Kenya

Executive Summary

During 2014 Kenya revised its Gross Domestic Product figures, taking it into the ranks of lower-middle-income countries, despite a mild economic slowdown related to rising insecurity. High levels of child poverty and broad inequalities in children’s status persisted, exacerbated by poor rainfall, chronic food insecurity and heightened instances of internal conflict, particularly in arid and semi-arid lands (ASAL). In 2014, the first full year of devolution, while services were for the most part maintained, strikes among health and education sector workers led to interruptions; delivery of some drugs and commodities was also affected.

In 2014 the UNICEF Executive Board approved a new four-year Country Programme (CP) for Kenya. This is fully aligned with the Government fiscal year (July-June) and planning cycle and its second Medium-Term Plan 2013-2018. Implementation is through two-year rolling work plans that are aligned with UNDAF work plans. The new CP reflects three strategic shifts: embedding children’s and adolescent’s rights within devolution, modelling service-delivery approaches to reach the most vulnerable children and strengthening the resilience of systems, communities and households. A new results structure built around cross-sectoral integration in the areas of the inclusive environment, protective environment, healthy environment and learning environment has been translated into a new programme management structure based on result teams. The new CP is aligned with the UN Development Assistance Framework (UNDAF 2014-2018) and fully harmonised with the UNICEF Strategic Plan 2014-2017. It will contribute to all five regional priorities. The UN is committed to ensuring that county governments meet the promises of the Constitution to equalise the benefits of development, under its Delivering as One mandate.

Based on analysis of multiple and specific deprivations and bottlenecks, select county governments were the focus of support to make services more widely available and accessible to those children most at-risk, through advocacy and systems-strengthening. Integrated Community Case Management services (iCCM), introduced in three counties, and expanded the scope for improved health services. In Homa Bay County, iCCM life-saving interventions by community health volunteers (CHVs) reached close to 100 per cent: 13,000 children were treated for pneumonia and 25,000 for diarrhoea at the community level, reducing the health-facility out-patient workload by 70 per cent.

The threat of wild polio virus spreading to Kenya from neighbouring countries necessitated a total of seven polio vaccination campaigns in high-risk areas. A total of 95 per cent of children in 47 counties were reached through campaigns. However, due to the campaigns, routine services suffered disruption in understaffed regions that were also the epicentre of the polio outbreak. The introduction of the inactivated poliovirus vaccine (IPV) in July 2014 was undertaken to further improve population immunity against polio and to keep Kenya polio-free.

Successful advocacy led to inclusion of the Rotavirus vaccine through routine immunisation, which in addition to other diarrhoea prevention and treatment methods will significantly reduce child illnesses and deaths. Mobilisation of US$6 million from the German development group
KfW enabled the procurement of cold-chain equipment worth US$2.4 million for increased sub-county storage capacity in all targeted sub-counties.

UNICEF Kenya and the Kenya Medical Supplies Authority (KEMSA) strengthened the supply chain’s capacity to work more efficiently by signing a Memorandum of Understanding to respond to the challenges of devolution and access to high-quality essential commodities for health facilities in hard-to-reach areas. A breakthrough was made in integrating UNICEF-supported nutrition commodities into the Government of Kenya (GoK) system through an assessment that led to piloting the approach in two counties.

Addressing the challenge of child poverty, UNICEF supported Kenya’s resolve to strengthen the social protection system through transitioning to a harmonised national safety net comprising delivery of five national social protection programmes: the Older Persons Cash Transfer (OPCT); Cash Transfers to Orphans and Vulnerable Children (CT-OVC); the Hunger Safety Net Programme (HSNP); the Urban Food Subsidy Cash Transfer (UFS-CT); and the Cash Transfer for Persons with Severe Disability (CT-PWSD). Together, these five programmes reach 516,600 households; while the UNICEF-piloted CT-OVC programme reached 875,000 children. An equity-based scale-up strategy has been completed for 2014-2017.

To support capacity-strengthening for the generation and use of disaggregated information on children’s rights by national and county governments, UNICEF Kenya provided technical and financial support to the Kenya National Bureau of Statistics (KNBS) for Multiple Indicator Cluster Surveys (MICS) in three counties, as well as technical support during implementation of the Kenya Demographic and Health Survey (KDHS), Nutrition Standardised Monitoring and Assessment of Relief and Transition (SMART) surveys and the national education census. UNICEF Kenya invested in diagnostics of the Education Management Information System (EMIS) and an online “light” EMIS, which updated information on key education indicators. A multi-sectoral assessment of adolescents’ priorities was conducted in 10 counties. As a result, HIV-related health needs of vulnerable adolescents were incorporated into national strategies, including the revised Kenya AIDS Strategic Framework.

### Humanitarian Assistance

Over 1.5 million people required food assistance due to below-average rains, constrained food access and high food prices. Humanitarian access to key populations and monitoring interventions in Northern Kenya was restricted by insecurity. Repeated conflicts and flooding disrupted schooling and access to routine immunisation, as well as maternal neonatal care and nutritional services all served to exacerbate existing vulnerabilities. Marginalised counties were also impacted by an influx of refugees from neighbouring countries.

Marked deterioration in the nutrition situation occurred following two consecutive seasons of below-normal rainfall in the arid lands. While a national drought emergency was not declared, the high level of chronic nutritional vulnerability led to rates of acute malnutrition of over 20 per cent. Strengthened integration of nutrition information into the National Drought Management Authority (NDMA) enabled the nutrition sector, supported by UNICEF Kenya, to report on the crisis. Consequently, there was timely and appropriate release of emergency funds from traditional nutrition sector donors and from Drought Contingency Funds for county nutrition responses. The coordinated response reached 63.1 per cent (26,780) of severely acutely malnourished under five children in ASAL and 69 per cent (7,084) in urban areas between January and October. A €19 million, four-year grant for Kenya facilitated a common understanding of nutrition resilience for partners operating in the field of social protection,
agriculture and livestock.

Civil war in South Sudan in late 2013 resulted in an influx of 50,000 refugees into Kakuma refugee camp. UNICEF Kenya responded by restructuring and scaling-up case management of separated and unaccompanied children. The processing of Best Interest Assessments (BIAs) was expedited for unaccompanied minors, separated children and children with extreme protection concerns. By December 2014, some 7,287 children (4,719 boys, 2,568 girls) had received comprehensive BIAs and all unaccompanied minors who arrived after January (1,223) received same-day assessments. The scale-up of personnel and use of computer systems helped to strengthen the Child Protection Information Management Systems (CPIMS) data entry team’s capacity to clear backlogs of 3,450 cases and cumulative processing of 12,744 cases (8,700 boys, 4,044 girls). All the BIA cases with acute protection concerns received follow-up – 25,038 children (15,175 boys, 9,863 girls) were visited by case workers, 601 (397 boys, 204 girls) were placed in alternative care and 505 foster parents (141 men, 364 women) were trained.

Programmatic support to partners in the Dadaab Refugee Camp was scaled down, focusing more on coordination and capacity-building. Child Protection Working Group (CPWG) partners (76) were trained on the minimum standards for child protection in humanitarian action and 31 police officers on the application of the Children Act 2001 and the Sexual Offences Act 2006. Peace-building education efforts within the camp and host community were supported by training 364 primary school teachers (307 males and 57 females), serving 51,214 learners (40 per cent girls).

A multi-agency Wajir conflict impact assessment used the Kenya Inter-agency Rapid Assessment Tool (KIRA). It was recommended that Government ministries and NGO partners should collate data on the impact of conflict on children, on families separated and movement patterns to better inform design of interventions on child protection and other sectors. UNICEF Kenya co-leads the partnership-based KIRA mechanism, which has over 700 trained members and was activated in 17 different emergencies.

UNICEF Kenya continues to support Government-led coordination structures, co-chairing sector working groups in nutrition, education, and water, sanitation and hygiene (WASH) to support sub-national coordination, information management and capacity-building. Support was given to the NDMA to prepare the Ending Drought Emergencies (EDE) framework, which adopts a long-term perspective and is a foundational document for building resilience in arid and semi-arid areas. UNICEF Kenya developed an internal resilience strategy to streamline support to the EDE.

A draft policy on Disaster Management and Emergency Preparedness Response Planning in education was prepared. Regarding Education in Emergencies, 115 focal persons were trained in education cluster coordination and information management at county level. They are actively involved in facilitating emergency responses in their counties.

Technical support was provided to revise the National Ebola Communication Preparedness and Response Strategy/Plan; to develop a School Ebola Community Strategy; build capacity of Health Promoters and CHVs for implementation of the community engagement component of the plan; and to orient 36 journalists.

By 31 December 2014, a total of US$25,083,514 (71 per cent) of the UNICEF Humanitarian Action for Children (HAC) 2014 budget for Kenya had been mobilised with 29 per cent of
requirements for humanitarian assistance unmet. Despite funding gaps, UNICEF Kenya maintained optimum programme coverage, humanitarian response and capacity-building for devolved governance while advocating for children’s rights in inter-agency rapid assessments and contingency planning.

**Equity Case Study**

Kenya is one of the most unequal countries in sub-Saharan Africa, which is reflected in income inequality and in highly unequal service delivery and outcomes. In the arid and semi-arid lands in particular, indicators are far below the national average. Primary school enrolment in several northern counties is still below 50 per cent compared with the national average; only 17 per cent of children in the north-east are delivered in health facilities, and only 31.6 per cent of children receive all their recommended vaccinations, against an average of 77 per cent for Kenya as a whole. Devolution offers the prospect of greater equity in critical services for children. Prior to 2013, Kenya’s political and administrative structure was highly centralised and built around eight provinces. Although inequality was recognised, lack of disaggregated data hampered the analysis of sub-national differences in service delivery and outcomes; consequently, targeting resources to reduce inequity was not feasible.

