

Kenya

Part 1: Situation update in the country

After political turmoil in 2017 following disputed presidential elections, 2018 saw reconciliation between the President and the opposition leader, and Kenya returned to greater stability and a better business environment. GDP growth rebounded to 5.6 per cent in 2018 from 4.9 per cent in 2017. Inflation was in single digits, although food prices remain high. Meanwhile, increased effectiveness and efficiency of governance and resource mobilization are still needed given the shocks and development needs the country faces. The Government budget accounts for 26 per cent of GDP, but the proportion spent on the social sectors has continued to fall – down to 31 per cent in 2018. Kenya's debt-to-GDP ratio rose from 44 per cent in 2010 to 58 per cent in 2018.

In this context, the Government has begun implementing its third medium-term plan (2018–2022), and adopted the 'Big Four' priority policy pillars for: universal health coverage, affordable housing, food and nutrition security and manufacturing. Three of these pillars directly affect children's well-being, particularly their survival and development. The fourth (manufacturing) led the Government to request UNICEF support for transforming the secondary education system to ensure that students can develop necessary life, technical and vocational skills. There are concerns, however, that given the allocation of significant resources to these four areas, other aspects of child well-being may not receive sufficient attention.

Nevertheless, the Government has continued to develop (or complete) policies, plans and legal frameworks in several child-related sectors, including: (1) comprehensive social protection investment plan, policy, strategy and legislation; (2) national pre-primary education policy framework for counties to implement quality early childhood development (ECD) programmes; (3) Kenya nutrition action plan 2018–2022; (4) health sector strategic plan 2018–2022; and (5) child protection legislation.

The impact of the devolution process became evident in 2018, with increased investment in several parts of the country – particularly areas with major equity challenges. Forty-seven county investment development plans were developed, anchored to the Government's third medium-term plan and the SDGs, about half received UNICEF support. In 2018 several counties launched legislative or policy frameworks to address key bottlenecks for accessing and utilizing health, water, nutrition, child protection and other services. These policies and legislative frameworks at the national and regional level will require effective implementation.

Child survival and development: In January the Government committed to attaining affordable universal health coverage by 2022. This aspiration is a major step toward ending some of the country's key health inequities, as persons unable to access health care for geographical or financial reasons obtain coverage. Two of the other pillars of the Big Four – affordable housing and food and nutrition security – will also help more children to survive and

thrive.

No major surveys were conducted or published in 2018. However, administrative data show significant improvements in indicators such as skilled birth attendance and immunization rates. Skilled birth attendance rose from 52.9 per cent in 2017 (when healthcare professionals were on extended strike) to 64.5 per cent in 2018, more than the previous high of 59.3 per cent in 2016. This is largely a result of free maternal services and improved access to comprehensive obstetric maternal and new-born services, continuous follow-up with mothers during pregnancy and linkages between health facilities and community health volunteers. Likewise, declines in immunization in 2017 due to the healthcare strikes and political instability were reversed. In 2018 some 82 per cent of children received at least three doses of DPT-containing vaccine (Penta) and 78 per cent received all scheduled vaccines. Mandera County continued to report the lowest Penta coverage (43 per cent), due to insecurity and lack of staff.

The 2018 Kenya AIDS response progress report showed improvement in most critical HIV indicators of prevalence and new infections between 2015 and 2017. However, the number of new HIV infections among children under 14 years has risen, and this age group now makes up 7 per cent of all persons living with HIV and accounts for 15 per cent of AIDS-related deaths in the country. These deaths are expected to decline following implementation of 2018 guidelines aimed at optimizing access to HIV testing and antiretroviral therapy for children.

An August assessment found that the nutrition situation had improved nationwide since 2017, mainly because of the March-May rains, which improved food security. However, acute malnutrition rates remain critical in Turkana, Samburu and Mandera counties and in East Pokot in Baringo Country and North Horr in Marsabit Country. Despite overall improvement on nutrition, more children required treatment in August 2018 (510,593) than in August 2017 (420,674). By end of December, 82,998 (107 per cent of the annual target) children with severe acute malnutrition (SAM) had been admitted for treatment. CRS

Education: The Government implemented various reforms to improve access to equitable and inclusive quality education in 2018, including the launch of a policy for learners and for trainees with disabilities. The education sector plan 2018–2022 strategy and policy document, the refugee education policy and the mentorship policy were all finalized. The manufacturing pillar of the ‘big four’ strategic vision means that the Government is paying more attention to technical and vocational education.

Though education data is not available for 2018, the 2015/16 Kenya integrated household budget survey, published in 2018, showed that 86.6 per cent of the rural population had ever attended school compared to 94.3 per cent of the urban population. Nairobi and Kisumu counties registered the highest proportion of those having attended school (97.5 per cent each), while rates lower than 56 per cent were reported in Garissa, Marsabit, Mandera, Wajir, Turkana and Samburu counties.

National net attendance rates for pre-primary, primary and secondary school were 63.5, 82.4 and 37.5 per cent, respectively. Urban areas had higher net attendance at all levels than rural areas. Most counties had high primary school rates, except for ASAL counties, where rates were significantly below the national average. Garissa County had the lowest net attendance rates for pre-primary and primary school: 4.4 per cent and 37.8 per cent, respectively. Turkana recorded the lowest secondary school net attendance (9.3 per cent). Females are less likely to attend all three levels of education than males; the national gender parity index of gross

attendance ratio is 0.98 for pre-primary and 0.97 for primary and secondary education. The 2018 socioeconomic survey showed a slight increase in ECD and education enrolment; from 3.2 million in 2016 to 3.3 million in 2017. Fifty-one per cent were boys. During the 2018 regional ECD conference, the Government of Kenya made a commitment to use the multi-sectoral approach in ECD programming, enhancing the achievement of SDG-related goals 2.2, 3.2,4.2 and 16.2.

During 2018 excessive rain led to flooding, resulting in temporary closure of schools, loss of teaching/learning materials and displacement of more than 100,000 children (44 per cent girls). Meanwhile, repatriation of families to Somalia and the closure of schools in one refugee camp overstretched teaching and learning infrastructure at the other three refugee camps in Dadaab.

Child protection: In 2018 the Children's Bill was drafted and validated through a series of nationwide forums involving children, government officials, the United Nations and other stakeholders. Once enacted, the new law will, for example, provide more comprehensive protection of children from online child abuse and exploitation and promote family-based alternative care and diversion for children in conflict with law.

No new data on prevalence of violence affecting children has become available since 2014, when it was found that boys were more likely to suffer physical violence and girls sexual violence. A September study found that 11 per cent of schools had reported sexual abuse cases in 2018. While the Government has developed and adopted policies, enacted laws, developed and implemented educational programmes to combat gender-based violence, the response is constrained by insufficient human capacity for prevention and protection. In 2018 the Government stated its intention to strengthen the social services workforce, in particular through licensing and accreditation. Entrenched religious and cultural beliefs that perpetuate negative stereotypes, discrimination and gender inequality, alongside socio-cultural norms around gender and masculinity, present ongoing challenges.

No new data was available on female genital mutilation and cutting (FGM/C). In 2014, it stood at 21 per cent among 15-49-year olds, and was particularly prevalent among Somalis (94 per cent), and in three counties: Samburu (86 per cent), Kisii (84 per cent) and Maasai (78 per cent). The Government finalized guidelines on community-based work on female genital mutilation and cutting in 2018, and a prominent court case may lead to significant changes in legislation and practice.

