE services. Further, the development of the County Early Childhood Education Bill 2014 by the National Senate has supported the identification of essential elements of quality pre-primary education models. These innovative approaches have enriched national and county level plans to offer affordable quality pre-primary education programmes with several county governments currently developing contextualized ECE bills and school feeding strategies. This has had the effect of increased fiscal allocations to ECDE programmes by County Assemblies. Additionally, the significance of early learning has been underscored by political leaders including the President of the Republic of Kenya at the various national fora.

UNICEF in partnership with Kenya Institute of Curriculum Development (KICD), Kenya School of Government (KSG), Kenya Education Management Institute (KEMI) and Riara University developed and implemented a national ECD capacity building curriculum. This has resulted in increased capacity amongst County Government officers to develop and operationalize ECD policies and strategies to increase access to quality and comprehensive early learning. The establishment of county ECD Technical Working Groups has promoted cross-sectoral linkages at the County level and ECDE centres leading to the provision of services such as birth registration, immunization and physical health check that have greatly benefited children in the counties.

To support counties in the provision of quality early learning and child development services, the ECDE models developed in 3 counties (Homa Bay, Siaya and Kisumu) have now been fully handed over to the respective county governments for scaling up. As a result the 2015/2016 fiscal year the 3 counties increased their ECDE budgets for school feeding programmes, construction and refurbishment of ECDE centres leading to an increased access to quality early learning opportunities for children from underserved neighbourhoods

In conjunction with ESARO, the Country office supported the hosting of the first Care for Child

Development Regional training that brought together participants from six ESA countries. This led to the development of six national country action plans for the roll out of the CCD package that seeks to improve caregiving practices.

In the light of ECDE being a devolved function, maintaining high standards for delivery of quality ECDE services remains a national challenge. In 2016, UNICEF will continue to provide technical support and advocate for establishment of structures at the national and county levels to strengthen the linkages including the establishment of inter-ministerial committees to entrench cross-sectoral approaches to ECD. Also, UNICEF has plans to support a national ECD SitAN to gain a deeper understanding of the current situation at the country level.

OUTPUT 1: By 2018, government and partners have the capacity to develop and operationalize ECD policies and strategies to increase equitable access to quality and comprehensive early learning.

Analytical Statement of Progress:

UNICEF provided technical and financial support to county governments to model a comprehensive ECDE model for scaling up. The 3 model ECDE centres established fully fitted teaching and play materials which have benefited children providing them with an enriching stimulating environment, with strong participation from the communities. These centres have attracted new children leading to a 31.6 per cent increase in enrolment. In addition, 18 ECDE centres have been supported with supplies and teachers skills enhanced on developing teaching-learning materials from local resource to improve the quality of learning.

In collaboration with the county governments, UNICEF supported the review and finalisation of county ECDE Bills, operational guidelines and school feeding strategies for 5 counties (Kisumu, Homa Bay, Siaya, Turkana and Mombasa). As a result of the implementation of these efforts there is an evident increase in the gross enrolment at pre-primary in Homa Bay, (106.6 per cent), Kisumu (87.22 per cent) and Siaya (73.5 per cent).

Under the Integrated Early Childhood Development project (IECD), ECD Education Days were held in 3 counties to sensitize communities about ECD services and enrolment of children in school. A total of 4,152 (2183 boys and 1969 girls) MVC received integrated services i.e. deworming, Vitamin A supplementation, Psychosocial Support, Growth Monitoring and Promotion and birth registration. Additionally, 3 Child support groups, 23 Mother and 4 Grandma support groups were established with referrals and linkages to comprehensive care, support and household strengthening programmes in Homa Bay, Siaya and Kisumu Counties. An evaluation was conducted of this recently concluded IECD project and preliminary findings show that the involvement of the local communities is critical to the delivery of quality ECD services at the county level.

The establishment of multi-sectoral Technical Working Groups in Siaya, Kisumu and Homa Bay has strengthened systems to operationalize the ECD policies and strategies at the county level. In these counties, technical support was provided to ECD Technical Working Groups & Community of Practice forums bringing together 44 local organizations.

A national orientation and training of County Ministers responsible for ECDE from 9 counties was conducted and the national training & sensitization of 204 Chief Officers, Directors of ECD, teachers and caregivers from 10 counties concluded. This has led to increased awareness of the significance of ECD in the counties.

OUTPUT 2 By 2018, selected county governments and partners have capacity to develop, strengthen and implement innovative, community based and scalable ECDE models within CFS framework.