Since early 2011 UNICEF Kenya has supported a strategy on public finance and devolution in line with Kenya’s devolved governance process. The Constitution of 2010 sets clear principles and accountabilities for equitable allocation of state resources, and devolves powers for critical functions from the centre to 47 elected county governments. Starting in 2013 key Government functions and services for children were devolved (except for policy and capacity development): health services (except for national referral facilities); nutrition; rural water and sanitation; early childhood development education; and “childcare”. Other functions critical to the realisation of children’s rights were to be shared, including disaster preparedness and management; planning, monitoring and statistics. This represents an historic opportunity both to make local communities more aware, and service provision more equitable and more locally responsive. UNICEF Kenya’s work is an ongoing and cumulative effort involving several sectors in the Country Programme, and demonstrates how policy and advocacy can link with capacity-building to leverage resources and influence results for children.

UNICEF Kenya’s strategic objective is to reduce inequities in service delivery through enhanced capacity for equitable planning and budgeting. The principal components of this strategy are:

- Technical support and advocacy on revenue allocation and budgets. A technical brief on devolution, equity and revenue allocation was prepared and shared with the Commission on Revenue Allocation (CRA) at the start of their work, to expose the members to equity issues as they developed their formula. The CRA initial “draft” allocation formula released in 2012 was based on five weighted criteria: population size; equal amount for every county; headcount poverty; land size (to account for higher cost of service delivery); and fiscal discipline. In June 2012, UNICEF Kenya and other UN agencies supported a review workshop on the draft allocation formula to underscore equity issues and highlight potential alternative options to enhance equitable resource allocation. Following the workshop, UNICEF Kenya was invited to support the technical review of the formula, including recommending the poverty measure to be used. The CRA revised the allocation formula and agreed to increase the weight of the poverty variable from 12 to 20 per cent, and to use the poverty gap as the measure of poverty, giving greater weight to counties that were further behind. The resulting formula allocates more resources to counties with some of the highest levels of child deprivation. The cumulative benefit for the 12 counties with the highest levels of child deprivation is estimated at about
US$67 million. During 2014, allocations to counties were further increased, with additional amounts to the most deprived counties. UNICEF Kenya supported analysis of county budgets in six of the counties with the highest child deprivation: Turkana, Garissa, Tana River, Kakamega, Kwale and Kilifi. The analysis revealed that counties, on average, are allocating slightly below 30 per cent of their resources to priority services for children, although there are substantial differences between counties. The budget analyses were disseminated in the counties, principally to civil society and community organisations, with the aim of empowering them to advocate during the process of county budget preparations for 2015/2016.

Policy and sectoral engagement on investments for children at the county level were strengthened, building on advocacy on child rights and child budgeting initiated in 2013. UNICEF Kenya supported development of investment cases for maternal and new-born health, based on application of Marginal Budgeting for Bottlenecks (MBB) at county level; and analysis and tracking of budgets in selected counties. Turkana was one of the counties selected for both of these exercises in 2014. Turkana has some of the highest burdens of child poverty and deprivation nationally, with double the national maternal mortality rate and only 53 per cent under-five immunisation coverage. The average distance to a health facility is over 50 km and chronic staff shortages persist. The investment case identified priority investment areas, including system improvements to enhance access to emergency obstetric care, and community-level investments in access to low-cost treatments for major causes of infant and child deaths. These investments were estimated to require an additional US$4.3 million in 2014, and a further US$7.9 million in 2015. The Turkana County budget analysis for 2013-2014 showed that Turkana’s overall allocation of resources for priority children’s programmes increased by around US$21 million, while the county health budget increased by around US$8.5 million.

Key lessons from the strategy so far include the importance of being prepared and flexible to respond to opportunities to influence new processes. UNICEF Kenya’s equity refocus coincided with the devolution process and created space internally to follow this strategy. It also showed that realising results requires working both upstream and downstream. In the context of a major and fluid change process in particular, UNICEF Kenya has been able to adjust from national engagement to supporting more marginalised counties. Finally, despite these efforts, children’s rights remain a lower priority in the process, and continuous advocacy is necessary to build sustained commitment.

**Summary Notes and Acronyms**

ASAL - Arid and Semi-Arid Lands  
ACAPS - Assessment Capacities Project  
BIA - Best Interest Assessment  
CAECS - Country Assessment of Essential Commodities and Services  
CAP - Consolidated Appeal Process  
C4D - Communication for Development  
CFS - Child-Friendly School  
CCCs - Core Commitments for Children  
CIDP(s) - County Integrated Development Plan(s)  
CPWG - Child Protection Working Group  
CRA - Commission on Revenue Allocation  
CHV - Community Health Volunteer  
CLTS - Community-led Total Sanitation  
CRC - Convention on the Rights of the Child
CP - Country Programme
CP - Country Programme Management Plan
CRBP - Children’s Rights and Business Principles
DCT - Direct cash transfer
DFID - Department for International Development
ECD - Early childhood development
EDE - Ending Drought Emergencies
EMIS - Education Management Information System
eMTCT - Elimination of Mother-to-Child Transmission
ERIP - Emergency Risk-Informed Programming
EPRP - Emergency Preparedness and Response Plan
ERM - Enterprise Risk Management
EVD - Ebola Virus Disease
FGM/C - Female genital mutilation/cutting
GIS - Deutsche Gesellschaft für Internationale Zusammenarbeit
HAC - Humanitarian action for children
HACT - Harmonised approach to cash transfer
HIV - Human Immunodeficiency Virus
iCCM - Integrated community case management
IMEP - Integrated monitoring and evaluation plan
IB - Institutional budget
IP(s) – Implementing partner(s)
IPSAS - International Public Sector Accounting Standards
JCC - Joint Consultative Committee
KAP - Knowledge, attitudes and practices
KASF - Kenya AIDS Strategic Framework
KDHS - Kenya Demographic and Health Survey
KEMRI - Kenyan Medical Research Institute
KIRA - Kenya Inter-agency Rapid Assessment Tool
KEMSA - Kenya Essential Medical Supplies Agency
KEPSHA - Kenya Primary Schools Head Teachers Association
KMMP - Kenya Mentor Mothers Programme
KNBS - Kenya National Bureau of Statistics
KPI - Key Performance Indicator
KOICA - Korean International Cooperation Agency
MBB - Marginal Budgeting for Bottlenecks
M-Health - Mobile Health
MICS - Multiple Indicator Cluster Survey
MIS - Management Information System
MNCH - Maternal, New-born and Child Health
MNH - Maternal New-born Health
MODP - Ministry of Devolution and Planning
MOEST - Ministry of Education, Science and Technology
MOH - Ministry of Health
MOLSSS - Ministry of Labour, Social Security and Services
MOSCA - Ministry of Sports, Culture and Arts
MPDERS - Maternal and Perinatal Death Surveillance and Review System
NCG - National Children’s Government
NDMA - National Drought Management Authority
NESSP - National Education Sector Plan
OVC - Orphans and vulnerable children
In view of the risks associated with devolution, a high level of capacity for evidence-based planning, budgeting and monitoring in counties is essential for prioritising children in County Integrated Development Plans (CIDPs). All UNICEF programmes engaged in conducting needs analysis and advocacy to enhance evidence-based planning, budgeting, monitoring and reporting, using where available local-level data in line with the devolution strategy prepared in the previous CP. With other UN agencies, through the UNDAF process, UNICEF Kenya supported social sector planning, disaster risk reduction, emergency preparedness and response planning in the CIDPs.

The Nutrition Capacity Steering Group developed a national framework to provide a coherent approach to capacity development initiatives. On-the-job training and mentorship on integrated management of acute malnutrition and facility-based maternal, infant and young child nutrition benefitted health workers in the counties of Baringo, Garissa, Isiolo, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir and West Pokot.

Under Community-Led Total Sanitation (CLTS), the capacity of national and county officials was strengthened for micro-planning and monitoring of open defecation-free (ODF) status. Mapping of all villages was completed, and the analysis contributed to leveraging resources within county budgets and mobilising two counties (Kitui and Siaya) to launch county-wide ODF initiatives.

The Child Protection M&E Working Group was established to improve monitoring of child protection programmes. The capacity of duty-bearers responsible for responding to violence, including gender-based violence (GBV), was enhanced and over 200 medical staff were trained to care for survivors of abuse, resulting in improved knowledge and faster referrals.

In addition to diagnosing issues relating to EMIS and strengthening capacity for data-gathering and analysis at the school level, over 5,000 school teachers and stakeholders received training the child-friendly school (CFS) methodology and the capacity of 420 key education stakeholders
was enhanced to map out-of-school children and support the development of sub-county action plans.

Training in strategic Communication for Development (C4D) helped implementing partners (IPs) to realise that earlier interventions had not been evidence-informed. They agreed to a study of knowledge, attitudes and practices (KAP), which informed the redefinition and revision of the Communication for Behaviour Change (BCC) component of their projects and the BCC plan.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF Kenya supported evidence-gathering for more equity-focused policies and strategies at the national and county levels, working closely with key data-generating and user institutions, such as KNBS and the Department of Civil Registration. UNICEF Kenya supported implementation of the MICS in three counties and provided technical support to the KDHS and other sector surveys. Based on the synthesis of the child deprivation index in the situation analysis, UNICEF Kenya was invited to participate in the national task force for coordinating poverty reduction.

Through evidence-based advocacy on key child rights issues, important milestones were reached: the Government allocated US$465,000 to the Anti-Female Genital Mutilation/Cutting (FGM/C) Board for interventions to accelerate abandonment of FGM/C; the Office of Public Prosecutions established an Anti-FGM and Child Marriages Unit; and an 18-member committee of Prosecution Counsels was formed to support high FGM prevalence counties. A HIV-sensitive Social Protection Study provided important qualitative insights into barriers faced by children, adolescents and families affected by HIV in accessing social protection interventions.

School-level data from 2012 to the present was generated by UNICEF Kenya to support: the establishment of a robust EMIS and evidence-supported advocacy for incorporation of CFS into the National Education Sector Plan (NESP); transition of the National Youth Talent Academy to the Kenya Academy of Sports; and adoption of talent development as an alternative learning strategy.