In 2018 UNICEF supported the civil registration service to develop a work plan for accelerating birth registration. Plans include legal and policy reform to remove barriers that slow down the system; system digitalization, including covering backlog; and developing staff capacity to use the online system.

About 66.9 per cent of births in Kenya were registered In 2018. However, the proportion of children with birth certificates is likely much lower. Lack of certification is particularly problematic for children in contact with the law, engaged in child labour or exploitation or otherwise in need of protection and access to age-appropriate services. Low birth registration rates correlate to poor access to healthcare. No counties yet have free and universal birth certification; birth certificates cost US\$.50.

Safe and clean environment: While no new data are available, the last UNICEF/World Health Organization (WHO) joint monitoring programme estimates give data on the newly defined level

of services as per as the SDGs, including the first national estimates on hand-washing and the availability of water, sanitation and hygiene (WASH) in schools. The monitoring in 2017 found that a third of the population drink water from unprotected sources (23.1 per cent) or collected directly from rivers, dams, lakes, ponds, streams, canals or irrigation channels (9.8 per cent). Children in rural areas are particularly affected. Meanwhile, 24.6 per cent had no water in schools as of 2016, with the proportion higher in primary schools (26 per cent) than secondary schools (19.9 per cent).

According to the JMP, in 2017 only 30 per cent of the population could access basic sanitation services. Twelve per cent were practicing open defecation, mostly in rural areas. In 2018, some 3,167 villages were certified as open defecation-free (ODF) in six counties (Garissa, Isiolo, Kakamega, Kitui, Siaya, Turkana and West Pokot).

Most children live in households with no handwashing facilities. For example, 69.6 per cent of the population have no facilities with soap and water at home (according to JMP 2017): 73.9 per cent for the rural population and 56.9 per cent for the urban population.

Regional consultation workshops were organized on the National Environmental Health and Sanitation Bill. The Bill provides direction on all matters related to sanitation and hygiene, emphasizing the need to address emerging issues around devolved structures and development, as envisaged in the Constitution of Kenya, Vision 2030 and SGD 6.2.

Social policy: Poverty rates decreased by an average of 1 per cent a year over the last 10 years. In 2018, however, 9 million Kenyan children (41.5 per cent) still live in poverty.

In 2018 UNICEF Kenya humanitarian support was provided to assist with challenges including the ongoing effects of the severe 2016-2017 drought, disease outbreaks, refugee influx, flooding and resource-based conflict.

Heavy rains and large-scale flooding in 40 counties were reported from March to July. The arid and semi-arid counties were particularly hard-hit, with 800,000 people affected in 40 counties and 311,000 displaced. More than 205 schools became inaccessible, access to health facilities was constrained as roads were flooded and communities marooned, and displacement of entire villages increased child protection concerns. At least 14 children died, while others were orphaned or separated and required psychosocial support and alternative care.

But the rains ameliorated the effects of the drought. An August assessment found 700,000 people requiring food assistance, down from 2.55 million earlier in the year. Nevertheless, critical acute malnutrition levels (15-29.9 per cent) continued in Mandera, Turkana, Samburu, and parts of Baringo (East Pokot), and Marsabit (North Horr) counties, primarily driven by non-food security-related factors, including poor childcare feeding practices and lack of suitable access to health facilities.

During the year 20 counties reported 5,796 cholera cases and 78 deaths (the case fatality rate fell from 1.6 per cent in 2017 to 1.3 per cent). Six counties (Mandera, Wajir, Garissa, Nairobi, Kitui and Murang'a) reported a total of 667 measles cases, with 62 confirmed and 1 death. In April, circulating vaccine-derived poliovirus was found in Nairobi. UNICEF supported three rounds of polio vaccination in 12 at-risk counties in the Nairobi area and close to Somalia and Ethiopia. A Rift Valley Fever outbreak occurred in north-eastern Kenya, with 94 human cases, 10 confirmed and six deaths.

Humanitarian access is constrained in northeastern Kenya along the border with Somalia and between Baringo, Turkana and Samburu West Pokot counties because of inter-communal conflict. This affects delivery of basic services such as health and education by the Government, as well as emergency response during crises.

The United Nations High Commission on Refugees (UNHCR) estimated that Kenya hosts 468,261 refugees and asylum seekers (22 per cent women, 56 per cent children), of which 208,595 are in Dadaab refugee camps, 186,384 in Kakuma refugee camps and 73,282 in Nairobi. Of the total refugee population, 256,300 (54 per cent) are from Somalia and 114,862 (24 per cent) from South Sudan. In 2018, Kenya adopted the comprehensive refugee response framework, designed to support integration of the refugee response into national systems.

Refugees in Kakuma and Kalobeyei now make up approximately 40 per cent of the Turkana West population (and 15 per cent in Turkana County). Overall, 15 per cent (14,146; 38 per cent girls) of the total child population in Kakuma and Kalobeyei are documented as unaccompanied, separated and vulnerable, requiring continuous protection support and follow-up. Another 1,040 unaccompanied children live in child-headed households. The continuing influx of refugee from South Sudan has resulted in congested classrooms. The international community has provided additional resources, allowing for better access to education, medical services, water and economic opportunities for the local population. The Government and partners have continued to invest in the new settlement at Kalobeyei, which provides services for both refugees and the host community. This could have a positive long-term impact on the way refugees are integrated socially and economically with host communities.

Political and humanitarian instability in Somalia has reduced the frequency of voluntary repatriation organized by UNHCR and resulted in an estimated 10,000 people returning to Dadaab refugee camps after voluntary repatriation. These returnees are not being officially registered, affecting their access to basic social services. The closure of two of the five refugee camps in Dadaab resulted in serious overcrowding at schools due to the inadequate number of classrooms, WASH facilities and teachers. UNHCR estimates the presence of nearly 5,000 undocumented children in Dadaab.

Part 2: Major results, including in humanitarian action and gender, against the results in the country programme document

This section reflects the last six months of UNICEF Kenya's 2014-2018 Country Programme and the first six months of its 2018–2022 Programme. The 2014–2018 Country Programme had 12 outcomes, while the 2017-2022 Programme has just five outcomes, largely corresponding to the five goal areas of UNICEF's 2018-2021 Strategic Plan.

Goal area 1: Every child thrives and survives

The results under this goal area fit within three of the 2018–2022 UNDAF strategic priorities: priority 2: health, including sexual, reproductive, maternal, newborn, child and adolescent health; priority 3: nutrition; and priority 4: HIV.

Health: In January 2018 Kenya's Government committed to attaining affordable universal

health coverage (UHC) by 2022. To support health system strengthening, UNICEF provided technical and financial support to the Kenya Health Forum (KHF) held in 2018, where the UHC agenda and roadmaps were extensively discussed by all stakeholders, and a 'communiqué' to accelerate progress towards universal health coverage was signed by national and county health stakeholders. At the request of the Ministry of Health (MoH), UNICEF supported the development and roll-out of the Government's campaign in four counties.