Analytical Statement of Progress:

Technical and financial support has been provided to MOEST for the review of the National ECD Policy Framework and National ECD Service Standard Guidelines. The draft National ECDE Policy 2015 is awaiting validation at the county level before its final adoption and approval. Additionally, the County Early Childhood Education Bill 2014 has now gone through the second reading in Senate before enactment into law. The Kenya School Readiness Assessment Tool (KSRAT) has now been formally launched and rolled out for use in ensuring barrier-free transition of learners from pre to primary school across the country.

Through UNICEF's financial and technical support, Kenya government participated in the African Chapter of the Inter-Country Quality Node on ECD (ICQN-ECD) meeting hosted in Mauritius. The Kenyan delegation was able draw lessons, from the expert presentations and identified good ECD practices from different countries for benchmarking. The Government committed to enhance the provision of early childhood services and support the operations of ICQN-ECD.

There is evidence for increased demand of early childcare services as a result of training received by over 100 ECDE technical officers, caregivers and teachers on age appropriate caregiving and nutrition practices, and conducting community conversations along with Social Intelligence Reporting (SIR). Capacity of 54 staff and representatives from 3 school communities has been enhanced on Social Intelligence Reporting and Community Conversations (CC) for increased participation in ECDE. The capacity building of 15 Quality Assurance Standards Officers (QASOs) and head teachers from 18 schools has enhanced Participatory Integrated Community Development (PICD) benefitting children.

To address some of the challenges, the development of policies and strategies remains useful as the completion of the review of national policies and legal frameworks will provide guidance for development of the county level ECD frameworks.

OUTCOME 12 Operations & Programme coordination, planning and management and advocacy

Analytical Statement of Progress:

Outcome 12 supports the operationalization of the programme through overall coordination, planning, reporting, advocacy, and setting standards and guidelines. This outcome underscores the strategic role of overall management of the Kenya Country Office (KCO), programme coordination and operations support, with a focus on strengthening efficiency and effectiveness for the delivery of results for children. Under this outcome, the Representative, supported by the Deputy Representative, the Chief of Operations, the Chief of Communication and all Outcome Leads coordinate UNICEF engagement with external partners to advocate and leverage resources for children and women. Under this outcome, the following key cross-sectoral areas of engagement are supported and coordinated: Early Childhood Development (ECD), programming for adolescents, resilience-building and key strategies (policy dialogue and advocacy; partnerships-building; application of South-south and triangular co-operation).

In the context of Delivering as One (DaO), UNICEF Kenya is co-leading Strategic Results Area 2 of the UNDAF 2014-18: *Human Capital Development*; and actively participating in Strategic

Results Area 1: *Transformative Governance; the Programme Oversight and Management Group and the UN Monitoring and Evaluation Working Group*. The UNDAF 2014-18 result areas are well aligned to the realization of child rights, with nine of the eleven Country Programme outcomes underscoring child rights. DaO is helping to maximize more results for children and women through an increased scope for leveraging financial and technical resources, and for convening power and advocacy.

During 2015, this outcome coordinated and supported the review of progress on achieving results for children and women in the sectors supported by UNICEF: social protection, health, nutrition, education, HIV and AIDS, child protection, evidence-generation and information management systems. The cross-sectoral working framework has gained strength. For the first time, the mid-year review presentations were prepared in line with the thematic environments of the Country Programme. Furthermore, cross-sectoral themes -- programming for adolescents, integrated ECD and building resilience of communities and systems have gained momentum, including the generation of evidence and strategies. Work on innovations has positioned KCO on the international stage following the recognition of the Inter-Agency Rapid Assessment (KIRA) – a collaborative rapid assessment mechanism to identify the immediate humanitarian needs. KCO and its partners won the Best Paper Award for “Outstanding Impact” at the Global Humanitarian Technology.

For advocacy, the programme seeks to ensure that by 2018, the supporter base of Champions for Children and young people is expanded. Knowledge and partnerships remain key to galvanizing support so that children’s voices are heard and partners such as governments, decision-makers, corporates, CSOs and the media maximize and leverage resources in the best interests of children. To respond to requests for visibility items from outcome teams and donors, video and photographic missions were organized to provide assets for the development of digital materials and simple multi-media packages to position UNICEF as an authority on child rights. During the week of the Day of the African Child, boys and girls from almost all the 47 counties voted for the second National Children’s Government (NCG) through free and fair elections, a major achievement for the Child-friendly Schools’ system. Opportunities to access key decision-makers increased but there is need to evaluate the NCG’s effectiveness when it comes to meaningful children’s participation. Media engagement on the NCG garnered considerable interest in the opinions of children and young people, highlighting issues such as adolescents living with HIV and AIDS and online child protection. A consultant was hired to meet the demands for timely, quality, strategic communication for internal and external use during the current cholera outbreak and the *El Nino*. Technical support from ESARO is helping to enhance and diversify KCO’s corporate engagement approach. KCO’s draft communication and advocacy strategy is incorporating the new UNICEF Public Engagement Strategy and Plan of Action.