Evidence from studies/reviews such as the “Nairobi Slums Survey,” “Documentation of community health volunteers’ effectiveness in treating pneumonia and providing vitamin A supplements in Homa Bay County”, “Role of technology in supporting iCCM”, and “Use of key MNCH services in various sub-populations in Homa Bay and Turkana counties” led to better prioritisation of child rights programming.

UNICEF Kenya supported national-level investigations on prevention of mother-to-child transmission of HIV (PMTCT) and early infant HIV diagnosis and analysis of maternal deaths. Consequently, the maternal and perinatal death review and response system was strengthened. A qualitative study on why certain populations do or do not seek maternal, new-born and child healthcare led to better understanding of the reasons behind these inequities. This information, with sub-county level bottleneck analyses, are enabling better identification and programming for the most vulnerable women and children.

**Partnerships**

In preparation for the new CP, to identify the strategic roles played by each type of partner, a partnership mapping exercise was conducted; an implementing partners’ database was developed; and a capacity assessment tool was completed. This tool supports development of a capacity-building plan for partners, which will bolster advocacy on children’s rights, especially in
Regarding global programme partnerships, progress was made in advancing the ‘A Promise Renewed’ agenda through the Wadagi Initiative in Homa Bay County. Scale-up of the integrated community case management strategy through this partnership has resulted in more children accessing treatment for diarrhoea, malaria, malnutrition and pneumonia at the community level. Consequently, a 200 per cent reduction in the out-patient case workload was registered.

UNICEF Kenya supported the Government in the roll-out of Scaling-Up Nutrition (SUN), specifically the SUN Civil Society Alliance (CSA) where World Vision was elected as the host organisation for the SUN Multi-Partner Trust Fund (MPTF) with UNICEF Kenya serving as the UN-participating organisation. UNICEF Kenya serves as chair for the UN Network, where a mapping exercise of all nutrition-specific and sensitive UN-supported programmes was conducted and UNAIDS and UNFPA came on board joining FAO, WFP and WHO. UNICEF Kenya supported the start of a consultancy to cost nutrition-specific interventions in Kenya, an important policy tool.

New partnerships were forged, namely with the Global Partnership for Education (GPE), leading to a US$88.4 million grant for marginalised children in Kenya; and the Korean International Cooperation Agency (KOICA), to promote information and communication technology in schools. UNICEF Kenya leveraged its partnership with Safaricom to implement the Children’s Rights and Business Principles (CRBP) and thus influence the Corporate Social Responsibility (CSR) agenda of other corporates. Safaricom has developed a children’s policy and is supporting a digital platform to reach 500,000 adolescents with HIV and AIDS information.

Of note is the strengthened partnership with the UK Department for International Development (DFID) for “Leadership and Equity for Maternal and New-born Health” in Garissa, Homa Bay, Kakamega, Nairobi and Turkana counties. The objective of this five-year initiative is to make a sizable impact on access to quality maternal and neo-natal health (MNH) services in Kenya.

**External Communication and Public Advocacy**

UNICEF Kenya’s public advocacy work in 2014 continued to help people understand the major challenges facing children and families, while also helping decision-makers to understand some of the basic challenges for children, as counties move to form new systems and structures to deliver services. A key public advocacy and communication initiative is “Make Children Count in Counties.” In collaboration with county health teams, UNICEF Kenya as a knowledge-leader on child rights is finalising seven county investment cases and advocacy leaflets on MNCH. These investment cases summarise the programmatic, policy and investment implications of the evidence-based planning exercises conducted in the counties. The recommendations will inform strategic decisions about health care delivery to improve equitable coverage of high-impact MNCH interventions.

The Day of the African Child events, which included elections for the National Children’s Government (NCG), were held from 13-16 June. Significant progress was made in the way governments at county and national level work with children and the value placed on children’s views. UNICEF Kenya partnered with the Government of Canada, the Ministry of Education and the Kenya Primary Schools Head Teachers Association (KEPSHA) to host 400 elected student representatives, following nationwide elections in 47 counties to elect the first NCG. An innovative, child-centred ideation workshop where the children outlined what would make their schools more child-friendly in relation to education policy was also held. Subsequently, the
National Assembly Majority Leader invited the NCG to the National Assembly to present their priorities through the Speaker, who introduced them to the parliamentarians. UNICEF Kenya, as a follow-up to the CRC@25 activities, will work with the NCG to equip them to be Champions for Children’s Rights.

On World AIDS Day, three advocacy videos gave visibility to the issue of children and adolescents living with HIV and AIDS.

Digital media traffic increased, due to regular updates (web stories, videos and press releases), but engagement with young people needs improvement. An innovative partnership with Facebook (internet.org Initiative), led to the creation of a free mobile site on Ebola and Facts for Life for young people who cannot afford internet access.

**South-South Cooperation and Triangular Cooperation**

UNICEF Kenya recognises the importance of South-South cooperation in facilitating capacity-building and the exchange of views on successful strategies, experiences, practices and modelling of projects. Teams from UNICEF in Ethiopia, Malawi, South Africa, Sudan, Tanzania and Zambia either requested support or visited UNICEF in Kenya to learn from best practices in planning, enterprise risk management (ERM) and other thematic issues.

One such effort was the ‘Together for Girls’ global partnership, which addresses violence against children. UNICEF Kenya supported the participation of a Kenyan delegation to the VAC meeting in Swaziland. The delegation had an opportunity to learn from and network with other countries at different stages of building evidence on VAC. Kenya’s experiences in the preparation/ implementation of response plans garnered a lot of interest. Additionally, UNICEF Kenya is helping UNICEF Swaziland to build government capacity, specifically to set up and operate a Children’s Department, by ensuring that Government officials from Kenya are providing technical assistance for a more comprehensive approach to protecting children and families.

Increasingly UNICEF Kenya is promoting learning exchanges on innovations. The popular mobile phone-based U-report, which gives young people a voice on various issues, was of great interest. Kenya’s Government and UNICEF teams visited Uganda to study experiences in real-time reporting using the U-report and M-health. A team from the Government of Lesotho visited to study innovations in the single-registry MIS mechanism of Kenya’s Social Protection programme.

The education team hosted missions from Malawi, Sudan and South Africa to learn about the National Youth Talent Academy. The Talent Academy, which has attracted global recognition as a best practice, supports poor but talented youth to acquire skills in sports and carpentry, among others. To date, it has served over 150,000 youths. A South African study tour focused on the success of the CFS approach in promoting an inclusive learning environment. UNICEF Kenya supported the participation of the National Children’s Government at the Commonwealth Parliamentary conference in Zambia, where they shared their experiences with children and adolescents from other countries in the region.

**Identification Promotion of Innovation**

To achieve better results for children, an integrated, cross-sectoral strategy and standards for innovation are being drafted to boost in-house capacity to harness new technologies and non-
technological processes. These approaches focus on improving programme delivery and monitoring, as well as supporting evidence-based decision-making. They include:

• Kenya Inter-Agency Rapid Assessment (KIRA): During emergencies, when resources are often limited, KIRA provides timely information on the immediate needs of women and children immediately after a crisis for all the sectors that UNICEF covers and more. It is a partnership-based rapid assessment mechanism to generate situational data for evidence-based decision-making by humanitarian implementing partners, including government actors, at the onset of crises. The Government, supported by UNICEF, UNOCHA, Kenya Red Cross, RedR UK and the Assessment Capacities Project (ACAPS) developed the tool in the run-up to the 2013 elections. At the 2014 Oxford University Innovation Conference, KIRA was selected as the bottom-up humanitarian innovation for Africa.

• Education EMIS light: In partnership with the Ministry of Education, Science and Technology (MoEST), the Kenya Primary School Head Teachers Association and Echomobile.org, UNICEF Kenya co-developed the SMS-based ‘EMIS Light’. The system validates school and county data, facilitates monitoring, evaluation and the communications plan for delivery of basic quality education for all children. It supports programme monitoring through its ability to reach over 17,000 head-teachers across Kenya at a click of a button. The tool is being explored as one of the “no regret investment” tools for Ebola preparedness actions, targeting schools and children across Kenya.

• Together with Global Child Protection Innovation, UNICEF Kenya is testing the protection-related information management for emergency response operations (PRIMERO) at the Kakuma Refugee Camp. PRIMERO is a flexible tool used for management of children with protection concerns, including GBV, family tracing and reunification and violations of children’s rights during armed conflict.

• For HIV prevention, treatment and care of children and adolescents, UNICEF supported the review of digital platforms to improve real-time data and mobile-based services, with a view to partnering with Safaricom.

Support to Integration and cross-sectoral linkages

UNICEF Kenya actively participated in and contributed to the development of the UNDAF 2014-2018. This ensured that key aspects of child and adolescent rights were captured at all levels of the results framework. Furthermore, a new results structure built around cross-sectoral integration in the areas of an inclusive environment, a protective environment, a healthy environment and a learning environment was translated into a new programme management structure based on result teams.

Specific examples of cross-sectoral engagement include support for an integrated approach to upgrade the CPIMS, linking different actors’ datasets: the OVC-CT Programme, the Kenya Police and the education sector. In the Turkana Gender and Child Protection Network (TGCPN) and the Garissa Child Protection Working Group several actors from different sectors and agencies met to design and implement multi-sectoral interventions. UNICEF Kenya supported the Ministry of Health and partners to revise the MNCH integration flow chart to include birth registration and incorporate updates on eMTCT, nutrition, tuberculosis and post-natal care. This led to an increased uptake of high-impact MNCH interventions in key sectors: nutrition, antenatal and postnatal care, HIV, family planning, cancer screening and immunisation. One of the cross-sectoral results in the new CP is on Early Childhood Development (ECD), focusing on high-level engagement with governments to refine the policy and identify options for
integrated implementation frameworks in the counties. The modelling of integrated nomadic education, child-friendly schools and water, sanitation and hygiene in low-cost primary boarding schools in the eight ASAL counties demonstrates coordination by cross-sectoral teams. In recognition of the rise in urban child deprivation, UNICEF developed a multi-sectoral resilience framework and initiated partnerships for evidence-based advocacy on urban resilience. The focus is on gathering evidence of children's risks, establishing urban risk thresholds, flexible social protection, and adaptable and responsive maternal neo-natal health and nutrition services.