UNICEF has helped to make childbirth safer in Kenya. By October, skilled birth attendants were present for 64.5 per cent of births in the country, exceeding UNICEF's target and the 47.5 per cent figure in 2017 (lower largely because of the six-month health workers' strike). Bottlenecks to greater coverage included rapid turnover of trained staff, limited county-level funding and dependence on donor funding. UNICEF's contributions included infrastructure improvements in health care facilities that were handed over to county governments. By June, more than 27 counties (from up from four in 2017) were implementing kangaroo mother care (KMC) and using chlorhexidine to prevent neonatal sepsis, had improved infrastructure and more health workers with appropriate skills and equipment. UNICEF also supported development and launch of a newborn handbook for health centres and dispensaries and adaptation of Every Mother/Every Newborn Quality Standards for counties, as well as a learning tour for the MoH and Pumwani hospital on kangaroo mother care practices at South Africa's University of Pretoria.

With World Bank financial support, UNICEF procured 122 ultrasound machines, over 1,000 pulse oximeters and patient monitors. The equipment was distributed to all 47 counties, each receiving at least two ultrasound machines, two patient monitors and six pulse oximeters. Using this equipment and implementing new evidence-based antenatal care guidelines and appropriate management of mothers and new-borns with hypoxia (including rational oxygen use) is expected to reduce perinatal and late new-born mortality. To further improve maternal, new-born and child health coverage, UNICEF and the Philips Foundation supported Kakamega county to roll out a health equipment assessment in 163 health facilities.

With support from UNICEF, 596,756 children under five years with symptoms of pneumonia were taken to appropriate health care providers at either the facility or community level (79 per cent of cases, up from 65 per cent in 2017), fully achieving the 2018 target. UNICEF gave technical support for the development and dissemination of basic paediatric treatment protocols. Bottlenecks included: inadequate funding preventing scaling-up of Amoxil DT procurement and training for health care providers and insufficient funding to reach officials in all 47 counties with awareness-raising.

Immunization coverage also exceeded annual targets, UNICEF provided financial and technical support for delivery of vaccines and cold chain equipment. By October, 1,091,464 children (82 per cent of the target) had received the recommended three doses of DPT-containing vaccine, compared to 68 per cent in 2017. Improved coverage was thanks to: social mobilization, cold chain and vaccine management support; financial and technical support to 20 priority counties for improved routine immunization coverage (including outreach); tracking missed children and presidential support.

The MoH's detection and confirmation of poliovirus in the sewers of a Nairobi informal settlement's in March necessitated a UNICEF social and behavioural change strategy to guide implementation of polio vaccination campaigns. The post-campaign evaluation reported 80 per cent campaign awareness among beneficiaries, with vaccination reaching 96 per cent of the

target population. During four polio campaigns in 12 counties and an additional round in Nairobi supported by UNICEF Kenya, 13.2 million people were reached through multi-media assets developed in-house: #VaccinesWork was the top trending hashtag with 29 million impressions.

In addition, UNICEF continued providing life-saving responses to cholera outbreaks benefiting 12,000 people.

UNICEF also supported the official launch of Kenya's reproductive maternal, newborn and child health (RMNCAH) scorecard, which is now available nationwide to track and monitor the progress of key RMNCAH interventions. Since 2016, the Philips Foundation has invested over US\$1 million in partnership with UNICEF to support Kenya to design and manufacture medical devices, equipment and innovations, especially for maternal and new-born health.

Nutrition: UNICEF supported a survey on knowledge, attitudes and practices for nutrition behaviour in nine counties. The findings revealed various social norms affecting feeding practices in most Kenyan communities, and are being used to develop evidence-informed, county-specific communication strategies on child feeding practices.

Technical and financial support was also provided to increase vitamin A supplementation. Under MoH leadership, UNICEF covered 27 counties with training of trainers, rolling out guidelines and data management, and supporting child health days. By October, over 4.3 million 6-to-59-month-olds (64.5 per cent) had received two doses of Vitamin A, up from 44 per cent in 2017.

UNICEF supported Kenya's early warning system and short rains assessment in March. January SMART survey results showed a marked improvement in nutritional status; global acute malnutrition rates fell in drought-affected counties such as Turkana, Marsabit, Mandera and Wajir. Nationally, 53 per cent of counties continued to report integrated care for children with SAM in regular health and nutrition services. UNICEF advocated for systematic and improved monitoring of coverage at sub-county and facility levels to inform more equitable programme scale-up, enabling treatment of 72,853 severely malnourished children under five from January to October –particularly promising results given that Kenya was recovering from the 2017 drought. UNICEF contributed through technical, financial and advocacy support to timely evidence-generation, coordination of the joint nutrition response with national and county governments and strengthened integration of nutrition commodities into national supply chains. Barriers to optimal performance include difficulty following up cases enrolled through outreach, population movement and limited capacity of newly recruited staff.

UNICEF continued to conduct cross-sectoral studies on relationships between stunting and social protection, sanitation and communications activities. The aim was to generate evidence to inform national- and county-level programming and support advocacy on investing in nutrition-sensitive approaches to stunting reduction

UNICEF provided technical and financial supported for the development of Kenya's health sector strategic and investment plan 2018–2023 (KHSSIP), in which nutrition was integrated into various thematic areas. UNICEF advocated for implementation of the Food and Nutrition Security Bill 2017 by reviewing and guiding necessary amendments to the bill to ensure alignment with existing policies and frameworks.

Kenya's 2018–2022 nutrition action plan was being finalized in late 2018 and will require

government sign-off. It includes nutrition-specific and nutrition-sensitive interventions and strategies to enhance the enabling environment, all of which will contribute to reducing stunting. UNICEF continued advocating for a high-level multisectoral platform for nutrition through the National Food and Nutrition Security Council and county food and nutrition security committees, all stipulated in the national food and nutrition security policy implementation framework. In the interim, the nutrition interagency coordinating committee served as the multi-stakeholder, multi-agency platform coordinating nutrition in Kenya.

HIV/AIDS: The proportion of children living with HIV who were virally suppressed increased from 58 per cent in 2017 to 74 per cent in 2018, partly because of new guidelines for care. UNICEF provided technical and financial support for developing and launching two policy documents on point-of-care testing, and supported development of information, education and communications material and policy on infant and young children feeding in the context of HIV.

Between January and September 1,016,105 adolescents aged 10–19 years received HIV tests and 3,471 were identified as living with HIV. Also, 64,841 children and adolescents (aged 0-14 years) and 59,755 older children (10-19 year olds), including 32,718 females, received antiretroviral therapy. UNICEF also funded innovative programmes with targeted interventions for high-risk adolescents living with HIV, integrated SRH/HIV messaging in child protection programmes and HIV-sensitive programming to improve linkages to HIV treatment, care and prevention services.

UNICEF, with LVCT Health, reached 32,000 adolescents and young people to raise awareness about HIV through an online, integrated digital platform using calls and text messaging, as well as various social media platforms, to interact with users in five counties.

Analysis by a National AIDS Control Council-led taskforce on HIV response in the context of universal health coverage revealed that more than US\$866 million is spent annually on the national HIV response, 63 per cent funded through international aid and the rest through national contributions. UNICEF's advocacy for domestic financing leveraged a 7 per cent increase in government and household funding.

In 2018 the MoH launched new guidance on HIV testing of infants to optimize in-vitro diagnostics through use of point-of-care, to improve early infant diagnosis. Reduced turnaround time will eventually result in a higher proportion of HIV-exposed infants being diagnosed and linked to care, improved retention, fewer deaths and less loss to follow up.

UNICEF made significant technical contributions to the Kenya population-based HIV impact assessment, a household survey designed to measure the reach and impact of HIV prevention, care and treatment interventions in child, adolescent and adult populations (including pregnant women, the general population and key populations).

