Executive Summary

Kenya’s population was estimated at 46 million (KNBS 2015), 51 per cent of whom were children ages 0-18 years. The child poverty study (2016) assessed 9.5 million children to be severely deprived, an improvement compared to 2009. The country continued to suffer from wide inequities. Emergencies were a key driver of child vulnerability in Kenya. In 2016, El Niño and La Niña weather conditions affected malnutrition, food insecurity, flash flooding, displacement and disease (cholera) outbreaks among more than 1 million people.

The Kenya Sustainable Development Goals (SDG) framework was launched by the President in September of 2016, marking the starting point for the alignment of national policies, plans and budgets toward the attainment of the SDG targets.

UNICEF Kenya’s effective advocacy with Government contributed to the formulation of policies in key areas of children’s rights, such as the education sector curriculum reform to adapt the standards with the VISION 2030; the revision and launch of the Kenya Environmental Sanitation and Hygiene Policy 2016-2030, which is aligned with the SDGs. UNICEF Kenya also supported the legal framework for children to improve and review the Children Act as well as the development of the first Social Protection Bill, which are planned to be enacted in 2017.

Kenya remained polio free, and 19 million children (95 per cent of all children) were immunized for measles and rubella during a special campaign. Health systems were strengthened in five deprived counties. UNICEF Kenya enabled the treatment of 111,154 children under five years of age for acute malnutrition from January through November 2016. An additional 30,683 children were treated in Kakuma and Dadaab refugee camps during the same period.

The development and launch of the first national single registry for social protection in Kenya was an important step to enhance accountability, efficiency and transparency of these services. The single registry stores information on 900,000 beneficiaries and 1.7 million children from the five main social safety nets.

A total of 36,801 girls and 40,892 boys were enrolled back to school (against a target of 105,000), resulting in a 13 per cent reduction of out-of-school children in nine vulnerable counties. UNICEF Kenya business processes were reviewed to further enhance programme efficiency and effectiveness, and human resource management improved in terms of recruitment period and vacancy rate (below 4 per cent).

Despite substantial investments by the Government and partners, the Millennium Development Goal (MDG) status report 2015 supported by the UN in Kenya showed unfinished business in key pillars of child wellbeing, such as poverty eradication and hunger, reduction of maternal mortality, combating HIV/AIDS, and access to safe drinking water and quality sanitation. After several years of devolution, the low utilization rate of the county development budget (approximately 40-50 per cent) remained challenging, and limited the levels of public investment in social sectors. UNICEF Kenya made significant efforts to strengthen the financial management capacity of implementing partners, as well as to
improve oversight on use of direct cash transfer by county government.

The 2016 achievements were possible due to strengthened partnerships with Government, civil society organizations (CSO), and private sector and development partners. The new partnership with the Council of Governors and the National Treasury was key to advocate for the prioritization of children’s rights in national and county budgets. UNICEF Kenya played an active role in the various donor working groups on health, education, WASH, nutrition, social protection, HIV/AIDS, public finance and devolution to promote prioritization of the children’s agenda.

On resource mobilization, UNICEF intensified its partnership with key donors (EU, DFID, NATCOMs, GAVI, DFID, SIDA and USAID) and expanded partnerships with the private sector (IKEA, Philips and Unilever) to diversify and mobilize additional resources to finance the country programme. To support ‘Delivering as One’ in Kenya, UNICEF maintained an active and strong role in the implementation of the United Nations Development Assistance Framework (UNDAF).

**Humanitarian Assistance**

In 2016, vulnerable communities continued to face malnutrition, food insecurity, flash flooding and disease outbreaks, further aggravated by the El Niño and La Niña weather conditions. The 2015 short rains and the 2016 long rains were enhanced by El Niño, resulting not only in flash flooding, but conversely in improved food security and a stabilized nutrition situation in the Arid and Semi-Arid Lands (ASAL) counties.

By mid-May, flash floods across Homabay, Busia, Kakamega, Nairobi and Kisumu Counties affected 6,675 households and in Garissa and Tana River, approximately 5,689 households were displaced by floods. The food insecure population was reduced from 1.07 million in September 2015 to 639,400 by February 2016. Although the estimated malnutrition caseload for children under 5 years of age in ASAL counties and urban informal settlements in early 2016 was reduced from 261,120 to 239,446, the number of children in the ASAL areas admitted to severe acute malnutrition (SAM) treatment programmes remained high, at an average of 3,000 per month.

By July, the La Niña drought conditions doubled the number of food insecure populations, which reached 1.3 million. Global acute malnutrition and severe acute malnutrition caseloads increased by 19 and 25 per cent, respectively, in the 23 ASAL counties, and an estimated 337,292 and 75,300 children under five years of age required treatment for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM), respectively. A GAM rate of 20 per cent or more was recorded in parts of Turkana, Marsabit, Baringo and Mandera Counties, and a 14 per cent rate of GAM was recorded in Garissa and Tana River, showing a steady deterioration of the nutrition situation. There was no indication that the situation improved in the second half of 2016.

By November, a total of 16,840 cholera cases and 256 resulting deaths had been reported nationwide since the start of the outbreak in December 2014. The Case Fatality Rate (CFR) of 1.5 per cent is above the emergency threshold. Of the 30 counties affected, Tana River continues to report active outbreaks. All age groups were affected, with the majority of the cases being among the school-going children ages 6-15 years. More than half of the reported cases were females.

A total of 162 measles cases were reported in Mandera County and 70 per cent of Mandera Town’s population was affected by Chikungunya in May 2016. The outbreak caused massive challenges in the continued delivery of social services, with 40 per cent of medical staff and up to 90 per cent of teachers absent from duty. This had adverse effects on access to
education, critical health and nutritional services for children and women. Chikungunya fever continued to spread and risk factors for yellow fever and new cholera outbreaks remained.

The main gaps and challenges in response to the Chikungunya and Cholera outbreaks were weak health and WASH systems in counties due to poor resource allocation, lack of technical capacity and policy guidance. Communication and multi-sectoral coordination between county and national governments need to be strengthened as outbreaks are viewed as ‘health issues’ only. Response efforts in Mandera were particularly difficult to undertake due to insecurity and restricted access.

Refugees and host communities were expected to be affected due to the anticipated closure of the Dadaab Camps. Kakuma camp is expected to continue to grow due to the on-going influx of refugees from South Sudan, who are fleeing the ongoing crisis in that country, as well as due to the Dadaab closure. There were concerns about protection and access to social services for the children returning to Somalia because of the closure of Dadaab. The closure will also have a socio-economic impact on the host community in Garissa as well. Nearly 502,739 refugees and asylum-seekers were registered (57.2 per cent being children) including 276,269 in Dadaab Refugee Camps, 163,192 in Kakuma and 63,278 urban refugees. Repatriation of refugees from Dadaab to Somalia was ongoing. Some 15,000 new arrivals are expected from South Sudan in 2017.

Additional support will be required to scale up lifesaving and protective interventions due to the drought conditions expected in the first half of 2017. The evolving humanitarian situation may be further exacerbated by political instability around the election period in addition to resource-based inter-community conflicts that are triggered by prolonged drought. There is real potential for post-election violence in the second half of 2017 with 220,000 people projected to be at risk of displacement.

**Emerging Areas of Importance**

**Climate change and children.** Since the last drought-impacted food security crisis in 2011, the Government with the support of partners, including UNICEF Kenya, made significant progress in drought management. The biggest milestone for 2016 was the strong leadership taken up by the Kenya Government in coordination and allocation of significant financial resources (US$20 million) to line Ministries for national sector response plans.

**Urbanization and children.** In 2016, several evolving initiatives were implemented in the urban areas of Kisumu, Mombasa and Nairobi. UNICEF Kenya implemented an integrated approach that focused on nutrition, WASH and health in the Mukuru informal settlement in Nairobi. High impact nutrition interventions were implemented through strengthened systems and through the activation of an integrated nutrition supply chain. The WASH component focused on providing evidence on the determinants of malnutrition, which highlighted sanitation as the main driver. The health component contributed to the decongestion of referral hospitals through enhanced quality of maternal and neonatal health (MNH) service provision around health Centres of Excellence and community participation. This increased the uptake of skilled delivery services at the Mukuru Health Centre.

In education, identification and counting of out-of-school children was carried out in Nairobi, Mombasa and Kisumu to develop appropriate support mechanisms for affected children and their communities and to stimulate a return to school.

Refugee and migrant children: UNICEF Kenya contributed to the development of the Kalobeyei Integrated Social and Economic Development Programme (KISEDPP) concept in partnership with UNHCR, WFP, FAO, the EU, national and county governments, bilateral donors, other UN agencies and NGOs. The KISEDPP is aimed at re-orienting the refugee
assistance program to improve the socio-economic conditions of refugee as well as host communities, better prepare the host communities to take advantage of emerging economic opportunities and prepare the refugees for durable solutions. The programme’s implementation is planned to start in 2017.

The Government’s official decision to close the Dadaab Refugee Camps raised major concerns in the humanitarian community. UNICEF Kenya, in partnership with UNHCR, scaled-up efforts to ensure that returnees immediately benefited from response packages that would support their proper reintegration in Somalia. In education, UNICEF Kenya engaged in a cross-border collaboration with the Somalia education cluster and UNHCR to enable more effective planning for returning refugees.

**Accelerating early childhood development (ECD).** To accelerate the ECD agenda in Kenya, UNICEF supported a National ECD conference involving 47 county governments, the National Government and ECD stakeholders to draw a roadmap for harmonized and improved quality ECD provision in Kenya. The conference yielded strong commitments, such as the proposed creation of a Directorate of ECD at the Ministry of Education (MOE) to oversee and enhance the collaboration and partnership between the Ministry, ECD departments at County level and other line Ministries for an integrated approach. The conference created opportunities for discussion between the State Minister and County Executive Committee members for education to deliberate on the appropriate structure for ECD engagement as well as the role of the Counties in the launch of the National Integrated ECD policy.

**Second decade of life.** To address the high level of HIV stigma among adolescents and young people, the ‘Maisha County League’ was initiated by Government with support of UNICEF Kenya and other partners. It mobilized adolescents and young people in all 47 counties through football, encouraging an end to HIV stigma and linking them to stigma-free HIV testing, treatment and care. For a stronger inclusion of girls, UNICEF Kenya supported 10 counties in this campaign to allow girls to have an opportunity to participate and access HIV services. UNICEF Kenya also partnered with celebrated local artist to develop and employ innovative musical and media products and use social media to reach adolescent boys and girls on issues around HIV and AIDS during and after World AIDS Day 2016.

UNICEF Kenya also engaged the Council of Governors through the Association of County First Ladies to revamp advocacy towards ending violence against children (VAC) and adolescents at the county level. A workshop was supported to inform and engage the County First Ladies on such violence and adolescent issues and to support them to develop action plans for their respective counties. UNICEF Kenya will continue coaching the Association through the provision of technical assistance and equipping them with materials that are necessary for community engagement.

**Summary Notes and Acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ALHIV</td>
<td>Adolescents Living with HIV</td>
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<td>AMP</td>
<td>Annual Management Plan</td>
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<td>ASAL</td>
<td>Arid and Semi-arid Land</td>
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<td>AWP</td>
<td>Annual Work Plan</td>
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<td>BOS</td>
<td>Business Operation Strategy</td>
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<td>BPR</td>
<td>Business Process Review</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<td>CEC</td>
<td>County Executive Committee</td>
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<td>CFR</td>
<td>Case Fatality Rate</td>
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<td>CFS</td>
<td>Child Friendly School</td>
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<tr>
<td>Abbreviation</td>
<td>Full Form</td>
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<tr>
<td>CHV</td>
<td>Community Health Volunteer</td>
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<td>CLTS</td>
<td>Community Lead Total Sanitation</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CoE</td>
<td>Centre of Excellence</td>
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<td>CP</td>
<td>Country Programme</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPO</td>
<td>Child Protection Online</td>
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<td>CPMR</td>
<td>Country Programme Management Plan</td>
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<td>CRBP</td>
<td>Child Rights and Business Principles</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
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<td>CT-OVC</td>
<td>Cash Transfer for Orphans and Vulnerable Children</td>
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<td>DaO</td>
<td>Delivering as One</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DD</td>
<td>Defensive Driving</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>ECHO</td>
<td>European Union Humanitarian Aid and Civil Protection</td>
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<td>ERM</td>
<td>Enterprise Risk Management</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GEROS</td>
<td>Global Evaluation Report Oversight System</td>
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<td>GoK</td>
<td>Government of Kenya</td>
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<td>GSSC</td>
<td>Global Shared Services Centre</td>
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<td>HINI</td>
<td>High Impact Nutrition Interventions</td>
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<td>HR</td>
<td>Human Resources</td>
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<td>HPPP</td>
<td>Humanitarian Private Sector Partnerships Platforms</td>
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<td>HSCWG</td>
<td>Health Supply Chain Working Group</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>iCCM</td>
<td>Integrated Community Case Management</td>
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<td>ICT</td>
<td>Information Communication Technology</td>
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<td>IMAM</td>
<td>Integrated Management of Acute Malnutrition</td>
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<tr>
<td>JCC</td>
<td>Joint Consultative Committee</td>
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<td>KBWI</td>
<td>Kenya Breastfeeding at the Workplace Support Initiative</td>
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<td>KDHS</td>
<td>Kenya Data Health Survey</td>
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<td>KEMSA</td>
<td>Kenya Medical Supplies Authority</td>
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<td>KMC</td>
<td>Kangaroo Mother Care</td>
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<td>KNBS</td>
<td>Kenya National Bureau of Statistics</td>
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<td>KISEP</td>
<td>Kalobeyei Integrated</td>
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<td>KRCS</td>
<td>Kenya Red Cross Society</td>
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<tr>
<td>LCPBS</td>
<td>Low Cost Primary Boarding School</td>
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<tr>
<td>LIMIS</td>
<td>Logistics Information Management System</td>
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<tr>
<td>LTC</td>
<td>Long Term Contract</td>
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<tr>
<td>MED</td>
<td>Monitoring and Evaluation Department</td>
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<td>MNH</td>
<td>Maternal and Neonatal Health</td>
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<tr>
<td>MOCRIA</td>
<td>Mobile Operator Child Rights Impact Assessment</td>
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<td>MODA</td>
<td>Multiple Overlapping Deprivation Analysis</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
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<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
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UNICEF Kenya supported Government and partners in cholera response through case management, safe water, hygiene promotion and behaviour change communication (BCC) at facility and community level. Capacity enhancement at county level contributed to disaster risk reduction and control of cholera outbreaks in the country. Cholera response plans were developed for six counties. Sixteen senior government staff from the Ministries of Education,
Health and Water were trained on improving multi-sectoral coordination. Thirty-two UNICEF Kenya emergency focal points and zonal office staff were trained on emergency risk informed programming.

The Nutrition Capacity Development Operational Guide, assessment tools and score card were piloted in Kilifi County by the National Nutrition Technical Forum (NTF), and findings were used to conduct capacity assessments in five additional counties. Five hundred community health volunteers/workers were trained to use job aids for illiterate populations. A total of 6,300 children with malaria and diarrhoea were treated and 3,000 cases of suspected pneumonia/malnutrition were referred, with 22,000 children given Vitamin A supplementation. During the cholera and chikungunya response, UNICEF Kenya provided materials for behaviour change communication and key messages to strengthen preventive mechanisms at community level.

Three hundred implementing partners at national and county level trained on communication for development (C4D) strategic communication methods and developed C4D integrated plans.

Through outreach via three child protection centres, 19,713 children gained knowledge on child protection and 22,987 individuals (parents, youth, teachers, police and religious leaders) including 8,362 children were sensitized on the negative impact of female genital mutilation and child marriage.

Fifty policy and curriculum experts from the Ministry of Education were trained on international trends in competency based curriculums and their development, including exposure to current teacher support materials that would aid the piloting of a new curriculum.

**Evidence Generation, Policy Dialogue and Advocacy**

In 2016, UNICEF Kenya supported national dissemination of the Kenya Demographic and Health Survey (KDHS) (2014) results and the Multiple Indicator Cluster Survey Round 5 (MICS5) (2013/14) for Bungoma, Kakamega and Turkana. Both the KDHS and MICS5 data were utilized as benchmarks and baselines for national and county level plans. The child poverty and deprivation analysis was undertaken to provide baseline data and information for Kenya’s SDG1 and SDG10, and inform the Medium Term Plan III and county development plans for better prioritization of children’s rights.

To support the Addis Ababa Action Agenda on SDGs, UNICEF Kenya jointly with the World Bank and UNWOMEN, supported the public expenditure review covering health and WASH sectors to strengthen efficiency, effectiveness and value for money on public investments in those sectors. Results will be jointly disseminated in 2017 to influence the national fiscal framework for those two sectors.

UNICEF Kenya used evidence from the ProPAN study on complementary feeding to inform appropriate nutrition intervention for children under 2 years of age in urban informal settlements and in Marsabit County. Nutrition SMART surveys and evidence from routine information’s systems such as the education management information system (EMIS) and the District Health Information System (DHIS) continued to provide information on child vulnerabilities and for strengthening planning capacity and service delivery in Kenya. The knowledge, attitude, belief and practices study identified gaps in behaviour change interventions and informed ongoing discussions on the Youth Council and Gender Engagement Bill.

The WASH in Schools (WiS) study showed that WASH interventions had a positive impact on the performance of pupils. The findings will be used to advocate with the Government,
donors and other stakeholders to increase investment for school WASH programmes and revise national policies and guidelines on WiS.

**Partnerships**

UNICEF Kenya continued to strengthen strategic partnerships with national and county governments, development partners, UN agencies, the media, civil society and private sector to move the children’s agenda as per the SDGs.

UNICEF Kenya supported the Scale Up Nutrition (SUN) network by providing technical assistance to the Government to lead and coordinate the initiative. UNICEF Kenya supported the establishment of a National Steering Committee for the Curriculum Reform process and is a key member of the Education Development Partners Coordination Group. The partnership developed with The First Lady’s Beyond Zero campaign has strengthened UNICEF’s advocacy to enhance Government engagement on both HIV/AIDS and ECD.

Partnerships with the private sector were expanded and diversified. The IKEA Foundation committed to provide a three year, US$3 million funding to support early childhood development beginning in 2017. UNICEF Kenya continued to map, expand and lead corporate engagement through child rights and business principles (CRBP). UNICEF engaged Safaricom on the Mobile Operator Child Rights Impact Assessment (MOCRIA) which led to the mainstreaming of the principles in Safaricom’s business operations, and discussions began to explore further expansion of the collaboration. Lions District 411A provided social mobilization support and in-kind contributions to the national measles-rubella immunization campaign. Another important partnership was developed with the Communications Authority of Kenya, which accelerated sensitization on child online protection (COP) in partnership with the industry association GSMA, Safaricom, Airtel and Google. In 2016, UNICEF discussed CRBP engagement with The Global Compact regularly but no joint activity has been developed yet.


**External Communication and Public Advocacy**

In 2016, UNICEF Kenya rolled out external communication initiatives. Senior staff appeared on national television stations such as Citizen TV and KTN to raise awareness and to stimulate action during World Breastfeeding Week, World Toilet Day and the #EndViolence online campaign.

Collaboration with HIV and AIDS peer educators resulted in the production of powerful videos about young people living with HIV. These videos were showcased at the 2016 World AIDS Conference and were viewed by more than 20,000 online users. Subsequently, they were aired in the Eurovision television feed, serving more than 100 public broadcasters, with an audience of 350 million people.

Cutting-edge drone technology was used to demonstrate the challenges of delivering nutrition supplies to children in hard-to-reach communities. The historical launch of a Single Registry for social protection was broadcast to a national audience and well-captured in a documentary and TV spots.

Activities to expand the reach of UNICEF Kenya’s communication and brand identity were undertaken with key partners and the media. Specifically, in May, 100 top editors and journalists participated in a UNICEF media briefing to sensitize them on the immunization campaign for measles-rubella and tetanus.
UNICEF Kenya continued to work closely with the media, pitching stories and placing OpEds in the most influential newspapers. UNICEF’s voice was amplified on current issues such as the burning of schools by secondary students and why toilets should matter.

Collaboration with The Guardian resulted in a video highlighting the success of Kenya’s Cash Transfer programme for Orphans and Vulnerable Children, which was featured in a high-profile publication, Millions Saved. Field visits were facilitated for the UK and Danish Natcoms, focusing on innovation and malaria, respectively.

In 2016, digital media activity was revamped on Facebook, Twitter and Instagram, resulting in increased engagement and advocacy for children’s rights.

**South-South Cooperation and Triangular Cooperation**

UNICEF Kenya facilitated five South to South cooperation activities involving Zambia, Bangladesh, Eritrea, Malawi, Mozambique, Uganda, South Africa, Zambia and Zimbabwe, on children’s participation, kangaroo mother care (KMC), adolescent programming, child friendly budgets (CFBs) and social protection (SP) issues. Partners involved included the national and county governments, UN agencies and NGOs.

UNICEF Kenya supported a learning visit of six officials from Zambia and four delegates from Eritrea’s Education ministries. The teams gained an understanding on the National Children’s Government and learned best practices in integrating children’s participation in schools as well as devolved education management. A team from Kenya’s MoE visited Ethiopia to learn from UNESCO’s International Institute for Capacity Building in Africa about teacher training programmes that support accelerated learning in conflicts.

UNICEF Kenya learned from Malawi’s experience in rolling out kangaroo mother care for pre-term births. There are now more than 10 Kenyan counties implementing KMC, with more than 70 dedicated beds. UNICEF Kenya used lessons from Uganda in improving skilled birth attendance by procuring 70 solar suitcases for the health Centres of Excellence in focal counties.

UNICEF Kenya and the National AIDS Control Council shared best practices on reaching adolescents, early infant diagnosis, and implementation of HIV Point-of-Care technology as well as HIV in emergency settings during the International AIDS Conference in Durban. Support was given to the National AIDS and STI Control Programme, to share Kenya’s experience in the roll out of Option B+ in Zimbabwe.

On child-friendly budgets and social protection issues, the social policy section facilitated a visit of ten officials from various Ministries in Bangladesh to learn about the Single Registry Social Protection system in Kenya. UNICEF Kenya supported a 16-member delegation of government officials involved in implementing HIV sensitive social protection programmes in Malawi, Mozambique, Zambia and Zimbabwe to understand how to effectively create multi-stakeholder synergies.

**Identification and Promotion of Innovation**

UNICEF Kenya tested more than 20 different technology and process-based initiatives for children in four thematic areas, namely, access to information, real time data, development of products and services and civil engagement (detailed mapping). Initiatives such as the single registry for cash transfers programme, smart sensors for informal settlements and the Kenya Inter-Agency Assessment (KIRA) tool are ready to scale.
UNICEF Kenya partnered with the University of Nairobi to organize the Nairobi Innovation Week in 2016. Inaugurated by the President of Kenya, the event highlighted areas where young entrepreneurs can partner with UNICEF in addressing challenges faced by children across social sectors in Kenya.

UNICEF Kenya, with Kenya Red Cross and the Kenya Scouts Association, successfully tested rapidPro as part of community feedback in an emergency setting. In May 2016, the collaboration with Kenya Red Cross on the Smart Sensors project in the informal settlements of Nairobi was featured during the World Humanitarian Summit in Turkey. With the Consortium of Social Sector Ministries, UNICEF Kenya launched a digital social intelligence reporting tool that aims to support duty bearers with evidence-based decision making on issues related to children’s wellbeing at sub-county level.

UNICEF Kenya, working with SIDA, WFP, DFID, and the World Bank supported the development and launch of the Single Registry System for cash transfers to meet the demands of the most marginalized communities through enhanced accountability, transparency and harmonization across the five National Safety-net Programmes. The system has information on more than one million families, comprising 1.7 million vulnerable children in 47 counties. The Kenyan-born ready-to-scale innovation has already supported 830,000 families through Cash Transfer programmes.

### Support to Integration and Cross-Sectoral Linkages

UNICEF Kenya developed new cross-sectoral models that tested a combination of cash provision in addition to delivery of social services within the Cash Plus Agenda. Examples include the MNH cash transfer programme in Kakamega County, with 17,219 beneficiaries, and a nutrition service and cash top-up programme in Kitui County. Preparations began to integrate social protection interventions for HIV/AIDS affected adolescents ages 10-19 years in Kisumu County.

Another example of integration in five counties was the 76 Centres of Excellence (CoEs); health facilities linked to community units. At health facilities, guidelines, mother-baby booklets and trainings present strong cross sectoral linkages using a ‘One Stop Shop’ approach, for provision of integrated multi-sectoral services of curative health, immunization, nutrition, HIV, birth registration and WASH.

C4D developed multi-sectoral manuals used by 10,500 newly recruited and trained community health volunteers to provide health, nutrition, HIV and WASH services in 11 counties.

Substantial progress was made in integrating sectors for upstream work in multi-sectoral technical working groups (TWGs) and in policy development, strategy and costed planning at national and county levels. A draft Children Bill was developed to replace the Children Act of 2001, alongside policies relating to health, nutrition and child protection, such as the National Family Promotion and Protection Policy, National Policy on Abandonment of Female Genital Mutilation, among others. Child protection and HIV sections initiated a cross-sectoral programme to strengthen integrated systems in Migori County for children and adolescents to access HIV and child protection services.

Education spearheaded consolidation and expansion of early childhood development services with the first National ECD Conference, enabling multi-stakeholder dialogue with 47 County Executive Committee (CEC) members to enhance the quality of services and the inclusion of community health volunteers (CHVs).
Success was achieved in responding to the cholera epidemic and chikungunya outbreak in Mandera County through integrated efforts by education, C4D, health and WASH sections.

**Service Delivery**

UNICEF Kenya supported approximately 40,000 skilled deliveries. Nineteen million children were vaccinated against measles and rubella, 75 per cent of those under 1-year were fully vaccinated with Pentavalent, and 600,000 women were inoculated against tetanus. Two national polio campaigns were conducted and several cholera and chikungunya outbreaks were contained.

Seventy per cent of health facilities in the 23 ASAL counties, including refugee camps and urban informal settlements, provided high impact nutrition interventions, with more than 57,000 cases of severe acute malnutrition treated, 240,594 women receiving iron folate supplements and 569,361 (36 per cent) children ages 6-59 months receiving vitamin A in 13 focus counties.

A total of 448 villages were declared open defecation free (ODF) in three counties, with 69,000 children in 88 schools benefiting from improved WASH facilities and behaviour change messaging, including menstrual hygiene management.

Some 8,668 girls and 9,177 boys received UNICEF-supported comprehensive child protection (CP) services through three child protection centres in Garissa, Kilifi and Nakuru, with one gender-based violence wellness centre in Turkana and the national 116 Child Helpline. A total of 10,864 girls and 14,294 boys received quality child protection services in Kakuma Refugee Camp.

A total of 36,801 girls and 40,892 boys were enrolled back into school (against a target of 105,000), resulting in a 13 per cent reduction in 9 counties of out-of-school children. Twenty-three schools were rehabilitated in Dadaab Refugee Camps and continued to provide essential education and life skills training for pupils.