UNICEF Kenya will continue to work across sectors to sustain efforts to strengthen county capacities for child-sensitive planning, budgeting and monitoring, concentrating on the most marginalised counties. It will seek to enhance the continuum between humanitarian action, disaster risk reduction and resilience-building.

Service Delivery

Kakamega County contributes substantially to the burden of maternal and new-born mortality in the country. UNICEF Kenya provided technical support to the county government to design a cash transfer programme that seeks to improve rates of skilled deliveries and reduce maternal, neo-natal and infant mortality among poor mothers and their children up to 18 months of age. Mobile technology is used for registration, and delivery of the cash transfer is by M-pesa. UNICEF Kenya assisted the establishment of programme systems in 25 health facilities, targeting mechanisms, training of staff, and dissemination of programme information. Centres were operationalised in Turkana and Garissa County Referral Hospitals to provide free clinical care, comprehensive case management and psychosocial support to survivors of sexual violence, GBV and VAC. The Turkana Wellness Centre serves on average 10 survivors per month. Additionally, the national Child Helpline continued to enable children and adults to report VAC and GBV, increasing timely access to services and reporting of incidents. Over 2,100 children called the child helpline to report violence and neglect.

UNICEF Kenya collaborated with Massachusetts General Hospital and the Kenya Medical and Education Trust to deliver the low-cost, simple-to-use ‘uterine balloon tamponade’ technique to manage post-partum haemorrhage, the most common cause of maternal mortality in hard-to-reach areas. Over 100 maternal deaths were averted in Garissa and Turkana counties and the Ministry of Health has included this technique in the national Emergency Obstetric and Newborn Care training curriculum. Mobile telephony was used to collect real-time service delivery data on pneumonia, diarrhoea and malaria, malnutrition, vitamin A and referrals, supporting timely mapping of areas with high disease burdens.

UNICEF Kenya helped to increase primary school enrolment by over 10,000 children (4,335 girls; 5,988 boys) in Garissa and 16,697 (7,824 girls; 8,873 boys) in Turkana, respectively; and 17,236 children (7,833 girls; 9,403 boys) in ECD in both counties. Lastly, UNICEF Kenya supported the Government in demonstrating good practices, supplying boarding and mobile schools and ECD kits. Roll-out of CFS in 400 schools and supplies improved learning environments, especially in nomadic counties.

Human Rights-Based Approach to Cooperation

Kenya’s rights-based Constitution promulgated in 2010 has ushered in a stronger constitutional, legal and institutional framework for the advancement of human rights. Major inequalities and deprivations of children’s rights to survival and development, participation, education and protection are identified in the Situation Analysis, which informed the equity focus of the CP.
The UN continues to provide support in conducting human rights awareness campaigns and training on specific thematic areas, as well as promoting the rights of refugees and displaced populations. UNICEF Kenya contributed to the Universal Periodic Review report, the process of reporting against the World Fit for Children and the Africa Fit for Children commitments. Kenya’s 3rd, 4th and 5th State Party reports will be reviewed by the CRC Committee during 2015. UNICEF Kenya successfully advocated for the endorsement of Alternative Care Guidelines, which are in line with the provisions of the CRC and UN Guidance. Technical support was provided to the national legal framework relating to children’s rights, and to strengthen information management to improve treaty reporting on child rights. UNICEF Kenya has been in dialogue with the Ministry of Labour, Social Security and Services (MOLSSS), in charge of children’s services, to streamline adoption services in the country in line with international protocols and provisions.

Human rights-based principles were fully integrated into the National Education Sector Plan (NESP). UNICEF supported the visit of the UN Special Rapporteur for Water and Sanitation. The findings will be used for advocacy in the legal and policy review and the current reform in the water sector standard-setting and service provision.

Progress toward implementation of the Convention on the Elimination of All Forms of Discrimination against Women and Convention on the Rights of Persons with Disabilities remains slow. Legislation passed on marriage and matrimonial property during 2014 retains some discriminatory provisions, while a major disconnect between theoretical rights and rights in practice was documented for people with disabilities by the Kenya National Human Rights and Equalities Commission. Support to social protection was expanded to include technical assistance for the Government’s cash transfer to the severely disabled, including children with disabilities.

**Gender Mainstreaming and Equality**

In 2014 UNICEF Kenya sustained implementation of its gender strategy developed in 2013; the Programme Management Committee comprised of the outcome team leaders acted as the oversight team. UNICEF revised its gender strategy and oriented new staff on gender and human rights.

Priority actions for 2014 included a gender review of the National School Nutrition Programme and qualitative evidence on gender-related barriers to access and utilisation of MNCH services. County-level advocacy efforts were directed at increasing resources for gender-specific priorities. UNICEF Kenya supported an analysis of bottlenecks in child protection and social norms, using a gender lens. Given the high HIV prevalence among young women 20-24 years (4.6 per cent) compared to young men (1.3 per cent), UNICEF supported further age- and sex-disaggregation of data among adolescent boys and girls to advocate for commencement of interventions at an earlier age.

Menstrual hygiene management is a priority in School WASH. Separate, gender-sensitive latrines for girls and boys were constructed in 94 schools, including a shower room in each of the girls’ latrine blocks. Five of these are boarding schools in Garissa County and the rest are day schools in the counties of Busia, Homa Bay, Kajiado, Kisii, Kitui and Siaya. This affirmative action empowers girls to enrol, stay and complete primary education in areas where there has been very low levels of girls’ education. The annual enrolment drive focused on attracting out-of-school girls, especially in rural Turkana and Garissa, reaching 7,824 and 4,335 girls, respectively. In the ASALs, the Mentorship programme in primary and secondary schools
promoted retention and transition of girls to secondary school, with support for over 250 girls.

Qualitative studies in Homa Bay and Turkana on the roles of women, men, girls and boys are influencing the development of evidence-based programming for women and children; specifically, increased involvement of men in promoting uptake of iCCM and MNH interventions.

Apart from the new CP, UNICEF will sustain the roll-out of its gender strategy and enhance capacities for gender-based evidence-gathering, programming and monitoring.

**Environmental Sustainability**

Measures to ensure environmental sustainability are mainly reflected in the Water, Sanitation and Hygiene (WASH) programme of the CP. The CLTS approach contributes to environmental sustainability by reducing the water and other pollution that results from open defecation.

Multiple use of water was introduced in 97 schools, including the redirection of waste and storm water to irrigate trees and school gardens. Training in liquid waste management and environmental impact assessments for WASH interventions in schools were conducted. UNICEF Kenya also assisted the Government to raise awareness among county governments about the school health policy and advocated for implementation of the policy in seven counties. County Education, Water and Public Health Officers received training on environmental management in schools.

UNICEF Kenya assisted 1,231 health facilities to dispose of waste and expired commodities in line with the MoH waste disposal guidelines. Ten thousand safety boxes were procured for CHVs running the malaria campaign in two counties for one year. In addition, UNICEF Kenya supported the safe disposal of injection devices used during measles and tetanus campaigns, reducing the public’s and healthcare providers’ exposure to harmful medical waste. These are now included in the regular budget of the Malaria Programme under the MoH.

The nutrition programme provided health education, safe water utilisation and waste disposal at the household level, while education on environmental sustainability in schools was introduced through the CFS framework. Solar panels were installed in 90 low-cost primary boarding schools, benefitting over 30,000 children.

A study of the effects of climate change on WASH services and its impact on children was completed in 2014. It highlights the vulnerabilities of the WASH sector and underscores the need for Government strategies to address climate change. Key practices and knowledge gaps on climate change were documented, and recommendations to increase WASH sector resilience were made.

Lastly, ongoing sustainability checks and verification of water supply infrastructure will provide a comprehensive analysis of the factors affecting water supply sustainability in rural areas and inform policy/strategy formulation. UNICEF Kenya supported 14 counties to identify environmental factors affecting rural water supply sustainability and to develop strategies for water resources management.

**Effective Leadership**

By end-June, UNICEF Kenya had undertaken a systematic closure of actions to ensure a smooth transition to the new CP, including closure of all Programme Cooperation Agreements (PCAs). New agreements for programme delivery were signed after review by the Contracts
Committee and preparation of the office risk profile in July 2014. The five priority risks identified covered: partnerships and stakeholder relations, programming in devolved context, fraud and misappropriation of funds, budget review and monitoring and natural disasters and epidemics. In addition to identifying facilitators, action plans were drawn up for monitoring results at six-month intervals.

Regarding efficiency and effectiveness, a management excellence retreat was held in August. The objectives were to strengthen team spirit; adopt standards for managing change, people and performance; and reinforce standards, processes and systems at national and sub-national levels. This retreat laid a strong foundation for implementing the new Country Programme through agreed inception actions. Key recommendations included: adoption of Key Performance Indicators (KPIs) to be assessed at programme, operations and Country Management Team (CMT) levels; monitoring of the five priority risks likely to impact programme and operational delivery; strengthening of cross-sectoral teams for coherent delivery of results; and defining standards for UNICEF participation and inputs into the UNDAF process. Terms of reference and membership of office committees were revised to reflect the structure of the new CP, and included the CMT and Programme Management Committee (PMC) among others. A new committee on risk management and audit compliance was established (RMAC). New members of key committees (Joint Contracts Review, Programme Co-operation Agreements Review and Property Survey Board) were inducted into their roles.

UNICEF continued to improve travel planning processes to strengthen linkages with field monitoring. Internal memos updating standard operating procedures for unplanned, ad hoc travel and security protocols for travel into insecure areas were issued. In addition, measures for timely clearance of outstanding travel claims were enhanced. The development of rolling work plans (for two years) was accompanied by identification of priority risks likely to affect their smooth implementation; prevention and mitigation measures were proposed.