Goal area 2: Every child learns

Results in this goal area are aligned with UNDAF 2018-2022 strategic priority 1 (education, training, arts, sport and culture) and UNICEF Kenya's country programme outcome 2 (improving early learning and education).

UNICEF Kenya supported the Ministry of Education (MoE) and civil society both financially and technically with county-based campaigns to increase school attendance and retention. The

Ministry enrolled 151,559 out-of-school 6-14 year olds in primary schools (47 per cent girls), partially due to enrolment drives at pre-primary and primary level through 'operation come to school', implemented by the Ministry, county governments and national and international NGOs.

UNICEF also facilitated access to quality education for 156,379 refugee and host community children aged four to 18 years affected by conflict and crisis (43 per cent girls). Changes in ministry leadership led to new, equity-focused prioritization of girls' and adolescents' education, but also delayed project implementation and production of education data.

UNICEF provided technical and financial support to Kenya's Institute of Curriculum Development to develop the monitoring and evaluation framework for the new competency-based curriculum and supported the MoE to carry out pilots in Grades 1 and 2 in all 33,000 primary schools nationwide, reaching about 2.8 million children aged six to eight (49 per cent girls). UNICEF support for assessing and evaluating the curriculum's first phase will guide and inform further curricular reform. Due to data constraints learning outcomes had not been measured by year's end. UNICEF will continue support strengthened monitoring and evaluation of the new curriculum to ensure improvements and evaluate learning outcomes in schools.

To help improve enrolment, transition and learning, UNICEF supported the MoE to develop and launch the education sector policy for learners and trainees with disabilities, a framework for teacher professional development and guidelines for menstrual hygiene management. It also supported the Ministry to launch and disseminate the national pre-primary education policy and standard guidelines for all counties, benefiting 3,293,813 children aged four and five (48.9 per cent girls).

Through the 'let's play' and 'learning for life' projects, UNICEF support enhanced access to quality early childhood development (ECD) services by building staff capacity; improving care giving practices by parents; providing ECD and recreational kits, age-appropriate furniture and outdoor and indoor play equipment; as well as renovating dilapidated learning spaces, benefiting 27,834 three-to-five-year-olds (48.4 per cent girls) in Isiolo, Samburu and Turkana (Kakuma and Kalobeyei refugee settlements). Expanding ECD is constrained by inadequate coordination between central and county governments.

UNICEF Kenya provided financial support for the provision of WASH facilities in schools, directly reaching 73,585 children aged six–18 (47 per cent girls) in 95 primary and five secondary schools, including toilets for children with disabilities; more single-sex basic sanitation; hygiene awareness; and equipment such as water tanks, hand-washing stands and water filters, as well as menstrual hygiene kits for girls. This created healthy, conducive learning environments expected to improve primary school performance and attendance.

High rates of teenage pregnancy and gender-based violence (GBV) at schools affect retention and raise concern about children's rights. UNICEF will continue working with the MoE to reduce school-related gender-based violence and violence against children, through collaboration on the development of standard operating procedures for prevention and response to gender-based violence in schools. Quality assurance and standards officers, partners and head teachers will use the checklists to raise awareness about violence in schools.

In 2018 UNICEF support benefited 58,452 children (26,303 girls) from Kakuma refugee camp and Kalobeyei settlement and 49,880 (20,302 girls) from Dadaab refugee camp. By December,

UNICEF had trained 565 teachers (100 female) from 35 refugee primary schools and 10 alternative education programme (AEP) centres in Kakuma and Dadaab to deliver non-formal education, using new AEP guidelines, competency-based curriculum and mainstreaming children with special needs into AEP programmes – leading to enhanced retention of more than 10,000 children (42 percent girls).

Goal area 3: Protecting children from violence, abuse and exploitation

The results in this goal area are coherent with UNDAF strategic priority 6 (social protection, and services for prevention and response to gender-based violence and violence against children) and UNICEF Kenya's outcome 3 (enhanced protection and HIV prevention).

During 2018 UNICEF focused on strengthening the legal and policy framework for child protection and supporting case management information management systems (CPMIS). UNICEF supported the development of a child protection costing model that can be used to assess how child protection services and interventions are resourced in Kenya –the first such model developed in Africa. UNICEF Kenya also helped to expand the scope and quality of services provided to at-risk children and families, both within its development programme and through its humanitarian response. UNICEF continued advocacy with the Government for scaling up the child protection centres modelled in three counties. In June the Ministry of Labour and Social Protection formed a committee to assess whether the offices used by sub-county children's officers could be turned into one-stop child protection centres. The child protection centre approach was also included in the third medium-term plan and the draft Children's Bill, potentially institutionalizing the approach, thus helping to ensure sustained funding through regular budget allocations and significantly improving children's access to services in counties.

Prevention and response services supported by UNICEF benefitted 77,658 children (38,960 girls) at risk of violence or survivors of various forms of violence, including 479 survivors of gender-based violence (425 girls), who received medical and psychosocial support through UNICEF-supported programmes implemented in partnership with NGOs and government agencies. This was achieved through child protection centres delivering integrated services, the GBV Wellness Centre in Lodwar, and child protection services provided during drought, flood and refugee responses.

UNICEF worked with the Department of Children's Services (DCS) and the United States Centre for Disease Control to prepare for a national survey on violence against children. UNICEF also commenced work to strengthen the social service workforce by developing an in-service training programme

The DCS began implementing a pilot programme to prevent family separation and encourage alternative, family-based care in Kisumu County as part of a broader care reform agenda. UNICEF supported training of 751 frontline professionals (228 female) to prevent family separation, trace and reunify and undertake other family-based care. Data on graduates from institutional care is currently unavailable, but should be reported in the national CPIMS system, to inform programmatic response and help track progress on care reform. As the CPIMS currently only covers 15 out of 47 counties, UNICEF will intensify advocacy for increased government funding to roll out the CPIMS in additional counties.

The Government has yet to adopt a new legal framework for child protection. However, the

office of the attorney general reviewed the finalized Children's Bill and provided feedback in November. UNICEF provided technical and financial support throughout development of the bill, including the DCS review of comments from the attorney general's office.

Evidence from a knowledge, attitudes and practices survey on female genital mutilation and cutting conducted in six counties with UNICEF technical and financial support, established linkages between the practice and child marriage, and is being used by the Government and partners to develop county-specific social- and behaviour-change plans. The joint UNICEF, UNFPA and Government programme on female genital mutilation/cutting and child marriage involved interventions for institutional strengthening and establishing community-based protection structures on child marriage for girls (and to some extent boys). At the institutional level, UNICEF supported overall programme coordination and development of two guidelines—on community dialogue and alternative rites of passage for girls—improving Kenya's FGM/C programming landscape, in particular by improving the quality of community engagement and ability to track results.

In Garissa and Siaya counties UNICEF support for providing birth certificates to 16,699 children aged 0-5 years (36.1 per cent girls) helped county governments expand the provision of integrated early childhood development. Meanwhile, UNICEF provided technical and financial support for developing a comprehensive roadmap to reform the civil registration system. The roadmap identified the need for legal and policy reform to establish a universal and free birth registration system and develop an electronic birth and death registration system connected to a unique national identification system, as well as to develop registrars' capacity to expand the system's reach. The 2018 target for increasing registration could not be achieved, as most birth registration efforts were dedicated to preparing for system-wide reform in 2019.