Regarding the humanitarian response, UNICEF maintained coverage. The focus was on addressing child malnutrition and capacity-building for devolved governance while advocating for children’s rights in inter-agency rapid assessments and contingency planning. However, Kenya’s vulnerable communities continue to require humanitarian assistance due to food insecurity, high child malnutrition rates, disease outbreaks and internal displacement, mainly caused by inter-communal conflict, cross-border strife, terrorism attacks, drought and flooding. Poor rains exacerbated food insecurity, with the at-risk population increasing from 1.5 million in August 2014 to 1.6 million in February 2015. The caseload for moderate acute malnutrition was 304,083 in February 2015. Ongoing nutrition surveys supported by UNICEF, show improvements in the overall nutrition situation in coastal, North West and South Eastern

Counties. It is expected that the total caseload for acutely malnourished children requiring treatment in the ASAL and urban areas will decrease.

OUTPUT 1 Results teams have accessible and relevant technical leadership and support; programme staff/partners have adequate technical capacity to review and implement planned results and prepare quality reports

Analytical Statement of Progress:

The rolling work plans for the period 2014-16 were signed by Government partners along with the UNDAF joint work plans, helping to formally start the operationalization of the results outlined in the Country Programme 2014-18 into specific interventions for implementation and monitoring over the two year period. Two quarterly reviews (January-March and July-September), a mid-year and an annual review were conducted. These reviews all underscored the progress achieved, the challenges faced and the areas requiring improvements. Programme and operations staff took stock of the progress and results achieved and discussed how to strengthen external partnerships and internal collaboration.

As part of the UNDAF review to assess progress on planned interventions and results as well as to identify bottlenecks, quarterly and mid-year reviews were conducted in April, June, September and December. Programme and operations teams presented summaries of key achievements, challenges and key priorities for 2015, which will also feed into UNDAF reports. The programmatic presentations followed the Country Programme 2014-18 results framework: Inclusive Environment; Protective Environment; Healthy Environment; and Learning Environment, to underscore the importance of sectoral results and working as one team to deliver measurable results for children. The discussions showed improvements in upstream reporting and cross-sectoral linkages. During the reporting period, the Annual Management Plan (AMP 2015) was completed and four programme priorities were identified. Progress on the AMP 2015 and Plan for Research and Integrated Monitoring and Evaluation (PRIME) was assessed during the quarterly, mid-year and annual reviews. In addition, the PRIME was completed and standard operating procedures and guidelines for research and studies were developed and implemented. The guidelines for grants monitoring and reporting on Direct Cash Transfers to partners were also updated.

Four training sessions on UNICEF Programme Policy and Procedures (PPP) were conducted in May and October covering 126 staff (55 per cent of them female) to ensure that all key staff have a common understanding and the ability to apply the core UNICEF programme principles.

OUTPUT 2 Effective & efficient Operations Support and coordination

Analytical Statement of Progress:

Since December 2014, a cholera outbreak affected 21 out of 47 counties, with 10,221 cases and 174 deaths (Case Fatality Rate of 1.7 per cent) reported as of end December 2015, of which 1,261 cases and 11 deaths (Case Fatality Rate of 0.8 per cent) are in the Dadaab Refugee Camp. Support from UNICEF WASH and health were critical to curbing the spread of the cholera outbreak.

Insecurity constrained access and delivery of basic services to vulnerable populations. Inter-communal conflict and terrorist attacks in Northern Kenya, Upper Eastern and Coastal regions led to closure of 122 schools -- approximately 32,000 pupils could not access schooling, and 1,200 teachers deserted their jobs. This affected the quality of education for approximately 60,000 learners. Similarly, the departure of health workers also affected the quality of health

and nutrition services. The South Sudan refugee influx continued, with 48,050 new arrivals (67 per cent children; 938 unaccompanied and 6,150 separated children) by 9 November 2015, up from 43,940 in October 2014.

By end December 2015, UNICEF had received 59 per cent (US\$10.1 million) of the US\$25 million 2015 appeal and had US\$10.8 million carried forward from 2014. UNICEF built the emergency preparedness and response capacities of key stakeholders. School enrolment campaigns, in-service teacher training and Alternative Basic Education contributed to more than 71,000 emergency-affected children accessing education. Over 12,000 unaccompanied and separated children in the Kakuma Refugee Camp received same-day best interest assessments. More than 38,000 vulnerable children were treated for severe acute malnutrition, including in urban and refugee settings. However, the HIV/AIDS, Health and Child Protection sectors remain grossly underfunded.