Some 20,227 adolescents (42.9 per cent girls) received HIV life skills education in 54 schools. Five hundred seventeen children and adults received uninterrupted HIV treatment in Kakuma.

UNICEF Kenya conducted joint IP and GoK annual performance reviews, programme monitoring and spot checks to assess performance against annual targets. Sustainability was supported through a systems-strengthening approach and GoK direct involvement in design, planning implementation and cost sharing as appropriate.

**Human Rights-Based Approach to Cooperation**

The Government of Kenya’s third, fourth and fifth periodic reports were reviewed by the Committee on the Rights of the Child in Geneva in January 2016. Subsequent concluding observations on Kenya by the Committee (CRC/C/KEN/CO/3-5) were applied by UNICEF Kenya, the Government and partners to follow up on key child rights issues. Although the recommendations for the new Children’s Act and the 2016 Children’s Bill were still in draft, UNICEF Kenya supported the Children Act review process, which will go to the Parliamentary stage by mid-2017.

As per recommendations of the Universal Periodic Review (Office of the Attorney General and Department of Justice, 2015-2019), the Government aims to ratify the Optional Protocol II (OP II) on the sale of children, child prostitution and child pornography by 2019. UNICEF Kenya continued to raise pertinent issues regarding this with the Government and partners.
using a comparison of existing national legislation and articles of the OP II. No progress was made in advocacy for the Government to ratify the third Optional Protocol to the Convention on the Rights of the Child on a communications procedure.

UNICEF Kenya was instrumental in developing the Social Protection Bill 2016 that aims to ensure that social services are inclusive and open to all. The Government plans to enact the bill by March 2017 after completion of national consultations.

Support was provided to strengthen advocacy for adolescents living with HIV through networks such as Sauti Skika to inform and contribute to policy dialogue and promote the rights of adolescents.

**Gender Equality**

Through the UNICEF-supported Adolescent Health Symposia in Kisumu, Homabay and Turkana, the importance of gender responsive adolescent HIV services in county planning and budgeting was recognized. County First Ladies in the three counties selected ‘adolescents’ as their focus in advocacy initiatives, and advocated with county assemblies to prioritize financing for HIV and adolescents. Six hundred children (46 per cent girls) participated in the symposia.

UNICEF provided schools with water tanks, hygiene kits and education kits, benefiting 5,589 girls in Garissa and Turkana Counties to promote girls’ school attendance and retention, and improving learning outcomes. A mentorship programme led by women mobilizers reached 100 girls in six secondary schools in the most deprived counties. The programmes had a combined budget of US$ 300,000.

UNICEF Kenya supported drafting of Kenya’s first National Action Plan on Ending Child Marriages. Through UNICEF’s advocacy, the MOEST included child marriage in the draft ‘Age-Appropriate Curriculum on Sexual Education’. A UNICEF Kenya study on child marriage in Turkana County was launched and used for advocacy to end child marriage. UNICEF integrated interventions relating to ending child marriage with abandonment of female genital mutilation (FGM), as many of Kenya’s communities practice such mutilation as a pre-requisite to child marriage. In 2016, UNICEF and partners built capacity of 22,987 adults (13,229 female, 9,758 male) and 8,362 in- and out-of-school children (4,263 boys, 4,099 girls) through training and community dialogue sessions on ending female genital mutilation and child marriage.

In Turkana County, 633 survivors of gender-based violence (199 girls, 307 women, 45 boys, 82 men) received medical and psychosocial services through the UNICEF-supported GBV Wellness Centre at the County hospital (compared to 136 people in 2014, 82 girls, 3 boys) with an annual budget of US$ 254,305. In Kakuma refugee camp, out of 15,680 unaccompanied/separated and other vulnerable children, there were 112 reported cases of gender-based violence (66 girls, 46 boys) who received comprehensive services. UNICEF and partners also increased provision of gender sensitive information on child protection and gender-based violence to children and adolescents. A total of 1,345 children (745 girls, 600 boys) in Kakuma and Garissa received dignity kits (including two sets of clothing, personal hygiene items, solar lantern), with a value of US$53,355.

**Environmental Sustainability**

During 2016 UNICEF Kenya moved forward with initiatives to address environmental sustainability. At policy level, UNICEF Kenya engaged with UNESCO to support the Ministry of Education to draft an environmental sustainability policy framework and implement strategies to advance environmental sustainability. The work is expected to be finalized in
2017. The minimum package of hygiene promotion in schools that is being finalized incorporated environmental sustainability elements as well as the teachers training curriculum. Minimum infrastructure standards for low-cost primary boarding schools that incorporate 'green building' features (such as rain water harvesting, environment friendly designs) adopted in 2016 were operationalized in 50 schools, benefiting 10,000 children (47 percent girls) at an estimated cost of US$250,000. In these schools, environmental clubs led by the children were established to promote sustainable and resilient school environments by initiating activities such as water conservation and tree planting as part of the child friendly school package.

The school WASH programme promoted the use of renewable energy options and carrying out of environmental impact assessments while undertaking various activities to reduce negative environment impacts due to interventions. Twenty-five rainwater harvesting systems were provided in 24 schools to reduce ground water extraction, benefiting 5,000 children for an estimated budget of US$175,000. The maternal and neonatal health programme was also expanded to include environmental sustainability features in 2016. Resource audits and reports benchmarking environmental sustainability were carried out in 150 health facilities and stored in a database to inform future interventions. Forty-six health facilities benefited from infrastructure upgrades on green technology featuring electricity, water and sanitation components. Specific designs for each the 46 facilities were completed and installation work was in progress.

Approximately 22,900 households became part of the open defecation free community using locally-made earthen materials to construct latrines thereby reducing the environmental footprint of construction activities by reducing use of cement and iron. UNICEF Kenya continued to reduce its carbon footprint by opting for digital over paper-based operations. Garissa zonal office installed a solar power system to reduce dependency on fossil fuel-based energy.

**Effective Leadership**

UNICEF Kenya continued to improve programme and operations efficiency and effectiveness through strong oversight. The monthly country management team (CMT) meetings monitored key performance indicators (KPIs) as established in the annual management plan. UNICEF Kenya achieved more than 90 per cent of its targets, including budget utilization, status of direct cash transfers (DCT), expiring grants, emergency preparedness, recruitment status, gender parity, learning plan implementation, audit compliance status, harmonised approach to cash transfer (HACT), supply plan implementation and status of inventory and enterprise risk management (ERM).

Quarterly reviews were conducted with zonal office (ZO) colleagues to address operational issues, and monthly calls between the Representative Office and ZOs were initiated. An audit task force, chaired by the Representative, reviewed implementation of audit recommendations and sustainability of closed recommendations. All open audit recommendations were closed.

Peer review was carried out by the UNICEF regional office in May 2016 to confirm sustainability of the closed audit recommendations. UNICEF Kenya implemented recommendations that emanated from the peer review. The Midterm Review (MTR) was completed and identified lessons learned to improve the quality of current and subsequent Country Programme (CP). An external audit is scheduled for February 2017. Effective governance structure remained in place.

Strengthening of staff competencies to deliver results for children was a priority, leading to group trainings in programme policies and procedures (PPP), results-based management
(RBM), competency-based interviewing skills and managing performance for results. The UNICEF Kenya Risk Profile was updated and status of mitigating actions was monitored by the CMT quarterly. UNICEF Kenya continued capacity-building of implementing partners (IP). A HACT assurance plan was developed and implemented. Micro-assessments of partners were done and resulting recommendations were followed up for compliance by the partners. Challenge remained in ensuring implementation of recommendations, follow-up of recommendations from programme visits, spot checks and audits.

Financial Resources Management

The country management team and programme and operations coordination group (POCG) systematically reviewed budget utilization and donor contributions. Outstanding DCT advances were regularly monitored and measures were taken to ensure timely liquidations. Monthly bank reconciliations; payroll processing and accounts closure timelines were met. Standard operating procedures (SOP) were in place to ensure smooth transition of transactions processing to the new system under the Global Shared Services Centre (GSSC). Lessons learned from GSSC transition and findings from a bottleneck analysis will be used to improve payment processing.

UNICEF Kenya conducted an orientation for staff on work process changes due to GSSC transition and continued to support the GSSC in bank reconciliations. Significant efforts were made to clear open accounts payable and receivables older than 31 January 2016 with payables from 514 items reduced to 20 and receivables reduced from 47 to 13. Open accounts payables and receivables older than 2016 were cleared except those related to separated staff members, which were being actively followed up. By the end of December 2016, 0.1 per cent of DCTs were in the 6-9 month range and 0.3 per cent were over nine months. HACT assurance activities included micro-assessments, programme visits, spot checks and scheduled audits of implementing partners. Recommendations from assessments were followed up and 93 per cent of partners provided compliance reports leading to closure of 134 recommendations. Finance staff supported 29 spot checks. Services of third party audit firms were also sought to ensure full implementation of assurance activities by outsourcing nine spot checks.

Overall, US$80.9 million was available for programme implementation, including US$17.7 million in regular resources (RR); US$53.2 million other resources regular (ORR); US$9.2 million other resources emergency (ORE); and US$0.63 million institutional budget (IB). Utilization reached US$80.8 million for programme, US$17.7 million RR, US$53.1 million ORE; US$9.2 million ORE and US$0.63 million IB.

Fundraising and Donor Relations

UNICEF Kenya applied effective quality assurance assessment processes on donor reporting. In 2016, 65 out of 66 donor reports were submitted on time. UNICEF Kenya’s resource mobilization strategy was particularly successful for Education, Health and Nutrition. As a result, three outcomes were over-funded, prompting the office to request for increase in OR funding ceiling from US$124 million to US$209 million. There was limited nutrition funding for some counties with high levels of wasting/stunting, and other sectors were also relatively underfunded. UNICEF Kenya continued to address fund shortages through leveraging with government for domestic resources, engagements and field visits with key resource partners and expanded visibility through communication and advocacy with potential donors.

Approximately US$6.1 million ORR new grants were raised, and 64 per cent (US$10.5 million) ORE was received against a target of US$16.5 million. A loan of US$0.7 million from the Emergency Programme Fund was accessed in January for cholera response in Dadaab.
Refugee Camp, with US$0.3 million having since been repaid. An agreement for US$3.6 million was signed for Child Protection and Education with the EU Trust Fund as part of a US$14.7 million pass-through-fund, managed by UNHCR, to support the Kalobeyei Development Programme.

The resource mobilization strategy was implemented and monitored by the management team through regular meetings and capacity building of the team on fundraising skills. The Representative undertook high level engagements with key resource partners including DFID-UK, Canada-CIDA, USAID, European Union and the Governments of Japan, Sweden, Germany, Netherlands and South Korea.

For efficient utilization of resources, a system was introduced to monitor expiring grants at six months to expiry, up from three months. OR grants valid beyond 31 December 2016 were timely re-phased to 2017, with the office achieving a 99 per cent rate of utilization at the end of the year.

**Evaluation and Research**

UNICEF Kenya continued to strengthen its evaluation function through engaging the Reference Group (REG), the External Advisory Groups and the Regional Office to provide quality assurance at all stages of the evaluation cycle.

The 2016 Integrated Monitoring and Evaluation Plan (IMEP) comprised 30 activities, including five evaluations, four researches and 21 studies. Overall, 47 per cent of the planned activities were completed, 15 of the remaining activities were in progress and expected to be completed in 2017, and one activity was discontinued. Approximately US$5.6 million was spent on IMEP activities against a budgeted amount of US$7.8 million.

In 2016, one evaluation on child-friendly schools (CFS) was completed. The CFS Evaluation Management Response (EMR) was presented at the country management team meeting with recommendations for further revision prior to approval and uploading on the global evaluation reports oversight system (GEROS). The findings of this evaluation generated substantial knowledge and learning on child friendly education services for nomadic children in arid and semi-arid regions and will be used to influence government’s policies, strategies and funding priorities.

In the ongoing MNH evaluation, the leading international consulting firm partnered with a local university to increase objectivity, impartiality and to strengthen the capacity for in-country evaluation.

In order to improve on the completion rate of planning for research impact monitoring and evaluation (PRIME) activities, UNICEF Kenya developed a tracking system to monitor the progress of IMEP and enterprise risk management (ERM) activities with quarterly updates to the country management team.

**Efficiency Gains and Cost Savings**

Efforts were made to strengthen the quality of common services provided to UNICEF Kenya and the UNICEF Regional Office. UNICEF Kenya conducted a business process review with a focus on operational functions. Approximately 25 standard operating procedures (SOPs) were updated or developed to streamline internal processes and transaction costs to increase efficiency. A review was undertaken to improve internal management and coordination of programme cooperation agreements (PCAs).
UNICEF Kenya reviewed the governance structure in line with Headquarters guidelines to simplify and rationalize various mandatory and non-mandatory committees, to save staff time, cost and increase productivity.

Transition to GSSC also resulted in streamlining payment processing although certain aspects of the transition are ongoing pending completion by Finance.

Long-term arrangements (LTAs) contributed to quick turnaround time for the procurement of goods and services. Most LTAs and partner cooperation assessments were also shared with other UN agencies, resulting in reduction of transaction costs and time not only within the office but also at the UN inter-agency level.

Effective measures and routine analysis by Supply for distribution of supplies reduced costs. Review of the MoU with Kenya Medical Supplies Authority (KEMSA) for distribution of nutrition supplies is expected to result in cost savings.

A bottleneck analysis was conducted to strengthen quality of transport services. Sharing of premises across UN agencies at the Garissa and Lodwar Zonal Offices will reduce operational costs. Effective negotiations with the mobile phone service provider to obtain special rates will result in significant savings of approximately US$0.1 million annually.

### Supply Management

UNICEF Kenya continued its efforts to ensure timely delivery of supplies for programme implementation. UNICEF Kenya managed to implement 96 per cent of its supply plan, valued at US$11 million, representing 13.6 per cent of total programme throughput. That translated into purchase orders worth US$10.5 million (US$3.9 million locally sourced, and US$6.6 million purchased internationally).

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of all supply input (goods &amp; services) received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>US$8,110,100</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>US$902,300</td>
</tr>
<tr>
<td>Services</td>
<td>US$6,493,500</td>
</tr>
<tr>
<td>Construction</td>
<td>US$0</td>
</tr>
<tr>
<td><strong>Total US$</strong></td>
<td><strong>US$15,505,900</strong></td>
</tr>
</tbody>
</table>

To ensure timely procurement and delivery of supplies, UNICEF Kenya established more than 100 long-term agreements (LTAs), including for relief items. Neighbouring country offices including Somalia, South Sudan, the Democratic Republic of Congo and Uganda as well as other UN agencies benefited from these LTAs. A total of 285 service contracts were raised at a total value of US$7.7 million. UNICEF Kenya also provided direct procurement support to UNICEF Burundi and South Sudan during the 2016 post-emergency period, with a value of approximately US$1.2 million, as well as transhipping vaccines to South Sudan. Inventories including regular and prepositioned supplies worth US$1.4 million were held in three warehouses in Nairobi, Garissa and Kisumu as of the end of 2016. Programme supplies were either delivered directly to IPs or distributed through warehouses through third party logistics contractors. Twenty-eight end-user monitoring visits were carried out to ensure UNICEF supplies reached the beneficiaries.
In-kind donations and procurement services (PS) reached US$41.9 million, of which 86 per cent were related to Global Alliance Vaccine Initiative (GAVI) financed vaccines. UNICEF Kenya started working to develop procurement services at the county level, based on the Memorandum of Understanding (MoU) signed with Kenya Medical Supplies Authority (KEMSA).

<table>
<thead>
<tr>
<th>Description</th>
<th>Value of supplies channelled via Procurement Services for IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAVI-Kenya</td>
<td>US$33,743,000</td>
</tr>
<tr>
<td>Ministry of Health</td>
<td>US$4,264,800</td>
</tr>
<tr>
<td>Ministry of Health, Kenya(VII)</td>
<td>US$2,515,100</td>
</tr>
<tr>
<td>Clinton Health Access Initiative</td>
<td>US$1,176,200</td>
</tr>
<tr>
<td>International Organization for Migration</td>
<td>US$172,000</td>
</tr>
<tr>
<td>UNFPA</td>
<td>US$29,500</td>
</tr>
<tr>
<td>UNHCR-Geneva</td>
<td>US$21,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>US$41,921,600</strong></td>
</tr>
</tbody>
</table>

UNICEF Kenya Nutrition Supply Chain (NSC) is being progressively integrated with KEMSA to scale up to 24 counties by 2018. UNICEF Kenya systems strengthening work with the Government of Kenya (GoK) was focused on the establishment of a Health Supply Chain Working Group (HSCWG) led by the MoH and KEMSA, in partnership with other development partners. As part of UN Business Operations Strategy (BOS), UNICEF Kenya contributed to the sensitization of the procurement teams of seven pilot counties on the new Public Procurement Act.

**Security for Staff and Premises**

Apart from a few low-scale attacks witnessed in the NorthEastern region, mainly in Mandera County, there was no large-scale attack in the country in 2016. There were credible security threat information (STI) reports of sustained intent and planning of attacks, reportedly by the terror group Al Shabaab, and then by ISIS. The improved security situation was mainly credited to enhanced effectiveness by the host government security agencies with support from Member States. Through timely and effective intelligence, disruptions of possible incidents were carried out, including arrests of perpetrators. The assessment of risk from terrorism threats was still high and staff continued to operate under the recommended safety and security measures.

UNICEF Kenya put in place mechanisms to ensure safety and security of staff and its premises. There was enhanced emergency preparedness through monthly radio checks, quarterly security briefings, ad-hoc security advisories for security information sharing and communication tree exercises. The UNICEF Kenya business continuity plan (BCP) was updated and tested through a simulation exercise and areas of improvement recorded for learning purposes.

UNICEF Kenya’s National Security Advisor successfully underwent a training of trainers (ToT) course on defensive driving (DD) in Jordan. Subsequently 10 drivers from the zonal offices were trained and certified in DD. Twenty staff operating in high-risk areas were trained and certified in Safe and Secure Applications in Field Environment (SSAFE). A security assessment for Kisumu Zonal Office was conducted and recommendations are
being implemented. UNICEF Kenya’s Security Team surveyed and guided 50 international professional staff on residential security measures (RSM), mitigating the residual crime risk.

Priorities for 2017 include sustained emergency preparedness to mitigate the risks associated with the scheduled general elections and the procurement of armoured vehicles for operations in high-risk areas.

**Human Resources**

UNICEF Kenya ensured timely and quality recruitment of staff, including their retention and capacity development. A vacancy rate of less than four per cent was maintained in 2016 as timely processing and recruitment of consultants was ensured. Transition to the Global Shared Services Centre for the human resources (HR) function took place and staff were oriented on the new systems. As part of the UN inter-agency HR working group, the project on harmonization of local recruitment was launched.

The average recruitment time was reduced from 168 days to 74 days. From a gender perspective, 46 per cent of all staff were female. The ratio of staff from donor versus programme countries is 40:60.

The office prioritized team building and skills development activities. In addition to the 126 staff members trained on programme, policies and procedures (PPP) in 2015, 20 remaining staff were trained in 2016. One hundred per cent of staff took the mandatory UN Integrity Awareness and Ethics and Integrity courses. Twenty-two staff members were trained on Managing Performance for Results (MP4R) and 45 per cent of staff members completed training on HIV at the Work Place and 75 per cent completed training on HACT online. The overall implementation rates of group training and individual training were 71 and 50 per cent, respectively.

A completion rate of 100 per cent was achieved for the 2015 Year-End Appraisal and 2016 Performance Planning. Staff were trained on the newly introduced performance management system ‘ACHIEVE’.

The joint consultative committee (JCC) comprised of management and staff association representatives met four times and discussed issues concerning staff welfare. The Global Staff Survey 2014 follow-up plan was prepared and monitored. An all-staff retreat was held for team building. Recommendations from the locally conducted staff survey are being implemented.

UNICEF Kenya identified six peer support volunteers (PSVs) including three from zonal offices. Three of these volunteers were trained in 2016.

**Effective Use of Information and Communication Technology**

Focus was placed on raising the quality of ICT services by improving user experience, increasing resilience on connectivity and enhancing efficiency and effectiveness of ICT resource utilization.

Connectivity capacity was upgraded in the Nairobi office to accommodate the increased use of cloud services, Skype for Business and online trainings. The secondary internet link also mitigated risk of downtimes, ensuring business continuity. Similar support was provided by obtaining a more reliable link in zonal offices to improve access to cloud services.

ICT equipment was effectively planned for, monitored and replaced to ensure availability of the latest equipment. ICT provided user awareness campaigns on secure and efficient use
of ICT resources through regular communication. These focused on cost-saving practices for mobile phone usage when roaming that had a direct impact on ICT resource utilization. A Standard Operating Procedure (SOP) on the use of ICT services/equipment was issued which helped to ensure standardization, minimization of risks and cost savings. Increased use of cloud-based applications enhanced staff productivity and ability to tele-work in case of emergency.

ICT Helpdesk services were outsourced to UNON to ensure continuity. In 2016, ICT provided support to 124 meetings and workshops. Sixteen support missions were undertaken to support zonal offices, new systems were deployed and ICT services were improved overall. Access to physical assets in the data centre and cash office in finance was secured. An ICT SOP for onboarding was implemented, which contributed to efficient and effective processing. UNICEF Kenya established mechanisms to ensure data security by installing back-up services and off-site data storage. The ICT remained an active member of the inter-agency ICT working group. Technical support for Technology for Development (T4D) and Innovation initiatives were also provided. UNICEF Kenya was active on social media, including Facebook, Twitter, and Instagram, which helped visibility and communication.

Programme Components from RAM

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:
The Behaviour and Social Change Outcome 1 focuses on promoting the adoption of positive social norms and child care practices in support of the realization of Children’s Rights, and on empowering caregivers and communities to enhance demand for, and utilization of, services. The Outcome contributes to the various Country Programme results of the Country Programme (CP) and to Strategic Results Areas 1, 2 and 3 of the United Nations Development Assistance Framework (UNDAF) 2014-2018.

Kenya made progress in enabling the practice of behaviours that support optimal child well-being but gaps, including between knowledge and practice by parents and caregivers, remain. For example, the 2014 Kenya Demographic and Health Survey (KDHS) revealed that Exclusive Breastfeeding (EBF) at national level increased from 32 per cent in 2008/09 to 61.4 per cent in 2014, and delivery assisted by skilled personnel increased from 44 per cent in 2008/9 to 62 per cent in 2014. The survey also noted that despite availability of services, national full immunization coverage of children 0-1 year old decreased from 77 per cent in 2008/9 to 71 per cent in 2014, and open defecation was still largely practiced by a significant proportion of the population, with only 11 per cent of villages in the country certified Open Defecation-free (ODF).

UNICEF, in collaboration with MoH, MODP and MOLSS, prioritized development of capacity of Country Programme Implementing Partners at national and sub-national levels. It focused on evidence generation and its application for strategic communication in both development and emergency contexts as well as on development and application of standards that regulate the quality and relevance of behaviour and social change communication at community and household levels.
Improved quality and relevance of BSCC as a result of UNICEF-supported interventions was evident in increased care-seeking behaviour for children with diarrhoea and pneumonia in Homa Bay, Siaya and Turkana Counties, as indicated by County-based health records, and from an increased number of evidence-informed strategic communication strategies and plans developed and implemented by programme implementing partners.

UNICEF technical and financial support for training and capacity development of 52 health officials from 47 counties and of 5 officials of Civil Society Organisation partners resulted in the development and implementation of 47 county-specific cholera/disease outbreak communication preparedness/response plans. The establishment of a Ministry of Health-based, 15 person disease outbreak communication rapid response team in the last quarter of 2016 should strengthen government-led rapid communication response to future disease outbreaks.

The KDHS, which provides findings of a secondary data analysis and literature review of 10 key child care practices in 25 UNICEF focus counties, was completed in 2016 and was disseminated in 12 counties. Findings of these studies provide a baseline on specific key behaviours and inform the conduct of a field survey aimed at bridging evidence gap on the 10 behaviours.

The shift from ad-hoc to evidence-informed BSCC in 2016 was underscored by the development and implementation of evidence-informed maternal, infant and young child feeding communication strategies and plans by 10 counties and the development of VAC communication strategy for five counties (Nakuru, Kisumu, Kilifi, Garissa, Nairobi).

The quality of BSCC in emergency was enhanced by National Guidelines for Disease Risk and Outbreak Communication. Standardized BSCC curriculum and training materials for different categories of stakeholders at national and subnational levels regulated the quality of BSCC capacity development. UNICEF support to the implementation of the Community Health Strategy led to improved quality and quantity of community engagement while contextualization increased the relevance of Behaviour Change Communication (BCC) materials disseminated at household level.

Despite the achievements under this outcome, the lack of mechanisms to routinely collect data on key child care practices at household level posed a challenge to systematic monitoring of child care practices. Institutionalization of C4D capacity is key to its longer-term sustainability, quality assurance and maximizing of UNICEF investment. BSCC is still largely resourced through donor funding and thus sustainability of gains made may be challenged.

For the remainder of the CP, UNICEF will focus on supporting sector-specific BSCC capacity development, especially at county and community levels, to consolidate the gains of UNICEF investment in this area. Strategic partnership with learning institutions for institutionalization of BSCC capacity development will be established, a field survey on 10 key practices to address data gap will be supported, support will be provided for contextualization/application of national BSCC guidelines and standards and resources for BSCC will be leveraged through integrated BSCC on 10 key practices at household level.

Government leadership for strategic communication for BSCC plus increased allocation of resources for BSCC by County Governments has been, and will continue to be, crucial to the achievement of results under this outcome.
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 address the challenge of limited evidence to inform BSCC strategic planning, implementation and monitoring, a Literature Review and Secondary Data Analysis (LRSDA), which is a first phase of a KABP of parents and caregivers on 10 key child care practices conducted under the leadership of the Kenya Bureau of Statistics, was completed in the first quarter of 2016. The LRSDA report identified data gaps on the 10 behaviours to be addressed through a field survey. Findings of the LRSDA informed the Youth Council and Gender Engagement Bill discussions by the Department of Gender; established baselines on the ten childcare practices; informed Maternal and Child Health and Maternal, Infant and Young Child Feeding (MIYCN) communication plans; behaviour change analysis of the high impact interventions (HIIs) in the current Kenya health sector Strategy Investment plan (KHSSP) 2014-2018 and UNICEF Garissa Zonal discussions/advocacy on addressing FGM/C in the county. The KNBS indicated its intention to incorporate some knowledge, attitude and beliefs indicators in some national routine surveys.

Findings of Knowledge, Attitude and Practices (KAP) survey conducted in two counties (Turkana and Homa bay) in 2015 informed development of key BSCC messages targeting communities and health workers for the implementation of a Respectful Maternity Initiative under the Health Section Programme in 2016. A pre- and post- Cholera communication response KAP survey in the Dadaab Refugee Complex was conducted in 2016 and reports from the field showed that UNICEF technical and financial support, mainly focused on the development and dissemination of multi-audience, multi-media, multi-channel Cholera and Chikungunya disease prevention and control communication materials, and capacity development of implementing partners contributed significantly to halting the spread of cholera and Chikungunya diseases outbreaks. Formative research conducted by IPs in five Counties (Turkana, Siaya, Samburu, Homa Bay and Kakamega) with UNICEF technical support informed the development of County MIYCN communication strategies and will further guide its implementation.