Within the Operations team, the Quality Assurance Unit was reinforced with more professional staff in order to provide timely and high-quality support for handling finance-related risks. This unit provides peer review support to programmes during audits and other reviews. Key government and NGO personnel were trained to implement Harmonised Approach to Cash Transfers (HACT), to ensure that funds entrusted to UNICEF Kenya are used for the intended purposes. Its effectiveness was enhanced through out-sourced services for assurance activities, which were secured through establishment of long-term agreements for micro-assessment and special audits of implementing partners (IPs).

Through a peer review, the Annual Review provided UNICEF Kenya with a reference for strengthening and improving the quality of results reporting. It also featured a half-day knowledge and good practices marketplace. Key partners and UN agencies appreciated this innovation, as it gave them an opportunity to share their insights and contribute to improving future programming performance.

**Financial Resources Management**

Deadlines for submitting bank reconciliations to headquarters were met and actionable items cleared in a timely manner. Accurate cash forecasting helped to maintain optimal cash and bank balances in local bank accounts.

All five recommendations of the 2013 external audit were closed. Ten of the twelve 2012 Internal Audit recommendations and four of eight recommendations of the 2013 limited-scope
audit of the Dutch-funded WASH programme were closed. Remaining actions are being followed up.

UNICEF Kenya revised the TORs and SOPs for reviewing and processing programme cooperation agreements and direct cash transfers to partners. Key management performance indicators: IPSAS reporting, grant expiry, direct cash transfers were tracked monthly, using management reports, and discussed at the Programme and Operations Coordination and CMT meetings.

Progress on HACT compliance was monitored through an office-wide HACT assurance plan. The HACT Governance Committee was established in line with the revised HACT framework to provide oversight to implementation. A total of 130 programmatic visits were made and 62 spot-checks completed against the targets of 162 and 76, respectively; 12 micro-assessments and eight scheduled and two special audits were completed. A database for partnerships management and HACT was developed and is being implemented.

Overall, US$76.3 million was available for programme implementation: US$16.2 million in regular resources (RR); US$38.7 million other resources regular (ORR); US$20.7 million for other resources emergency (ORE); and US$0.7 million institutional budget (IB). Utilisation reached US$73.5 million (96 per cent), of which US$15.3 million was RR, US$38 million ORR and US$19.6 ORE and US$0.6 million IB. The monitoring of Direct Cash Transfers (DCT) was challenging, with over nine months DCTs reaching 5 per cent of outstanding balances at some stage. Measures are in place to monitor this closely. UNICEF Kenya closed the year with 6.2 per cent over six months and 0.9 per cent over nine months.

**Fund-raising and Donor Relations**

In 2014 all donor reports were finalised through an internal quality assurance assessment process. Of 51 donor reports that were due, 50 were submitted on time and one submitted two days late. The quality of reports was assured through: established workflow processes and checklist and a rating tool for analytical strength of reports against specific parameters. Standard operating procedures for developing proposals and donor report preparation provided guidance to teams and ensured timely preparations. Overall funds utilisation for completed programmes reached almost 100 per cent.

UNICEF Kenya mobilised over 84 per cent of ORR at the start of the new CP, and recognises the need to diversify fund raising sources. The focus on high-level and systematic engagement using an integrated approach was sustained. Between July 2013-June 2014, longer-term funding for 2014-2018 was secured as follows: Health: US$35 million from DFID-UK for maternal neonatal health; Nutrition: US$23 million from the European Union; Child Protection, Social Protection and Behavioural Change: US$6.5 million from SIDA; and Education: US$16.8 million from Educate a Child-Qatar. However, concerns remain about funding gaps for some strategic results areas, e.g., education within DaO.

While there was no Consolidated Appeal Process (CAP) in 2014, UNICEF mobilised US$22.5 million (63 per cent) of humanitarian funds against the Humanitarian Action for Children target, which was revised upwards at mid-year, due to the South Sudan refugee influx.

A new resource mobilisation and management strategy was developed. It was mainly informed by lessons from the previous CP; for example, the importance of output-level diagnostics to identify and cost critical gaps, inclusion of cross-sectoral components in fundraising and
advocacy packages for effective engagement with partners at all levels. The UN Joint Resource Mobilisation Task Force is developing a DaO fundraising strategy to guide UN-level and agency-specific fundraising efforts.

**Evaluation**

The Integrated monitoring and evaluation plan (IMEP) consolidates the research, monitoring, and evaluation activities of the CP. It is prepared through a participatory approach involving all programme teams to take into account their evaluation and research requirements. Efforts are made to ensure that all evaluations are conducted rigorously and adhere to UN System evaluation standards, including through review of terms of reference (ToRs) and draft reports by UNICEF’s Planning, Monitoring and Evaluation (PME) section and validation of findings by key stakeholders. UNICEF Kenya received Regional Office support for evaluation management – reviewing ToRs and draft reports and providing general direction for evaluations.

Due to the transition to the new CP no evaluations were completed in 2014. However, management responses to evaluation recommendations from previous years were updated in the Global Evaluation Reports Oversight System (GEROS). The Kenya UNFPA and UNICEF joint evaluation of FGM/C informed the establishment of the Anti-FGM Board. The OVC-CT evaluation recommendations informed the finalisation of the national social protection framework and advocacy for scaling-up the cash transfer programme to reach over 500,000 households.

Analytical work completed in 2014 included the Status Report on Children’s Rights, which informed the design of the CP 2014-2018; Nutrition SMART surveys informed UNICEF’s response to the nutrition crisis in ASALs; the Country Assessment of Essential Commodities and Supplies was key in identifying available capacities and commodities across the country. These and new research findings will be used to strengthen programming, including updating baselines, informing advocacy and capacity-building efforts.

Key evaluations identified for the IMEP 2014-18 include: HIV Point-of-Care Diagnostics Scale-up evaluation; DfiD-supported health programme mid-term evaluation; impact evaluation of Kenya Mentor Mothers Programme (KMMP); end-term evaluation of the Dutch-funded WASH programme; and the impact evaluation of model interventions (WASH, C4D, Solar Lighting and CFS) in low-cost primary boarding schools in ASAL counties of Kenya.

**Efficiency Gains and Cost Savings**

Exploring ways of achieving efficiency gains and costs savings is integral to UNICEF Kenya’s administrative operations. In Nairobi, UNICEF secured newer and better-serviced office space at less cost from the United Nations Office at Nairobi (UNON). During 2014, UNICEF secured space in Block C and moved staff from Block J to a more conducive working space closer to the rest of the team. The move led to a saving of US$24,900 for the year. Similarly, through a partnership with UNHCR, UNICEF Kenya staff in the Dadaab office were relocated from rented premises to UNHCR premises under an exchange arrangement for similar space in UNICEF Kenya’s Garissa Zonal Office. This collaboration resulted in a quantitative gain in space for UNICEF, reduced rental obligations for each agency and fostered closer interaction among UN staff.

Lastly, the new long-term arrangement for taxi and car hire services for the Nairobi and Kisumu offices led to streamlined office transport. The use of official cars was rationalised for travel
within the respective cities, resulting in a saving of US$21,000 annually and a more rapid response to staff transport requirements.

Supply Management

In-kind assistance and procurement services were US$40 million: 85 per cent for new vaccines; the rest for traditional vaccines, laboratory equipment, nutrition supplies and injection safety. UNICEF also received US$702,000 of in-kind, ready-to-use therapeutic foods from USAID Food for Peace.

A year-end physical inventory of UNICEF-managed warehouses in Garissa, Kisumu and Nairobi reported US$1.15 million in supply stocks. A solid-wall warehouse was leased in Kisumu, and stocks relocated from the previous soft-wall facility, improving management of supplies by Kisumu Zonal Office.

LTAs were established for tents, tarpaulins, educational/recreational kits, vehicles, car-hire, hotel/conference services, inspection/quality assurance, micro-assessment and special audit services. These LTAs are available to other UNICEF offices and UN agencies in Nairobi.

A Country Assessment of Essential Commodities and Services (CAECS) concluded in July, identified a basket of 42 commodities and services essential for children’s survival, development, education and protection. As a result, a market survey is already under way, and will be completed by early 2015 with the aim of producing a directory of essential commodities and services.

A UNICEF-KEMSA supply chain partnership MoU gives KEMSA responsibility for supplying quality, cost-effective and sustainable essential drugs and medical supplies for children; leveraging resources through procurement services; optimising national and county level supply management capacities and improving technical skills through knowledge-sharing, modelling and South-South co-operation.

Security for Staff and Premises

In response to the deteriorating security situation in some parts of Kenya, an international security specialist was recruited to work with the national security officer. This has enabled UNICEF to provide better support to Nairobi and the Zonal Offices. In 2014 terrorism threats increased, leading to a review and update of UNICEF’s preventive and mitigating security measures, including induction of new staff, residential surveys and residential security compliance for all international staff. Management reminded all staff to undertake compulsory security trainings (Basic and Advanced Security in the Field), the Communications Tree was updated and activated once for effective staff accounting in case of emergencies. Furthermore, monthly radio checks to confirm radio serviceability and staff access to radio communications network from their residence, plus security updates and briefings through emails, short message services and quarterly all-staff meetings for security updates were conducted.

Facility safety surveys were conducted in all zonal offices. UNICEF benefited from the HQ minimum operating safety standards (MOSS) fund to improve radio communication and to implement MOSS requirements in field transport and zonal offices. This included procurement of very high frequency (VHF) radio communication equipment, trauma bags and First-Aid kits for office and vehicles, plus improvement of zonal office access control measures. As the security situation deteriorated in north-eastern Kenya, an armour-plated vehicle (APV) was procured for the Dadaab Zonal office. As per the country Security Risk Analysis (SRA) and UNICEF’s
programme assessment in the field, required mitigation measures were implemented while operating in areas with high risk, such as Dadaab, Garissa and Lodwar.