Massive flooding associated with the *El Niño* started in November 2015, and is expected to continue early in 2016. As of end December 2015, over 40,000 had been affected altogether, of which 17,254 households were displaced. UNICEF as sector lead supported the Government and partners to develop and operationalize response plans for education, nutrition and WASH, mapping existing resources and resource mobilization. The UNICEF Zonal Offices (Garissa, Kisumu and Lodwar) supported the county-level preparedness plans, mapping of flooding hot spots, evacuation sites and strategic water points, and rapid assessments and response to critical needs.

OUTPUT 3 Programme oversight, field office, management and operations support: Improved accountability for achieving results at field office level; timely, effective and coordinated support is provided in all humanitarian situations, building resilience and reducing vulnerability

Analytical Statement of Progress:

UNICEF aimed for optimum programme coverage, particularly of the humanitarian response and capacity-building for devolved governance while advocating for children's rights in inter-agency rapid assessments and contingency planning. Support was provided for sectoral coordination in four sectors (nutrition, health, WASH, and education) and was critical in resource mobilization and prepositioning for the humanitarian response. UNICEF continued to work with UN agencies and other partners to build the capacity of national ministries of health, water, education, labour and social services to monitor devolved services. While bottleneck analyses were undertaken with specific counties. Investment cases were prepared and improved planning of health, sanitation, ECD and child protection services was facilitated. UNICEF also provided support to the Government for the preparedness and response to the cholera outbreak. However, access to the affected population and monitoring of interventions was difficult due to insecurity. This was the case in Northern Kenya. As a result of the cholera outbreak, there were also additional humanitarian needs.

Through the UNICEF presence in three zonal offices, technical presence and programming was enhanced in the Western/Nyanza, North and North Eastern regions where children are impacted by severe single or multiple deprivations. Recruitment of staff for the zonal offices has been completed but induction and capacity-building of the zonal office staff is still in progress. Staff participated in office-wide training on PPP, ERM, and HACT training. Zonal offices are now submitting monthly activity reports that are shared with all the outcome leads and also participate in monthly teleconference/meetings with the Field Operations and Emergency section to discuss major issues. With support from the Chief, Planning, Monitoring and Evaluation, Chief, Field Offices and Emergency and the Deputy Representative, the zonal

offices developed flagship priorities based on the CPD and Spearheading Results for Children in Kenya, to reinforce a coordinated multi-sectoral programmatic response to key issues in their area of activity. UNICEF advocated for the rights of the child by working closely with the devolved county governments and the members of county assemblies. All zonal offices have developed Annual Management Plans that were approved by the CMT. UNICEF continued its operational presence in the Dadaab and Kakuma Refugee Camps and remote areas, supporting critical live-saving service delivery and providing technical support.

OUTPUT 4 Capacity-building and Normative Guidance: Evidence-based advocacy material and communication tools developed to strengthen capacity and advocacy for children's rights.

Analytical Statement of Progress:

Through the National Children's Government (NCG), children's rights are being prominently positioned on the governance agendas of county and national governments. A democratic election on the Day of the African Child saw the election of a President of the second NCG from the disadvantaged county of Garissa. The NCG has 5 boys and 5 girls elected into office. She spoke passionately about ending child marriage and retaining girls in school to give them a better future. At national level, it has become the practice for the newly-elected NCG to be presented to the National Assembly by the Speaker of the House and for this visit to be gazetted. Efforts need to be made with the Majority Leader to improve working relations with MPs to strengthen their capacity to advocate on children's rights in their constituencies; and to support children to participate in parliamentary committees.

There was a steady growth in KCO's social media platforms through several targeted social media campaigns around key issues/events impacting child rights. Children and women play a central role in developing our key digital messages by sharing their story and images on issues affecting them. Photo essays such as [Young Leaders speak out against Child Marriage](#) and videos on [2015 Day of the African Child](#) and [Young and Living with HIV](#) gave children a digital voice, and attracted greater interaction on our social media platforms with the audience strongly advocating for child rights.

KCO rolled out a new [home page](#). The new web page on [Children's Voices](#) offers a platform for children to contribute their stories, speeches, poems, and other material.