Application of disease outbreak communication rapid assessment tools developed with UNICEF technical support in 2015 enabled the identification of cholera communication gaps in six counties (Garissa, Tana River, Mandera and Wajir) and informed the training of 25 health promotion officers/community health coordinators/CSO partners from these counties on outbreak communication.

The 21-day phased training of 28 C4D Trainers drawn from across the different Country programme sectors was completed in the second quarter of 2016. Three hundred programme Implementing Partners across 12 UNICEF focused Counties from the Health, WASH, Nutrition, Child Protection and Education programming sectors were trained by the C4D trainers and applied their learning to develop drafts of communication strategies finalized with relevant stakeholders. Quality of C4D training was assured in 2016 through a standardized C4D training curriculum for different target audiences at different programming levels developed with input/guidance of stakeholders from multi-sectors, under the leadership of Ministry of Devolution and Planning.

OUTPUT 2 By 2016, Frameworks and standard to enhance quality and effectiveness of Behaviour and Social Change practice in development and emergency context at national and county level developed and implemented
Analytical Statement of Progress:

In response to repeated outbreaks of Cholera in several counties of the country and an outbreak of Chikungunya disease in one county (Mandera), UNICEF provided technical and financial support to the Ministry of Health for the development and dissemination of multi-audience (including school children), multi-channel Behaviour Change Communication (BCC) materials on Cholera and Chikungunya diseases.

The implementation of county-specific (Turkana, Isiolo, Mandera, Garissa, Wajir and Tana River) communication plans developed by Health Promotion/Community Health Officers during training conducted with UNICEF funding and technical support and dissemination of BCC messages enabled increased knowledge and practices of communities and families in the outbreak locations and contributed to controlling the outbreaks. Pre-positioned BCC materials facilitated timely communication response in new outbreak locations. UNICEF also provided technical support to the Ministry of Health for the development of Yellow Fever prevention messages disseminated at major airports in the country.

UNICEF supported the development of a National Guideline for Communicating Health Risks and Emergencies. UNICEF technical and funding support and the application of BCC materials pre-testing protocols and BCC materials development guidelines guided the contextualisation of Maternal and Child Health (MNCH) household booklets initially developed for Homa Bay County to the Kakamega and Nairobi County Context.

UNICEF technical support to the Ministry of Health guided the planning, implementation and monitoring of the communication component of a national Measles- Rubella (MR) and Tetanus Toxoid (TT) immunization campaign that targeted and reached 19.9 million children ages 9 months -14 years and 600,000 girls/women ages 15-49 years. UNICEF technical guidance facilitated the establishment of a special multi-sectoral Advocacy, Communication and Social Mobilization (ACSM), multi-sectorial collaboration, development of a national MR/TT campaign communication and advocacy strategy and 47 County communication micro-plans. Multi-channel multi-target communication materials for the campaign developed and disseminated with UNICEF support enabled awareness about the campaign and acceptance of the new vaccine and contributed significantly the successful outcome of the campaign.

The implementation of ten evidence-informed County-integrated communication strategies for MIYCN (Mandera, Tana River, Wajir, Garissa, Isiolo, Turkana, Siaya, Samburu, Homa Bay and Kakamega) and a communication strategy for the Out of School project developed with UNICEF technical guidance enabled strategic behaviour and social change communication at community and household levels.

UNICEF Kenya participation in a UNICEF Regional Office-commissioned mapping/development of regional MNCH BCC materials and documentation of the Wadagi (Zero Tolerance to maternal and child death) contributed to regional learning and best practice on BSCC advocacy and messaging. A BCC job aid for Community Health Volunteers (CHVs) developed by the Ministry of Health with UNICEF technical and financial support was adopted and used by UNICEF Implementing Partners (ACF, PSK).

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:
As a new focus BSCC approach in the Country Programme 2014-18, this output aims to support the development of policies/standards that will enable effective engagement of children, adolescents and community members in decision making on BSCC, delivery of basic social services and ensure the fulfilment of their Right to Participation. In 2016, the dissemination of the BCC household booklets on integrated child centred behaviour change messages at household level by frontline workers was conducted in Turkana, Siaya and Homa Bay. The messages contained in the household booklet focused on Malaria, Pneumonia, Diarrhoea, newborn care, immunization, early initiation and exclusive breastfeeding, Hygiene and Sanitation. Content of the household booklets was being aligned to Community Health Volunteers (CHV) job Aid, informed by end user monitoring findings. That promises greater harmonization and integration of behaviour change messaging at household level.

The County Public Participation Guidelines developed with C4D technical input that ensured child specific focus were launched by the Ministry of Devolution and Planning in May 2016 and were disseminated in 47 Counties. The implementation of the guidelines facilitated a renewed focus on child participation in the context of devolution, including the planned national children’s conference in 2017. This forum will provide an opportunity for children in and out of school to take stock of achievements of devolution by sharing their stories.

A revised National Guideline on Community Dialogue finalized in December 2016 with UNICEF funding and technical support provides a framework for regulating the quality of community engagement. Guidelines for conducting community dialogue on disease outbreaks developed by the Ministry of Health as part of disease outbreak communication response with UNICEF technical and financial support will facilitate greater community engagement in future disease outbreak contexts.

The implementation of this output was constrained by a combination of limited structures for children and adolescents to participate and a lack of dedicated staff to perform the functions of the position since 2015. UNICEF Kenya has put in place mechanisms to facilitate increased focus and expedited implementation of activities/interventions under this output in 2017.

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:
UNICEF made notable progress in supporting counties and the national-level institutions to strengthen child responsive planning and budgeting. This progress was possible thanks to a strengthened strategic partnership, evidence generation, policy advocacy and capacity development.

Developing high level partnerships with key players focusing on child sensitive planning and budgeting process was a core priority for enabling UNICEF to conduct advocacy policy dialogue to strengthen the positioning of children’s rights at the national and county levels. UNICEF’s close relationship and frequent interaction with National Treasury, Ministry of Devolution and Planning, the Office of the Controller of Budget, the Council of Governors, selected County Governments and the Kenya School of Government led to engaging them in strategic advocacy towards improving prioritization of children in national plans and budgets.

At national level and in collaboration the World Bank, UN WOMEN and the donor working
group on public finance, UNICEF engaged the Government to conduct a series of studies to influence efficiency and effectiveness of child expenditures such as budget incidence and fiscal space analysis, public expenditure review covering WASH and Health sector, and costing and benefit analysis of the Education curriculum reform. The ongoing studies generated evidence that will be used to inform national and county level public finance reform and support advocacy on the importance of investing towards the achievement of children’s rights.

At the County level, the advocacy conducted with 11 selected counties (Garissa, Kilifi, Wajir, Mombasa, Kisumu, Kakamega, Siaya, Migori, Tana River, Homa Bay and Turkana) involving County Assembly members and relevant social sector Ministries and the planning and finance Ministries resulted in a commitment towards higher prioritization of sectors such as ECD, community health, WASH, nutrition and Child protection. Commitments were made by counties to create budget lines or projects towards attaining ODF and nutrition. These forums aimed to agree on the prioritization of high impact interventions in county budgets and address the key bottlenecks in achieving children’s rights.

Influencing the national and local level planning processes is a key entry point for the sustainable positioning and leveraging of public resources towards the achievement of children rights. In this regard, UNICEF supported the analysis of ten selected County Integrated Development Plans (CIDP) and conducted a child poverty and deprivation analysis to provide evidence to decision makers at national level and county levels on the children’s situation. The first study showed that, although most counties have successfully planned investments on social sectors such as health, education, and social protection, issues related to nutrition, sanitation and HIV were not sufficiently addressed. The multi-dimensional child poverty study preliminary findings indicated that child poverty stood at 45 per cent, with wide geographical variance. The evidence from these studies will be disseminated to inform national and county levels and will be a key source of evidence to position children in the centre of the next generation of Medium Term Plan and CIDPs.

In addition to the partnership built, the evidence-based advocacy and influencing the planning process, UNICEF supported capacity building as a key pillar to strengthen national and county skills on budgeting to enhance national and county capacities to prioritize and report on child spending. In collaboration with the Kenya School of Government (KSG) and UN WOMEN, UNICEF supported the revision of the national public finance modules to include and strengthen children and women rights. The modules will be strengthened further in 2017 by the development of national guidelines on public finance for children as well as specific modules and training on child sensitive budgeting.

To enhance innovation across sectors for the achievement of children rights, UNICEF developed a strategic partnership with the Government, civil society organizations, universities and the private sector to ensure that child wellbeing is part of the national innovation agenda in Kenya. As a result, the second Nairobi Innovation Week had a strong focus on children’s issues. UNICEF also engaged CSOs and partners to mainstream best innovation practices.

The challenges under this outcome were related to the low capacity of the newly devolved counties in planning and budgeting for children, which forms a critical bottleneck for the achievement of children’s rights. UNICEF will continue working with the different actors at the national and county levels to strengthen planning and budgeting through capacity building of county and national stakeholders.

For 2017, UNICEF will closely work with counties to monitor the implementation of commitments made following the policy and advocacy dialogue. The results of the public expenditure review on health and WASH in the 10 selected counties will be disseminated at
national and county levels and UNICEF will work closely with the national treasury to include the evidence in the 2017-18 budget national fiscal policy statement. A nationwide capacity building on child focused public finance will be conducted to strengthen national skills.

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:
The interventions in this area aimed to support national and county level players to reflect on the quality of the planning blueprints and the extent to which they respond to child rights.

The launch of SDG by the President in September 2016 was a critical milestone. UNICEF, in partnership with UN agencies under the UN SDG task force, contributed to the national and county discussions on the SDG domestication and mainstreaming roadmap led by the Ministry of Devolution and Planning. Four advocacy and capacity building workshops were jointly supported with UNDP, UN-WOMEN, UNFPA and UNESCO to train national and county focal points and relevant stakeholders. This support enabled the country to developed SDG indicators and baselines for most of the goals. The Cabinet approved the SDGs implementation roadmap, which includes the formulation of the third Medium Term Plan (MTP) and the updating of the CIDP guidelines. UNICEF, jointly with other UN agencies, considers the MTP process among the top priorities for 2017.

To influence prioritization of child rights at the County level, UNICEF conducted an analysis of CIDP in the ten selected counties of Mombasa, Kilifi, Garissa, Wajir, Siaya, Homa Bay, Kakamega, Turkana, Kisumu and Tana River, with a view to establish best practices and areas of improvement and inform the development of a second generation of CIDPs. The analysis, which was presented to County officials, showed that several counties have made commendable efforts to plan programmes and projects, particularly Kakamega, Garissa, Turkana. Several challenges still existed, including unrealistic and over ambitious programmes in the CIDP, the disconnect between CIDP and the levels of indicators and the big focus on infrastructure with less priority on human resources and related capacities. As a next step, the study will be used as a contribution to the future update or review of the national CIDP guidelines. At county level, UNICEF supported Mombasa and Turkana counties to conduct their mid-term revision of the CIDP. As a result, the reviewed county plan now captures specific provisions in support for investment towards HIV/AIDS and nutrition.

To build a strategic partnership on child sensitive planning, the engagement with Council of Governors (COG) was a key enabling factor for UNICEF’s advocacy to strengthen positioning of children rights with devolution. As a result, UNICEF conducted high level advocacy during the 2016 Devolution Conference on child health and with the Counties’ first ladies on violence against children. In 2017, UNICEF will lead the organization of the first Children Devolution Conference, which will give children a voice to express their needs to the 47 Governors.

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:
To enhance Public Finance for Children (PF4C) in Kenya, in 2016 UNICEF strengthened partnerships with key actors such as the National Treasury, Council of Governors, the Office of the Controller of Budget, Kenya School of Government and the Development Partners
working group, which enabled UNICEF to participate and contribute in the public finance reforms agenda.

At county level, UNICEF conducted a series of county policy dialogues on public finance in Turkana, Wajir, Garissa, Mombasa, Homa Bay, Kisumu, Siaya, Kilifi, Migori, Kakamega and Tana River to strengthen engagement to prioritize high level impact child sensitive interventions. UNICEF mobilized and influenced both the County legislature and senior officers of the County Executive who committed more than US$50 million towards high impact investments in health, ECDE, HIV, nutrition, WASH and child protection in the 2017/18 fiscal year. UNICEF will work jointly with counties in 2017 to monitor and ensure effective utilization of the committed funds. These forums allowed UNICEF to understand the major bottlenecks facing counties in spending and tracking expenditures.

An electronic real time system for Social Intelligence Reporting supporting counties to mobilize and access real time data for decision making on planning and budgeting for children was approved by Government. This electronic management information system using digital technology was developed and tested in Turkana and is ready for scale up to all counties in 2017.

To promote evidence based decision making and advocacy, three studies were commissioned in collaboration with Counties and the National Treasury: the budget and expenditure analysis, mapping investments to children and bottlenecks in social sectors. They provided budget briefs for advocacy. Preliminary findings indicated that Kenya allocates on average 38 per cent to social sectors, with education receiving the highest share (5 per cent) of GDP. Health’s share is still below international commitments. The Government is spending 0.7 per cent of GDP on social protection. Even with substantial allocations for social sectors, execution of the development budget and inefficiencies remained a challenge. Across the counties covered, there were no specific budgets for nutrition and HIV/AIDS. The budget briefs will provide an advocacy platform on improved allocations and execution in social sectors.

A Public Expenditure Review was conducted in partnership with the World Bank and UN Women on Health and WASH sectors. Findings will be instrumental in informing the national fiscal policy framework and supporting the selected counties to improve efficiency and effectiveness of public expenditure. The third study on fiscal space and political economy will inform decision makers on ways to improve fiscal space on social sector investments.

UNICEF, in partnership with the Kenya School Government, incorporated child and gender responsive components in the national training materials. The training of relevant staff will be conducted in 2017 after the development of national guidelines.

OUTPUT 3 National and county level are able to develop and apply innovation models of service delivery for children

Analytical Statement of Progress:
UNICEF, in collaboration with the Kenya National Bureau of Statistics, commissioned the first national child poverty study with Multiple Overlapping Deprivation Analysis (MODA) using the 2014 Kenya Demographic and Health Survey data (KDHS 2014). The purpose was to update the levels of deprivations encountered by children across the counties and produce a national baseline for SDGs 1, 2 and 10. Preliminary findings indicated that more than 9.5 million children (45 per cent) were severely deprived simultaneously of at least three dimensions and 13.8 million children (68 per cent) were deprived of at least two dimensions. Child deprivation was highest in Tana River, West Pokot, Turkana and Wajir and lowest in Nairobi, Kiambu, Mombasa and Nyeri. The findings will inform the formulation
of the MTP3 process and County-level planning processes as well as inform UNICEF interventions at the county level.

In terms of mainstreaming and rolling out innovation and innovative approaches, more than 20 different innovative initiatives were undertaken at cross-sectoral level by UNICEF Kenya. Kenyan-born innovations like Single Registry, Child-line 116 and Smart Sensors received international recognition. Given that innovation for children cannot be rolled out without a strong partnership, significant steps were made in establishing strategic partnerships with public and private institutions including universities, in children's rights. UNICEF signed an MoU with the University of Nairobi and successfully organized the 2nd Nairobi Innovation week (NIW) inaugurated by His Excellency the President of Kenya.

UNICEF hosted seven knowledge sharing sessions on new and immerging innovations. The sessions attracted national and international expertise from the private sector and academia. Institutions like BRCK, iHUB, Ona Kenya, Computing for Development Lab, a Silicon Valley consultant and others interacted with UNICEF Kenya staff. The online webinar on Innovation during the Nairobi Innovation Week had participants from more than eight countries.

To monitor bottlenecks and barriers faced by children and mothers in hard to reach areas, UNICEF and the Ministry of Devolution tested an RTE digital social intelligence reporting system, which is ready to scale in other counties. As part of the devolved governance support to the government, UNICEF also rolled out the Stakeholder Approach to Risk-informed and Evidence based Decision (SHARED) to support child sensitive county budgeting in Turkana, one of the most deprived counties. As part of civic engagement on children issues, UNICEF partnered with the Kenya Red Cross and Kenya Scouts to successfully test the engine of U Report, rapidPRO in emergency contexts with more than 40,000 registered participants.

In 2017 UNICEF will be launching the U-Report with the Government and partners to support wider discussions with children, adolescent and youth. Through the Council of Governors, the Turkana County Government-owned SHARED approach will be scaled up to support community participation on County Integrated Development Planning. The digital SIR will be scaled up to other counties. The third Nairobi Innovation Week is scheduled for March 2017, with a special focus on innovations for children, including startups focused on children.

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:
Evidence-based approaches aimed to strengthen national and county level capacities and systems to collect, analyse, disseminate and utilize evidence and results to improve programming, policy development and implementation in Kenya.

In 2016, UNICEF supported dissemination of key findings of KDHS 2014 (published in December 2015) across all 47 counties, with county briefs covering priority indicators. The national Government, counties and other implementing partners utilized the data generated to monitor the progress made on various focus areas as outlined in the vision 2030 and SDG. For example, underweight in under-five children was reported at 11 per cent, meeting the nutrition sector MDG target; and infant and child mortality decreased to 39/1,000 and 52/1,000, from 52/1,000 and 74/1,000 in 2009, respectively

Multiple Indicator Cluster Survey 5 (MICS5) conducted in the county of Kakamega, Turkana
and Bungoma was disseminated in the three counties in June 2016, with technical and financial support from UNICEF. This enriched data availability for the three counties and narrowed the data gap that existed due to lack of adequate samples to disaggregate the KDHS data for some indicators, such as exclusive breastfeeding data, which was not available at county level in the KDHS 2014.

UNICEF, through the Economic Policy Research Institute (EPRI) initiated Multidimensional child poverty analysis in Kenya covering all the 47 counties using KDHS 2014 data. The findings will contribute to the determination of a national baseline for SDG1 and SDG10. The evidence will be used to inform the Medium-Term Plan III as well as county development plans to better prioritize rights of children.

The Monitoring and Evaluation Department (MED), with technical and financial support from UNICEF and other UN agencies, worked towards inculcating an M&E culture at national and county levels, which would enable evidence-based decisions and policy making. In April 2016, the capacity of Kajiado county Water and Budget Sub Committee members was built on evidence-based decision making and M&E, and this resulted on increased budgetary allocation to WASH in Kajiado County by 30 million shillings in the 2016/17 financial year. Through UNICEF support, capacity of technical staff (M&E personnel, Project Managers, Statistician, Economists, Health Officers and Directors) in four focus counties (Kisumu, Homabay, Migori and Kakamega) were strengthened on Results Based Management, Monitoring and Evaluation.

Strong coordination and active participation of both Government and UN partners in the Monitoring and Evaluation Technical Working Group helped strengthen advocacy initiatives and resource leveraging and avoid duplication of efforts. In June 2016, UNICEF provided technical support to MED in undertaking national level consultations with high level national Government officials for the draft M&E policy, which will strengthen, guide and standardize all M&E processes at national and county levels.

In line with the UN Commission on Information and Accountability for Women and Children, UNICEF supported the Civil Registration Department (CRD) within the Ministry of Interior and Coordination of National Government and the CRVS Unit of Ministry of Health (MOH) at national and county level to improve birth registration coverage in the country. A birth is considered registered once it is captured with the civil authorities (CRD). To address the shortage of birth registration service provision points in the country, UNICEF and other partners supported a system to register births in health facilities. With this approach, birth registration was integrated into existing MCH services. This integrated strategy was tested and launched in Marsabit, Siaya and Turkana Counties and resulted in the rise of the number of health facilities providing the birth registration services. Although the county-wide birth registration coverages were not yet available for 2016, anecdotal evidence indicated a promising trend in focus counties after the launch of the MCH integration. Plans were underway to expand the coverage of MCH integration in 2017.

In 2017, UNICEF plans to support the Kenya National Bureau of Statistics (KNBS) to conduct MICS6 at national level. This will provide baseline data for monitoring the SDGs and provide baseline data for the GoK- UNICEF 2018–2022 country programme.

Support to strengthen national and county M&E systems will be a priority moving into 2017, with roll out of County Integrated Monitoring and Evaluation System (CIMES) scheduled for Kakamega and Mombasa counties. This will also conclude building the capacity of the county technical staff on Results Based Monitoring and Evaluation. Support towards finalization of the M&E policy and supporting county Governments in developing their own M&E policies and frameworks will also be prioritized.
Key challenges encountered in 2016 included low number of technical staff within the Monitoring and Evaluation Department (MED) that would enable prompt delivery of results.

**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:**
The Ministry of Planning and Statistics, Monitoring and Evaluation Department (MED), in partnership with UNICEF and other development partners, strengthened the National Monitoring and Evaluation System (NIMES) and County Integrated Monitoring and Evaluation System (CIMES) to provide disaggregated data and real time monitoring of barriers and bottlenecks faced by the most disadvantaged. Through technical and financial support from UNICEF, the capacity of county and implementing partners’ staff in the four counties of Kakamega, Kisumu, Homa Bay and Migori was strengthened on results-based management. UNICEF supported MED to hold Monitoring and Evaluation week in Kisumu, which offered an advocacy platform to extend the M&E agenda at the county level.

In 2016, discussions were held on improving utilization of the Kenya Electronic Project Monitoring Information System (e-ProMIS) and building the capacity of the county Governments on utilization of the platform, which will allow all departments to monitor and evaluate Government and donor funded development programmes.

Continued support to the Kenya National Bureau of Statistics (KNBS) and the Monitoring and Evaluation Department (MED) strengthened capacity for evidence generation and availability of data for policy formulation and programming.

UNICEF supported the Ministry of Planning and Statistics department of Monitoring and Evaluation to develop M&E Policy, which, at year end, was at cabinet level for approval. National and county level consultative forums attended by senior Government officials, learning institutions staff and implementing partners were held to collect inputs and to help improve on the ownership of the process and the policy.

A reference group chaired by the chief of Planning Monitoring and Evaluation section was constituted to ensure quality of PRIME activities. As of December 2016, a total of 10 out of 30 PRIME activities planned in 2016 were completed after undergoing a rigorous quality assurance process undertaken by the reference group, with technical support from the external advisory groups, Regional Office and UNICEF Headquarters.

Plans are underway for 2017 to conduct secondary analysis of KDHS 2014, with a focus on indicators relevant to children. Child friendly reports from MICS5 and statistical abstracts for focus counties are also planned. UNICEF will support the review of the M&E curriculum offered in universities and MICS6.

The capacity gap in the key Government Ministries was a major challenge. The monitoring and evaluation department in the Ministry of Planning and Devolution had only nine staff and this led to delays in the implementation of the key activities planned for the year.

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

**Analytical Statement of Progress:**
In collaboration with the CRD and MOH, UNICEF supported a training of 86 civil registrars across all 47 counties. As a result, civil registrars nationwide learned new developments in
CRVS, including updated national guidelines; identified bottlenecks; and ensured cross fertilization of good practices across counties, with overall improvement in the capacity of the CRS workforce in the country. One of the key components of the training was strengthening of maternal and child birth and death reporting systems, which enables civil registrars to correctly register maternal and child vital events.

In collaboration with CRD and MOH, UNICEF introduced the implementation of the MCH integration strategy in Turkana, Siaya and Marsabit counties, where birth registration coverages were 19.8 per cent, 51.4 per cent and 43.7 per cent, respectively, against the national coverage of 68.1 per cent in 2015. With this approach, birth registration services are integrated to mother and child health services (MCH) in health facilities, ensuring every child born at health facilities receives a package of preventive health services and birth registration. As a result, health workers, chiefs and assistant chiefs, sub-county heads and religious leaders were oriented and sensitized with mechanisms and procedures required at every level for the integrated service provision. They started to implement the process during the year. The anecdotal evidence indicated improvement of birth registration coverage in the focus counties, though the actual figures on the birth registration coverage in counties for 2016 have not yet been released by CRD. The current proportion of health facilities in UNICEF focus counties implementing the MCH strategy for birth registration are: Turkana, Homabay, Siaya, Kakamega, Garissa, and Nairobi. The target is to achieve 100 per cent in all five counties by 2018. Plans to further expand the initiative and to strengthen monitoring and evaluation of the integrated services in sensitized counties were underway. CRD, in collaboration with national MOH, planned to expand the integration in Kakamega County in early 2017, followed by monitoring of integrated activities throughout the year.

Despite UNICEF’s commitment to support the Midterm Review (MTR) of the Civil Registration Strategy 2013-2017, CRD cancelled the MTR due to its competing priorities and planned to do an endline evaluation of the strategy in 2017. The purpose of the MTR was to assess progress made in the CRVS sector in terms of achieving stated goals and objectives of the CRS strategy (2013-2017) and its adjuvant M&E plan. Given the importance of this evaluation, UNICEF will further continue its support to CRD in this exercise.

One of the key bottlenecks in realizing this Output result was related to weak inter-ministerial coordination mechanisms between MOH’s focal unit for birth registration and CRD. UNICEF played a catalytic role in ensuring smooth coordination between key stakeholders, while delivering intended results of improving birth registration status of the country.

**OUTCOME 4** By 2018, children, families and communities utilize child protection services, underscored 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:**

Progress was made in 2016 toward strengthening the legal and policy framework. The Children Act of 2001 was drafted into a new law, the 2016 Children Bill, which was made available to stakeholders and the public at large for comments through the website of the National Council of Children Services (NCCS) in September. Thanks to UNICEF advocacy, a multi-sectoral steering committee was set up in December to further review the draft Bill, including by independent legal experts supported by UNICEF.

Important child protection related policies were developed in 2016. A National Policy and costed Action Plan on the Abandonment of Female Genital Mutilation (FGM) were finalized and will be launched in 2017. Kenya’s first proposed national policy on ending Child
Marriage, a policy relating to vulnerable families and children in street situations, and a proposed policy on family promotion and protection were drafted. UNICEF provided technical support in the drafting of these policies and action plans, and played a catalysing role in bringing the various Ministries together.

In 2016, UNICEF continued to advocate for increased ownership and responsibility of child protection at County level, resulting in increased County level budget allocations to child protection services, thereby strengthening sustainability.

In evidence generation, a UNICEF study on child marriage in Turkana launched in 2016 was used for advocacy to end child marriage. A baseline survey on FGM and child marriage among six communities was underway and results were expected by April 2017.

The Department of Children Services (DCS) rolled out an upgraded Child Protection Information Management System (CPIMS) in seven counties. UNICEF will support rollout to nine counties beginning in early 2017. A fully functioning CPIMS, to be used by all child protection actors from government and civil society, will improve child protection information management and availability of child protection data.