UNICEF Kenya’s dedicated radio control room was due for closure and functions were to be transferred to the UN Common Services, under WFP. However, the elevated security threats and lack of adequate support from common services justified retaining the control room and the two staff manning it until mid-2015, when alternative control measures are in place. The cost share budget for 2015 was approved, enabling the re-deployment of the Kenya Diplomatic Police liaison officer to enhance collaboration, continuation of the UN SMS Alert System, storage of emergency blood for the use of UN staff and support for the UN common radio room.

Some MOSS items, such as the installation of shatter-resistant film and reinforcement of access barriers for zonal offices were delayed due to shortage of funds and uncertainties about the lease agreements for Dadaab, Garissa and Lodwar Zonal Offices, which had to be re-negotiated in line with the new Country Programme. This was prioritised for completion by the end of the first quarter of 2015. Other priorities for 2015 include providing management and programme staff with updated security information and assessments to facilitate effective decision-making for safe programme delivery. Lastly, a ‘Programme Criticality’ exercise will be conducted in collaboration with the UN Country Team, and to sustain security preparedness and awareness, continued staff training, briefings, updates and exercises as well as regular missions to zonal offices for security reviews and support will be undertaken.

Human Resources

The process of developing a new Country Programme, which started in 2013 and lasted through to early 2014, presented an opportunity to better align UNICEF’s human capacity needs with programme design. This process helped to ensure a results-based approach in the design of human capacity needs by linking the focus and relevance of human resources to the expected programme results for children in Kenya. For example, in response to the shift in the programme focus and strategy resulting from the devolution process, UNICEF strengthened human resource capacity of the zonal offices and harmonised certain support functions.

Through a consultative Country Programme Management Plan (CPMP) process, different skills sets required by UNICEF Kenya to implement the new CP were established and agreed upon. Additionally, job descriptions were reviewed. Most of the newly established posts in the new Country Programme were pegged at a higher level, which was a motivating factor for staff. In support of staff affected by the transition to the new Country Programme, workshops on career transitions were held and competency-based interviews were delivered. In terms of gender diversity, UNICEF was able to maintain a balanced representation of 87 male and 89 female staff.

Over 75 per cent of staff have undergone training on Managing Performance for Results; good knowledge and understanding of the importance of performance management by both supervisors and supervisees contributed to an improved process, both in terms of quality and quantity of reports. Clear hierarchical linkages were established between office/section/unit/individual work-plans to ensure alignment of objectives and outputs with agreed results. A monitoring tool is in place and management monitors completion rates using indicators at CMT level. A completion rate of 96 per cent for mid-year performance discussion was achieved. The target for end-of-year evaluations is 80 per cent by end-February 2015.
The Staff Association, Joint Consultative Committee (JCC) and other fora facilitate dialogue between staff and management, as well as addressing the issue of communication between supervisee and supervisors. In 2014, four JCC meetings were held.

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

In early 2014 staff received training in Emergency Risk-Informed Programming (ERIP). This enabled updating of the Emergency Preparedness and Response Plan (EPRP) in line with UNICEF’s Core Commitments for Children (CCCs). The training was a good opportunity for better common understanding of emergency preparedness and response between existing and new staff members, even at the planning stage.

**Effective Use of Information and Communication Technology**

During 2014, UNICEF Kenya continued to streamline its Information, Communication Technology (ICT) operational services including: migration to cloud services for email; online conferencing; and data storage, which facilitated improved communication with other offices, ability of staff to work from outside the office and telecommuting. Staff can now access services remotely, which enhanced emergency preparedness and business continuity planning and implementation. In addition, the use of Lync for online conferencing improved staff communication, especially with Headquarters, zonal offices, partners and other UN agencies. The ICT unit continued to provide support to the Regional Office, to ensure both continuity of essential services and business continuity.

ICT outsourced shared, networked printing, scanning and photo-copying services, resulting in reduced document reproduction, equipment, accessories, consumables and labour overheads to support stand-alone printers/scanners in staff offices, and thereby costs. Overall, document reproduction and the costs of managing printing, copying and scanning documents were reduced by about 30 per cent in 2014 compared to 2013. Furthermore, the move helped to reduce UNICEF Kenya’s ICT carbon footprint by cutting down on the amount of paper used. Staff also applauded the move as an important health benefit, as walking back and forth to the printers requires some exercise and greater interaction with colleagues.

Discussions were held with the United Nations Office in Nairobi to further outsource ICT HelpDesk support services to an external contractor, managed centrally by UNON. This will be implemented in a phased approach in 2015. Two contractor staff will provide support to both UNICEF Kenya and the Regional Office. Other services will be considered later after testing feasibility and reliability.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** National and sub-national, systems and policy frameworks and implementation capacity strengthened to improve access to quality basic education and skills development for marginalised children and youth, including in emergencies
Analytical Statement of Progress:
At the national level, targeted advocacy reaching out to parliamentarians, cabinet secretaries and principal secretaries was prioritised to anchor equity and equality in the education sector as devolution rolled out. Mainstreaming of ECDE is an achievement in the Basic Education Act 2013, as well as in the finalised and launched VISION 2030 Medium Term Plan II. Northern Kenya Education Trust (NoKET) received US $ 320,341 allocations by Government in financial year 2013/2014, resulting in increased Government ownership and sustainability in fast-tracking gender equity in arid counties. Specifically, the sector’s budget was expected to increase from approximately US $ 3.2 billion in 2013/14 to US $ 3.3 billion in 2014/15, representing 3.5 per cent nominal growth.

Continuous county-level enrolment drives were carried out in Garissa, Turkana and Kisumu leading to stronger ownership and partnership by area members of Parliament (MPs) and county directors of education, and creating access for 46,610 children at both ECDE and primary school levels. County-level advocacy meetings were held with county executives for education, deputy governors and other key decision-makers to improve access, quality and completion of basic education for boys and girls in their respective counties.

Mentorship programmes are an innovation. Mentors have included “Nyanyas” (grandmothers) as well as teenage girls and boys, who were trained with the objective of improving their knowledge on their roles and responsibilities, introducing the patrons and peer educators/mentors in the formation and facilitation of mentorship sessions, understanding issues affecting girls/boys, and guiding and counselling.

UNICEF supported the NGO KMET to renovate and establish community-based model ECD centres in five informal settlements. The model centres are also focal points around which various services benefiting children, caregivers and communities are organised and delivered. They serve as day care and learning centres for children, with recognition and support from the Kisumu County Government through a signed commitment to the education of vulnerable children in the county. This successful pilot model is being replicated in Siaya and Homa Bay counties through strengthening existing and community health management units.

UNICEF also supported Turkana Education For All (TEFA) to implement a project on supporting Basic Education in Nomadic Communities of Turkana Central and Loima sub-counties. With UNICEF’s support for nomadic schools in Turkana County, the Ministry of Education has recognised, registered and allocated funding to a number of mobile schools.

The Child-Friendly School Meriting Tool is an enriched tool now being used to identify the best CFS at county and national levels. It builds on the CFS monitoring tool being used by schools as a self-assessment tool; some 6,000 primary schools are using the tool. This was supported by the development of a national system for collecting, analysing and acting on real-time data through SMS about school-based evaluations of CFS Indicators across Meriting Tool Standards, and complemented by the development of SMS Technology – Data Collection and Online Dashboard Analysis, which was piloted with 1,000 head teachers through CFS trainings. Inadequate resources made monitoring of schools difficult; however, the introduction of the SMS system is likely to improve the situation.

OUTPUT 1 Capacity at national and district levels strengthened to increase access to quality basic education with a focus on hard-to- reach children in nomadic districts and urban informal settlements.
Analytical Statement of Progress:

UNICEF developed key partnerships with MoEST and TEFA, a local county-based NGO, to increase participation by boys and girls in schooling in the county. The County Education team spearheaded rigorous enrolment campaigns in Turkana East, Central, South and Loima, resulting in 4,000 children (2,400 boys and 1,600 girls) joining ECDE and primary schools. A total of 2,400 parents and 4,000 children were reached with this intervention, positively contributing to a 7 per cent increase in school enrolment. TEFA was supported to boost girls’ transition and retention rates at primary school by undertaking a comprehensive mentorship programme led by teachers’, female role models and community leaders. This resulted in the identification of 280 girls as beneficiaries from both primary (180 girls) and secondary schools (100 girls), and created publicity about the programme in schools and adjacent communities. The girls participating in the mentorship programme formed clubs in their respective schools to support peers on psychosocial skills, improvement of self-esteem and gender aspects.

The conceptual framework and guidelines for the establishment and formation of the National Council for Nomadic Education in Kenya (NACONEK) are in place, and await the nomination and appointment of a CEO and council members by the Cabinet Secretary of MoEST.

In partnership with the Garissa Teachers Training College and MoEST, UNICEF supported the capacity development of 75 mobile school teachers and 46 Board of Management members on multi-grade and multi-shift approaches and interactive classroom methodology. This was critical due to the nature of mobile schools where one teacher handles leaners at different grades under one roof. School management committees were trained in financial management – a requirement for MoEST funding for the schools. Trained teachers will reach 7,600 (3,400 girls and 4,200 boys) with child-centred interactive methodology. The capacity of 420 key education stakeholders was strengthened to map out-of-school children, advocate for their enrolment and support the development of sub-County level action plans. This has resulted in communities responding positively to children’s school attendance and supporting school development programmes.

OUTPUT 2 Talent development, vocational training, and life skills - leadership, peace education, HIV/AIDS awareness for vulnerable youths and children enhanced.

Analytical Statement of Progress: The National Youth Talent Academy (NYTA) Programme was developed as an alternative model of youth development in the country. Key achievements made included improved national coordination, efficiency and effectiveness in rolling out programmes to youth at the national and regional academies, as well resource leveraging from the Government and other partners. The talent-based identification programme reached more than 400,000 in-school youth and 100,000 out-of-school youth. As a result, more than 6,000 in-school and 6,000 out-of-school vulnerable youths received specialised, talent-based and life skills training. The programme also successfully launched partnerships that provided an innovative model of youth employment based on raw talent and through business incubation.