OUTPUT 5 Partnerships for Advocacy: Collaborative partnerships enhanced for awareness-raising, policy change and resource mobilization

Analytical Statement of Progress:

Concrete steps have been taken to strategically use the media to advance children's rights, particularly the right to participation. Consistent engagement with a media personality helped to profile the Children's National Government Citizen Monday Special, 26 January 2015: *The Kenya We Want*, https://www.youtube.com/watch?v=qyV1HbxNX_0, Citizen Power Breakfast, 16 June 2015: *Newly Elected National Children's Government* https://www.youtube.com/watch?v=F6xHyd_iMDw and to use the media to advocate for policy solutions to child protection online Citizen Monday Special, 9 March 2015: *Dangers of Children's Exposures to the Internet*: https://www.youtube.com/watch?v=3ddsfAuJp_I and HIV and AIDS Citizen Monday Special, 31 March 2015: *Teenagers Living with HIV/AIDS* https://www.youtube.com/watch?v=-rB5O1gKqMY_. This media outreach also first brought the then 11 year old Elijah (profiled in a KCO video on adolescents living with HIV and AIDS) to national attention twice on prime time TV. In September, he joined President Uhuru Kenyatta in addressing world leaders at the UN General Assembly.

Safaricom integrated the Children's Rights and Business Principles into all its business operations, confirming its position as the lead corporate for the CRBP. KCO received technical assistance from PFP in the form of tools and workbooks to support Safaricom in its efforts. Partnerships, as UNICEF has seen with Safaricom have significant benefits for both the corporate and UNICEF but they are also subject to considerable risks. The November closure of one private sector partner, which had embraced the CRBP, points to an urgent need for KCO to carefully consider potential partners in order to manage the risks. Technical assistance from ESARO and the Partnerships' consultancy in 2016 will move KCO towards a more coherent approach to partnering with a diverse supporter base.

Apart from attending the monthly UN Communication Group meetings, UNICEF was part of the internal communication group involved in drafting, editing and finalizing the joint UNCG Advocacy and Communication Strategy to provide a structured approach to inter-agency communication efforts. UNICEF Kenya is part of a joint editorial team that reviews UNDAF reports, fact sheets and other DAO communication products. UNICEF also contributes relevant feature stories to the UN in Kenya Newsletter, including most recently, the Kenya UN Person of the Year 2015.

<https://www.youtube.com/watch?v=RPjOqGIWA&feature=youtu.be>. UNICEF engaged in joint events with several UN agencies, including the All In Campaign to End Adolescent HIV and AIDS (UNAIDS), Social Protection Week (World Bank, WFP), EFA Global Action Week (UNESCO), and the International Day against Child Labour (ILO) and WHO (UN Person of the Year 2015).

OUTPUT 6 Targeted Advocacy Initiatives: Proven cost-effective interventions and innovations for children's rights leveraged using targeted advocacy initiatives

Analytical Statement of Progress:

Advocating for change and a reduction in the high maternal, neonatal and child mortality rates in the disadvantaged counties is another intermediate public advocacy objective. The focus is on raising visibility about the persistent high rates of MNCH mortality in Kenya and the measures to reduce these high rates. In collaboration with the Healthy Environment Outcome group, a training video on the Uterine Balloon Tamponade is under production. This is in response to the demand for more information after the first video on UBT was shared with partners who were very enthusiastic about learning more about this innovation and its effectiveness in managing post-partum haemorrhage. Videos were produced to highlight life-saving MNCH initiatives such as A Promise Renewed (*Wadagi* Initiative in Homa Bay County and *Oparanyacare* in Kakamega County and Workplace Support for Breastfeeding).

Throughout 2015, opposition by some influential faith based members to the TT vaccine resulted in a long-drawn discussion with the MOH over the safety of the vaccine. This fuelled debate about the safety of immunization in general in the media, providing the MOH with an opportunity to correct some of the misinformation, particularly since it could have also impacted negatively on eradicating polio. Media engagement was weakened by the lack of a unified and timely approach, both in the UN system and the MOH, underscoring the need for a crisis management plan. The public, especially women began to have doubts about whom they should trust. The Polio and Immunization Ambassador used this opportunity to advocate relentlessly for the immunization of every single child in Kenya. Opportunities need to be explored to build journalists' capacity to critically report on child rights' issues.

Regarding strengthened alliances, KCO worked closely with PFP and the UK Natcom to organize field visits, which were instrumental in the renewal of two global partnerships – Procter and Gamble for the elimination of maternal and neonatal tetanus and Unilever for global thematic WASH worth more than 5 million pounds sterling each year. At the close of the year, KCO supported another P&G Turkey visit and a UK Natcom field visit to collect media assets for Soccer Aid 2016 with a celebrity. Security concerns continue to have an impact on KCO's capacity to facilitate field visits in parts of the country where the most marginalized and hard-to-reach communities live.