The child protection centre (CPC) model was further solidified in three CPCs in Garissa, Kilifi and Nakuru Counties. A total of 12,241 Children (5,605 girls, 6,636 boys) received counselling, legal and medical support, rescue and family reintegration services. The UNICEF-supported Gender Based Violence (GBV) Wellness Centre in Lodwar provided clinical, psycho-social, referral and follow up services to 633 persons (199 girls, 307 women, 45 boys and 82 men). A total of 834 children (460 girls, 374 boys) received legal aid in Malindi, Nairobi and Turkana Counties. The tollfree child helpline 116 was strengthened for reporting of violence against children. A total of 202,491 calls were received between February and September 2016, of which 26,218 calls (from 13,895 boys, 12,323 girls) received a response.

The UNICEF Kenya component of the global UNFPA/UNICEF programme to accelerate abandonment of FGM/C was expanded from five Counties to nine. Five communities publicly declared abandonment of FGM in 2016 and 22,987 persons (13,229 female, 9,758 male) including women, men, youth, boys, girls, teachers, traditional circumcisers and religious leaders were reached with awareness raising sessions on the negative impact of FGM/C and child marriage. Additional 8,326 in-school and out-of-school children (4,099 girls, 4,263 boys) were reached through training and community dialogue sessions.

In the area of child protection in emergencies, in particular in Kakuma refugee camp, progress was made in improving the child protection case management and inter-agency CPIMS. Innovative tools to determine children’s vulnerability and prioritization for child protection interventions by case workers were developed in collaboration with UNICEF Headquarters, the Regional Office for Eastern and Southern Africa, UNHCR and Lutheran World Federation. This represented a first globally and will be contextualized for use in case management and the national CPIMS. UNICEF re-engaged with child protection partners in Dadaab refugee camps to provide support to unaccompanied, separated, and other vulnerable children. To address child protection concerns prior, during and after Voluntary Returns of Somali refugees to Somalia, UNICEF Kenya and UNICEF Somalia child protection teams enhanced collaboration with UNHCR and implementing partners in the two countries to agree on information sharing protocols and how to ensure safety and wellbeing of returnees.

New leadership in the Ministry of East African Community, Labour and Social Protection (MEACLSP), NCCS and DCS facilitated progress in reaching a consensus on key child protection issues, including a review of the Child Protection System Strategy and a child
Beginning in 2017, the child protection outcome will lead UNICEF Kenya’s work around birth registration, a decision taken at the midterm review of the 2014-2018 Country Programme conducted in 2016. Strengthening birth registration as part of Kenya’s civil registration and vital statistics system and bridging gaps between rural and urban birth registration levels will be done jointly with other UNICEF programmes, in particular the monitoring and evaluation, health, social policy and education sections.

Challenges in 2016 in the area of child protection were related to late start-up of implementation of some agreed interventions and limited financial resources of line Ministries, resulting in insufficient Government staffing capacity to fully take the lead in building an effective child protection system. Various options were explored to ensure long term sustainability and further capacity building of Government counterparts, with support from UNICEF.

OUTPUT 1 By 2018, Kenya's legal framework is strengthened to prevent and respond to violence against girls and boys, family separation and harmful practices

Analytical Statement of Progress:
Progress was made in 2016 to strengthen the child protection legal and policy framework. A range of policies were completed or were in final draft.

In September 2016, a draft Children Bill to replace the 2001 Children Act was made public on the website of the NCCS to solicit comments and recommendations. Enacting the Bill was postponed to 2017. The extended timeframe offered an opportunity to refine the Bill and address remaining gaps. UNICEF reviewed the Bill to ensure that it was in line with the 2010 Constitution, relevant national legislation, the 2016 CRC Committee concluding observations, and international juvenile justice standards. Thanks to UNICEF advocacy, a multi-sectoral Government led Steering Committee was set up, of which UNICEF is part. UNICEF will support engagement with independent legal experts to review the law. Consultations with stakeholders at national and county levels, including with children are planned for the first Quarter of 2017.

The National Policy on the Abandonment of FGM/C (2016-2021) and its Strategic Plan of Action (2016-2021) were finalized by the Anti-FGM Board, under the Ministry of Public Service, Youth and Gender Affairs (MPSYGA) with joint UNICEF and UNFPA support. Once implemented, the policy will ensure a multi-sectoral approach for advocacy and actions for the total abandonment of FGM/C.

The State Department of Gender Affairs, also under the MPSYGA, led a multi-sectoral process of drafting a National Plan of Action to End Child Marriages in Kenya (2016-2025). UNICEF provided technical support to the draft, which is scheduled to be completed early 2017.

The Street Families Rehabilitation Trust Fund under the State Department of Special Programmes of the Ministry of Devolution and Planning was supported by UNICEF in its drafting of a Street Families and Children Policy. Simultaneously, the same department was preparing to conduct Kenya’s first comprehensive survey on families and children in street situations. UNICEF supported an initial stakeholders’ workshop to agree on the design of the study (to be carried out in 2017), which aims to generate evidence on the numbers of children and families affected, underlying causes, and scope of the problem. Once
completed, the survey findings and approved policy are expected to inform enhanced programming for vulnerable families and children in street situations, including the strengthening of coordinated mechanisms at national and county levels for prevention; and rehabilitation/family reunification for children in street situations.

The DCS was in the process of developing a National Family Promotion and Protection Policy, with the overall goal to provide an environment that recognizes and facilitates family well-being and empowers families to participate in the socio-economic development of the country.

Beginning in 2017, UNICEF will continue to make linkages between the various policies and promote effective inter-Ministerial coordination because the policies address different child rights issues, yet may speak to the same child (e.g. a child living in the street may be at risk of being married or undergoing FGM, and may be part of the same vulnerable family that might benefit from family protection).

**OUTPUT 2** By 2018, the GoK has the technical and financial capacity to coordinate and implement child protection system at national level and in nine selected counties

**Analytical Statement of Progress:**
Availability, analysis and use of child protection data and information management is a key component of a child protection system and contributes to more effective service delivery (through case management), informs programme interventions and can be used for advocacy to end child rights violations. Under the leadership of DCS and in partnership with other stakeholders, an improved Child Protection Information Management System (CPIMS) continued to be rolled out in seven Counties (Homa Bay, Kakamega, Kisumu, Migori, Nairobi, Nakuru and Siaya). UNICEF and DCS agreed on nine counties (Garissa, Isiolo, Kajiado, Marsabit, Mombasa, Samburu, Tana River, Turkana and West Pokot) for full UNICEF-supported implementation. Work in four of the selected counties was scheduled to start in 2016 but was delayed due to administrative reasons and will start in 2017. Innovative case management tools (e.g. a child protection vulnerability calculator to accurately assess and prioritize child protection needs) developed by UNICEF in Kakuma refugee camp in collaboration with an implementing partner and UNHCR will be used for adaptation for the national level CPIMS.

In the area of strengthening and promotion of family care of children, a mapping of requirements to fully implement the Guidelines for the Alternative Family Care of Children and the National Standards for Best Practices in Charitable Children Institutions was done at the beginning of 2016. External factors caused late start-up of the planned implementation in Kisumu as a pilot county. These interventions will be accelerated in 2017 with further national scale up thereafter.

For the first time, UNICEF child protection supported the national Music Festival, a long standing (90 years) tradition in Kenya. In collaboration with the Ministry of Education, Science and Technology (MOEST), awareness was raised on violence against children (VAC). Some 1.5 million children participated directly, with approximately nine million children and young people indirectly participating and benefiting from the VAC-related messages developed by children and their teachers for music and drama performances in schools throughout the country.

UNICEF’s partnership with the Communications Authority of Kenya (CAK) on child online protection was further consolidated. Approximately 10,000 stakeholders were reached in Nairobi County. A total of 250 teachers and 430 government officials from Judiciary, Police,
and Social Welfare Sectors acquired increased knowledge on identification, reporting, rescue and service delivery for survivors of child online abuse and exploitation through training.

UNICEF child protection and the County First Ladies Association began their collaboration by conducting a one day workshop on child protection. More than 80 persons participated, including 29 County First Ladies who pledged their support to campaign against child abuse and exploitation in their respective counties.

Financial and human resource allocations to the child protection sector remained inadequate at national and county levels. While child protection coordination worked well in some counties through Area Advisory Councils and child protection working groups, at national level, technical child protection coordination remained weak. These will continue to be UNICEF advocacy focus areas in 2017.

OUTPUT 3 By 2018, nine target county governments have the strategies and capacities to coordinate and implement child protection services reaching the most marginalized girls and boys in regular and emergency context

Analytical Statement of Progress:
Through UNICEF advocacy, County governments in six counties (Garissa, Kilifi, Mombasa, Tana River, Turkana, Wajir) increased their combined budget allocations for child protection from US$0.73 million in June 2016 to approximately US$ 2.4 million to June 2018. Funding will support rehabilitation of children in the streets, birth registration, operationalization of Child Protection Units, Child Protection Centres, a juvenile remand home and child rescue centres. This will help ensure County-level ownership and sustainability of child protection services.

In collaboration with DCS, civil society organizations and communities, child protection mechanisms were strengthened in selected counties. In Turkana County, a child protection strategy was endorsed, which was a first in Kenya. In Garissa, Isiolo, Marsabit and Tana River counties, multi-sectoral Child Protection Action Plans were developed and endorsed and implementation started.

In partnership with the national child helpline (116), 230,371 calls were received between February-October 2016, out of which 24,798 calls (9,563 girls, 12,393 boys, 2,842 undisclosed) required a response. A total of 4,526 Children (2,404 girls, 2,122 boys) were provided with direct services, including counselling, emergency rescue services, referral to health and legal services, family tracing and reintegration, and follow up visits.

Comprehensive child protection services (e.g. counselling, legal- and medical support, rescue and family reintegration) were provided to 12,241 children (5,606 girls, 6,635 boys) through three Child Protection Centres in Garissa, Malindi and Nakuru. All 408 children (161 girls, 247 boys) separated from family and staying in the Garissa CPC rescue centre were reunited with their families from different parts of Kenya. In Turkana County, 633 survivors of GBV (199 girls, 307 women, 45 boys and 82 men) received medical, psycho-social and follow up services through a UNICEF-supported GBV Wellness Centre at the County hospital. A total of 834 Children (460 girls, 374 boys) received legal aid in Malindi, Nairobi and Turkana Counties.

A total of 19,713 children (9,970 girls, 9,743 boys) increased their knowledge on child rights and protection. More than 1,000 parents, 12,000 community members and 502 duty bearers were sensitized on child protection issues and their role to protect children from abuse. A total of 5,729 children in Nairobi schools had their capacity built on how to stay safe from online grooming, cyber bullying and online exploitation. UNICEF also raised public
awareness on child online protection through participation in a national TV show and the production of three educational videos, distributed through social media.

In Kakuma Refugee Camp, 25,158 children (10,864 girls, 14,294 boys) received individual/group counselling, play therapy and follow up support. Of these, 11,065 (3,898 girls, 7167 boys) were separated, 2,095 (545 girls, 1,547 boys) were unaccompanied, and 538 (311 girls, 227 boys) were classified as vulnerable. They continued to benefit from professional case management services supported by an enhanced Child Protection Information Management System and innovative tools to determine children's vulnerability. A total of 1,982 cases (543 girls, 1439 boys) were successfully closed, and 423 (125 girls, 298 boys) were reintegrated with family. A total of 1,184 children (349 girls, 835 boys) were placed with foster parents and 1,345 children (745 girls, 600 boys) received dignity kits in Kakuma and Garissa.

OUTPUT 4 By 2018, children, families and communities in target counties are able to reject harmful practices and respond to violence against children, family separation and adopt positive social norms, and utilize child protection services

Analytical Statement of Progress:
In 2016 UNICEF Kenya, under the global UNFPA/UNICEF programme to end FGM, and in partnership with the Anti-FGM Board, County Governments and implementing partners, expanded its interventions on ending female genital mutilation (FGM) and child marriage from five to nine Counties (Garissa, Kajiado, Kisii, Marsabit, Migori, Samburu, Tana River, Wajir and West Pokot). A total of 22,987 people (13,229 female, 9,758 male) were reached with awareness raising sessions on the negative impact of FGM and child marriage. Stakeholders included women, men, youth, boys, girls, teachers, former circumcisers, Chiefs, religious leaders, health workers and police. A total of 8,362 children (4,099 girls, 4,263 boys) in and out of school were directly reached through training and community dialogue sessions. The programme benefited from community role model/champions to accelerate abandonment of FGM and some counties allocated resources, agreed to community action plans and local policies.

Community dialogue sessions provided community members (men, women, boys and girls of diverse backgrounds) an opportunity to discuss FGM’s physical, emotional, psychological, health consequences and led to community declarations on the abandonment of FGM and Alternative Rites of Passage for girls in five communities. A total of 7,297 people participated, including 3,233 girls, 383 boys, 3,500 parents, 160 community elders (no gender disaggregation available), and 21 women former circumcisers.

The Joint programme continued to build and strengthen existing working groups and Area Advisory Councils for children in 11 Sub-County and County levels. UNICEF child protection revitalized two Area Advisory Councils (ACCs) for children in two Sub-Counties of Garissa through supporting the AAC’s 51 members (34 male, 16 female) on improved coordination. The AAC engagement provided an opportunity to strengthen inter- and multi-sectoral stakeholder collaboration to establish a referral pathway for the protection, prevention and response services for boys and girls.

A total of 142 teachers (92 male, 50 female), who were patrons in school-based clubs were trained on FGM in eight schools in seven Counties. Teachers are key influencers of their students’ thinking, behaviours and norms, and often also engage their community on ending FGM/C at social functions (weddings, places of worship, birth parties). The programme continued to use various mass media interventions, including local community radio stations, to publicize the abandonment of FGM and ending child marriage.
UNICEF supported Womankind, World Vision and ADRA Kenya to conduct media campaigns in nine counties through local vernacular radios.

In order to strengthen community and County specific evidence generation, UNICEF conducted a baseline data survey in Samburu, Wajir, Garissa, Kajiado, Marsabit and West Pokot Counties on FGM and child marriage. The findings and recommendations will be available in early 2017 and will be used to strengthen programme interventions and support resource mobilization and advocacy to end harmful practices.

There continued to be a lack of data, especially at the county and community levels, on prevalence, knowledge, attitude and practices around FGM and child marriage. The capacity and awareness of the public prosecution and law enforcing agencies remained weak. UNICEF will continue strengthening that capacity in 2017.

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:
Notable progress in reducing new HIV infections and increasing treatment coverage in Kenya was achieved. However, with more than 1.5 million children, adolescents and adults living with HIV, the country still requires continued support to achieve overall global and national HIV prevention, treatment and care goals. During 2016, UNICEF continued to ensure that its HIV programme addressed both decades of childhood, and well situated within UNICEF’s Country Programme and aligned to the UNDAF and national plans. UNICEF worked closely with the National and County Governments, UN Joint Programme on HIV, PEPFAR, GFATM and other development partners, CSOs, media, popular artists and the private sector towards a child rights centred HIV response.

Kenya reduced mother to child transmission (MTCT) of HIV by 50 percent in children and achieved 75 percent coverage of PMTCT interventions in 2016. However, HIV transmission rates of 8 per cent at national level and in some counties higher than 10 percent continued to be above the global target of less than 5 percent. To scale up best practices and address current challenges in further reducing HIV transmission rates, UNICEF supported the development of Kenya’s second eMTCT framework 2016-2021.

Through UNICEF and WHO support, the Ministry of Health developed and released new ‘Test and Treat’ guidelines seeking to enroll all 1.5 million children and adults living with HIV in lifelong HIV treatment. Access to viral load testing among infants and children remained a challenge despite Kenya surpassing identification and ART coverage targets for children, with 82,000 children on ART in the 90-90-90 cascade. UNICEF continued to support the Ministry of Health in the development of an implementation plan for the Point of Care (POC) Technology to guide the roll out of POC for early infant diagnosis and viral load monitoring.

With 2015 indicators on adolescents and young people still off target (15-24 year olds contributing 51 per cent of adult new infections and only half of 15-19 year olds testing for HIV), in 2016 UNICEF supported the National AIDS Control Council (NACC) to improve coordination and monitoring of high impact interventions through the Fast Track Plan on ending HIV and AIDS among Adolescents and Young People and County AIDS plans with targets and strategies for children, adolescents and women in six targeted counties.

There was a 17 per cent increase in new infections among adolescents and young people. UNICEF, with the UN Joint team and PEPFAR, working closely with the Ministry of Health, supported the revision, roll out, and training on national HIV data tools which allow for better
disaggregated data for children and adolescents.

UNICEF continued to provide strategic support to enhance adolescents’ participation in the HIV response through ‘Sauti Skika’, the national network of adolescents living with HIV. With UNICEF support, adolescents and young people attended and actively participated in the network, representing views of young people living with HIV at the UN High Level Meeting (HLM) on HIV and AIDS in New York, the International AIDS Conference in Durban and at various other high level meetings at national and county levels.

UNICEF collaborated with the UN Joint Team, NACC, Sauti Skika and the Football Kenya Federation (FKF) and service provision partners to implement the ‘Maisha County League’, which mobilized more than two million adolescents and young people in all 47 counties to end HIV stigma and link them to stigma-free HIV testing, treatment and care, by leveraging the power of football. UNICEF supported 10 counties to implement this campaign, particularly for girl’s teams, to have an opportunity to play and to access HIV services, reaching more than 40,000 young people with HIV testing and counselling services. UNICEF also utilized six innovative media clips to reach more than 300,000 young people in an aim to change the negative perceptions adolescents living with HIV often face. UNICEF partnered with a celebrated local artist to develop and employ innovative music and media products and social media strategies to influence adolescent boys’ and girls’ behaviour on issues around HIV and AIDS during and after World AIDS Day 2016.

Working with the National AIDS and STI Control Programme (NASCOP) and other partners, UNICEF supported and launched a new situational assessment on adolescents most at risk. ‘Invisible or Ignored’ provided critical insight for key populations’ programming. Recommendations were incorporated into the Adolescent and Youth Friendly service provision guidelines and training manuals for health service providers and also enabled the revision of routine key population data collection tools to collect and report on adolescents.

With the high number of all AIDS orphans (670,000 in 2015) and other vulnerable adolescents, UNICEF’s HIV, Social Policy and Child Protection teams supported the participatory process toward the development of two new programme models to address multiple vulnerabilities of adolescent girls and boys through the lenses of social protection and child protection, respectively.

UNICEF supported the Delivering as One mechanism, the UN Joint Programme on HIV (UNJP), including the annual planning, review and reporting process. This led to the revised Kenya’s AIDS Strategic Framework (KASF), a KASF-aligned UNDAF HIV results matrix, joint programme results framework and operational plan.

OUTPUT 1 Output 5.1 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 continued to work at policy level with the Government of Kenya through the National AIDS Control Council (NACC) and partners, resulting in County HIV and AIDS Strategic Plans for Nairobi, Mombasa, Siaya, Homabay and Migori having targets and priority actions for children, adolescents and women. Dedicated support through a HIV information officer was offered to the National AIDS and STI Control Programme (NASCOP), resulting in improved data on children and adolescents at national and county level, including enhanced capacity in data quality assurance (DQA) at facility and sub-county level. UNICEF, jointly with UNAIDS, WHO and CDC, supported the government to generate new adolescent national and county disaggregated HIV estimates, which provided informed
policy action and led to the closer collaboration between the Ministry of Health and Ministry of Education.

During the year, UNICEF, jointly with PEPFAR and other partners, actively supported NASCOP to undertake a National Rapid Results Initiative (RRI) on HIV testing and treatment to increase HIV testing among all populations, including children and adolescents. With 98,170 children and younger adolescents (0-14 years) living with HIV in Kenya, through the RRI the country identified 87,314 people (51 per cent female) out of a target of 79,691 and ensured that 82,643 received lifesaving antiretroviral treatment by the end of September 2016 (exceeding the target of 71,377). UNICEF continued to provide technical support to the national programme and in six counties in the development of county-specific acceleration of HIV care and treatment work plans. Those counties have strengthened the integration of early infant diagnosis into child welfare clinics resulting in early identification and treatment of HIV exposed infants. As of September 2016, 61,017 (77 per cent) HIV exposed infants were tested for HIV, of whom 3,347 (5.5 per cent) tested HIV positive.

With UNICEF, WHO and PEPFAR support, the Ministry of Health developed and launched new national ‘Guidelines on Use of ARVs for HIV Prevention and Treatment’ in June 2016. The national guidelines were developed based on the 2015 WHO global guidelines. The national guidelines recommend the ‘test and treat’ approach, piloting of birth testing, strengthening overall point of care technologies and differentiated packages of care among other key interventions. The national Beyond Zero campaign by the First Lady was supported, resulting in all counties being equipped with a mobile clinic to offer HIV and MNCH services.

To strengthen planning and response in humanitarian situations as well as bridge gaps in HIV prevention and treatment, including post-test linkage and referral, in Kakuma Refugee Camp and the host community in Turkana West sub county, UNICEF partnered with IRC to ensure 517 families continued on uninterrupted HIV treatment. The partnership galvanized the county government and partners towards urgent action in addressing resource gaps to improve paediatric and adolescent HIV testing and treatment outcomes in both the camp and the host community.

**OUTPUT 2**

Output 5.2: Increased national and sub national capacity for scaling up integrated HIV prevention, treatment and care interventions for adolescents

**Analytical Statement of Progress:**

UNICEF continued to convene the HIV prevention Strategic Result Area focusing on adolescents in the UN Joint Team on HIV. Together with members of the UN Joint Programme on HIV, UNICEF has supported NACC to mobilize young people, government, private sector, civil society and development partners for a nationwide campaign, ‘Maisha County League’ to #KickOutHIVStigma from Kenya and link young people to stigma-free HIV testing, treatment and care. An estimated 2,000,000 adolescents and young people were reached with HIV messaging and more than 20,000 were offered stigma free HIV testing services by World AIDS Day. UNICEF also launched a new partnership with a well-known influential pop star with a good reputation to creatively embed behaviour-change language and HIV messaging through his wide influence through music and social media.

At county level, UNICEF supported the dissemination of a specific Fast Track plan on adolescents to all 47 counties, and directly supported the formation and sustainability of coordination and accountability mechanisms through County HIV and Adolescent Technical Working Groups in Mombasa, Nairobi, Siaya, Homabay and Kisumu counties. UNICEF also supported Adolescent Health Symposia in Kisumu, Homabay and Turkana, which have led to an increased recognition of gender responsive adolescent HIV prevention, treatment and
care in county planning, budgeting and implementation. County First Ladies chose adolescents HIV and SRH as their flagship projects and led advocacy initiatives, including lobbying county assemblies to prioritize domestic financing for HIV.

A total of 12,227 adolescents (42.9 per cent girls), received HIV life skills education in 54 schools in Kakuma refugee camp and Turkana host community through a partnership with International Rescue Committee (IRC) on strengthening the HIV response in emergency settings. Ten adolescent support groups were formed in Nairobi, Mombasa, Kisumu, Siaya and Homabay, with a total membership of 104 adolescents ages 10-19 (60 per cent girls), and a further nine adolescent psychosocial support groups reaching 96 adolescents (43 per cent female) resulting in improved adherence to ARV and positive living among those infected.

Through a consultative process with adolescents and partners, UNICEF supported the Ministry of Health to develop national standards for support networks for adolescents living with HIV, which will be used to scale up the adolescent support groups at community level once they are launched in early 2017. Capacities of 60 adolescents living with HIV network leaders (60 per cent girls) were enhanced resulting in improved knowledge and understanding on support group management and of opportunities and strategies of addressing adolescents living with HIV (ALHIV) concerns in Kenya. To further strengthen the capacity of the national network for adolescents living with HIV ‘Sauti Skika’, UNICEF supported the launch of its county chapters in Siaya, Homabay, Kisumu and Migori through mobilization and sensitization among adolescents living with HIV.

OUTPUT 3 Output 5.3: Evidence on children, adolescents and HIV is utilized for policy and programming and models for scale up developed

Analytical Statement of Progress:
UNICEF, in collaboration with NASCOP, NACC and partners, conducted an adolescent and HIV data assessment in six priority counties – Nairobi, Mombasa, Turkana, Kisumu, Siaya and Homabay – which resulted in increased attention by county governments to adolescents and HIV concerns and informed County AIDS Strategic Plans (CASP). Recommendations emanating from the adolescent and HIV county assessments suggested further data reviews should be conducted to generate new insights into ART enrolment and adherence challenges among adolescent boys and girls. The assessments also recommended support for the next ‘KEN-PHIA’ Kenya Population-based HIV Impact Assessment, to include sub national and age/sex disaggregated data; that data quality reviews be conducted geared towards improving the quality of adolescent data in HTS, care and treatment and viral suppression; and that school-based adolescent interventions be strengthened through partnership between the Ministries of Health and Education. Results from the assessment were shared nationally and at the International AIDS Conference in Durban, and led to a request from the Ministry of Health to undertake a national assessment on the same topic.

UNICEF, jointly with PEPFAR, UNAIDS and WHO, supported the Ministry of Health to develop the new HIV estimates for Kenya and County Profiles which were launched in October 2016. For the first time, they included age disaggregated data for key indicators on the number of adolescents living with HIV, new infections and AIDS related deaths among adolescents for national level and all counties. UNICEF supported the MoH to develop new age and sex disaggregated HMIS data collection tools on HIV and 195 trainers were trained on their utilization.

UNICEF developed a model to strengthen linkages between social protection, HIV prevention and treatment and empowerment in Kisumu that builds on existing cash transfer programmes. Strengthening the graduation of adolescents out of cash transfer programmes...
was also being reviewed. New funding was continuously leveraged for social cash transfers under PEPFAR’s DREAMS initiative and there was advocacy for linkages with the government’s orphans and vulnerable children cash transfer programmes. UNICEF also embarked on another model to strengthen linkages between child protection, HIV prevention and treatment and empowerment for vulnerable adolescents in Migori county, in partnership with World Vision.

UNICEF Kenya supported the National AIDS Control Council to share evidence and best practices from Kenya on reaching adolescents through a satellite session at the International AIDS Conference in South Africa, leading to increased regional and international recognition of the country’s attention to adolescents and HIV. Lessons on early infant diagnosis, HIV in emergency settings and adolescent key populations were also shared at the International AIDS Conference. UNICEF supported the National AIDS and STI Control Program, to share the country’s experience and development of a national plan in the roll out of Option B+ in Zimbabwe and the National HIV Reference Laboratory, to share progress implementation on HIV Point-of-Care technology in South Africa. The latter informed Kenya’s new implementation plan for Point of Care Technology, which is due to be launched in early 2017.

OUTCOME 6 Resources leveraged and strategies developed for a nationally owned, integrated social protection system linked to child vulnerability

Analytical Statement of Progress:
This outcome supports the implementation of the Government of Kenya’s National Social Protection Policy (NSPP) of 2012, and the 2nd Medium Term Plan commitments, including the Flagship programme for expansion of social cash transfers. UNICEF continued to provide technical support for policy and programme development, supporting the GOK to make progress in building the national social protection system.