Goal 4: Every child lives in a safe and clean environment

Results in this goal area are in line with UNDAF strategic priority 5 (water, sanitation and hygiene) and UNICEF strategic plan outcome 1 (reduced mortality and stunting).

As of end-2018 a total of 11,694 (of 74,302) rural villages (16 per cent) are open defecation-free (ODF); two new counties (Siaya and Kitui) were officially declared ODF in 2018, making a total of three counties nationwide. With technical and financial support from all partners and commitment from national and county governments, 3,167 villages were certified ODF in 2018 in six counties, meaning more than 950,100 people now live in safe, clean communities. While 12 per cent of Kenya's population (about 5.5 million people) were practising open defecation in 2017, the figure fell below 10 per cent in 2018. During the initial phase of the partnership with Japan's Lixil Group, the link between demand creation and supply was successfully tested, leading to access to basic sanitation for 6,730 households in two counties.

UNICEF supported national and county governments with water supply, emergency response and preparedness, including monitoring, capacity building and sector coordination. It also advocated with national and county governments for greater budget allocations and better planning and sector coordination.

With UNICEF-supported repair and rehabilitation of water systems during the year, 134,261 people re-gained access to safe drinking water in emergency contexts. In 2018 a total of 48,758 people in Garissa and Turkana counties gained access to safe drinking water.

UNICEF Kenya also distributed reusable (for one year) sanitary pads to 10,839 women and adolescent girls in support of menstrual hygiene management and supported hygiene promotion education for 31,293 school children. During menstrual hygiene day celebrations in Kisumu County on 28 May, young people came together to support breaking the silence on menstruation. Children creatively communicated key messages through poetry, music, dance and drama to over 1,000 attendees.

In collaboration with Oxford University, UNICEF supported continued expansion of the 'Fundifix' model to provide private maintenance service for rural water supplies in Kitui County. UNICEF supported installation of 14 Water ATMs at six water facilities in four counties, and the adoption of solar power for improved sustainability at five rural water supplies. Over 53,768 people benefited from these services, which help build resilience. Use of Water ATMs enhances revenue generation, accountability and transparency for sustainable management and maintenance of rural water facilities. UNICEF supported WASH forums in seven counties to strengthen coordination, information sharing and partnership. UNICEF continued to advocate with county governments to increase funding in order to develop capacity for sustainable management of rural water supplies.

UNICEF provided emergency response to the early-2018 drought, cholera outbreaks and severe floods. Some 48,758 people benefited from rehabilitated water supplies, and 188,000 people from household water treatment and safe storage commodities, along with hygiene messages to prevent WASH-related diseases in 14 counties. The limited preparedness and response capacity of governments and partners necessitated continuous UNICEF technical and financial support.

Goal area 5: Every child has an equitable chances in life

The results for goal area five are in line with UNDAF strategic priority 6 (social protection, and services to prevent and respond to gender-based violence and violence against children) and outcome 4 of UNICEF Kenya's country programme (social inclusion).

Government cash transfers continued to expand in 2018, reaching over 1.3 million households and 3 million children. In 2017 this number climbed to 3.5 million children due to a temporary expansion of social protection programmes triggered by the drought, reaching 450,000 additional households.

Implementing a new programme for seniors (70+) equated to leveraging US\$125 million from Kenya's regular budget. The country's allocation for social protection has increased regularly, from about US\$171 million in 2013/14 to around US\$243 million in 2017/18; the share allocated to social assistance was 2 per cent, equivalent to 0.4 per cent of gross domestic product.

In collaboration with the World Food Programme (WFP) UNICEF provided technical support to the Government to enable finalization and updating of the social protection sector review and the first national investment plan, as well as a draft social protection strategy. This reinforced advocacy contributed to the adoption of a universal social pension for persons over the age of 70, increasing the national safety net programme's coverage by 530,000 beneficiaries. The investment plan recommends introduction of a universal child grant starting in 2021, for which UNICEF will provide technical support. UNICEF also supported updating of Kenya's social protection policy and the development of a legal framework and strategy for social protection.

To leverage county resources, UNICEF Kenya led the development of social protection legal and policy frameworks in Kakamega, Kitui, Vihiga and Mombasa. It played a leadership role in advocating for higher, sustained social protection financing through the Second National Conference, led by the deputy President, where strong commitments were made to sustainable and innovative financing for social protection.

To ensure effective multidimensional poverty reduction among social protection beneficiaries, UNICEF led the scaling up of two cash transfer models. An evaluation of the Kakamega maternal, newborn and child health shows that programme interventions significantly increased critical health-seeking behaviours for protecting pregnant women's health, ensuring safe delivery and protecting infant and mother health. Meanwhile, UNICEF's technical assistance for implementing and documenting the Cash+ nutrition model (NICHE) continued in Kitui county, and evaluation findings also showed encouraging results related to enhanced hygienic, dietary and infant care practices among beneficiaries, as compared to control group households. In 2018 UNICEF also initiated a new model linking social protection beneficiaries to off-grid energy solutions in Garissa and Kilifi counties, targeting 1,500 cash transfer recipients. This initiative sought to improve learning and health outcomes for children.

UNICEF's investment in support for public finance for children has increased evidence-generation; South-South and county-to-county learning and exposure; and strategic advocacy partnership with the National Treasury, county governments and assemblies and the Council of Governors. Meanwhile, Government awareness of, and actions to, incorporate child rights in policies and budgets also increased. Children's rights have been mainstreamed and included in national and county plans, and public expenditure levels have averaged around 31 per cent of government spending. Despite a decline in education's share of expenditure (from 26 per cent to 21 per cent) and relatively more spending on infrastructure and public administration, in absolute terms social sector spending did not decrease in 2018.

During 2018 UNICEF continued its technical and capacity building support for positioning child priorities and needs – notably on health, education, child protection, water and sanitation, and social protection – in key national and county plans. UNICEF support to 23 ASAL and lake region counties facing a range of obstacles for mainstreaming child rights in their plans contributed to strengthening prioritization in areas such as nutrition, child protection, emergency response and health that had not been adequately covered in previous plans.

UNICEF's engagement in high-level policy dialogue contributed to convincing key budget process stakeholders (e.g., county assemblies and parliamentarians) of the importance of child rights and the role they can play in effective implementation. Engagement with Garissa and Turkana county assemblies proved to be an innovative way to increase and sustain public allocations in social sectors.

During 2018 UNICEF Kenya continued to support evidence-generation at both national and county levels. It published a situation analysis of children and women in Kenya, through close collaboration with and technical guidance from the Ministry of National Treasury and Planning and the MLSP. Active participation on the 2019 national census steering committee and census technical working group enabled UNICEF to advocate for the inclusion of data on children in the questionnaire. UNICEF provided technical and financial support to Kenya's National Bureau of Statistics to undertake a mapping and verification exercise to generate digital cartographic enumeration maps in Kisumu and Kisii counties for the 2019 census. In 2018, with

UNICEF technical and financial support, the Mombasa County integrated monitoring and evaluation system was rolled out to strengthen the county's capacity to monitor both results and the barriers and bottlenecks faced by the most disadvantaged.