OUTCOME 13 Effective & efficient Operations Support and coordination

Analytical Statement of Progress:

Concerted efforts were made to ensure effective and efficient functioning of operations and programme management, taking into account the challenges of mobilizing and leveraging resources for children's rights. The Country Management Team (CMT) provided strong leadership and support to ensure regular monitoring and achievement of key programme and operations performance indicators (KPIs). Namely, budget utilization, status of direct cash transfers, expiring grants, emergency preparedness, recruitment status, learning plan implementation, audit compliance status, harmonized approach to cash transfers (HACT) and enterprise risk management (ERM). Special attention was paid to maximizing efficiencies through the streamlining of internal processes, setting standards and guidelines and supporting their implementation.

An effective governance structure remained in place, focusing on accountability, partnerships management, transparency, risk management and effective coordination between programmes and operations. Management and Advisory Committees consistently provided oversight for the processes and systems that support the effective implementation of interventions for achieving results for children. The Common Services Unit at UNICEF Kenya gave operations support to both the country office and the regional office in the areas of administration, finance, supply and VISION Hub transaction processing. Efforts continue to strengthen these common services. Human Resources and ICT were moved to ESARO with an arrangement of matrix management under the direct supervision of Regional Office but continued to provide support to both offices. Under the leadership and oversight of the Regional Director and the Representative, a Common Services Management Body was established with membership comprised of senior staff from ESARO and the Kenya Country Office to ensure smooth functioning and strengthening of common services.

The Joint Consultative Committee (JCC) made up of the Staff Association and management met four times during 2015 to address emerging issues and to promote staff well-being.

Human resources management was strengthened by an enhanced recruitment process to ensure timely and quality recruitment to fill vacant positions, including newly established positions in the new Country Programme 2014-2018. The recruitment process completion rate was achieved at more than 93 per cent. Gender parity and geographic mix were given special attention. A new structured on-boarding tool was developed and is being implemented for orientation and smooth settlement of new staff members in their respective positions

Learning and Development was prioritized to ensure retention and development of competent staff with strengthened skills to achieve the planned Country Programme results. Eighty seven per cent of group training activities were implemented and 40 per cent individual trainings have

been completed while the rest of the training is in progress. About 120 staff participated in four PPP training sessions during the year. Furthermore, a team-building retreat was organized and over 140 staff (about 80 per cent of the established positions) participated. Cohesiveness, drive for results, and the importance of ethics and integrity were underscored.

The Annual Management Plans (AMP) for Nairobi and zonal offices were updated/developed with roles and responsibilities defined at various levels with key performance indicators. This was the first time that AMPs were developed for zonal offices as the offices were strengthened in 2015. Quarterly reviews were conducted with the participation of zonal offices to assess the progress of programme implementation and operational issues. These reviews helped to identify the bottlenecks and to take effective remedial actions as well as to establish standards that are specific to zonal office requirements.

Risk management was reinforced. In addition to country risk control and self-assessment, all programmes were required to develop their programme-specific risk profiles. Implementation of audit recommendations was continuously monitored and 14 out of the 19 WASH Audit recommendations (2014) and 9 out of 19 Internal Audit (2015) recommendations were closed during 2015. An Audit Task Force chaired by the Representative, met 20 times in 2015, reviewed the implementation of audit recommendations and the sustainability of closed recommendations. At least 62 of 69 planned assessments of implementing partners were conducted and action plans were prepared to address the findings related to any significant or high risks.

Financial resources were efficiently managed, ensuring bank optimization and reduction in open accounts payables/receivables. Disbursement of funds for programme implementation was consistently timely and within a time frame of a maximum of 3 working days.

Efforts were made to strengthen support in the area of information technology despite the challenges of internet connectivity in the zonal offices. Further assessment and improvement is projected for 2016. Facilities management, transportation and effective travel management received special attention and efforts are continued to improve and strengthen these areas.

A supply plan worth US\$12.2 million was completed. In addition, in-kind donations and the procurement services throughput reached US\$58 million. UNICEF Kenya continued to provide support to other offices in the region. Collaboration with the Kenya Medical Supplies Authority (KEMSA), including an integrated supply chain management, was operationalized.

Excellent support was provided by the security team to ensure the safety and security of staff and property, through security enhancement of zonal offices, timely security advisories, security risk assessments, provision of trauma bag supplies and first aid training.

Challenges remain related to outstanding DCTs for more than 9 months (2.0 per cent). This is mainly due to pending decisions on DCT write-off requests submitted to DFAM and the cases that are under review in special audits. Lastly, inventories (both regular and emergency) in the warehouses need to be cleared.