Thanks to the partnership between UNICEF, World Bank, SIDA, WFP and DFID, as well as the strong leadership of the Government, the National Safety Net program (NSNP) expanded from 551,801 in 2015 to 832,408 most disadvantaged households (over 20%) and benefited 1,700,000 children by mid-2016. According to the adopted expansion plan and Government’s commitment, the NSNP is expected to reach more than one million households by the end of FY 2017/2018. This expansion is a result of the Government’s continued commitment to increase the national social protection spending (Equity, Poverty Reduction and Social Protection for Vulnerable Groups). In 2016/17, the allocated budget was US$0.327 billion (from which US$0.19 billion were allocated to social cash transfer programmes), 7 per cent higher than for 2015/16. Nevertheless, it is estimated that the current and projected level of social protection coverage is well below need (an estimated 9.5 million children are deprived of at least three dimensions of poverty).

At the policy framework level, Government was developing the legislation needed to strengthen the legal and institutional framework for social protection in Kenya as well as allowing the expansion of the social protection programmes to the most vulnerable. UNICEF led development partners in supporting the Government to develop comprehensive legislation, including a Social Protection Bill and a structured Social Protection Strategy. UNICEF also advocated for a well-developed institutional framework. A draft of the bill was finalized after consultation meetings with stakeholders in the fourth quarter of 2016 and was to be presented for approval to Parliament in the first quarter of 2017.

In 2016 the Government restructured and strengthened the social protection sector, creating the State Department of Social Protection, with a dedicated Permanent Secretary. The GOK is implementing a consolidation strategy to strengthen coordination synergies for
effective, efficient and sustainable delivery of cash transfers in Kenya. This includes the harmonization of the targeting, for which UNICEF provided technical support. UNICEF also advocated for an expanded child vulnerability definition with a key focus on children under the age of 5.

A key instrument of this consolidation is the implementation of the Single Registry, a single data depository of five major cash transfer programmes that identifies and verifies information of social protection beneficiaries for a more transparent and accountable system. The Government launched the Single Registry in September 2016, finalizing its first phase of implementation. UNICEF provided technical support in the development of the Single Registry, particularly to strengthen inclusion of children’s data.

To strengthen national capacities, UNICEF contributed to the South to South cooperation agenda by supporting the participation of senior government officials to the Community of Practice event in Arusha in May 2016, which was aimed at sharing experiences with the other 12 Sub-Saharan African countries on scaling up of cash transfers; strengthening linkages with other social sectors; using cash transfers as entry points for a more coordinated social protection system; and cash transfers in emergencies.

A learning visit to Kenya organized by UNICEF ESARO and UNICEF Kenya for Malawi, Mozambique, Zambia and Zimbabwe enhanced knowledge-sharing and promoted cooperation on operationalizing social protection systems. The visit allowed decision-makers in the four countries to learn about social protection in Kenya.

UNICEF supported contributions in the cash-plus agenda through ongoing rigorous operational research on linkages between social safety nets and other sectors, including the health sector, in Kakamega County. UNICEF supported nutrition interventions in Kitui county and HIV sensitive programming in Kisumu county. A documented model for targeting mothers and newborn children in Kakamega showed possible improvements for the national system and MNH services.

UNICEF supported the assessment of county coordination and mapping in order to propose a clear way forward in the counties’ role in the Social Protection System. The study will also provide information to update the Sector Review (2012), which explores financial sources and sustainability of the system, the adequacy and equity of the schemes, and the delivery mechanisms.

The social protection sector still encountered challenges and risks, such as financial sustainability and fragmentation of programmes. Further efforts are needed in this expansion phase for a consolidated, equitable and reliable Social Protection System for all vulnerable populations in Kenya.

UNICEF led other development partners in supporting the Government to develop adequate legislation and a policy framework, including a Social Protection Bill, a comprehensive social protection strategy that is to be implemented over the next five years and a social protection investment plan. UNICEF, through UNDAF, will support these processes for a stronger Social Protection Secretariat and a more coherent system expansion.

**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 critical
bottlenecks in the enabling environment for social protection, mainly the removal of bottlenecks related to legislation, policy and strategic leadership, and the financing of social protection. This output is embedded in UNDAF Outcome 2.4, Social Protection.

To strengthen the national policy framework, UNICEF provided leadership and technical support to update the 2012 sector review and develop a comprehensive social protection strategy and investment plan that gives coherence to the Social Protection Sector as well as a clear picture on ways to achieve targets in the national Vision 2030. The purpose of the legislation and the strategy and investment plan is to ensure sustainable leveraging of public resources as well as inclusiveness and coordination of the expanded social protection system.

In terms of social protection financing and expansion, Government of Kenya (GoK), through the Ministry of East African Community, Labour and Social Protection, kept a high level of commitment to expand social protection services to reach the most vulnerable. In 2015-2016 financial year, the Government increased its financial budget allocation to the sector (Equity, Poverty Reduction and Social Protection for Vulnerable Groups) to 33.1 billion from which Social Assistance Programmes count for 19.1 billion (an addition of 5.1 billion comparing to 2014-2015). Government contribution reached 89 per cent of the total resources, reducing significantly donors’ participation. The CT-OVC allocation reached KES 7.9 in 2015/16.

By the end of 2016 the four main cash transfers -- Cash transfer for orphans and vulnerable children (CT-OVC), Older Persons Cash transfer (OPCT), Cash transfers for severe disable persons (SDP-CT) and Hunger Safety Net Programme (HSNP) -- reached 832,408 households across 47 counties (more than 20 per cent of poor households) and more than 1.7 million children.

At institutional level, the GOK established the State Department for Social Protection that will be supported by two units, the Social Protection Secretariat and the new Social Assistance Unit (SAU). The Social Protection Secretariat is now focused on implementing the Social Protection framework and creating proper linkages and integration to the social sector. These include creating mechanisms for coordination with cash transfers implemented under other sectors, other social protection programs and other relevant areas in health, education and agriculture. The Social Assistance Unit (SAU) will be responsible for implementing a ‘Consolidation Strategy’ of three social cash transfers (Cash Transfer for Orphans and vulnerable children, Older Persons Cash Transfer and Persons with Severe Disability Cash Transfer) in one ‘Inua Jammii’ Programme.

Priorities for 2017 will be mainly the finalization of the social protection strategy and investment plan as well as the enactment of the Bill. UNICEF will strengthen its investment to build capacities of Government staff at national and county levels on social protection.

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

Analytical Statement of Progress:
This output focuses on modelling service delivery approaches to reach the most vulnerable children, documenting evidence on linkages between social protection and services. With the expansion of the cash transfer programmes, the GOK voiced the need for evidence that guides the integration between cash transfers and other social sectors and requested UNICEF and partners support the formulation of an integrated programme.

In this context UNICEF supported at county level three models of ‘Cash Plus’: a maternal neonatal health cash programme in Kakamega county; a nutrition cash top up for current
cash programmes in Kitui county linked to nutrition; and a model that integrates social protection intervention for HIV/AIDS affected adolescents (10-19 years old) in Kisumu county.

UNICEF continued to provide technical support to the county of Kakamega in developing ‘Afya ya mama na mtoto’, a county cash transfer intervention that integrates cash to maternal neonatal health for most vulnerable populations in the county. The model benefits poorest women, with the aim of increasing skilled delivery in the county. Since the start, the programme has registered a total of 33,551 mothers and 17,219 beneficiaries have received at least one payment. The integration of the ‘Afya ya mama na mtoto’ and improved neonatal health services at health facilities are having positive effects on performance and could impact indicators of the health system. According to an analysis (using data from District Health Information System) covering five focal counties (Kakamega, Garissa, Turkana, Homabay and Nairobi), Kakamega county, which implemented this type of programme, registered the best performance in the areas of skilled delivery (62 per cent), and proportion of mothers attending four ANC visits (65.6 per cent). A similar model was designed for the Turkana and Homabay Counties to improve maternal and child health.

Under the EU SHARE programme UNICEF supported the NICHE programme in Kitui County as a second model to provide evidence of benefits of integration of nutrition services and cash. The model focuses on pregnant mothers and mothers with children 0-2 years old, and attempts to compile information on effects of top-up cash on nutrition outcomes for children and the best combination of services between cash, nutrition support and counselling. The model is built on current CT-OVC and cash for asset beneficiaries and includes an impact evaluation design that measures nutrition outcomes on children with top-up cash and counselling compared to children without. The final design is ready to be implemented in 2017.

The third model aims to strengthen the linkages between social protection and HIV prevention and treatment of vulnerable adolescents in Kisumu Country, which has the highest HIV/AIDS rates. The programme proposes to supplement cash with knowledge and behaviour change communications to affected, infected, at risk and vulnerable adolescents. The model was not yet implemented because of resource constraints. In 2017, efforts will be made to mobilize resources to implement and document this model.

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:
This output focuses on developing the capacity of national and county governments for implementing a harmonized social protection system, including emergency response linked to child vulnerability.

The Government of Kenya, with the support of development partners including UNICEF, developed and approved a national strategy consolidation which aims to strengthen harmonization of targeting, recertification, payments, monitoring and evaluation and complaints and grievances mechanism for the four main national programmes, with the aim of increasing efficiency and effectiveness. As a result, at institutional level, the Government has strengthened the sector by creating the State Department of Social Protection, which strengthens government leadership and accelerates the consolidation of the three main cash transfer managed directly by the Ministry in one ‘Inua Jammii’ programme.

The development and launch of the Single Registry supported by UNICEF and other development partners enhanced accountability, transparency and harmonization across the
four national safety nets. UNICEF, in collaboration with WFP and SIDA, developed a children information analysis which aims to identify the number of children and main characteristics (age, gender, OVC status, disability status) for programmes currently covered by the Single Registry and those which will be linked in the future. The analysis contributed to the identification of 1,700,000 children across 47 counties and 290 constituencies as direct and indirect beneficiaries of the four national safety nets. UNICEF and WFP developed and implemented a module for identifying and registering beneficiary children and capturing child information in the programme. Information in 12 counties and 60,000 beneficiary households was updated.

UNICEF also provided technical support, in collaboration with WFP and SIDA, for a study to review the appropriateness of the value of the transfer, and the community targeting process of cash for assets to improve targeting of children and to harmonize targeting mechanisms proposed for ‘Inua Jamii’. The review led to the development and testing of a new targeting tool in several locations. The aim is to implement this new tool in the next expansion plan.

In line with strengthening coordination in the context of devolution framework, the Government, with the support of UNICEF, led a Social Protection County Coordination Mapping study. The study will map existing programmes implemented in 47 counties by national government, county governments, partners and NGOs. It will also provide evidence on the existing capacity strengths and gaps in the areas of coordination, management and monitoring and evaluation.

Despite progress, the expansion of cash transfers faced challenges and risks. The Social Protection Expansion Plan requires increasing human and infrastructure capacity at three levels: political and advocacy level (Central government Cabinet Secretariats and Permanent Secretariats and Members of Parliament) policy makers (institution and programme coordinators) and implementation (national and county programme officers). UNICEF will continue supporting capacity building and learning processes for the national and county governments and provide technical assistance at programme level.

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:
Kenya has seen further declines in maternal, neonatal and under-five, Under-five mortality was reduced from 74 to 49.4 per cent and neonatal mortality was reduced from 28 to 22 per 1,000 live births between 2008 and 2015. However, challenges remained, primarily due to inequities in access and utilization of high impact interventions, especially in underserved communities.

UNICEF’s maternal and newborn health programme focused on five disadvantaged counties of Garissa, Homa Bay, Kakamega, and Turkana and urban settlements of Embakasi and Kamukunji in Nairobi. MNCH interventions were implemented in Marsabit, Mandera, Isiolo, Migori, Siaya, Lamu, and Wajir. Immunization and emergency health programmes were implemented in all 47 counties.

At National level, UNICEF supported the development of key policy documents, including Standards-Based Management, Recognition (SBM-R) guidelines, Kangaroo Mother Care operational guidelines and MNH Implementation Plans, among others. The first ever Maternal, Perinatal Death Surveillance and Reporting (MPDSR) County Forums in Kenya were conducted in Kakamega County, followed by Homa Bay County, with participation of
key stakeholders. With UNICEF support, three new maternities in Garissa County were opened. Scale-up of Kangaroo Mother Care (KMC) was ongoing in four counties.

To strengthen county health systems, Human Resources for Health (HRH) strategic and costed plans were finalized and approved in five counties. Leadership Development Programme Plus (LDP+) capacity development sessions helped to improve leadership development skills. Sixty-three per cent of health managers were trained on Leadership, Management and Governance (LMG) against baseline of zero per cent in 2013 and target of 100 per cent by 2018. Four out of five counties rolled out the Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) Scorecard, an approach used during the county quarterly performance reviews and for the development of annual workplans.

For the MNH programme, UNICEF employed an innovative approach of Centres of Excellence (COE), each consisting of a catchment population served by dispensaries, link facilities and referral hospitals. UNICEF’s aim was to invest in all health system components of each COE, for quality health services with appropriate health skills and knowledge, which are optimally utilized by communities. More than 80 facilities were upgraded and provided with essential technical and supply assistance including support of MNH equipment to enable them to deliver BEmONC or CEmONC services. ANC and Skilled Birth Attendance increased significantly in most CoEs, especially in Nairobi, which saw more than 100 per cent increases due to influxes of pregnant women from other regions. Proven high-impact interventions were integrated, such as Kangaroo Mother Care (KMC), Chlorhexidine for Cord Care and the Uterine Balloon Tamponade (UBT) technique for post-partum Haemorrhage (PPH) management.

COEs in the five counties were trained on the Baby Friendly Hospital Initiative (BFHI) and implementation was ongoing. Alternative birthing positions, maternity waiting homes and ‘mama packs’ for pastoralists’ communities continued to attract more women for delivery by skilled attendants. Two sub-county hospitals in Garissa County are now able to provide caesarean section, bringing the number of CEmONC to five. Refurbishment of five health centres in Nairobi is expected to increase access to MNH services for poor urban populations. The proportion of health facilities offering BEmONC in target counties increased from 30 per cent in 2013 to 54 per cent in 2016 against a national target of 65 per cent by 2018.

In collaboration with UNOPS, UNICEF introduced energy efficient and environmentally friendly health systems in 168 health facilities in focus counties. Installation of solar power and electricity back-up systems will ensure 24-hour electricity supply in those health facilities, and increase the availability of clean water and improved sanitation. To date, energy audits and architectural plans have been finalized for all health facilities and construction works are ongoing, with completion expected in mid-2017.

Coverage of Community Health Services increased from less than 20 per cent baselines in all focus counties (2013) to 100 per cent in Homa Bay, 70 per cent in Garissa, 50 per cent in Turkana, and 100 per cent in Kakamega, against 100 per cent target in all counties by 2018. As a result of both supply and demand side interventions, coverage of births attended by skilled health personnel increased nationally from 44 per cent in 2013 to 59 per cent as of November 2016, partly attributed to UNICEF’s technical assistance and financial support to national and county level MNH programmes.

Two rounds of polio vaccination campaign were conducted in first half of 2016, the first reaching 93 per cent of under-five children in 13 polio high risk counties and the second covering 96 per cent in all counties. With GAVI funding, UNICEF supported the successful Measles Rubella (MR) vaccination campaign in May 2016, reaching 96 per cent of an estimated 19 million children ages 9 months to 14 years. Technical and logistical support
provided by UNICEF contributed to the success of both polio and MR vaccination campaigns. The analysis of national and county immunization data showed that, during past 12 months, 75.5 per cent of children nationwide were fully vaccinated. Sixteen counties (34 per cent) vaccinated at least 80 per cent of children below one year of age with three doses of Penta vaccine. However, the number of un-immunized children increased from 241,000 in 2015 to 324,000 in 2016.

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:
UNICEF supported five counties to develop Human Resources for Health (HRH) Management and Development Strategic plans and databases, using evidence generated through situation analyses performed in respective counties. These documents are guiding counties in recruitment and succession plans, as well as serving as advocacy tools with County cabinets and County Public Service Boards for resource allocation, leveraging partnerships and implementation of the plans.

Leadership Development Programme Plus (LDP+) trainings were organized for national and county levels, resulting in the development of evidence based plans to guide health facility improvement teams in further identifying priority areas linked to maternal, newborn and child health interventions. Two counties had both managers and health facility teams’ capacities enhanced on LDP+ with a focus on Leadership, Management and Governance skills.

UNICEF supported tracking of health system performance by counties to assess changes in key parameters of decentralized health systems. This support is expected to help counties strengthen their health systems, and thus contribute to improved quality of health services. UNICEF, in collaboration with WHO, set out to operationalize standard operating procedures for referral systems at national level and to set up the referral systems at county level. All focus counties were supported to conduct quarterly integrated performance reviews and the annual work planning to ensure results based planning and management. Use of data and the RMNCAH score card in county review meetings was institutionalized.

In humanitarian response, with UNICEF’s coordination and support to MOH, the functions of Emergency and Disaster Interagency Coordination Committee, cross border mechanisms (Kenya Ethiopia for cholera; Kenya, Somalia and Ethiopia for Chikungunya) were strengthened for fundraising, planning, procurement, and prepositioning of assorted life-saving health supplies to cholera-affected counties and Dadaab Refugee Camp. As a result, 386,457 children under five (82 per cent of the annual target) accessed an integrated package of life-saving interventions, including treatment for acute watery diarrhoea and cholera.

UNICEF provided technical support to Government and partners on management of Cholera Treatment Centres, including implementation of community-based outreach activities and integrating cholera messaging into key health events. UNICEF further supported response to the Chikungunya outbreak in Mandera County through oversight, and advocacy, coordination, leveraging resources and dispatching medication for conservative management of cases, resulting treatment of 1,725 girls, boys, women and men with Chikungunya viral disease. UNICEF also contributed to strengthening surveillance systems, implementation of community-based preparedness and response, monitoring and supervision of emergency response.
UNICEF, with other stakeholders, launched the Kenya Health Data Collaborative (HDC), with a road map developed where the M&E-related quick wins for the health sector were defined. Kenya was among the first countries in Africa to roll out the HDC agenda. UNICEF supported the Midterm Review for the Kenya’s Health Sector Strategic and Investment Plan 2014-18. Preliminary results showed a wide disparity across the counties and a reversal of trends, which affected health service delivery in most of the counties.

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’s support for national and county governments to improve coverage and functionality of community health services continued throughout 2016, including via implementation partners such as the MoH, UNOPS, County Health Management Teams (CHMTs), World Vision and CONCERN Worldwide. At national level, the Community Health Policy was finalized after a comprehensive review of the policy document by all the focal persons from 47 counties. The policy was presented to the Council of Governors for endorsement before forwarding to the Cabinet Secretary of Health.

At county level, scale-up of community-health services continued in Turkana and Kakamega. Advocacy at Nairobi County was productive, and mapping of households was completed with the establishment of Community Units expected to start in January 2017. Rolling out of CHVs in urban settings proved extremely challenging and coverage remained below 16 per cent. In Turkana, 164 community units were established, enabling the county to attain 100 per cent coverage and provision of universal integrated community health services by CHVs. The effort entailed equipping 1,103 CHVs (705 males and 398 females) and 119 CHEWs (58 males and 61 females) with knowledge and skills in the areas of community health services. In Kakamega County, 802 Community Health Committees were trained, finalizing the process and achieving 100 per cent coverage.

In collaboration with Garissa County and World Vision in four other counties, UNICEF rolled out community Maternal and Newborn Health (cMNH). County-wide representative household surveys were conducted to create baselines on knowledge, including danger signs of mothers and newborns, attitude towards seeking care at health facilities and the actual practices of utilizing MNH services. Preliminary data showed that knowledge on MNH practices was high but health service utilisation was low. Appropriate strategies will be derived based on the synthesis of findings.

For cMNH, 487 Community Health Extension Workers and 4,556 Community Health Volunteers were trained by UNICEF and County Health Management Teams on the nationally approved cMNH package. The trainings took a cascaded approach from national level to CHEWs, then to CHVs. The trained CHVs are now helping to register and refer pregnant women and counsel them on MNCH, contributing to the ultimate goal of increasing access and utilization of MNCH services.

Counties were also supported to implement social accountability activities to improve service delivery, accountability and to empower clients to utilize health services. A client satisfaction survey was administered in health facilities for service providers for feedback on the services provided. Counties developed a pool of RMC champions and facilitators that will work
directly with health facilities and the county to maintain the dignity of a woman during a facility-based birth and address and respond to cases of disrespect and abuse.

UNICEF’s Real Time Monitoring in Siaya and Homabay Counties included equipping county health officials with skills and knowledge in M&E, DHIS2 and data analytics with institutionalization of quarterly county performance reviews. The mHealth application was developed and distributed to more than 2,000 trained CHVs Homabay.

OUTPUT 3 Maternal, Newborn, 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:
Significant improvements in MNH were achieved in UNICEF’s 11 focal counties by employing a health systems approach in delivering MNH services through organizing leadership and management trainings of county health managers, developing Human Resources for Health (HRH) strategic plans, undertaking infrastructure upgrades, and incorporating green technology. UNICEF supported roll out of high impact interventions such as KMC, UBT, CMNH and MPDSR. The MPDSR County Forums were organized in Kakamega and Homabay with the participation of County Executive Body, civil society, and national media making clear commitments to ensure provision of high quality of MNH services.

More than 90 per cent of the Centres of Excellence established in focal counties were supported to deliver BEmONC and CEmONC services through training, equipment and supportive supervision. Three new maternities were opened in Garissa County and five new facilities will be operational in Nairobi County next year. Two operating theatres were made operational in Garissa County to reduce the unmet need for emergency caesarean section. Ketamine training and equipping of the theatre was supported by UNICEF. KQMH training was conducted in four counties and quality assurance teams are now in place and functional. Some 240 pre-term babies survived thanks to increasing access to the KMC initiative in Homabay and Kakamega Counties, and more than 100 maternal deaths were averted with the use of UBT technique to manage uncontrolled haemorrhage. To address an increasing gap between first and fourth antenatal care, UNICEF embarked on demand side interventions through strengthening functionality of existing community units, including introduction of Social Accountability and Respectful Maternity Care initiatives.

UNICEF modelled alternative birth positions preferred by nomadic pastoralists in Turkana and Garissa counties where more than 50 mothers opted to deliver using the culturally accepted position. To attract mothers from urban slums for skilled delivery in primary health facilities, UNICEF introduced the ‘Mama Pack’ initiative in Nairobi County. Anecdotal reports indicated that pregnant mothers have more of a tendency to come when they hear of the demand side initiative.

At national level, UNICEF supported MOH in preparing and launching policies, strategies and guidelines related to reproductive, maternal and newborn health. In the context of devolution, the availability of national guidelines assists counties to have standard approaches and ensure prioritization of strategies in line with quality standards.

UNICEF supported training of trainers on the RMNCAH scorecard to focal counties, and three counties cascaded the trainings to sub-counties where the scorecard is used to strengthen county performance reviews at the different levels and for advocacy with the county governments. UNICEF also supported the review of the use of the RMNCAH
scorecard in 13 high burden counties for knowledge exchange and learning. The counties shared experiences in using the scorecard as a management and accountability tool and how they have institutionalized the tool. The national launch of the RMNCAH scorecard is planned in 2017.

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:
UNICEF continued to procure all vaccines and support Kenya’s Expanded Program for Immunization (EPI). Two polio vaccination campaigns were conducted resulting in more than over 96 per cent of children vaccinated nationally. A Measles and Rubella vaccination campaign reached 95 per cent of an estimated 19 million children between 9 months and 14 years, halting measles cases.

To enhance sustainable routine immunization, UNICEF and MOH prepared a new Vaccine Independence Initiative (VII) plan with an increased ceiling of US$ 4.5 million. Medical technicians from all 47 counties were trained on repair fridges. Equipment was also supplied to 64 facilities and 30 solar fridges were distributed to off-grid health facilities ensuring continuous power supply for cold chain in remote places. Nine regional vaccine stores in 16 counties successfully adopted the web-based vaccine stock monitoring tool enabling real time monitoring of vaccine stock. These investments continued to improve cold chain logistics and helped further expand vaccination coverage.

Analysis of the immunization data for past 12 months showed that 75.5 per cent of children nationwide were fully vaccinated. Sixteen counties (34 per cent of all counties) vaccinated at least 80 per cent of children below 1 year of age with three doses of Penta vaccine. An estimated 400,000 children were under-vaccinated in 2016.

Main challenges included underfunding of operational level activities, stock out of injection devices in counties, partially due to overall weakening of the health systems performance. Delayed funding for vaccine procurement and weak monitoring of stocks at sub-national level contributed to reports of stock-out of vaccines and syringes in some health facilities.

Integrated Community Case Management (iCCM) pictorial job aids for illiterate CHVs were developed in Turkana to guide treatment and referral of children with common childhood diseases, including diarrhoea, malaria and pneumonia. A total of 450 CHVs and 50 CHEWs were trained and started delivering iCCM services. The continued implementation of iCCM in Siaya and Homabay and the introduction of iCCM in Turkana ensured correct management by CHVs of 105,000 cases of suspected malaria, diarrhoea and pneumonia. This was linked, including via referrals, with IMCI and implementation of early childhood stimulation by healthcare providers.

On behalf of the National Malaria Program, UNICEF procured and distributed antimalarial drugs and lifesaving artesunate, enough for the treatment of more than 10,000 cases of severe malaria. Long-Lasting Insecticidal Nets (LLINs) were distributed to protect more than 50,000 children and pregnant women, along with social mobilization to ensure bed-net use and increased uptake of prompt and effective anti-malaria treatment.

UNICEF, in collaboration with KEMRI, completed trials for treating of pneumonia with amoxicillin dispersible tablets by CHVs in Homabay, with positive results. This was used to advocate for expansion of community-based pneumonia treatment nationally. The integration of MCH services and CRVS system was strengthened in Marsabit, Siaya and
Turkana and plans were underway to expand to Kakamega. This effort increased the coverage of health facilities adopting integrated services contributing to improved birth registration.

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 focus of UNICEF Kenya’s Maternal and Child Nutrition Programme (MCNP) in 2016 was on the scale up of a multi-year, risk-informed, and integrated programme, ensuring a timely response to the emerging nutrition emergency in 23 Arid and Semi-Arid Land (ASAL) counties. From January to December, UNICEF supported the treatment of 57,335 severely malnourished children in the ASAL, refugee and urban poor settings, achieving the SPHERE indicators for cured defaulter and death rate performance. To reduce underlying vulnerabilities to drought, UNICEF also focused on resilience building, systems strengthening, and advocacy to support continued integration of nutrition services into the health system through multi-year resources from the EU, DFID, and USAID OFDA.

The results of the 2016 Long Rains Season Assessment (LRA) indicated a stressed food security situation and a nutrition crisis in 7 of the 13 MCNP target counties. The results applied the new global Integrated Phase Classification (IPC) Acute Malnutrition Protocols, with Kenya being one of the first countries globally to apply the new protocols through support from UNICEF. LRA results revealed that the population in crisis requiring assistance increased from 640,000 in February 2016 to between 1.2 million and 1.3 million by October 2016. The estimated caseloads of acutely malnourished children also increased from 266,100 in February 2016 to 337,292 in August 2016. This represented an increase of 27 per cent, with a surge in the number of severely malnourished children to 75,000. In the second half of the year the situation further deteriorated, with drought being declared in 14 of the 23 ASAL counties and increased food insecurity.