Other evidence generated by UNICEF included strategic studies, such as the second round of budget briefs, the comprehensive public expenditure review (also supported by the World Bank), the monetary child poverty report and updated information on child deprivation. Details of budget allocations to public sectors are now available to inform national and county decision-making. For example, the 2018 budget briefs and expenditure review provided updated budgetary information on children's sectors: for example, 7 per cent for health, 21 per cent for education, 2 per cent for social cash transfers, 2 per cent for water.

Government support for child- and gender-sensitive public finance management reform has grown significantly in recent years. UNICEF's partnership with the National Treasury was instrumental in expanding the child-friendly budgeting concept in Kenya, while the standard chart of account review, supported jointly by UNICEF and UN Women, was a critical milestone for ensuring favourable positioning and reporting on sectors such as nutrition, sanitation and gender. In addition, the review will accelerate effective implementation of programme-based budgeting. In 2018 the Ministry of National Treasury approved the national monitoring and evaluation policy, developed with UNICEF technical support in 2016.

Cross-cutting issues

Gender: In 2018, UNICEF-supported interventions contributed toward eliminating gender discriminatory roles, norms and practices. Interventions encompassed high-level stakeholder advocacy, technical expertise on policies and guidelines and in committees, community dialogue, research, surveillance systems and public campaigns.

UNICEF supported education interventions for 6–18-year-old children in ASAL pastoral communities in both humanitarian and non-humanitarian situations, while focusing on strategies that contributed to increased girls' participation in school, reaching 290,998 children (137,006 girls).

UNICEF Kenya led several public advocacy campaigns around gender issues, including on International Women's Day, Menstrual Hygiene Day, the International Day of the Girl Child, and the Campaign to end Child Marriage. These campaigns resulted in 4 million video views and 231,000 engagements on social media, significantly driving public dialogue around many sensitive issues.

UNICEF offered technical supported for the establishment of community-based surveillance systems involving youth, men, women, boys and girls for reporting and responding on issues related to female genital mutilation/cutting and child marriage. This led to identification of 900 adolescent girls who were at risk of, or had experienced either, or both. The most needy received support including legal aid, medical care, temporary shelter and psychosocial support. Meanwhile, work on WASH in schools helped to increase the availability of single-sex basic sanitation and hygiene facilities.

Humanitarian action: By 31 October UNICEF had received US\$14,344,457 against a US\$34.2 million humanitarian action appeal (41.9 per cent funded). In 2018 UNICEF and partners reached nearly 189,000 children under five with nutrition treatment, over 207,712

people with safe water and nearly 363,500 people with hygiene education. UNICEF also strengthened disease prevention and response, providing integrated health services to nearly 307,000 children under five years of age. Education-in-emergencies interventions reached more than 156,000 children, while protection and risk mitigation services reached nearly 23,000 refugee children and children affected by natural disasters or community conflicts.

Communication for development strategies were used to mobilize, engage and provide information for community response and resilience building. UNICEF continued strengthening its engagement with devolved administrations in Kenya, including by strengthening county capacities for emergency preparedness and response and direct implementation. Within the comprehensive refugee response framework, UNICEF constructed 32 classrooms in Kalobeyei with WASH facilities, benefiting both refugee and host community children. UNICEF also strengthened sector coordination through technical guidance, information management and joint resource mobilization, thereby enhancing preparedness and response planning, improving monitoring, facilitating sharing of best practice and strengthening collaboration with implementing partners.

A 2018 real-time evaluation of UNICEF's 2017 drought response concluded that the UNICEF emergency nutrition response had further strengthened resilient systems, and overall was timely, relevant, efficient and effective. Donors also appreciated UNICEF's technical and coordination efforts. The DfID-funded emergency grant received an A+ performance rating due to results achieved, including meeting targets for treatment of acute malnutrition.

Adolescents: UNICEF strengthened networks of adolescents living with HIV, such as Sauti Skika, which enable most-at-risk adolescents and those most vulnerable to know and claim their rights. The network currently has 5,400 members. Some 115,490 adolescent boys and girls were provided with UNICEF-supported life skills, information on HIV and sexual and reproductive health through interactive communication methods, leading to improved awareness among adolescents and increased access to HIV prevention, treatment and care services, as well as responses to sexual and gender-based violence. Awareness-building workshops were conducted, involving government, civil society organizations and partners, young people and 14 Boda-boda Association representatives to avert transactional sex among adolescents and young people.

UNICEF Kenya's sports for peace initiative involved eight secondary schools with 10,003 learners (29.3 per cent adolescent girls) from different ethnic groups and adolescent refugees. The initiative organized sporting events to promote peace and resilience in communities; create bonds among teammates; enhance coexistence; and bring teachers, students, parents and host community members together. The event enhanced the self-esteem of adolescent learners and helped them to discover their talents –in addition to increasing school attendance by 80 per cent.

UNICEF commissioned programmes to respond and contribute to the United Nations 2030 youth strategy and UNICEF's generation unlimited' programme, which seek to ensure that every young person is in school, learning, training or employed by 2030. UNICEF led or facilitated meaningful participation with and for young people through activities including roundtable discussions, life skills workshops, NewsCafe events for mentorship, the African Youth Conference and much more. Priority issues of discussion throughout these engagements included: child and adolescent rights, investing in youth, skills for employability and exploring sustainable solutions for the many challenges young people face in Kenya.

UNICEF also supported Ministry of Education efforts to analyse employment trajectories of adolescents and youths in Kenya and develop strategies to promote skills development through changes in the secondary school curriculum.

Early childhood development: National pre-primary education policy and standard guidelines were completed and disseminated to all counties, benefiting 3,293,813 children aged 3–5 (48.9 per cent girls). The policy provides a legal framework for expanding ECD in all 47 counties.

To enhance knowledge-sharing and advocacy, UNICEF partnered with the Kenya ECD Network to host Kenya's first national ECD conference. The conference brought together ECD actors from all relevant line ministries at both the national and county levels, a milestone in collaboration and multisectoral consultation. The conference continued to shape the scope of ECD in Kenya in the direction of increased investment and provision of quality services.

Another ECD advocacy milestone was UNICEF's collaboration with county 'first ladies' to support ECD. UNICEF is assisting the first lady of Siaya County, who chairs the county's ECD multisectoral committee, to establish an ECD learning platform for all 47 counties.

Due to UNICEF's financial and technical support for evidence-generation, advocacy, capacity development and modelling of integrated ECD in Samburu and Isiolo counties, 12,500 children (49 per cent girls) benefited from higher quality services. UNICEF also supported Samburu, Isiolo and Garissa county governments to create and strengthen a multisectoral ECD technical working group, to enhance coordination and management of services in the counties.

To celebrate Father's Day, UNICEF relied on various media outlets to advocate for investing in ECD. On 17 June Citizen TV, a national station, featured UNICEF's advocacy message on the importance of fathers in early childhood development during primetime news watched nationally by close to 4.5 million viewers. Additionally, the *Standard* national newspaper featured an op-ed ('On the power of Dad') advocating for a stronger role of fathers in child development and reaching about 2.2 million readers. UNICEF shared information on the role of fathers in child development, featured super dads and shared parenting tips with over 1,115,960 users on Twitter.

Climate change: Kenya is highly exposed to climate-related hazards such as cyclical droughts and floods, resulting in increased risks of disease outbreaks, conflicts and food and nutrition insecurity. A new county programme aims to address multiple deprivations, risks and preparedness through integrated programming. Although predicting climate risks is challenging, understanding existing risks and their locations helps risk-informed programming. UNICEF initiated climate emergency risk assessments related to its WASH, health and education programmes in collaboration with the National Government and five county governments.