OUTPUT 1 Effective and efficient governance of human resources and systems

Analytical Statement of Progress:

UNICEF Kenya ensure that competent human resources were recruited and retained through effective learning and development for the achievement of results for children. The transition to

the new Country Programme and the subsequent staffing changes necessitated capacity-building and staff development to ensure a common foundational base for all staff. The Office Learning and Training Plan developed at the beginning of the year included mandatory office-wide training activities such as Ethics, Integrity Awareness Initiative, Enterprise Risk Management and team-building. Specific group training activities such as Programme Policy and Procedures (PPP), HACT and VISION sought to bring together new and existing staff to a common knowledge base and understanding of both programme and operations objectives and processes. A completion rate of 87 per cent was achieved for the office-wide group training activities. By December, 98 per cent of staff had completed the mandatory UNICEF Ethics and Integrity training.

The country office continued to emphasize the need for performance management as a joint exercise between supervisors and supervisees and to monitor compliance as part of indicators at CMT level. A 100 per cent completion rate for the work-planning phase and 95 per cent for mid-year review was attained by December. However, timely completion of e/PAS remained a challenge as only 61 per cent of prior year e/PAS were completed by 28 February. Better understanding of the process as well as an improvement in the quality of the performance management process and evaluations was achieved through training in Managing Performance for Results, which is one of the country office training priorities.

The Staff Association, Joint Consultative Committee (JCC) and other fora facilitate dialogue between staff and management, as well as to discuss the issue of communication between supervisee and supervisors. A total of four JCC meetings were held during the year to ensure that staff issues are addressed on a timely basis.

The 10 minimum standards on HIV in the Workplace are in place and the office continues to monitor and improve on these. Staff participate in UN Cares activities at UN level and mandatory training in HIV/AIDS Awareness is enforced through a compliance monitoring tool. Staff have access to the UN Joint Medical Services for medical treatment and counselling. The One-Stop Clinic is also available to staff for HIV Voluntary Counselling and Testing (VCT) as well as treatment.

Staffing capacity was limited due to vacant positions. The office successfully recruited staff for 93 per cent of the vacant positions. UNICEF Kenya managed to maintain a gender balance of 48 per cent female and 52 per cent male.

OUTPUT 2 Effective and efficient management and stewardship of financial resources

Analytical Statement of Progress:

The Finance team under the guidance of Operations provided efficient and effective support in the management of financial resources, timely disbursements to the implementing partners as well as advisories to management on the optimization of financial resources.

The processing of financial transactions was carried out for the Country Office as well as the Regional Office. While outcome teams received support for assurance activities to assess utilization of funds provided to implementing partners. In order to ensure availability of funds, forecasting of funds and replenishments was done on a timely and regular basis. The office was fully compliant in meeting the target of a 25 per cent limit of cash forecasts except for one month where the target was not met due to the recommendation from DFAM as they obtained a better rate of exchange. The closure of monthly, mid-year and year-end accounts and the submission of schedules were done in a timely manner. Reconciliation of bank accounts and submission of

reports are successfully managed and within the given deadlines. Any claims from staff and other receivables are collected in a timely manner and receipted to ensure accuracy of records.

Open items of accounts payable and receivable were monitored vigorously and reduced by 36 per cent and 68 per cent respectively.

The Table of Authority was reviewed on a quarterly basis and reconciled with roles provided in VISION. Six addendums were issued to ensure staff have the required roles to perform their functions effectively and also to reconcile with the VISION roles. There were no SOD (Segregation of Duties) conflicts.

OUTPUT 3 Effective and efficient management of supplies and supply chain

Analytical Statement of Progress:

The Country Office annual supply and distribution plan worth US\$12.2 million was completed. By end December, over 96 per cent of all supply orders were raised (32 per cent locally sourced), and 66 per cent (US\$7.8 million) delivered to implementing partners. In addition to this, in-kind donations and the procurement services throughput reached US\$ 58 million by the end of December 2015. Eighty five per cent of them were new GAVI-financed vaccines; traditional vaccines, laboratory equipment and nutrition supplies, syringes and injection safety items. UNICEF Kenya provided logistics management for in-kind supplies of ready-to-use therapeutic foods from the USAID Food for Peace programme worth US\$550,000.

During 2015, UNICEF Kenya processed 244 institutional contracts (over US\$7.4 million), mainly for programme evaluations, studies, surveys, training, media campaigns, audits, spot checks, hotel and conference facilities.

A year-end physical inventory of the three UNICEF Kenya-managed warehouses in Garissa, Kisumu and Nairobi was conducted in December and reported supply stocks worth US\$1.7 million.