The government, supported by UNICEF, successfully updated and activated the Nutrition Sector Preparedness and Response Plan and supported scale up of High Impact Nutrition Interventions (HiNi) to reach those most affected by the crisis. This included leadership, coordination, advocacy, and financial support from UNICEF at both national and sub-national levels, reaching 70 per cent of health facilities in the affected areas also resulting in the GoK releasing US$6.5 million to address the gap of MAM supplies. Strengthened collaboration and technical support by UNICEF to the National Drought Management Authority (NDMA) also fortified the Nutrition sector response and resulted in the leveraging of a further US$250,000 for outreach and screening in the most vulnerable counties. UNICEF also succeeded in accessing additional humanitarian funds to secure the RUTF pipeline for 2016.

The MCNP continued to scale up cross-sectoral strategies to address stunting, to enhance resilience to similar emergencies in future, and to capitalize on improvements in key outcome indicators in the past five years. Although the 2014 Kenya Demographic and Health Survey (KDHS 2014) noted improvements in stunting levels (from 35 per cent to 26 per cent) and exclusive breastfeeding rates (from 31 per cent to 61 per cent) chronic vulnerabilities continued to adversely affect health and nutrition service delivery across the ASAL. Results from the nutrition surveys conducted in 2016 in the most vulnerable ASAL counties noted improvements from 1 per cent to 4 per cent in stunting levels from the baseline in the four counties of Tana River, Kitui, Mandera, and West Pokot. A deterioration was observed in Turkana and Samburu counties, driven by the ongoing deterioration in the food security
situation.

To further reduce stunting, focus on nutrition-sensitive sectors, such as Health, WASH, Social Protection, Education, and Agriculture, continued to emphasize evidence generation and leveraging of resources. With the WASH and Health programmes, the nutrition programme refined its community-based programming to enhance early response, increase demand for services, and expand the scope and coverage of prevention and promotional nutrition activities. This scale-up enhanced Vitamin A Supplementation (VAS) coverage, with improvements from 25 per cent in 2014 to 65 per cent for January through June of 2016. Small increases were noted for Iron Folate supplementation in pregnancy in 8 out of the 13 counties supported by UNICEF, with uptake ranging from 29 to 89 per cent. UNICEF continued to technically support improvements in routine information systems to allow for more accurate tracking of progress.

UNICEF supported the Nutrition sector in generating and consolidating global evidence, while also adapting it to the national context. This included the initiation of operational research on the inclusion of nutrition messages within the national Community Total Led Sanitation (CLTS) programme and the connection between improved nutritional status and reduced open defaecation. Operational research on the impact for nutrition in the first 1,000 days through cash transfer programmes was initiated in order to explore different social policy schemes with the national Social Protection Secretariat. Learning from this research will be applied to strengthen community resilience and emergency preparedness.

UNICEF also generated key advocacy evidence pieces in 2016, including a Cost Benefit Analysis, in collaboration with the World Bank, on the cost of Scaling Up Nutrition in Kenya under various scenarios. Study findings revealed that scaling up HiNi in Kenya has the potential to generate US$ 22 in economic returns for every dollar invested. Findings also reported that scaling-up 11 key nutrition-specific interventions in all 47 counties of Kenya would cost US$ 48 million annually and produce tremendous health benefits, including 295,000 Disability-Adjusted Life Years (DALYs) averted, 3,000 lives saved, and more than 700,000 cases of stunting averted, thereby providing a strong evidence base for national investments in nutrition.

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:
A renewed focus on improving maternal and young child nutrition through strategies of enhanced knowledge and the promotion and use of indigenous foods in complementary feeding was undertaken in 2016 linked to the AMP priority on complementary feeding. This was as a result of the high reported levels of stunting and maternal undernutrition (KDHS 2014 & LRA 2016). High rates of acutely malnourished women in at least five ASAL counties continued to highlight the need to better address cultural barriers and food access constraints such as cash at the household level. UNICEF worked with partners to integrate the promotion of improved child care practices, including exclusive breastfeeding, improved complementary feeding, improved hygiene and sanitation, and health seeking behaviour, into multi-sectoral programme frameworks. Thirteen counties finalized and initiated Complementary Feeding Plans and nine finalized or drafted Social and Behaviour Change Communication Strategies initiated through a Community Health Strategy where CHEWs were trained on Module 8. MIYCN training was also conducted for 596 CHEWs, 340 lead mothers and 368 CHVs. NDMA field monitors, CHVs and CHEWs were also trained in Communication through Listening and Community Health Information Systems.
Trained CHEWs were able to effectively provide preventive and curative nutrition services, promote timely care-seeking, encourage appropriate home care, and undertake referrals to facilities. Trained CHVs reached 9,564 women of reproductive age on five key behaviours of exclusive breast feeding, complementary feeding, Iron and Folic Acid Supplementation, VAS, and management of diarrhoea. Key messages were also delivered through more than 800 community dialogues and radio spots in six MCNP counties, as well as through music and garden demonstrations in Baringo. This created increased demand for IFAS, with coverage ranging from 29 per cent to 89 per cent achieved through continuous education, enhanced messaging through the SBCC, and counselling at facility and community levels.

Opportunities for additional improvement in coverage exist through the Baby Friendly Community Initiative, with UNICEF and key sectors (Agriculture, Health, and Education) supporting its implementation and training conducted in four counties. The Social Protection programme used trained CHEW and CHV networks in five counties to link community workers to cash programme beneficiaries. Based on international evidence that cash with nutrition counselling improves nutritional status, systematic efforts were made to ensure that cash beneficiaries received nutrition counselling. The impact of that initiative was being studied through operational research and will inform the national social protection scheme.

At the national level, UNICEF continued to advocate for workplace support for breastfeeding. The documentation of successful workplace support stories in Kenyan corporations and Regulations for the BMS Act were at an advanced stage. A partnership with Unilever Tea Kenya to model workplace support for breastfeeding women and inform national policy was initiated, with baseline data collection completed in 2016. Given that Iodine is present in human colostrum and thus available for breastfeeding infants immediately after birth, consumption of iodized salt was emphasized in the National Guidelines for Healthy Diets.

**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:**
UNICEF played a critical role in successfully enhancing HiNi coverage across 23 ASAL counties in 2016, thereby strengthening and refining the supply and availability of community and facility-based nutrition services, human resources, supplies, and timely evidence for decision making. This scale up of HiNi in at least 70 per cent of health facilities was instrumental in ensuring efficient emergency preparedness and response in 2016. This included intensified programme support in Mandera, where escalating insecurity resulted in several partners unable to respond; the flood response in Western Kenya; and the drought response in Turkana, Wajir, Kilifi, and Garissa Counties through screening and support of outreach and prepositioning of supplies.

Timely delivery of essential nutrition supplies and mitigation of stock-outs was also ensured through the UNICEF-supported integration of Ready-to-Use Therapeutic Food (RUTF) delivery into the national Kenya Medical Supplies Agency (KEMSA). As of December 2016, RUTF was fully integrated in seven of the 24 target counties, with monthly reporting through the harmonized Logistics Management Information System (LMIS). UNICEF’s strategic partnership with the Kenya Red Cross Society mitigated interruption of essential services through mobilization of a multi-functional team that provided both critical and essential health services in the most affected areas.

All 23 ASAL counties developed nutrition response plans supported by UNICEF. Seven counties (Marsabit, Wajir, West Pokot, Baringo, Samburu, Turkana and Isiolo) adopted the UNICEF-supported Surge Model in 2016 to enable health services to absorb increased seasonal and emergency demands. At the county level, this approach leveraged the NDMA Drought Contingency Fund release for screening, while at the sub-county level, timely use of
early warning information allowed for advance planning for response in real time with changes in the nutrition situation.

Overall, the above-mentioned measures enabled the treatment of 111,154 children under five years for acute malnutrition in the ASAL and urban settlements (42,053 SAM and 69,101 MAM) from January through November 2016. An additional 30,683 children (11,217 SAM and 19,466 MAM) were also treated in Kakuma and Dadaab refugee camps from January through November 2016, with outcome indicators well within SPHERE standards and recovery rates above 75 per cent in most counties. UNICEF, with the MoH, actively identified counties with low recovery and high defaulter rates in order to efficiently address bottlenecks to optimal performance within these counties, while improving report quality at the facility level.

Issues identified from the UNICEF-supported Nutrition Capacity Development Framework (CDF) assessment also informed county and sub-county level strategies for quality improvement, with assessments completed in 7 of the 13 MCNP counties in 2016. The Real Time Learning project also engaged five counties to facilitate action to move from nutrition integration to health systems strengthening. A Learning Methodology was published in light of reported successes, including strengthened coordination and outreach planning. Harmonized scale up of these initiatives significantly served to advance the health systems strengthening approach in the past year, with emphasis shifting from one-off trainings to sustainable capacity development and programme quality improvement.

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:
As part of efforts to enhance the enabling environment for nutrition, UNICEF engaged in and supported key policy initiatives in 2016. This included assessing the cost of the scale up of nutrition specific interventions and the development of financial expenditure tracking tools and processes. The Cost Benefit analysis estimated that scaling up 11 key nutrition-specific interventions in all 47 counties would avert 700,000 cases of stunting. Such budget analysis at county and national levels demonstrated progress in investments for nutrition in counties where advocacy efforts were focused. However, allocations remained well below needs according to the estimates from the national and County Nutrition Action Plans (CNAPs). Efforts were therefore made by UNICEF to review commitments, identify gaps, and indicate areas for advocacy, with clear results in the allocation of emergency funds for nutrition commodities, as well as outreach and screening by the national treasury following a directive by the President.

UNICEF commissioned the development of a Costing Tool for Nutrition specific interventions, which assessed costs associated with delivering HiNi, taking into account programme costs and capacity development. The costing tool was piloted in four counties and finalized following the feedback, with full roll out planned for 2017. Support for county-level costed plans was also provided and as of December 2016, 15 counties had finalized plans, and 14 counties had plans in draft stage.

UNICEF undertook a policy analysis in 2016 to better define nutrition relevance and opportunities for engagement within Health, Agriculture, Social Protection, Food Security, Water, and Education sectors with the development of a comprehensive Common Results Framework. UNICEF also led the development of the National Nutrition Advocacy, Communication and Social Mobilization (ACSM) Strategy, released in June 2016 during the Global Nutrition Report launch with a corresponding Toolkit. Regional sensitizations were conducted for 28 counties.
Advocacy efforts supported by UNICEF at national and county levels also resulted in increased commitments for nutrition. The GNR 2016 launch and World Breastfeeding Week served as high level advocacy events, with The First Lady of Kenya as the chief guest. County level launches of the MCNP, along with advocacy and SUN sensitizations, were completed in all 13 MCNP counties by June 2016. This included nominations of First Ladies as Nutrition Champions, where the First Lady of Kwale advocated for IYCF practices in HIV positive women and the First Lady of Baringo advocated for increased investments for nutrition within the county budget.

UNICEF continued to advocate for the establishment of a high level Multi-Sectoral Platform (MSP), convening of the SUN Technical Taskforce and the All SUN Networks, and chairing the UN Network. The Nutrition Interagency Coordinating Committee continued to serve as the multi-stakeholder and multi-agency platform coordinating nutrition in country, with efforts underway to establish The National Food and Nutrition Security Council and County Food and Nutrition Security Committees. This will ensure continued linkages between nutrition specific and nutrition sensitive programming, while firmly positioning nutrition within the broader health and development agenda.

**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:**

At the beginning of 2016 Kenya did not meet the MDG targets for sanitation or drinking water. Access to improved drinking water was 63 per cent, while improved sanitation stood at just 30 per cent, with marked disparities evident between rural and urban populations and across wealth quintiles. Some 5.6 million Kenyans practiced open defecation, and 10.3 million had no water system of any kind. During 2016, the country faced continued waves of cholera affecting 29 of the 47 counties, with more than 17,000 reported cases. As the year ended the effects of La Niña led to drought in the arid counties and increased water scarcity. These humanitarian crises put a heavy demand on the UNICEF WASH programme, which continued to struggle to secure adequate funding. At the end of 2016, the WASH programme secured 21 per cent of its planned budget.

Working in collaboration with the MoH, progress was made to scale up Community led Total Sanitation (CLTS), now adopted in 43 of the 47 counties. Policy and strategy documents developed with UNICEF technical input were launched, including the revised Environmental Sanitation and Hygiene Policy 2016-2030, the National ODF Kenya 2020 Campaign Framework, the Kenya Environmental Sanitation and Hygiene Strategic Framework, and the Prototype County Environmental Health and Sanitation Bill.

Progress towards the national goal to be ODF stood at 19,149 villages (28 per cent of the total number of villages in Kenya) ‘triggered’; 8,612 villages reached ‘verified’ status, and 5,236 villages were certified ODF – compared to 5,491 villages and 3,368 villages that reached ‘verified’ status in 2015.

Development of the web-based monitoring system was completed, and was hosted on the MoH website. The monitoring system ensures greater transparency in the contribution and attribution of various partners towards achieving ODF, including that of UNICEF. It also strengthens accountability of stakeholders, including county governments, to honour their CLTS commitments.
UNICEF and MoH advocated for action on sanitation through supporting the celebration of World Toilet Day. A joint opinion editorial by the UNICEF Representative and the World Bank Director was published in the leading national newspaper. The UNICEF Representative was interviewed on a popular television lunchtime news show to discuss the importance of sanitation for children.

The WASH and Health sections worked together to implement the ‘Green Energy’ project in which [health] centres of excellence were established with improved infrastructure, including water and sanitation facilities. Communities in the catchment areas were targeted to eliminate the practice of open defecation by implementing CLTS in partnership with county governments.

In collaboration with the Nutrition section, a randomised control trial was initiated to evaluate the question ‘Does integrating sanitation and nutrition programs lead to better toddler sanitation and nutrition knowledge and practices by caregivers?’ The intervention group will receive supplemental nutrition messaging as an add-on to the standard CLTS. Findings will be available mid-2017.

WASH worked with the Social Policy section on advocacy initiatives with the Council of Governors, leading to seven additional counties committing county finances to implement CLTS. With Social Policy, and in partnership with the World Bank and UN Women, support was provided to implement a Public Expenditure Review (PER) that will provide an in-depth focus on WASH and Health. A draft report was submitted and the final PER will be published in the first quarter of 2017.

WASH facilities in Schools were developed in 88 schools in 6 counties reaching a total of 57,778 boys and girls. All schools received a comprehensive WASH package comprised of safe drinking water, gender sensitive sanitation, hand-washing facilities, hygiene promotion including Menstrual Hygiene Management (MHM), and capacity development. In two additional counties the Education Section provided water supply and sanitation facilities benefiting an additional 17,850 children. Approximately 39,000 girls benefited from MHM interventions including sanitary towels, peer support groups and awareness on MHM issues.

Support was provided to the MoH for the continued development of MHM policy and strategy, and review of the school Health policy. Advocacy and awareness creation on MHM included participation in the first Women in Water and Sanitation conference, Kenya Water Week, and MHM day. Advocacy efforts resulted in the First Ladies of 10 counties agreeing to become MHM champions in their counties.

A rapid water audit methodology was developed with support from Oxford University through the REACH programme and in partnership with Kitui County. It was used to collect data on rural piped schemes in Mwingi North sub-county in Kitui.

Advocacy with four County Governments resulted in the funding (US$ 670,000) of 47 uncompleted projects from the previous Country programme.

A Water Supply and Urban Sewerage Strategy for Turkana County to strengthen investment planning was completed. County WASH Forums in five Counties were strengthened to improve sector coordination.

A massive response was made to control the continued outbreak of cholera. Approximately 890,000 people, including 345,000 refugees in five Dadaab camps, received emergency support to safeguard drinking water through improvements to household water collection, storage and treatment. More than 520,000 of those people also benefited from efforts to improve hand-washing practices. In partnership with the Norwegian Refugee Council and
Kenya Red Cross Society, more than 40,000 refugee school children accessed safe sanitary facilities and improved hygiene knowledge.

Following concerted advocacy efforts by UNICEF, the National Water and Sanitation Coordination forum was relaunched in October 2016 with dedicated staffing assigned by Ministry of Water and Irrigation.

**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:**
As a result of UNICEF advocacy, seven additional counties made budgetary commitments for CLTS for the first time - up from one county in 2015. These included Siaya – US$ 50,000, Isiolo – US$30,000, Turkana – US$50,000, Garissa – US$20,000, Kakamega – US$40,000, West Pokot – US$ 30,000, and Machakos – US$50,000. County ODF plans were prepared in five counties (Kitui, Siaya, Isiolo, Turkana, Garissa), achieving the workplan target. Implementation of CLTS was further scaled - a total of 28 per cent and 51 per cent of villages reached ODF certified status in Kitui and Siaya, respectively. A total of 458 villages were certified ODF in 2016 with direct UNICEF support.

Isiolo County embarked upon a County ODF initiative with the achievement of 50 per cent of villages reaching ODF verified status within a 3-month intensive campaign. That put Isiolo on track to become certified ODF in the first quarter of 2017. Turkana County, with a large pastoralist population, initiated county wide CLTS implementation for the first time, triggering 33 villages.

The national sanitation hub at the Ministry of Health was strengthened in monitoring and partnership, which led to stronger monitoring of CLTS implementation. To strengthen the devolved governance of sanitation, county sanitation hubs were established in Kitui and Siaya Counties. These hubs contributed to partnership mapping and coordination among stakeholders.

The web-based real time monitoring system was completed as per the workplan target, and was operationalized in October in the focus counties of Kitui and Siaya, strengthening accountability of partners to their commitments to implement CLTS.

Following a sustainability study of ODF villages in 2014-2015, a package of interventions were piloted in Lower Yatta district of Kitui, which had achieved ODF certified status. In order to strengthen the supply side of sanitation, a partnership was developed with the private sector to manufacture and market affordable sanitation products that enable upgrading of basic latrines.

An action research project implemented with IDinsight and the Bill & Melinda Gates Foundation began that aims to assess the impact of integrating nutrition behaviour change messages into the CLTS approach. The results will be available by mid-2017. In Kisumu County input was provided to an ongoing study on the impact of early childhood hygiene intervention on enteric infections and growth faltering in low-income informal settlements. The study is being conducted by the Great Lakes University of Kenya.

The main constraint to making further progress on the elimination of open defecation in rural communities was the limited resource commitments by county governments. There was a significant increase in demand for UNICEF support to develop planning and train county
health staff. If this trend continues UNICEF will be unable to meet this demand due to internal resource constraints.

**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:**
WASH facilities were installed in 88 schools in 6 counties (Kisumu, Migori, Trans-Nzoia, Kericho, Kilifi, Mombasa) reaching a total of 57,778 children (27,351 boys and 30,427 girls), against a workplan target of 100 schools. All schools received a comprehensive WASH package comprised of safe drinking water, gender sensitive sanitation, hand-washing facilities, a hygiene promotion package including MHM, and capacity development. A total of 73,007 boys and girls in 129 schools improved hygiene practices, and 39,000 girls benefited from MHM interventions including sanitary towels, peer support groups and awareness on MHM issues. A total of 21,929 boys and girls in 28 schools practised daily group hand-washing. School children played a central role in outreach on hygiene and sanitation practices to surrounding communities. As a result, 12,900 households were reached with messages on appropriate hygiene practices. As part of involvement of communities in school WASH, a community water supply project was constructed, benefiting a population of 5,000 people in 12 villages in Kericho County.

Technical Working Groups for WASH in schools were established in Kisumu and Migori Counties to strengthen coordination of initiatives, including prioritization of using evidence from a completed baseline assessment and school WASH micro-plan. At national level UNICEF participated in the WASH in Schools technical working group with a lead role in the policy, advocacy and standards task group.

A minimum package of hygiene promotion in schools was developed, and was tested by partners. Forty-five people from various organizations working in WASH in schools were trained on the implementation of the package. The Football for WASH project introduced an innovative hygiene behaviour change approach through football in 67 schools in 6 counties (Kisumu, Migori, Trans-Nzoia, Kericho, Kilifi, Mombasa).

WASH supported the development of MHM policy and strategy and review of the school Health policy. Advocacy and awareness creation on MHM included participation in the first Women in Water and Sanitation (WIWAS) conference, Kenya Water Week, and MHM day. As a result two abstracts on MHM were published in the WIWAS newsletter and First Ladies of 10 counties (Kwale, Makueni, Kisii, Machakos, Taita Taveta, Kilifi, Kakamega, Nyandarua, Nakuru, Nyamira) agreed to be MHM champions in their counties. An MHM learning forum was organized with 60 participants from the government, NGOs and private sector. Separately, Public Health and Education officers and private sector representatives from 11 counties were trained on MHM.

Partnership strengthening continued through collaboration and participation with the Ministry of Education in the planning, implementation, operation and maintenance, and monitoring of WASH services in schools. WASH indicators were included in the Education Management Information System for annual monitoring.

The main challenge to improving access to WASH in Schools was the government capacity to ensure that schools are provided with WASH facilities in the same way that they are provided with teachers. This was compounded by the challenge of coordination across three
Ministries (Education, Water, Health), and different degrees of devolution between national and county government.

**OUTPUT 3 Water Services Sustainability** - The MoWI and selected counties have strengthened capacity to plan and deliver safe, equitable and sustainable rural water supply services.

**Analytical Statement of Progress:**

Work continued to develop an innovative Public-Private Partnership model, FundiFix, to provide maintenance services to rural water supplies in Kitui County, i.e. a ‘sustainability plan’ as per the workplan target. A rapid water audit methodology was developed with support from Oxford University through the REACH programme and was used to collect data on rural piped schemes in Mwingi North sub-county in Kitui. More than 80 per cent of WASH committees managing the water systems expressed interest in signing up to FundiFix model. The REACH programme registered a Water Services Maintenance Trust Fund with the purpose of subsidizing the maintenance service costs through blending government and donor funds. Kitui County committed to contributing to the trust fund. UNICEF and Kitui County initiated the rehabilitation of four piped water schemes, serving 6,000 people expected to sign up to the FundiFix service. Another 14 schemes were under assessment.

Advocacy with County Governments resulted in the funding of 47 uncompleted projects from the last Country programme. More than US$ 670,000 was allocated by four Counties (Kisumu, Kitui, Busia and Kajiado) to complete these projects. These funds were leveraged following sensitization workshops organized and conducted by UNICEF for the County Assembly’s Water and Budget Committees. Another US$ 1 million was provided by the National government to complete the balance of uncompleted projects in Kajiado and Kitui Counties. Both Kitui and Turkana Counties increased their capacity building budgets to US$ 650,000 and US$ 410,000, respectively, in the 2016/2017 fiscal year from US$ 30,000 and US$ 20,700 following UNICEF advocacy.

Water Safety Plans (WSP) were introduced in small rural water service providers in Siaya County through a training workshop in August. Eighteen staff were trained and developed action plans to implement WSP in three rural schemes.

A Water Supply and Urban Sewerage Strategy for Turkana County to strengthen investment planning was completed. County WASH forums in six Counties (Kitui, Siaya, Turkana, Kisumu, West Pokot, Baringo) were supported to hold quarterly sector coordination meetings with technical and financial contributions from UNICEF, against the workplan target of five county forums.

In collaboration with the Social Policy Outcome, the World Bank and UN Women, support was provided in developing the terms of reference for a Public Expenditure Review (PER) that will provide an in-depth focus on WASH and Health. A draft report was submitted and the final PER will be published in the first quarter of 2017.

For rural water supplies, the most critical weakness in the sector was sustainability. The potential to address this issue through the FundiFix model is a priority work area for 2017, specifically to support an expanded service area. This will require donor and county government commitment to ensure liquidity in the Water Service Maintenance Trust Fund. UNICEF will continue to advocate with Kitui County Government to honour their verbal commitment to support the Fund.
OUTPUT 4 Resilient WASH Development - The MoWI and selected counties have strengthened capacity to implement climate resilient WASH programmes, and deliver timely and effective emergency responses during humanitarian crises.

Analytical Statement of Progress:

Cholera, flooding, drought and localized conflict demanded a significant WASH response in 2016. Approximately 890,000 people including 345,000 refugees in the five Dadaab camps (Dagahaley, Hagadera, Ifo, Ifo II, Kambioos) received emergency support to safeguard drinking water through improvements to household water collection, storage and treatment. More than 520,000 of them also benefited from efforts to improve hand-washing practices. A total of 160,000 jerrycans, 20,000 buckets, 3 million aqua tabs, 1.5 million PUR sachets and 500 drums of 45kg HTH chlorine were distributed to improve the safety of drinking water in the Dadaab Refugee camps and six cholera affected Counties (Garissa, Wajir, Mandera, Tana River, Marsabit, Turkana). Approximately 120 tons of domestic soap was distributed to improve hand-washing practices. In the Dadaab camps, 862 Sanitation Kits were distributed to improve solid waste disposal and management. Fifty WASH agency staff, 70 head teachers, 120 hygiene promoters in the camps and host community, and 24 inter-ministerial staff from health, education and water were trained on cholera prevention and control. One hundred fifty County public health officers were trained on drinking water disinfection in Homabay, Migori, Siaya and Busia.

Among the targeted population in the six cholera affected Counties, 76,800 households benefited from improved access to safe hygiene practices including hand washing with soap, with 15,000 of these installing simple hand washing facilities. Another 50,000 households benefitted from household water treatment with the distribution of 3 million aqua tabs. At least 165,120 school children benefited from safe personal hygiene knowledge, especially in targeted schools in Wajir, Marsabit and Mandera Counties.

In partnership with NRC and KRCS, 40,000 refugee school children accessed safe sanitary facilities and improved hygiene knowledge through approaches including child to child, child to parent and school to community hygiene promotion skills. Twenty three schools in IFO, Hagadera and Kambioos camps received hygiene promotion packages. This included rehabilitation of school toilets in 13 primary schools in Hagadera camp, installation of hand washing facilities, and hygiene education training for teachers and pupils including the provision of ‘Talking Walls’. Four water storage tanks were replaced in four schools (Furaha, Central, Equator, Hawa Tako) in IFO camps. More than 70 teachers from all of the primary and secondary schools in Dadaab camps received training in school hygiene promotion, and sustainable management of school WASH facilities.

The National Water and Sanitation Coordination (WESCOORD) forum was relaunched on 19 October 2016 with dedicated staffing assigned by Ministry of Water and Irrigation (MoWI). WESCOORD was mainstreamed into the MoWI organizational structure with opportunities for direct financing by Government enhancing its sustainability in the long term.

The multiple and diverse emergency situations that affected Kenya in 2016, especially as they impacted on WASH, needed stronger coordination within the sector and with the health sector to mitigate their effects. Climate resilient WASH will be a new work stream area for the programme in 2017 and for incorporation into the next CPD.