Some 150,000 youth have been reached through the Talent Academy, with the initial 200 graduates fully engaged in full time employment through an innovative employment incubator model. Mainstreaming of the NYTA into the Kenya Sports Academy provides alternative learning opportunity for OOSC as these centres train 225 adolescent and youth every year in sports and arts.
10 in-school regional talent centres established benefitted 250 direct beneficiaries and over 32,000 indirect beneficiaries by providing alternative learning strategy leading to retention of children in schools.

More than 70 per cent of secondary schools (4,900) have active children’s governments. In total 49,000 secondary school children have benefitted in gaining leadership and better management skills through child government.

Key lessons learned for youth programme strategies expanding the national reach include developing sustainable partnerships and leveraging resources from the Government and other partners, improved national quality assurance and school management systems and increased capacity of education managers.

OUTPUT 3 Disaster Risk Reduction in education sector is mainstreamed and the education emergency cluster responds to human and natural disasters

Analytical Statement of Progress:
UNICEF seconded an Education Cluster/Sector Coordinator and Information Management Officer to MoEST to further strengthen its capacity to lead the Education Cluster and Emergency Planning and Response. A strategy for extending the cluster system to counties was developed, and implementation has started with the nomination and training of EiE focal persons in 11 counties.

With continued advocacy by UNICEF, the MoEST Directorate of Field and Other Services nominated education in emergencies focal persons at county and district education offices to coordinate and plan emergency response in their respective areas. This is in line with devolved governance and an extension of the cluster system to the county level. UNICEF supported development of a capacity-building plan for these EiE focal persons. The major training contents included cluster coordination, education in emergencies based on INEE minimum standards, emergency preparedness and response planning.

Progress continues to be made toward drafting an EiE Education Sector Policy that is aligned with the Constitution of Kenya 2010; the concept of conflict-sensitive education has been integrated into this policy. Strides were made through a pilot Peace Education programme dubbed “Teaching Respect For All” and the finalisation of an evaluation of the Peace Education programme.

UNICEF supported over 71,000 children in emergencies through the provision of necessary school supplies and alternative basic education services. Emergency supplies (438 education kits, 213 ECD kits, 180 recreation kits and seven classroom tents) reached Mandera, Wajir and Marsabit Counties and benefited over 28,000 children affected by conflicts. Disaster risk reduction training on how to mainstream DRR in the Education sector was carried out, along with a tripartite Peace Education radio programme. As a result of this initiative gross enrolment rates increased from 46 per cent to 57 per cent for ECDE and from 41 per cent to 61 per cent at primary schools (2012-2014).

Under the Daadab Joint Education Strategy, UNICEF is continuing an Alternative Basic Education (ABE) Programme that includes ECDE, catch-up education, vocational training and literacy for children, youth and adults in Daadab refugee camps and host communities. UNICEF’s strategic partnership with the National Council of Churches of Kenya was strengthened to benefit 1,031 girls in Daadab on life skills, conflict-resolution skills, resilience,
Peacebuilding education, peer-to-peer mediation methods and increased participation by girls in sports. The security situation, particularly in Daadab area, continues to pose a challenge to programme implementation.

OUTPUT 4 Improved Knowledge-base for Evidence-Based Policy and Planning, Resourcing of the Education Sector to the New Constitution.

Analytical Statement of Progress:
UNICEF provided key inputs for the National Education Sector Support Programme 2013-2018. This included a clearer and more linked-up framework for the whole programme, since indicators did not necessarily link to goals/objectives and there was a complete lack of targets and timeframes. Inputs were also made to sharpen equity indicators, since gender parity was the only one originally included, and on focusing resources to ensure that poor and vulnerable children can actually access quality education.

A total of 1,200 head teachers, teachers and school management committee (SMC) members from 450 primary schools (from Garissa, Wajir, Isiolo, Tana River, Turkana, Marsabit and Mandera counties) were trained on collaborative preparation of school development plans and improved school-level emergency preparedness, benefitting more than 30,000 children. Some 6,000 head teachers and quality assurance officers at national and county levels now have enhanced knowledge of the CFS meritng tool and use it for school monitoring through the “Light EMIS” dashboard.

A new strategic partnership was initiated with the Garissa Teachers Training College, to develop training modules for mobile school teachers and SMCs.

Realignment of the education system with the new Constitution has been progressing, to improve overall education access, quality, equity, relevance, effectiveness and institutional governance in Kenya. A range of official education frameworks and documents, such as the Basic Education Act 2013, TVET Act 2013 and Sports Act 2013 have been passed in parliament. Resources have been allocated by the Government to support their implementation, although technical and financial gaps still remain. Along with the draft National Education Sector Plan, UNICEF working in partnership with the Local Education Group (LEG), provided technical and financial support to MoEST teams to develop these frameworks and policy documents.

OUTCOME 2 Women and children have equitable access to and use of quality essential social and protection services with focus on vulnerable groups and the most marginalised regions of Kenya by 2013

Analytical Statement of Progress:
During January-June, the Phase-out Plan of the Dutch-funded UNICEF Kenya WASH Programme component was implemented for completion by December. The phase-out plan focused on completing the outstanding commitments, ensuring sustainability of systems, infrastructure and services for the communities in general, and children in particular. It was also an important opportunity to move towards the strategic and systematic transition of overall WASH programming in the new UNICEF Country Programme (2014-2018).

Under the community water component, over 15,480 people accessed safe water sources from 31 projects (pipeline extensions, sub-surface dams and shallow wells) completed in four regions: Tanathi WSB (Kitui and Mwingi districts), Coast WSB (Kwale district), Lake Victoria North (Busia district) and Lake Victoria South WSB (Kisumu, Siaya districts). Some 84 boreholes are still incomplete, awaiting equipping and operationalisation, pending availability of
funds. The programme supported capacity building of 176 WASH Committees/community groups in Operation and Maintenance of water systems in the different Water Services Board regions. The ongoing partnership with SNV Netherlands to model alternative management systems for rural water supplies will enhance sustainability, including public-private partnerships (PPP). A risk-management framework was developed and implemented to strengthen management of both financial and programmatic risks.

The sanitation component is implemented at the national and sub-national levels, with a focus on capacity building and strengthening the enabling environment in partnership with the Ministry of Health to achieve Open Defecation-Free Kenya, guided by the ODF Rural Kenya road map. A total of 247 villages achieved ODF status by mid-year, while 368 villages were mobilised. Countrywide micro-planning for CLTS was carried out, and for the first time mapped out the status of CLTS implementation and partnerships in the sanitation sector. The micro-plan was used as an advocacy tool with county governments to mobilise their commitment for supporting CLTS, and more counties were sensitised to allocate resources for CLTS. In addition, the CLTS protocol developed and adopted last year was published and disseminated at various forums, which improved understanding of the CLTS strategy and the standards to be followed. A National Sanitation Conference was held in end-March/early April, with participation by all 47 county governments; key commitments were made by the county governments on specific targets with timelines for achieving county-level ODF status.

Implementation of the School WASH component has been ongoing in four counties – Kisumu, Migori, Kajiado and TransNsoia. A total of 21 schools had their water and sanitation facilities improved and a total of 15,197 children were reached during the period January to June 2014. All schools received a comprehensive WASH in School package comprising safe water supply, sanitary facilities with provision of hand-washing and a hygiene promotion package, as well as capacity development for boards of management to sustain WASH services. The harmonisation of hygiene promotion tools and approaches in schools was also supported and a draft manual is in place. School children played a central role in CLTS in their areas and used the approach as a way to reach out to communities surrounding their schools on hygiene practices. During Global Hand-Washing Day children participated in their districts/counties, while the national event was celebrated at Mathare in Nairobi. World Toilet Day was celebrated in various districts/counties where school Health/WASH clubs in schools were formed or reactivated. The programme supported Menstrual Hygiene Management (MHM) in 21 schools in the country through provision of gender-sensitive latrines, sanitary towels and training. Advocacy has also been carried out with Government policy- and decision-makers to provide girls with sanitary pads and include MHM in school budgets. As a result, the Ministry of Education included sanitary pads in its budget and has distributed some to the schools in the country.

WESCOORD is the Government-led water, sanitation and hygiene sector coordination platform, ensuring effective coordination for emergency preparedness and response activities in the water, sanitation and hygiene sectors. UNICEF provided technical and material assistance, through WESCOORD, to ensure effective coordination for emergency preparedness and response in WASH sectors at the national level and in 23 priority counties. WESCOORD produced vulnerability and capacity assessment (VCA) guidelines and tools for assessing disaster risks, with support from UNICEF, and organised a learning forum for members in Isiolo for knowledge-sharing and action-learning. The capacity of 2,134 community health workers (CHWs) was built in seven cholera-prone counties (Kisumu, Busia, Mandera, Wajir, Tana River, West Pokot and Turkana), and CHWs were mobilised to reach over 600,000 people with critical WASH-related information and training to prevent water-borne diseases. The hygiene messaging was complemented with supplies to promote hand-washing and household water
treatment. UNICEF also provided WASH supplies for use by refugees at Dadaab Refugee Camp through the Kenya Red Cross. Some 35,000 new arrivals from south Sudan at the Kakuma refugee camp benefited from access to safe water supply for drinking, cooking and household use, following distribution of storage tanks and chemicals for water treatment. In Dadaab 3,000 persons benefited from new host community water supply while 3,600 new arrivals at the Kakuma Refugee Camp benefited from access to shared household latrines.

**OUTPUT 1** 10 per cent of people, 50 per cent of health facilities in 20 districts (flood prone, arid and semi-arid) including peri-urban areas consistently use improved water with adequate capacity to manage and sustain services by 2013, within an enabling policy environment/systems,

**Analytical Statement of Progress:**
Over 15,480 people gained access to safe water sources from 31 projects completed in four regions – Tanathi WSB (Kitui and Mwingi districts), Coast WSB (Kwale district), Lake Victoria North (Busia district) and Lake Victoria South WSB in 2014 (Kisumu, Siaya districts). The projects were funded in early 2013 and comprise pipeline extensions, sub-surface dams and shallow wells. Another 84 boreholes remain capped pending availability of funds for equipping and operationalisation. UNICEF has requested that the GOK to take over completion of the projects and fund the remaining activities.