UNICEF Kenya supported South Sudan Country Office in the trans-shipment of vaccines and other offices in the region (DRC, Malawi, Somalia and South Sudan) to procure/dispatch emergency non-food items worth US\$2.7 million. Regarding local and regional long-term agreements, 184 were renewed or new ones issued for faster procurement of non-food items such as tents and tarpaulins, educational and recreational kits, vehicle purchase/hire, hotel/conference services, quality assurance, logistics, micro-assessment and special audit services.

UNICEF Kenya's strategic partnership with the Kenya Medical Supplies Authority (KEMSA) has resulted in US\$0.4 million worth of nutrition supplies being handled through the latter's in-country logistics chain. To build the capacity of KEMSA and MoH supply chain management, two KEMSA and one MoH warehouse staff were trained in warehouse management. They in turn will train other warehouse and logistics staff in KEMSA and medical warehouses at county level. It should be noted that USAID is also partnering with KEMSA.

The comprehensive Market Survey resulting from the country assessment of essential commodities and services (CAECS) has been completed and the suppliers' database which will serve as a directory of key supplies has been updated and is ready for use. UNICEF led the design of the UN Business Operations Strategy for supply chain management proposal to DFID for joint services to counties to optimize resources usage.

OUTPUT 4 HACT Management and Regional HACT Action Plan Implementation

Analytical Statement of Progress:

Quality Assurance support was provided to the areas related to partnership management, risk management and the Harmonized Approach to Cash Transfers (HACT) implementation, audit preparations, monitoring and implementation of recommendations. Close monitoring of the open recommendations from the WASH audit (2014) and internal audit (2015) was prioritized, resulting in closure of 14 out of 19 WASH audit and nine of 19 internal audit recommendations. The sustainability of the closed recommendations from the previous audits was monitored and areas were identified that needed continuous improvement.

Support was provided for the preparation of the Annual Assurance Plan and the monitoring of its implementation. Sixty two implementing partners against a target of 69 were assessed. The results are now being analysed for follow up and capacity development.

Training on HACT and Project Cooperation Agreements (PCA) management was organized for implementing partners and staff of UNICEF as well as similar sessions conducted in programme policies and procedures (PPP) training. Seven orientation sessions on HACT and revised CSO procedures were conducted for implementing partners, covering 9 counties and 164 participants. Orientation sessions were also undertaken on enterprise risk management for the staff of Nairobi and all three zonal offices (total 117 staff trained), resulting in the preparation of risk profiles for the Nairobi and zonal offices. Lastly, six orientation sessions were conducted for staff on the use of Dashboard and VISION both in Nairobi and zonal offices.

HACT implementation was further enhanced through establishment and functioning of a governance committee to monitor implementation of the Assurance Plan. UNICEF led the inter-agency working group on HACT which enhanced coordination and harmonization between UN agencies under the Operations Management Team. Four joint meetings were held and progress was reported to the OMT. Some of the achievements include training of UN agency staff on HACT, creation of a knowledge-sharing platform, use of Long Term Agreements for assessments and assurance activities by the UN agencies, and sharing of assessment reports between agencies to avoid duplication of efforts and costs.

Document Center

Evaluation and Research

Title	Sequence Number	Type of Report
Understanding and Addressing Child Marriage in Turkana	2015/008	Study
Kenya Country Office Market Survey and Suppliers Database	2015/007	Study
Qualitative Study on Barriers and Supportive Factors in the Uptake of MNCH Services in Turkana County, Kenya	2015/006	Study
Qualitative Study on Barriers and Supportive Factors in the Uptake of MNCH Services in Homa Bay County, Kenya	2015/005	Study
Child Budget Analysis in Kenya: National Government and Six County Governments	2015/004	Study
Participatory Mapping of Children's Risks and Vulnerabilities in Urban Areas	2015/003	Study

Sustainability Check and Verification of WASH Projects Funded Under the Dutch Programme	2015/002	Study
The Impact of Open Defecation Free (ODF) Environment on Community and the Sustenance of ODF in Rural Areas of Kenya	2015/001	Study

Other Publication

Title
Innovation and Entrepreneurship, Digitally Connected: Global Perspectives on Youth and Digital Media.
Kenya Inter-Agency Rapid Assessment Mechanism (KIRA): a bottom-up humanitarian innovation for Africa

Lessons Learned

Document Type/Category	Title
Innovation	Kenya Inter Agency Rapid Assessment Mechanisms (KIRA): Bottom up Humanitarian Innovation from Africa
Lesson Learned	Making children and adolescents count in Kenya's HIV response
Lesson Learned	Implementation of new CSO Engagement Guidelines for the Maternal and Child Nutrition Programme