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:

UNICEF Kenya provided technical and financial support to develop the Basic Education Statistical Booklet and annual school census for basic education institutions. The 2015 EMIS statistical booklet was finalized and endorsed for publishing, and the 2016 school census data analysis was ongoing. Per the 2015 school census, significant education disparities existed by geographical, gender and socio-economic groups across the counties with an estimated 1,292,695 million boys and girls being out of school. The majority of those out of school were from the arid and semi-arid counties (ASAL), children with disabilities, and those in the informal urban settlements. Gender parity in school enrolment was at different levels and county disparities remained evident, especially in the ASAL.

In terms of enrolment, the absolute number increased but the net enrolment rate in primary and secondary schools remained the same at approximately 88.4 per cent and 47.8 per cent, respectively. The counties in ASAL regions had indicators falling below the national averages. In Turkana the total Gross Enrolment Rate at secondary level stood at 17.6 per cent (boys 25.2 per cent; girls 10.6 per cent) with gender parity at 0.42 per cent. Analysis of the 2015 EMIS highlighted a very weak correlation of teacher deployment in view of the number of pupils in a school and as such, more than half of teachers allocated to the public primary schools were not based on number of pupils, thus impacting on the teacher pupil ratio and negatively affecting the quality of learning.

The analysis of expenditure in education conducted in collaboration with MoE, TSC and KICD with the support of UNICEF Social Policy, showed Government spending on education almost doubled from 169 billion to 319 billion in market prices between 2010/11 and 2015/16 respectively. Despite this heavy investment, access to equitable quality education remained a challenge, especially for the most vulnerable children.

In view of the huge investment in the education sector, UNICEF, in collaboration with the Education Development Partners Coordination Group, provided technical support in developing the joint review conceptual framework and data collection tools to support the Ministry of Education in conducting a Joint Review Mission in nine counties across Kenya. Findings from the review showed that there was enhanced access to education and strengthened governance structures in primary and secondary schools. However, critical bottlenecks and barriers to the realization of children’s right to education still existed in terms of retention, transition and completion as well as in quality, equity and inclusion and in the mainstreaming of social competencies and values. Some of the barriers and bottlenecks became more pronounced through the period of adolescence, and were manifested particularly in the high inequality in girls’ access to education and the dropout rates from primary school grade seven onwards. It was estimated that 20 per cent of boys and girls leave school after primary seven and another 20 per cent leave school between primary and secondary school according to EMIS 2015.

UNICEF Kenya provided technical and financial resources to the Ministry of Education to support the ongoing national curriculum reforms. Specifically, the reforms policy, Basic Education Framework, teacher development framework and teaching standards were developed and endorsed for implementation. UNICEF Kenya engaged MoE to review the 2009 Special Needs Education Policy Framework and advocated for inclusive education for children with disabilities as an overarching principle in the new curriculum reform. UNICEF improved the learning environment of schools for children with special needs through construction of new classrooms and toilets particularly in ASAL.

UNICEF and other UN agencies such as UNESCO, in the context of Delivering as One, were key partners to achieve results for the key stages in the reforms process. UNICEF supported more than ten high-level dialogues with key stakeholders from the presidency,
policy makers (Senate and Parliament Committee on Education), children, faith-based organizations, private sector, civil society, national parents’ association, teacher associations and unions, for sustained advocacy on curriculum reform and leveraging of resources.

To promote children’s participation, UNICEF Kenya, in partnership with MoE and Kenya Primary Schools Heads Association, held the 3rd Children’s Government Conference, where the government committed to adopt and mainstream the model and provide financial resources to strengthen it. UNICEF Kenya also provided technical support to MoE to establish a National Parents Association to promote effective participation of parents on education matters.

In terms of education in emergency, UNICEF Kenya supported the effective use of SMS to disseminate cholera messages to head teachers across Kenya as part of prevention measures. UNICEF also supported Education in Emergency interventions benefiting more than 185,761 children (109,413 boys, 76,348 girls) affected by conflicts, violence or unrest, cholera or chikungunya.

Overall, 77,693 most vulnerable Out-Of-School Children (OOSC), including 36,801 girls and 40,892 boys (against the target of 105,000) gained access to education services in nine most deprived ASAL counties. The cross-sectoral strategies used to bring these OOSC into schools included WASH, communication strategies and renovation of classroom in schools.

In 2017 UNICEF Kenya aims to focus on sustained policy advocacy for piloting of the new curriculum in selected schools to test validity and viability, enrolment and retention for the most marginalized boys and girls from ASAL and urban environments, and for improving teaching learning processes for better learning outcomes. This will include strengthening of preparedness and coordination mechanisms to respond to challenges in the field of education in emergency.

**OUTPUT 1** 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:**
UNICEF Kenya provided technical and financial resources to MoE to support the national curriculum reforms. Specifically, UNICEF supported the Kenya Institute of Curriculum Development (KICD) to develop the Basic Education Curriculum framework to define curriculum standards. A teacher education framework also was developed that defines the standards and guides effective teacher capacity building for improved quality of learning, both upstream at the policy level and downstream at the implementation level.

In partnership with UNESCO, 50 curriculum developers were provided with relevant international standards in competency-based curriculum development and were able to develop curriculum designs, syllabus and teacher support materials for national piloting. UNICEF Kenya also expanded partnerships within and among UN agencies and development partners to support realization of crucial targets to achieve results for the key stages in the curriculum reforms process.

UNICEF Kenya, in partnership with MoE, supported more than ten high-level dialogues with key stakeholders (the presidency, policy makers from senate and parliament, children, faith-based organizations, private sector, civil society, national parents association, teacher associations and unions) for sustained advocacy to gain the political good will for the reforms. UNICEF used the opportunity provided by the partnerships platform to highlight and
address some of the social and cultural practices and beliefs impacting girls’ access to quality education.

With the support of UNICEF and partners (DFID, World Vision and Save the Children), the National Council for Nomadic Education (NACONEK) organized an international conference on education for nomadic communities to share experiences and explore ways of improving education for the hard to reach mobile communities. The NACONEK strategic plan (2015-2020) and policy framework were finalized and adopted and are ready for implementation.

UNICEF Kenya continued to provide technical assistance to MoE to improve the Education Management Information System (EMIS). The 2016 data collection was successfully conducted, reaching approximately 30,000 schools. The preparation of data processing and analysis was underway to ensure timely publishing of the 2016 statistical booklet. After some challenges and delays encountered due to staffing changes at the responsible department in the Ministry of Education, the 2015 statistical booklet was ready to be launched. UNICEF’s technical support on data analysis and on ensuring the publication of this critical data source enhanced the capacity of the MoE on planning, monitoring and evaluation.

UNICEF Kenya was a member of the Technical Committee reviewing the 2009 Special Needs Education Policy Framework, and advocated for inclusive education for children with disabilities as an overarching principle.

To address some of the barriers related to budget or expenditure and financial access, UNICEF Kenya undertook a financial analysis of expenditure in education and developed a costing or cost benefit simulation analysis to support evidence-based budgetary decisions, especially in the context of ongoing curriculum reforms. Moving forward in 2017, UNICEF Kenya will support the MoE to develop sustainable education financing and an investment framework, especially with regard to the envisioned curriculum reform. UNICEF plans to support MoE in developing learning assessment models for the new curriculum reform process.

OUTPUT 2 Output 2: By 2018, boys and girls aged 6-18 years old have increased access to quality basic education, transition to secondary and alternative learning programmes focusing on the most vulnerable children

Analytical Statement of Progress:
As a result of UNICEF Kenya’s partnership with the MoE at national and county levels, a total of 77,693 OOSC (36,801 girls, 40,892 boys) gained access to primary schools in Garissa, Marsabit, Mandera, Turkana, Wajir, West Pokot, Mombasa, and informal settlements of Nairobi. The overall number of OOSC decreased from 595,172 to 517,479 boys and girls respectively, representing a 13 per cent reduction in the nine counties. These achievements were due to enrolment drives, intensive door-to-door community mobilization or sensitizations as well as enhancing capacity of county governments and other stakeholders.

UNICEF Kenya also provided schools with water tanks, hygiene and education kits benefiting 13,840 newly enrolled children (8,251 boys, 5,589 girls) in Garissa and Turkana counties. In Turkana, Garissa and Marsabit, provision of boarding supplies to 61 low cost boarding schools benefited 5,069 children (2,636 boys, 2,433 girls). Mobile school kits provided to 15 mobile schools benefited 1,000 children (450 boys, 550 girls).

Based on the communication strategy developed in consultation with partners, community mobilization or sensitizations were carried out in seven counties (Garissa, Wajir, Marsabit, Turkana Kajiado, West Pokot and Nairobi). As part of strengthening accountability and
ensuring sustainability of the OOSC interventions, UNICEF Kenya, in partnership with the county government, supported the training of 614 enrolment drive committee members in Garissa County on community mobilization or sensitization and conducting enrolment drives to ensure community participation, ownership and sustainability.

A study report on OOSC based on EMIS 2014 and 2014 Kenya Demographic and Health Survey provided an in-depth understanding on some of the factors affecting children’s access to quality education, both in terms of supply and demand. As a result, UNICEF Kenya, in partnership with MoE, developed recommendations and endorsed an action plan to support implementation of the key findings from the report. To address some of the barriers related to transition, UNICEF Kenya provided technical support to the Ministry of Sports Culture and Arts through the Kenya Academy of Sports to develop alternative pathways that have been adopted under the career technology studies in the curriculum reforms. UNICEF Kenya also supported MoE to review the Alternative Provision of Basic Education and Training for improved access.

UNICEF Kenya drafted a report on the situation of OOSC in Kenya, which was reviewed by the Ministry of Education (MoE), to raise awareness for enabling access and equitable quality education.

Moving forward In 2017, UNICEF Kenya will focus on increasing the capacity of national and county governments to conduct enrolment and retention drives focusing on the most marginalized and OOSC in the ASAL and urban informal settlements, including developing innovative approaches for alternative learning programs and social protection initiatives for education.

**OUTPUT 3** 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:**
UNICEF Kenya mainstreamed the Child Friendly Schools (CFS) approach into the National Education Sector Plan, thereby influencing the educational research, policy and practice agenda for the coming five years.

In partnership with MoE, UNICEF Kenya conducted the 12th Annual Delegates Conference of the Kenyan Primary School Head Teachers Association, which ensured sensitization, capacity building of 8,125 head teachers (one-third of them female) on all five thematic areas of CFS, potentially reaching 2,147,000 children (45 per cent girls).

The 3rd Annual National Children’s Conference, held in June 2016, with representation from all 47 counties, led to development of the 2016 National Children’s Government resolutions on five thematic areas to be implemented within the framework of CFS. The resolutions were presented during the 12th National Delegates Conference to support the advocacy efforts aimed at supporting implementation. During the conference, the children representatives shared experiences and lessons learned and leadership and democratic practices, including peaceful co-existence. They also shared their resolutions with the Ministry of Education and representatives of the National Assembly on the Day of the African Child (16 June 2016) for endorsement to support implementation.

In partnership with MoE, UNICEF Kenya provided technical and financial support the first ever Annual Delegates Conference held for the Special Schools Heads Association of Kenya (SSHAK) at the Kenya Institute of Curriculum Development. A total of 350 head teachers
committed to promote inclusive education and developed an action plan that was submitted to the MOE for review and adoption. Because of the conference, the government commitment was strengthened to create a directorate of Special Needs Education to eliminate barriers pertaining to children with disabilities at all levels. The directorate will support the expansion and adaptation of all regular institutions to accommodate learners with disabilities instead of trying to reach the few special schools across the country.

The module developed by KICD, validated by UNESCO’s International Institute for Capacity Building in Africa (IICBA), was available to increase the teaching capacity of the newly deployed assistant teachers in schools of Northern Kenya, where a shortage of teachers as a result of mass exodus of non-local teachers existed. The capacity of some 240 trainers from different teacher training colleges was developed through a 15-day training programme.

UNICEF Kenya, in partnership with the Kenya National Bureau of Statistics and MoE, conducted a field test and concurrent validity study of an early learning assessment tool as part of the preparations for the Multiple Indicator Cluster Survey 6 (MICS).

Despite the progress made, some of the key factors contributing to slow progress in quality education included persistent inequalities in access and chronic teacher shortages. To respond to that challenge, in 2017 UNICEF Kenya will focus on enhancing teacher quality by promoting existing policy initiatives, building the capacity of teacher training institutes, and using innovation to facilitate learning processes.

OUTPUT 4 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:
Through the various Education in Emergency (EiE) interventions, 190,186 children (41 per cent girls) and 12,566 OOSC (48 per cent girls) in nine disaster prone counties have benefited. The capacities of 29 MoE education managers (2 per cent female), 1,189 teachers (20 per cent female), 1,507 BoMs and parents (30 per cent female) were enhanced to promote peace education and mitigate impacts of emergencies in school environments.

UNICEF provided 40 temporary learning spaces, 110 classroom tents, 1,189 emergency education kits, 1,503 recreational kits, 355 ECD Kits and 740 kits of school stationeries benefiting more than 120,000 children (48 per cent girls) in 289 schools.

At the national level, the education emergency cluster was reactivated to prepare and respond to El Nino, La Nina or drought, Cholera and the 2017 General Elections. The capacity of EiE focal persons in four counties (Samburu, Kisumu, Baringo and Turkana) to develop Emergency Preparedness & Response Plans was enhanced. Guidelines for admission of non-citizens into public education institutions were developed and disseminated to 360 education officials. The Joint Dadaab Education Strategy was developed to enhance refugee education coordination and resource mobilization.

A total of 1,189 teachers/head teachers (20 per cent female), 15 county level education officers (1 per cent female) and 18 BoM members (2 per cent female) in Baringo, Turkana, Samburu, Isiolo, Garissa, Kisumu, Dadaab/Kakuma Refugee Camps had their capacities enhanced on peace education, Child Friendly Schools (CFS), EiE, DRR, cholera prevention/preparedness/response, school hygiene/health and safety.
A total of 275 ToT teachers (7 per cent female) from Dadaab camp and host communities were trained on Cholera prevention, preparedness and response. Some 70,000 children (41 per cent girls) benefited from the distribution of soaps, posters, chlorine and aqua tabs in 28 target schools (Dadaab-10; Mandera-18). Fifty recreational kits were distributed to establish safe areas for children to play and avoid contaminated rainwater. An interactive ‘Cholera Animation’ film developed to demonstrate hand washing benefited 1,800 learners (40 per cent girls) directly, who peer educated an additional 682 out of school children (382 boys, 300 girls). UNICEF Kenya also established 32 School Health Clubs to promote school health. Mass awareness on basic cholera facts through SMS messaging, posters and brochures among all head teachers in 47 counties was achieved.

A total of 51 school peace clubs were established to facilitate peace education among children and communities. A total of 1,507 BoM (30 per cent female) members were trained on peace education/peace building.

UNICEF supported KICD in the development and pilot testing of education quality standards tools on teacher’s professional values, assessment and evaluation through capacity building of 120 teachers (30 per cent female) from 12 primary schools in Dadaab.

In response, in 2017 UNICEF Kenya will provide support to national and county governments to implement emergency preparedness responses in emergency prone counties, expand partnerships to advance results as outlined in Humanitarian Action for children and advocate for prioritization of EiE by the Government.

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

**Analytical Statement of Progress:**
UNICEF Kenya, in partnership with the Government of Kenya, held a high-level advocacy and dialogue meeting with all 47 counties to strengthen the collaboration between national and county governments to deliver quality ECD programs. This conference resulted in increased seamless coordination and partnerships between the national and county governments. The conference improved the contribution of the county government to ECD legal frameworks, and enhanced good will and quality implementation.

With the consultative engagement of Chief Executive Committee members in charge of ECD to discuss the ECDE sector policy, all 47 counties spearheaded the enactment of ECD county bills in order to legislate the implementation of ECD services, including allocation of budgets by the county assembly. The County Early Childhood Bill initiated in 2014 was concluded by the Senate and if enacted to law, will regulate and improve quality of early grade learning.

Five high level advocacy meetings were held in Kisumu, Homa Bay and Siaya, at which the Integrated Early Childhood Development (IECD) models were discussed and officially handed over to the respective county government for replication and scale up. To enhance replication, UNICEF Kenya supported Turkana and Garissa County officials to visit and learn from the IECD models. The capacity of 90 ECDE teachers (48 females, 42 males) in Garissa County was enhanced and 18 county ECD officials (3 females, 15 males) were inducted on multisector ECD programming.

To advocate for age appropriate assessments, the Kenya School Readiness Assessment Tool (KSRAT) was disseminated to all 47 counties and an orientation session was conducted for 47 ECD personnel (24 per cent female). The tool was used to assess children joining standard one, replacing the interview process the children were subjected to.
UNICEF Kenya, through the Social Policy section, supported selected counties in developing child sensitive budgets aimed at increasing budget allocations for ECD services. UNICEF also coordinated with the Hilton grantees, such as Child Fund and Plan International, to provide an opportunity to share progress, experiences and joint advocacy on ECD. Through this forum, the grantees leveraged resources and avoided duplication of initiatives. The grantees jointly advocated for prioritization of ECD at national and county levels.

To enhance proper child development in the first 1,000 days, UNICEF Kenya, in partnership with the Ministry of Health (MoH), enhanced the national capacity for quality programs meeting development needs for vulnerable children, including children affected by HIV and 0-3 year olds. A national capacity building workshop on Care for Child Development was organized for ECD officials from seven counties (Kisumu, Siaya, Homa Bay, Kakamega, Migori, Nairobi and Machakos) drawn from the Ministries of Health, Education and Labour as well as implementing partners. In total, 44 officials (24 female, 20 male) were trained and subsequently trained CHVs and CHWs to implement CCD at the community health facility.

To champion ECD through high level government advocacy, UNICEF Kenya initiated collaboration with the Office of the First Lady to enhance the prioritization and investment of ECD, especially for marginalized populations.

Despite the progress made, UNICEF Kenya recognized that the ECD sector in Kenya still faced challenges in the provision of quality services in a coordinated and interdisciplinary manner. One challenge was availability of timely data for independent ECDE centres that are not linked to basic education. Enrollment was increasing, which can be attributed to the devotion and closer collaboration between the national and county governments. To respond to these challenges, in 2017 UNICEF Kenya will focus on sustained policy advocacy for Integrated ECD and cross-sectoral collaboration. This will be done through modeling IECD in two ASAL counties, policy implementation and promotion of child centred methodology by improving teacher capacity and strengthening the collaboration between the national and county government in delivery of ECD services. Through the partnership with Council of Governors, selected counties will be supported in development of child sensitive budgeting informed by a study on the cost of financing ECD. High level advocacy will be enhanced through the First Lady-established partnership and collaboration with the ECD network for Kenya.

**OUTPUT 1**

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 Kenya provided technical support in the development of county ECDE Bill to improve the efficiency and effectiveness of pre-primary education and child care facilities at the county level.

In partnership with Social Policy, UNICEF enhanced the capacity of ten counties to develop child sensitive budgets, shifting the budget focus from construction of new ECD classrooms and compensation of ECD officials and caregivers to fulfilling essential children’s needs. As a result, Garissa and Wajir counties allocated US$0.19 million and US$0.33 million, respectively, for ECDE feeding programmes and establishment of model ECD Centres in 2015/16. There were six counties with increased proportion of spending in education, especially ECD in the financial year 2015/16 compared to 2013/14: Mombasa increased from 0.4 per cent to 6.2 per cent, Homa Bay from 3.5 per cent to 6.3 per cent, Kilifi from 11.7 per
cent to 14.4 per cent, Siaya from 7.9 per cent to 9.9 per cent, Wajir from 3.9 per cent to 7 per cent, and Turkana 9.3 per cent to 13.3 per cent.)

UNICEF Kenya also enhanced advocacy on investment in early years through expanded partnerships and by supporting the establishment of ECD network for Kenya. The network was formed under the umbrella of the Africa Early Childhood Network. Founding members of the network included Kenyatta University, World Vision Kenya, Aga Khan Foundation (East Africa), Save the Children International, International Child Resource Institute, Parenting in Africa Network, Kidogo, Little Rock, Build Africa, Research Triangle Institute (RTI) International and KANCO. A comprehensive approach and joint efforts to addressing issues of ECD will be spearheaded by the network in 2017.

UNICEF Kenya, through continuous dialogue and collaboration with the government, effectively provided technical support to the government in the review and development of holistic inter-disciplinary and integrated ECD policy, focusing on a multisector approach. The IECD policy provides a coordination framework among all the child line Ministries, especially the Ministry of Health, Ministry of Education, Ministry of Labour, and Ministry of Interior, and for coordination of national government; parents, communities, development partners and other stakeholders, in the provision of the ECD services.

Moving forward in 2017, UNICEF Kenya will continue to provide support to national government through county level forums to finalize and disseminate the integrated National ECD policy and for counties to effectively deliver ECDE. Selected counties will be supported to establish the cost and financing of ECD and ensure child sensitive budgeting at the county level, using the World Bank model.

**OUTPUT 2** 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:**
UNICEF Kenya continued advocating for implementation of integrated ECD through the three integrated models established in Kisumu, Homa Bay and Siaya counties. The models were officially handed over to each county government for replication and scale up. These models increased access to quality early learning, especially for the most disadvantaged children and families affected by HIV/AIDS, to engage in meaningful, age appropriate learning. According to EMIS 2015, increased gross enrolment rose from 2014 to 2015: in Homa Bay from 103.6 per cent to 107.7 per cent, in Kisumu from 67.4 per cent to 76.6 per cent and in Siaya from 76 per cent 81.6 per cent.

Five officials from Turkana county, including the Deputy Governor, and eight officials from Garissa county, including the chief officer in charge of ECD, benefited from the learning visit to the IECD models. The officers diversified their learning experiences and observed the delivery of quality early childhood services in an integrated manner. As a result these counties improved ECD service delivery through ECD personnel capacity programmes. Garissa County trained 90 ECD teachers (48 females, 42 males) from ten ECD centres on how to deliver child centred learning. Garissa County also improved the quality of early learning by supporting a county ECDE bill. UNICEF supported induction for 18 Garissa County ECD officials (18 females, 3 males) on multisector programming and delivery of ECD services in an integrated way.

To ensure that the Kenya School Readiness Assessment Tool (KSRAT) was widely disseminated and implemented, the MoE inducted 47 counties, County Directors of Education, ECD technical personnel, teachers and other relevant stakeholders. KSRAT replaced the written exams conducted for ECD children with a competency-based
assessment.

Distribution in refugee schools of Dadaab Refugee camps of ECD kits containing scholastic and play materials benefited 17,892 ECD learners (41 per cent females). An additional 41 ECD managers were trained on WASH in schools during the cholera outbreak. In Western region, 60 ECD centres and 7 health facilities benefited from supply of ECD and recreation kits, reaching 6,000 children (46 per cent girls) with age appropriate play and learning material.

To ensure children have a good start in life and develop holistically, UNICEF Kenya partnered with the Ministry of Health to train government and civil society organizations from seven counties (Kisumu, Siaya, Homa Bay, Kakamega, Migori, Nairobi and Machakos) in the care for child development essential package. The knowledge on neuroscience and brain development strengthened families, communities and caregivers in supporting young children from an early age with the right nutrition and opportunities for communication and stimulation using locally available resources.

UNICEF Kenya recognized the constraints on early learning that affect school readiness and hinder child development. To respond to these challenges, in 2017 UNICEF Kenya will expand modeling of quality ECD programmes in two ASAL counties, and will support capacity building programmes.

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

Analytical Statement of Progress:
This Outcome focuses on management and operations efficiency and effectiveness for the delivery of the results and advocacy for the realization of the children’s rights. The following areas were strengthened throughout the year: governance systems, partnerships and advocacy, programme coordination, independent and corporate oversight and quality assurance, excellence in operations management and human resources.

Strong partnerships existed between UNICEF Kenya, the Government of Kenya (GoK) and other external partners through the leadership of the Representative, with the support of the Deputy Representative. The Chief of Operations, the Chief of Communication and all outcome leads implementing the country programme worked collaboratively to ensure optimal use of the available resources to improve the wellbeing of children and women in Kenya.

The GoK – UNICEF Country Programme operated under the Delivering as One context, with all its programmes fully aligned to United Nations Development Assistance Framework (UNDAF) and the country priorities focusing on the realization of the rights of children and women. UNICEF Kenya co-led Strategic Results Area (SRA) 2 of the UNDAF 2014-2018: Human Capital Development; actively participated in SRA 1: Transformative Governance; and contributed to and supported SRA 4: Environmental sustainability, Land Management & Human Security.

The midterm review (MTR) of the Country Programme (CP) was conducted to take a comprehensive assessment of results achieved thus far against what was planned; to assess the potential for achieving all the planned results; and to identify lessons learned and areas for adjustment. The MTR was undertaken internally with management, Outcome Leads, programme teams and Zonal Office colleagues providing inputs, facilitated by an external consultant. As part of the MTR, a Strategic Moment of Reflection (SMR) was undertaken on 22 June 2016 to update the Regional Office team on the key programme
achievements over the last two years and emerging issues in Kenya’s programming environment. The MTR found strong evidence of good progress so far towards achievement of the CP’s key results. Some of these results were already realized ahead of schedule and others were still on course.

Security, especially in the North-eastern counties bordering Somalia, and emergencies such as outbreaks of cholera, measles, chikungunya, and dengue remained key risks for programming in 2016. As sector lead for WASH, Education and Nutrition sectors and the Child Protection sub-sector, UNICEF continued to support the Government and partners with effective and coordinated humanitarian response to disease outbreaks, El Niño flooding, 2017 Elections Preparedness and the nutrition crisis at both sectoral and multi-sectoral levels. Through the Inter-sector working group and Kenya Humanitarian Partners Team, UNICEF advocated for the children’s agenda and a multi-sectoral approach to humanitarian planning and response. Through the Zonal offices, UNICEF co-chaired the county and hub level multi-sectoral coordination forums, providing strategic direction to county-level planning and coordination of humanitarian interventions.

Opportunities presented by the Delivering as One (DaO) Framework for cross-sectoral partnerships and the Sustainable Development Goals (SDGs) availed positive chances to leverage resources. Devolution where counties have the rights to plan and budget for the devolved functions and new partnership with Council of Governors provided opportunities to realize and scale up children’s rights.

Cross-sectoral themes, including programming for adolescents, integrated ECD and building resilience of communities and systems, gained strength and generated evidence and strategies. Evidence for cross sectoral work includes evidence generation and learning as noted in the child poverty study. Other cross-sectoral work included birth registration, ECDE, C4D and humanitarian response.

Since the innovation officially formalized as a cross-sectoral function in June 2015, UNICEF Kenya set up a Community of Practice (CoP) that includes programme and operational staff. As of June 2016, the CoP was leading more than 20 different innovative programming efforts within various outcomes under four key UNICEF Kenay pillars, namely access to information, real time monitoring (RTE), youth engagement and product/process innovations. Significant progress was made in establishing strategic partnerships with public and private institutions in innovation, including with universities and telecoms.

In 2016, UNICEF Kenya transitioned to GSSC to streamline processes and procedures to maximize efficiency and minimize costs in line with Global requirements.