UNICEF continued to invest in increasing resilience of marginalized and vulnerable communities to climate risks and cyclical shocks across its programmes. UNICEF-supported systematic strengthening of the immunization programme reached 3 million children with polio vaccinations and 1.9 million with measles and rubella vaccinations. UNICEF facilitated 66 particularly vulnerable refugee families to access sustainable livelihood opportunities with the WFP and the United Nations Food and Agriculture Organization. Following advocacy by UNICEF Kenya, the department of children's services established a unit on child protection in emergencies within the child protection section, to spearhead programmes for children affected by disasters provoked by climate change. UNICEF also supported six emergency-prone

counties to address child protection issues during the floods and droughts. UNICEF supported the creation of a multisectoral coordination platform to build capacity for appropriate and sustainable agricultural and livelihood practices as part of climate change adaptation. It also equipped 78 temporary and permanent classrooms with rainwater harvesting systems.

UNICEF Kenya promoted sustainable energy solutions for basic social service delivery across programmes. Its WASH section supported installation of solar systems into four water schemes to reduce costs and greenhouse gas emissions from fossil fuel-based power sources and ensure sustainable water provision in flood- and drought-prone counties. The health section equipped 737 immunization vaccine stores and health facilities with no grid power or frequent power outages. The education section provided solar lamps to 675 learners, enabling them to study at night. As part of a pilot, UNICEF's social protection section initiated a cash transfer "plus" initiative by providing off-grid energy solutions to improve learning and health outcomes for 1,500 children in two counties.

Urban programming: UNICEF provided technical and financial support for the analysis of monetary child poverty and deprivation in 2018, following a multi-dimensional analysis in 2017. These studies generated critical data on urban programming. UNICEF developed urban responses, including support for protection centres in urban areas and settlements in Nairobi, involving legal and counselling services for 13,348 girls and 12,404 boys, as well as training and job aids for 160 community health volunteers from these urban areas. Local governments also received technical support to develop health structures appropriate for urban settlements.

Sectoral data were used to guide to develop urban response plans, with a specific technical focus on service delivery for children.

Part 3: Lessons learned and constraints

Decentralization

A major lesson learned was the importance of strengthening capacity of county governments, which in a devolved context, is where UNICEF can make the biggest difference given its comparative advantage. With devolution ongoing since 2011, county governments have become highly strategic entities, controlling more than 4.5 per cent of GDP and responsible for planning and delivering all devolved functions, including health, nutrition, water, sanitation, urban services, ECD and local infrastructure. Counties are obliged to develop integrated plans, designate planning units at all county administrative levels and promote public participation and engagement by non-state actors in the planning process. However, the devolved system is still relatively new, and the need for capacity strengthening continues.

In this context, UNICEF's support to develop 21 County Integrated Development Plans has contributed to strengthening planning and budgeting for areas such as nutrition, child protection, emergency response and health, which were not adequately covered in previous plans. In 2018, several counties (including Vihiga, Kakamega, Kisumu, Mombasa, Turkana, Kitui and Siaya) have initiated legislative or policy frameworks to address key bottlenecks to accessing and utilizing health, water, nutrition, child protection and other services. UNICEF is continuing to strengthen engagement with the devolved system of governance, across the wide scope of areas of development and humanitarian support.

Climate

Kenya is highly exposed to climate-related hazards such as cyclical droughts and floods, resulting in increased risks of disease outbreaks, conflicts and food and nutrition insecurity. Severe drought in 2017 and floods in 2018 showed the need to be continuously prepared for climate-based disasters/emergencies when working to build capacity at county and national levels.

Although predicting climate risks presents a challenge, understanding existing risks and their locations supports risk-informed programming. UNICEF initiated climate-emergency risk assessments related to WASH, health and education programmes with the national Government and five county governments, and will continue to strengthen government capacity to link development and humanitarian response interventions.

UNICEF Kenya continued to invest in increasing the resilience of marginalized and vulnerable communities to climate risks and cyclical shocks across its programmes. At the same time, it is also essential to prioritize preparedness to respond to climate-related shocks as they occur.

Social protection

Significant interest in expanding social protection and leveraging existing governmental and other resources exists in Kenya. During 2018 social protection schemes expanded from 850,000 to 1.3 million beneficiaries, covering around 3 million children. The sector's budget allocation increased from close to US\$240 million in 2017/18 to almost 30 million in 2018/19. UNICEF Kenya played a strategic advisory role in this expansion. In partnership with the WFP and other donors, UNICEF supported the 2017 sector review and Investment plan, which contributed to convincing the Government to launch the new programme for senior citizens. By May 2018 this programme some 520,000 beneficiaries were receiving government payments. In 2018 UNICEF played a lead advisory role in advocacy for higher and more sustained social protection financing through the second national conference led by the deputy president, where strong commitments were made towards sustainable, inclusive social protection schemes as well as proposed innovative financing for the sector. A call for action was developed to advance implementation of the conference's recommendations.

UNICEF also used the devolution platform to engage with several counties on social protection schemes, supporting policy and legal frameworks in four counties (Kitui, Mombasa, Vihiga and Kakamega). Although social protection is not a function devolved to counties, Kakamega and Vihiga counties have started implementing a cash transfer model to improve maternal and child health and Kitui County is implementing a universal health insurance model, for which they are providing annual allocations of just under \$US\$1million and US\$300,000, respectively.

Partnership with the WorldBank on the Kenya social and economic inclusion programme contributed to position the cash+nutrition initiative. Through the inclusion programme, UNICEF leveraged US\$30 million to scale-up the NICHE in four additional counties, of which US\$13 million will be allocated to UNICEF, which was designated by both the World Bank and the Government to provide technical assistance to support the scaling-up.

Young people

UNICEF's work with young people is set to expand significantly in Kenya, due both to shifts in national policy (the national commitment to manufacturing will require young people to have the skills required for key industries), and UNICEF's global corporate commitment to adolescents

and young people through the generation unlimited initiative. Working and programming with young people requires developing a comprehensive strategy and implementation on a larger scale, even as we see early results in education, peer support and life skills.

UNICEF will expand efforts to address second-decade challenges in relation to issues of education and skills development for employability through continued cross-sectoral engagement in adolescent programming. It will take advantage of the political mileage received from the Government's prioritization and generation unlimited, in terms of advocacy, capacity building and knowledge sharing.

Based on evidence from the situation analysis on adolescent and youth employability, UNICEF will take forward the generation unlimited agenda by facilitating programming around skills development for employability, an issue affecting some 10 million 15–24-year-olds (20 per cent of Kenya's population). Findings from the study will further inform policy development on adolescent and youth employability in the country.

UNICEF also needs to build its capacity to engage young people on the continuing spread of HIV among adolescents and youth, peer support, life skills and sexuality. Young people need to be at the forefront of conversations around HIV, as many feel that they do not receive adequate engagement or commitment from parents and elders to confront issues that the latter prefer not to discuss.

United Nations volunteers and youth advocates constitute another facet of UNICEF Kenya's involvement in skills and employment programming. Youth advocates and volunteers should also focus on passing on skills gained through the platform to peers.