Knowledge and partnerships remained key to building an expanded supporter base of Champions for Children so that children’s voices were heard and partners maximized and leveraged resources in the best interests of children. In 2016 considerable headway was made in responding to requests for visibility items from outcome teams and donors. Efforts were made to explore cutting-edge technology to tell the stories about disadvantaged children and communities in a more compelling way. UNICEF recognized that there is a need for complementarity and joint efforts on both the public and direct advocacy agendas to effectively make the case for children.

Capitalizing on the media’s search for new ways to improve news coverage and to work in the public’s interest, collaboration with a second media house was initiated to keep high-impact interventions such as breastfeeding a priority issue. The annual elections of the National Children’s Government continued to positively influence people’s perceptions about children’s participation. However, the participation of young people in decisions that directly affect them still needs to be consistently sustained in other areas of their lives.
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:
Programme midterm review was completed in August 2016, with four emerging priorities identified: urbanization, programming for adolescents, early childhood development and climate change. Quarterly reviews were not undertaken in 2016. A light mid-year review was undertaken, with the results teams updating their RAM reports as of June 2016. UNICEF Kenya actively participated in the UNDAF M&E TWG, and SRA 2 activities and processes were coordinated.

Thirty-five staff (CMT members, chiefs of zonal offices and their OIOs) were trained on Results Based Management (RBM) in September 2016. The training was facilitated by the Deputy Representative and Chief Social Policy and Planning Specialist from the Regional Office, with Planning, Monitoring and Evaluation (PME) providing logistical and technical support on some sessions. The training strengthened participants’ understanding and application of RBM principles, concepts and tools. It also empowered section chiefs and unit heads to cascade the RBM training to their respective sections and update the programme strategy notes following the 2015 Field Results Group (FRG) guidance note on the development of programme strategy notes. All strategy notes were updated with clear Theories of Change. Subsequent RBM cascade trainings are scheduled for March-April 2017 as an entry point to the design of the new Country Programme (CP). In April 2016, 20 staff (55 per cent female) were trained on UNICEF Programme Policy and Procedures.

Piloting of the Implementation Monitoring and Partnership Management modules of eTools was ongoing, with the roll out scheduled for first quarter 2017. In September 2016, eight staff were trained as trainers during the Regional Office training in Nairobi and spearheaded the roll out of eTools in the office. A total of 135 staff both from Nairobi and zonal offices were registered on eTools and were actively using the eTrips for travel planning, approval and reporting.

Knowledge management was a strong component within UNICEF Kenya with P-drive being one of the important platforms. PME, in consultation with operations and all programme sections will undertake a clean-up and organization exercise of the P-drive in January 2017. This will also be followed by migration to TeamSite which will be a practical way for staff to work together online, using a calendar, task list, shared document library, and sometimes a wiki, a blog or a dedicated discussion area.

The County Office Annual Reporting (COAR) annual review meeting on 6 and 7 December brought together all staff from Nairobi office, representatives from zonal offices, and online participation in some of the sessions by all staff in zonal offices. The review provided a platform for sections to showcase results achieved in 2016 and prepare inputs for the COAR. As part of technical support to sections during the annual reporting period, PME developed offline RAM reports templates for each of the Outcomes and a RAM reports quality review checklist which was aimed at improving the quality of the RAM reports received from sections. Quality review of all COAR inputs (SMQs, KPIs, RAM and narrative report) from sections was also undertaken.
OUTPUT 2 Effective & efficient Operations Support and coordination

Analytical Statement of Progress:
UNICEF Kenya continued its efforts to ensure effective and efficient functioning of operations and programme management. The Country Management Team (CMT) provided strong leadership and support to ensure regular monitoring of key programme and operations performance indicators. Governance structure remained effective and statutory committees met regularly, focusing on accountability, partnerships management, transparency and risk management. Governance structure was reviewed to simplify and streamline various mandatory and non-mandatory committees, which will result in saving staff time and costs and increase productivity.

As part of midterm Review (MTR), a comprehensive business processes review of operations functions was conducted to further strengthen quality and streamline processes and procedures. The MTR recommendations were being implemented (e.g. SOPs) to enhance effective and efficient operations support and coordination. A second phase of the review was also conducted to strengthen partnership management, monitor recommendations from various assurance activities and strengthen coordination between the country office and zonal offices.

The Joint Consultative Committee (JCC) met four times to address emerging issues and to promote staff well-being. A staff retreat and quarterly staff gatherings were organized. Human resources management was strengthened to ensure timely and quality recruitment, and a vacancy rate of less than 4 per cent was maintained. Recruitment time was reduced from 174 days to 68 days. Learning and Development activities continued to help strengthening staff skills (programme planning, Results Based Management (RBM), team building, etc).

The 2016 Annual Management Plan (AMP) was prepared before 15 February to establish programme and management priorities with clear roles and responsibilities. The AMP guided the office to achieve results in priority areas that were monitored through CMT.

The Office Risk Profile was updated, with eight high risks identified. Mitigating actions were monitored by the CMT and sustained.

Peer review was conducted by the Regional Office and confirmed that 92 per cent of recommendations were sustained/partially sustained. UNICEF is taking action to implement the recommendations for the areas that were found not sustained.

Financial resources were efficiently managed, ensuring bank optimization, reduction in open accounts payables/receivables (more than 90 per cent) and timely disbursements.

ICT services were improved to ensure resolution of issues within 24 hours, additional internet connectivity was provided and the latest ICT equipment was maintained.

A risk-based Harmonised Approach to Cash Transfers (HA CT) assurance plan was prepared and implemented by more than 90 per cent. Five out of six planned trainings were conducted for capacity building of implementing partners.

The office premises were efficiently maintained, including sharing UNICEF premises at two of the zonal offices in the spirit of Delivering as One.

The supply plan was implemented to the tune of 96 per cent, for a value of US$ 11 million, out of which purchase orders were issued for US$ 10.5 million.
The security team issued security advisories and assessments to ensure the safety and security of staff and property.

Challenges remained related to outstanding Direct Cash Transfers (DCT) for more than 6 or 9 months. Implementation of recommendations from assurance activities was another challenge. As part of Delivering as One, UNICEF continued to participate in and support the Operations Management Team and Common Services Management Team to maximize efficiency and reduce duplication of efforts.

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:
Communities continued to face worsening malnutrition, food insecurity and disease outbreaks due to El Niño and La Niña conditions. Close to 1.3 million people required food assistance in Kenya, and an estimated 337,292 and 75,300 boys and girls under five require MAM and SAM treatment, respectively. GAM was 20 per cent in parts of Turkana, Marsabit, Baringo and Mandera counties, above the emergency threshold of 15 per cent. The situation was deteriorating, with 14 per cent GAM in Garissa and Tana River counties. Since July 2016, GAM and SAM caseloads increased by 19 per cent and 25 per cent, respectively, in all 23 ASAL counties.

By November 2016, a total of 16,840 cases of Cholera and 256 Cholera-related deaths had been reported, with a case fatality rate (CFR) of 1.5 per cent, above the emergency threshold. Of the 30 counties affected, Tana River County continued to report an active Cholera outbreak. Chikungunya fever continued to spread and risk factors for Yellow Fever outbreaks remained. Refugees and host communities will be more vulnerable due to the anticipated closure of Dadaab camps and continued influx of refugees from South Sudan into Kakuma Refugee camp. There were 502,739 (57.2% children), registered refugees and asylum-seekers, with 276,269 in Dadaab refugee camps, 163,192 in Kakuma and 63,278 urban refugees. Repatriation of refugees from Dadaab to Somalia was ongoing. Some 15,000 new arrivals from South Sudan are expected in 2017.

In spearheading results for children, UNICEF Zonal Offices (ZOs) continued to oversee programme implementation, humanitarian interventions, capacity building and coordination with County Governments. Strong participation of ZOs in office-wide planning processes was enhanced through participation in quarterly/annual reviews, CMT, meetings with the Operations team and monthly teleconferences with the Representative. UNICEF, in collaboration with government and partners, supported the management of MAM cases through training, data quality assurance and supervision through partner non-governmental organizations. UNICEF also supported 123,565 boys and girls under 5 with treatment for acute malnutrition in 23 ASAL counties. UNICEF and partners provided diarrhoeal treatment for 444,041 boys and girls under 5, and provided access to safe water for 890,000 boys, girls, men and women and behaviour change communication messages for 1.2 million people.

Deployment of Cholera Coordination Experts enhanced multi-sectoral preparedness and response at national and county level, including cross-border coordination. In collaboration with UNHCR and other partners, UNICEF supported 192,242 boys and girls (42 per cent girls) who accessed emergency education. Approximately 15,541 unaccompanied, separated and vulnerable boys and girls (34 per cent girls) in Kakuma Refugee Camp
benefited from protection services and 15,299 adolescents (42.9 per cent girls) received HIV life skills education in Kakuma Camp and Turkana host community.

UNICEF also supported the Government and partners with sectoral coordination as sector lead for WASH, education and nutrition, and provided technical support that strengthened coordination among key stakeholders. UNICEF advocated for children’s rights through inter-agency coordination mechanisms such as the Inter-Sector Working Group and the Kenya Humanitarian Partners Team (KHPT) led by UNDP and OCHA.

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:
The National Children’s Government (NCG) continued to be a mechanism for children’s participation, where they discuss key issues such as education, special needs, and the environment, among other issues, at school, county and national levels. The NCG did not have a voice or influence in matters that affect children. The Majority Leader’s offer to support children’s participation in parliamentary committees was not yet taken up. A clear agenda for meaningful participation of children would be timely as Kenya heads to the polls in 2017.

Collaboration with the HIV and AIDS team resulted in the production of powerful videos for the International AIDS Conference in Durban. At a time when stigma was still rife, the ground-breaking inspirational digital stories featured young people speaking openly about various aspects of living with HIV, mainly adherence, living positively and support. These digital stories were viewed by more than 20,000 online users and shared across various platforms, thus amplifying the voices of young people living with HIV. The videos were also included in the Eurovision feed, which serves more than 100 public broadcasters, reaching an audience of more than 350 million people. This creative story-telling has considerably raised the bar of the UNICEF Kenya standards for video production.

A new partnership was formed with a popular Kenyan musician to use music, social media and workshops to engage adolescents and young people on HIV and AIDS-related issues. The initiative, which is named ‘tunakulalifenaadabu’ (living life responsibly), is aimed at stepping up efforts to support adolescents and young people to better understand HIV risk and improve care and support for those already living with the virus.

Cutting edge technology was used to show the challenges of delivering life-saving supplies to children in hard-to-reach Turkana County.

UNICEF Kenya’s digital platforms – website, Facebook, Twitter and YouTube – continued to grow steadily, with increased followers and interactions. There were 7,517 followers on Facebook, an increase of 2,025 in 2016. Engagement through reactions, comments and shares was 6,765. There were 6,741 followers on Twitter, an increase of 2,830 in 2016. Their engagement through quotes, retweets, likes and replies was 5,078. In 2016, UNICEF Kenya had successful social media campaigns around key themes and activities, including the National Children’s Government, World Breastfeeding Week, Adolescents Living with HIV, Nairobi Innovation Week, and more.

OUTPUT 5 Partnerships for Advocacy: Collaborative partnerships enhanced for awareness-raising, policy change and resource mobilization
Analytical Statement of Progress:
UNICEF Kenya continued to strengthen strategic partnerships with national and county governments, development partners, UN agencies, the media, civil society and the private sector.

UNICEF partnered with the Unilever Tea Estate in Kericho to support research on workplace support for breast feeding. UNICEF was also an active member of the Scale Up Nutrition (SUN) network, providing technical assistance on malnutrition and mobilizing partners. UNICEF actively supported the establishment of a National Steering Committee for the Curriculum Reform process. UNICEF was also a key member of the Education Development Partners Coordination Group. Other key partnerships were strengthened with the Kenya Primary and Secondary Head Teachers Association, the Children’s Government and Student Councils. A multi-sectoral team at UNICEF developed the ECD Proposal which was approved by the IKEA Foundation for a three year US $ 3 million global funding starting 2017. UNICEF also initiated a partnership with the Beyond Zero Campaign to include ECD in the First Lady’s Strategic Framework. The PME Section worked with the Government’s MED on capacity building for Results based Monitoring and Evaluation. UNICEF Kenya and Kaka Empire launched on World AIDS Day an innovative music and social media partnership to end AIDS among adolescents. The Beyond Zero campaign was also supported by UNICEF, resulting in all counties being equipped with mobile clinics to offer HIV and MNCH services.


In 2016, UNICEF Kenya engaged Safaricom on the Mobile Operator Child Rights Impact Assessment (MOCRIA) tool, which assesses how child rights have been incorporated into different policies and organizational processes. Lions District 411A provided social mobilization support and in-kind contributions to the National Measles-Rubella campaign.

UNICEF engaged the Communications Authority of Kenya to accelerate sensitization on Child Online Protection (COP) for the Kenyan public. Other COP partners were the industry association GSMA, Safaricom, Airtel and Google. The Kenyan Chapter of the Global Compact continued to advocate for CRBP among its membership through the CEO of Safaricom. The Partnerships Section was also an active participant in the Humanitarian Private Sector Partnerships Platform (HPPP).

UNICEF will work closely with the UN SDG Philanthropy Platform to engage foundations (e.g. Hilton) for funding ECD. Philips provided funding for innovations for maternal care and Lixil worked closely with the WASH Section on sanitation funding.

Key constraints related to upscaling CRBP within the corporate sector due to various Corporate Social Responsibility (CSR) demands on corporations. In 2017, UNICEF will work closely with the Kenya Private Sector Alliance (KEPSA) to target key corporate sectors for CRBP (e.g. banking and tourism).

OUTPUT 6 Targeted Advocacy Initiatives: Proven cost-effective interventions and innovations for children's rights leveraged using targeted advocacy initiatives
Analytical Statement of Progress:
Kenya’s advocacy efforts to keep the country polio-free were boosted by the first-ever production with PFP of a Virtual Reality (VR) film. UNICEF Kenya had the opportunity to see how to create a 360-degree video of real-life locations, which takes longer and is different from shooting regular videos. VR offers endless possibilities in powerfully documenting development work and specifically the lives of children as it takes you to places and experiences without leaving your chair. The objective was to highlight the polio eradication response of UNICEF and its partners to inspire multiple audiences such as high-level policymakers, donors, children and the general public, to join the final push in the Polio End-Game. The focus was on the cold chain and use of innovations such as solar fridges; the role of community health volunteers in reaching the last child; and the child who contracted polio in 2011. Kenya has been polio-free since July 2013. The film was released on World Polio Day on 24 October 2016 and was shared on UNICEF Kenya digital platforms for expanded reach.

As a follow-up to the success of the polio videos, UNICEF Kenya committed to making its own virtual reality videos. The use of this immersive story telling medium will showcase the interventions that the Health, HIV and Nutrition teams are implementing in a health facility in Garissa County. The production is scheduled to commence in late December 2016.

On the innovation front, the technology company ARM, in partnership with UNICEF Innovation and the UK Natcom, visited Kenya to see UNICEF-supported work first hand. The programme took them to Turkana County, where they saw the extreme challenges that communities face in a hard-to-reach, historically-marginalized region. Interaction with mothers and children at the health facility and at household levels provided a powerful catalyst for ideas on ways in which ARM and UNICEF could collaborate on much-needed innovations for maximum impact. They also visited the iHub where Kenyan entrepreneurs build and prototype their ideas. Although it was a short visit, a strong case was built for more investments in technology to improve children’s well-being and combat inequalities. A Blog written by the ARM team described their experience.

OUTCOME 13 Effective & efficient Operations Support and coordination

Analytical Statement of Progress:
UNICEF Kenya continued to ensure effective and efficient functioning of operations and programme management. The Country Management Team (CMT) provided strong leadership and support to ensure regular monitoring and achievement of key programme and operations performance indicators (KPIs), with achievement at more than 90 per cent. Governance structure remained effective and statutory committees met regularly, focusing on accountability, partnerships management, transparency and risk management. Staff management relations were strengthened through quarterly Joint Consultative Committee (JCC) meetings.

As part of midterm management review, a comprehensive business processes review of most operations functions was conducted to further strengthen the quality, streamline processes and procedures. The recommendations of the review were implemented and SOPs were issued to further enhance procedures, quality of operations management and coordination. A second phase of the review was also conducted to strengthen partnership management (quality/timely processing of PCAs) including monitoring of recommendations from various assurance activities.
Coordination between Zonal Offices and Country Office will be further strengthened through an established SOP.

Effective common services support was provided to both UNICEF Kenya and the Regional Office in the areas of administration, finance and supply. Human Resources and ICT, with an arrangement of matrix management under the direct supervision of the Regional Office, continued to provide support to both offices. The Joint Contract Review Committee (JCRC) mechanism continued to provide oversight and support to UNICEF Kenya, the Regional Office and UNICEF Somalia. A Common Services Management Body established in 2015 continued to monitor services to ensure smooth functioning and strengthening of common services. UNICEF Kenya developed service level agreements to ensure smooth quality functioning of common services.

The governance structure was simplified and streamlined (various mandatory and non-mandatory but important committees) to reduce transaction costs and save time and to focus on the achievement of results.

Human resources management was strengthened to ensure timely and quality recruitment, and a vacancy rate of less than 4 per cent was maintained. Recruitment time was reduced from 174 to 68 days. Gender parity (46 per cent female) and geographic mix (60 per cent staff from programming countries) were given special attention in order to achieve the 50 per cent target.

Learning and Development activities continued to help strengthen staff skills. Seventy one per cent of group training activities and 50 per cent of individual trainings were completed. A total of 120 staff participated in four PPP training sessions in 2015, and another round was conducted in 2016 covering the remaining 22 staff.

The Annual Management Plan (AMP) was prepared before 15 February to establish programme and management priorities. The AMP guided the achievement of results in priority areas that were monitored through CMT. Visits from the Operations Team to the zone offices significantly reduced (by more than 80 per cent) issues faced by the zonal offices.

The UNICEF Kenya Risk Profile was updated quarterly. Eight high risks were identified. Mitigating actions were monitored by the CMT and sustained. The risk profile was also aligned with the risks identified by the Regional Office for the countries in the region.

Implementation of audit recommendations was continuously monitored and UNICEF managed to close all the open audit recommendations. Peer review was conducted by the Regional Office, which confirmed that 92 per cent of recommendations were sustained/partially sustained. UNICEF took action to implement the recommendations for the areas that were found not sustained.

Financial resources were efficiently managed, ensuring bank optimization, reduction in open accounts payables/receivables (more than 90 per cent) and timely disbursements. Transition to GSSC resulted in centralized payment processing.

ICT services were improved to ensure resolution of issues within 24 hours. Additional internet connectivity was provided and the latest ICT equipment was maintained.

A risk-based Harmonised Approach to Cash Transfer (HACT) assurance plan was prepared and implemented by more than 90 per cent. Recommendations from capacity assessments were followed up and 93 per cent of implementing partners provided compliance reports, within which UNICEF closed 134 out of 279 recommendations. Five out of six planned...
training sessions were conducted for implementing partners, which strengthened their financial management capacity.

Office premises were efficiently maintained, including sharing UNICEF premises at two of the zonal offices in the spirit of Delivering as One (DaO).

The supply plan was implemented to the tune of 96 per cent, valued at US$ 11 million, out of which purchase orders were issued for US$ 10.5 million. As part of the DaO initiative, UNICEF supported the sensitization of the new Public Procurement law across seven pilot counties in Kenya.

Support was provided by the security team and security advisories and assessments were issued to ensure the safety and security of staff and property.

Challenges remained related to outstanding Direct Cash Transfers (DCT) for more than 6 months. Implementation of recommendations from assurance activities was another challenge.

As part of Delivering as One, UNICEF continued to participate and support the Operations Management Team and Common Services Management Team to maximize efficiency and reduce duplication.

**OUTPUT 1** Effective and efficient governance of human resources and systems

**Analytical Statement of Progress:**
UNICEF Kenya ensured timely and quality recruitment of staff, including their retention and capacity development to ensure effective support to programmes and to achieve results for children. In 2016 a vacancy rate of less than four per cent was maintained. The transition to the Global Shared Service Centre (GSSC) for HR functions was implemented and staff were oriented on the new systems. The inter-agency HR working group project on harmonization of local recruitment was launched.

Average recruitment time was reduced from 168 days to 74 days. Addressing gender balance remained a challenge. Gender balance was 46 per cent female staff.

The Office Learning and Training Plan included mandatory office-wide training activities such as Ethics, Integrity Awareness Initiative and team-building. UNICEF prioritized team building and skills development. Specific group training activities such as Programme Policy and Procedures (PPP), Harmonized Approach to Cash Transfer (HACT), Civil Society Organizations (CSO) procedures 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. In addition to the 126 staff members trained on PPP in 2015, training for the remaining staff members (was conducted in 2016; All staff took mandatory UN Integrity Awareness and Ethics and Integrity courses. 22 staff members took Managing Performance for Results (MP4R) training. 45 per cent of staff members completed training on HIV at the Work Place and 75 per cent completed HACT online.

Performance management was monitored and performance discussions were documented. A completion rate of 100 per cent was achieved for the 2015 Year-End Appraisal and for 2016 Performance Planning. Orientation sessions were conducted on the newly introduced performance management system ‘ACHIEVE’. Better understanding of the process as well as an improvement in the quality of the performance management process and evaluations were achieved through training in Managing Performance for Results.
The Joint Consultative Committee (JCC) met quarterly, which facilitated strengthened staff and management relations. The Global Staff Survey 2014 follow up plan was monitored and fully implemented. An all staff retreat was held for team building. More than 50 per cent of the recommendations from the locally conducted staff survey were implemented.

UNICEF Kenya identified six peer support volunteers (including three from zonal offices). Three were trained in 2016 and the others will be trained in 2017. They will be available to provide PSV support to staff.

The ten minimum standards on HIV in the Workplace were in place and the office continued to monitor and improve on them. Staff participated in UN Cares activities at UN level. Mandatory training in HIV/AIDS Awareness was enforced through a compliance monitoring tool. Staff had access to the UN Joint Medical Services for consultations and counselling. The One-Stop Clinic was also available to staff for HIV Voluntary Counselling and Testing (VCT).

OUTPUT 2 Effective and efficient management and stewardship of financial resources

Analytical Statement of Progress:
UNICEF Kenya’s Finance Unit continued to support programme implementation and results for children through timely processing of payments both for UNICEF Kenya and the Regional Office. Finance/Operations provided efficient and effective support and advice in the management of financial resources through orientation sessions on internal financial controls, quality payment processing and supporting documents. All mid-year and end-year financial closure activities were completed within the deadlines set by UNICEF Headquarters. Standard operating procedures with clear roles and responsibilities were prepared to ensure smooth transition of transactions processing to Global Shared Service Centre (GSSC). Lessons learned from GSSC transition and bottleneck analysis were conducted to further improve payment processing. UNICEF conducted orientation sessions for the staff on work process changes due to transition to GSSC and continued to support the GSSC in bank reconciliations.

Monthly cash balances were maintained within 25 per cent allowable level, ensuring optimization of bank balances. Significant efforts were made to clear open accounts payable older than 31 January 2016 from 514 items to 20 and from 47 receivables to 13. Open accounts payables and receivables older than 2016 were cleared, except for those related to separated staff members, which were being followed up.

The Table of Authority was reviewed on a quarterly basis and reconciled with roles provided in VISION. There were no Segregation of Duties conflicts. Effective governance structure was in place. UNICEF reviewed the governance structure in line with the HQ guidelines to simplify and streamline mandatory and non-mandatory committees that will result in saving staff time and costs and increase productivity.

All donor reports were submitted on time, except one, which was submitted with one day delay.

Overall, US$80.9 million was available for programme implementation, which included US$17.7 million in regular resources (RR); US$53.2 million other resources regular (ORR); US$9.2 million other resources emergency (ORE); and US$ 0.63 million institutional budget (IB). Utilization reached US$80.8 million (US$ 17.7million RR, US$53.1million ORR; US$9.2 million ORE and US$ 0.63 million IB).
OUTPUT 3 UNICEF Kenya  HACT Management and Regional HACT Action Plan
Implementation

Analytical Statement of Progress:
Quality Assurance support was provided in the areas related to partnership management, risk management and the Harmonized Approach to Cash Transfers (HACT) implementation, audit preparations, and monitoring and implementation of recommendations. Close monitoring of the remaining open recommendations from the WASH audit (2014) and internal audit (2015) was prioritized, resulting in closure of all recommendations. The Regional Office conducted a review of sustainability of closed recommendations. UNICEF prepared an action plan to implement the recommendations. An external audit is scheduled in February 2017 and an audit questionnaire and required supporting documents will be submitted in January.

Efficient support was provided to the preparation and monitoring of the risk-based Annual Assurance Plan. Twenty-five assessments of implementing partners (against the target of 19) were completed during the year. UNICEF developed a tracking tool to capture the recommendations from the assessment for follow up and compliance. This was regularly monitored in management meetings and resulted in closure of 134 out of 279 recommendations. Follow up with implementing partners for compliance reports helped to obtain 93 per cent compliance (53 out of 57 assessments). Challenges remained to follow-up and address recommendations from all assurance activities (e.g. programme visits, spot checks, etc.) and UNICEF was in the process of strengthening tracking tools for that purpose.

Training on HACT and Programme Cooperation Agreements (PCA) management was organized for implementing partners and UNICEF staff. Similar sessions were conducted in programme policies and procedures (PPP) training. Five out of six planned orientation sessions on HACT and revised CSO procedures were conducted for implementing partners. Orientation sessions were also conducted on VISION and use of Dashboard for UNICEF Kenya staff and staff of zone offices.

HACT implementation was further enhanced through establishment and functioning of a governance committee to monitor implementation of the Assurance Plan and provide oversight and guidance. The committee met monthly. UNICEF Kenya used various platforms to report on and ensure HACT implementation. The priority attached by UNICEF to HACT implementation led to substantial improvement as compared to 2015. UNICEF continued to chair the inter-agency working group on HACT. The working group met regularly and reported to the UN Operations Management Team. This helped enhance coordination and harmonization between UN agencies in HACT. The working group on HACT prepared and implemented a workplan and monitored its implementation regularly.

Achievements included joint training of Implementing Partners on HACT; continued use 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. The chair of the OMT and Chief of Operations met with the senior officials of the Supreme Audit Institution (SAI) of Kenya and explored possibilities for using SAI for audit of government partners. The response from the SAI was positive; however, the challenge remained on the capacity of the SAI to take on this additional task; as well as risks involved in the country.
### Evaluation and Research

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### Other publications

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<td>A needs Assessment on HIV Response for Children and Adolescents in Kakuma Refugee Camp in Kenya.</td>
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<td>Who really pays? A critical overview of the practicalities of funding universal access.</td>
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<td>A post –partum haemorrhage package condom uterine balloon tamponade: a prospective multi-centre case series in Kenya, Sierra Leone, Nepal and Senegal</td>
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<td>Football for Water, Sanitation and Hygiene (F4WASH)</td>
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### Lessons learned

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