Social media engagement on Twitter and FaceBook are critical for engaging young people. There is a need to scale-up and intensify social media use and effective campaigning, including the use/engagement of influencers, through social media work. Youth advocates should be given comprehensive training on messaging tools and techniques, but can also serve as mentors to future advocates participating in the platform.

Urban areas

There is a great need for programming that addresses urbanization and the inequities faced by those living in informal settlements. This, in turn, requires situational analysis of the context in Kenya's urban areas to inform programming decisions and strategy. The focus should be on Nairobi but also separate strategies are also needed for smaller cities and towns.

UNICEF Kenya has been identifying challenges associated with vulnerable children in urban settlements. Use of unregulated and unregistered services in the informal sector makes programming difficult. In addition, lack of policy and a regulatory framework to guide service provision puts vulnerable children at risk. There is a need in these areas to address informal structures by advocating for access to and supporting demand creation for formal services. Strengthening regulation, setting quality standards and providing quality information will also shape demand and improve financing.

A key focus should be on economic development and supporting public-private partnership. With private sector engagement there should be a strong emphasis on innovative strategies to address urban programming needs.

Another urban context requiring programming attention is emerging settlements in small towns by pastoralists who are used to mobile lifestyles. In general, these settlements are not formally recognized. They also tend to lack social infrastructure, such as health care and education facilities. These circumstances can lead to infection, malnutrition and poor health outcomes that need to be addressed both within the community and through outreach.

Fundraising and private sector engagement

With the changing aid environment, UNICEF's unique influence at both the grassroots and ministry levels provides numerous pathways to advocate for children's issues and leverage resources to ensure strong services for children and women. Meanwhile, opportunities are growing to explore non-traditional ways of directing resources toward children, including jointly negotiated proposals that clearly reflect programme convergence, private sector alliances and innovative financing mechanisms that provide resources through public/private agreements.

UNICEF Kenya's resource mobilization strategy for the 2018-2022 country programme was created to ensure that UNICEF will have the personnel, supplies and financial support needed to provide targeted services to children, young people, women and other vulnerable groups throughout the five-year period. It outlines UNICEF Kenya's overarching approach to mobilizing resources in a country context that has evolved – given the continued and strengthening devolution of government– and the fact that Kenya has been reclassified as a lower-middle-income country and the changing relationship with donors that this entails.

Throughout 2018 UNICEF's Kenya's engagement with private companies (e.g. Philips, Unilever, Nokia, Proctor and Gamble (P&G), Lixil and Safaricom) has strengthened, and results are being seen in terms of access to sanitation, breastfeeding rates and availability of maternal and child health equipment. In 2018 UNICEF learned that small-scale initiatives or in-kind collaborations can strengthen its relationship with a private sector partner at the local level and pave the way for potentially larger-scale initiatives.

UNICEF Kenya has learned that when working with private sector companies it should consider engaging stakeholders at many levels and across divisions of labour during the partnership firming stage. In doing so, key stakeholders may be able to provide input and buy-in early on so that prioritization, planning and implementation come naturally in the partnership. UNICEF should diligently continue to engage partners through a variety of opportunities, to demonstrate UNICEF's value in collaborations and build on solid working relationships.

Programme coordination

Programme coordination needs continued strengthening, as early advantages have been noted as a result of cross-sectoral strategies such as capacity building, and across delivery platforms such as health centres and schools.

For example, one of the reasons for the positive good results in management of acute malnutrition was the joint and coordinated nutrition response with national and county governments and strengthened integration of nutrition commodities into the national health supply chain. Nairobi, Kisumu and the 23 ASAL counties – with technical and financial support from UNICEF with programming and commodities – have successfully integrated SAM treatment into existing health services. UNICEF is advocating for systematic and improved monitoring of coverage at sub-county and facility levels to inform more equitable programme

scale-up. Further enhancements to multi-sectoral collaboration remain key to increasing dietary diversity in households.

UNICEF will also strengthen its own and the Government's ability to deliver integrated ECD services through coordination, collaboration and partnership with several line ministries and national and county governments. Increased integration of ECD in development policies is needed, as is greater influence through advocacy with the Government. Continued technical support is required to enable counties and partners to take ownership of integrated ECD services – including health, nutrition, WASH, protection, HIV and early learning – across national, county and community levels.

UNICEF is also engaged in efforts to scale up the links between child protection and HIV prevention programming in western Kenya and other affected counties. Child protection and HIV are inherently linked. Reducing the number of new HIV infections in children and adolescents depends on protecting them from abuse, violence, exploitation and neglect. The reverse is also true: preventing HIV will help protect children from these violations. UNICEF is addressing common vulnerabilities among children and adolescents. Sexual violence against children and adolescents is a human rights violation prevalent throughout Kenya that heightens the risk of HIV infection.

Partnerships with other United Nations agencies

As part of UN Reform and modelling 'Delivering as One', 2018 saw a strengthening of collaboration and partnership across UN agencies. UNICEF's collaboration included work with FAO, WFP, UNHCR, UNWomen, United Nations Population Fund (UNFPA), United Nations Development Programme, United Nations Educational, Scientific and Cultural Organization and the Joint United Nations Programme on HIV and AIDS (UNAIDS), as well as with WHO.

Collaboration with UNFPA, through the joint programme on female genital mutilation/cutting, continued to strengthen national protection capacities to comprehensively prevent and respond to the practice. This resulted in complementary cost sharing (reducing the programme budget), joint key prioritization and coordination of partnership activities. Joint planning, information sharing and coordination included attention to the relative visibility of all involved.

In collaboration with UNHCR, UNICEF continued to address protection vulnerabilities and deprivations for unaccompanied and separated children; one-stop child protection service centres; coordination; information management; and evidence generation and utilization. The two agencies also collaborated across all levels of education programming, ranging from technical support to promote and support refugee education in Kenya – including policy development, joint implementation of quality education service, data management and monitoring implementation progress. Challenges to be addressed going forward include the use of incompatible information systems to capture data on affected populations, which creates duplication and reduces efficiency, and the fact that UNHCR's humanitarian approach means that it strategically avoids long-term investment in governments' protection capacity. Finally it is important to manage the expectations of both refugee communities and the Government about what UNICEF is able to do in the education sector.

In the framework of Delivering as One, a Turkana United Nations Joint Programme was developed in 2015. In 2018 UNICEF continued to host the Turkana team in its office in Lodwar and contributed actively to coordination and annual reporting on the joint programme. UNICEF is preparing to provide operational and administrative support to the resident coordinator's

office for contractual services in 2019. In addition to the Ethiopia-Kenya cross border programme, through the Resident Coordinator consultations were held to develop a Uganda-Kenya cross-border programme to address the needs of some of the most vulnerable border communities.

During 2018 UNICEF worked closely with the WFP to produce a rapid assessment report on the HIV response during drought in arid and semi-arid lands in Kenya. UNICEF worked closely with the joint team to organize and hold special HIV and AIDS-related events. Lessons learned from this experience included the need to clearly assess partner agencies financial and technical contributions at the onset of projects/activities, for better coordination and roll-out.

One major lesson learned from a campaign and communication perspective is to foster early involvement with United Nations colleagues to promote strategic and effective planning and improved the integration of activities. Examples include engagement with UNWomen and government partners around the 2018 International Women's Day campaign and event, and collaboration with WHO on joint messaging and media events prior to the polio campaign. UNICEF also liaised with the Resident Coordinator on drafting OpEds promoting universal health care.

END/