The programme carried out a systematic review of the challenges identified by the 2013 WASH Programme audit, and developed monitoring indicators and risk mitigation and management strategies to strengthen oversight and risk mitigation. A risk management framework was developed and implemented to strengthen management of both financial and programmatic risks. Field monitoring of programme activities and spot-checks were further intensified, including actual verification of all projects and status of completion and release of new minimum field monitoring days by staff cadre, in addition to regular reviews with partners. Financial spot-checks were expanded to include all partners, including counterpart GOK ministries and the Water Services Trust Fund (WSTF).

Some of the challenges in programme implementation are weak institutional capacity of implementing partners, inadequate counterpart contribution by Government, poor compliance with Corporate Governance Guidelines by sector institutions and insecurity in some regions, which limits effective implementation and monitoring.

**OUTPUT 2** 10 per cent of people, 50 per cent of health facilities in 20 districts (flood prone, arid and semi-arid) use improved sanitation and care practices including hand washing with soap with adequate capacity for sustained behaviour adoption by 2013, within an enabling policy environment/systems,

**Analytical Statement of Progress:**
The focus of the programme was to increase access to sanitation and to achieve ODF Rural Kenya. Programme activities took place at two levels; national and sub-national. The main strategies were the building of capacity and strengthening of the enabling environment, in partnership with the Ministry of Health, for achieving ODF Kenya, guided by the ODF Rural Kenya road map. A total of 247 villages achieved ODF status by mid-year, while 368 villages were mobilised.

Country-wide micro-planning for CLTS was carried out, and for the first time mapped out the status of CLTS implementation and partnerships in the sanitation sector. The micro-planning
also included budget planning for achieving the ODF Rural Kenya goal. The micro-plan was used as an advocacy tool with county governments to mobilise their commitment for supporting CLTS; more counties were sensitised to allocate resources for CLTS. In addition, the CLTS protocol developed and adopted last year was published and disseminated at various forums, including at the national sanitation conference, which improved understanding about the CLTS strategy and the standards to be followed.

A WASHBAT (bottlenecks) exercise was carried out in May at the county level in Kitui, which led to the identification of key bottlenecks and the county taking the leadership to address them. As an outcome of this initiative, a stakeholder forum for sanitation was constituted, one meeting was held and key actions were agreed upon for implementation/follow up.

The National Sanitation Conference was held in end-March/early April, where all the 47 County Governments in Kenya were represented and key commitments for supporting sanitation by the County Governments were made. Most counties made an official announcement at the Conference on specific targets and timelines for achieving County ODF status.

Among the overall challenges faced during the reporting period were:

i. Inadequate resource allocation for CLTS by counties and donors
ii. Inconsistent funding cycles from the national Government to the counties
iii. Restructuring of districts to sub-counties under evolved governance, leading to administrative changes that affected programme implementation
iv. Low capacity in the MOH for monitoring and documentation.

OUTPUT 3 6 per cent of school children in 20 arid, semi-arid and flood prone districts consistently use improved WASH facilities, with adequate capacity for sustained services by 2013, within an enabling policy environment/systems,

Analytical Statement of Progress:
The School WASH component was implemented in four counties, in partnership with the ministries of Health, Education, and Environment, Water and Natural Resources and with NGOs. Support was provided to 21 schools to improve water and sanitation systems serving 15,197 children. The schools received a comprehensive package comprising safe water supply, sanitary facilities with provision for hand-washing and a hygiene promotion package, as well as capacity development to sustain WASH services. The harmonisation of hygiene promotion tools and approaches in schools was also supported and a draft manual is in place. School children played a central role in CLTS in their areas, using the approach as a means to reach out to communities surrounding their schools on hygiene practices. During Global Hand-Washing Day and World Toilet Day children participated in their districts/counties, while the national event was celebrated at Mathare in Nairobi.

The WASH in schools component supported Menstrual Hygiene Management at 21 schools through the provision of gender-sensitive latrines, sanitary towels and training. The Programme carried out advocacy with Government policy- and decision-makers to provide girls with sanitary pads and include MHM in the school budget. As a result the Ministry of Education has included sanitary pads in its budget and has distributed some to schools in the country.

UNICEF actively participated in the quarterly WASH in Schools technical working group and coordination forum, coordinated by the ministries of Education, Health and Water. Sub-county officers responsible for education, water and health in seven counties were trained as trainers to
Sub-county Education Offices supported NGOs in prioritising schools, worked with SCPHOs and SCWOs in quality assurance and standards services, monitoring and evaluation. School children participated in health activities and in decision-making, while parents participated in management activities to ensure proper maintenance of water and sanitation facilities for school health. School teachers supported school health activities, while school management committees participated in identifying and defining school priorities, planning with NGOs, mobilising teachers and children and supervising school health activities.

OUTPUT 4 1,000,000 vulnerable people in emergency affected areas are provided with access to improved water, sanitation and hygiene services with increased focus on DRR for enhancing community’s resilience and coping strategy.

Analytical Statement of Progress:
UNICEF provided technical and material assistance to WESCOORD to produce vulnerability and capacity assessment guidelines and tools for assessing disaster risks, and organised a learning forum for members in Isiolo for knowledge-sharing and action-learning. A total of 2,134 community health workers were trained and mobilised in seven cholera-prone counties (Kisumu, Busia, Mandera, Wajir, Tana River, West Pokot and Turkana). The CHWs reached over 600,000 people in cholera hotspots with critical WASH-related information and training to prevent water-borne diseases. The hygiene messaging was complemented by supplies to promote hand-washing and household water treatment. UNICEF also provided WASH supplies for use by refugees at Dadaab Refugee Camp through Kenya Red Cross. Some 35,000 new arrivals from south Sudan at the Kakuma refugee camp benefited from access to safe water supply for drinking, cooking and household use, following distribution of storage tanks and chemicals for water treatment. A total of 3,000 persons benefited from new host community water supply in Dadaab town, and 3,600 new arrivals at the Kakuma Refugee Camp benefited from access to shared household latrines.

OUTCOME 3 UNICEF will contribute to increasing number of women and children have equitable Access to and Use of Quality Essential Social and Protection Services and practices with focus on vulnerable groups and the most marginalised regions of Kenya by 2013

Analytical Statement of Progress:
UNICEF prioritised key initiatives/strategies that aim at addressing the Government’s devolution process to address the persistent low utilisation of priority high impact maternal, new-born and child health interventions, especially in underserved counties in Northern Kenya and high under-five mortality-burden counties in Western Kenya: strengthening the capacity of county health teams in evidence-based planning and advocacy and investing in community health services to increase demand for, access to and utilisation of services. Seven counties with high maternal and under-five mortality burden were supported to assess county health systems’ performance, identify bottlenecks, prioritise interventions for scaling-up and identify key strategies to reduce bottlenecks.

Key results for the health sector in 2014 include an expanded scope for county-level management and leadership training and mentoring, tripling the coverage of community health services in five counties; introducing integrated community case management services in three counties (Homa Bay, Siaya, and Turkana); seven successful rounds of polio immunisation campaigns that reached 95 per cent of the targeted children; the launch of a comprehensive five-year maternal and new-born health initiative, which supported comprehensive MNCH
baseline assessments and the strengthening of systems and structures to deliver quality services in five counties. The health section also supported a number of important studies, surveys and reviews that will contribute to policy change and increasingly equity-focused national and sub-national health programmes.

OUTPUT 1 Increased proportion of women and children receiving quality evidence-based essential integrated maternal and child care services by December 2013

Analytical Statement of Progress:
During the first half of 2014, over 50 per cent of Kenyan new-borns were delivered under the care of skilled birth attendants, up from 44 per cent in 2013 (District Health Information Software (DHIS)/ Health Management Information Systems (HMIS)). This is in part a result of the President’s directive on free maternity policy, along with other initiatives supported by partners, including UNICEF. Over 2,360 of these babies were from Garissa and Turkana alone, thus increasing their chances of survival. To increase access to essential emergency obstetric and new-born care services, 16 additional health facilities in Turkana and Garissa were upgraded to Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities, providing all seven signal functions, thus increasing the proportion of facilities with BEmONC services in those counties from 3 per cent and 2 per cent, respectively, in 2013 to 15 per cent and 10 per cent, respectively, in 2014. With the training of staff at more than 60 health facilities in uterine balloon tamponade technique for management of post-partum haemorrhage in Turkana and Garissa counties, over 30 maternal and new-born deaths were averted. This was achieved through enhancing capacities of health workers, procurement of equipment, establishment and strengthening of community health services and improved infrastructure, among other initiatives. These achievements were made despite challenges faced during the transition to devolution, including low capacities and a lack of systems and structures to perform new devolved functions.

Kenya officially adopted Option B+ as the intervention method for PMTCT. Between January and September 6.3 per cent of mothers tested were positive, 69.3 per cent received Highly Active Anti-Retroviral Therapy, and 76 per cent of exposed infants were screened for HIV infection. Data from the final quarter of 2014 was not available at the time of preparing this report. The main challenges faced were interruptions in the supply of HIV test kits. UNICEF supported the technical development of guidelines with the Ministry through which the adoption of Option B+ was adopted. UNICEF has also supported the adoption of the point-of-care (POC) strategy – currently 101 CD4 machines (Pina) are deployed throughout the country. The largest contributors to the implementation of the PMTCT programme were the U.S. Government, The Global Fund and the Ministry of Health.

A national Maternal and Perinatal Death Audit was conducted in 2014 in conjunction with MEASURE Evaluation, UNFPA, Kenyan Medical Research Institute (KEMRI) and the ministries of Health and Civil Registration. UNICEF supported the roll-out of maternal and perinatal death surveillance and review system systems in three counties – Homa Bay, Turkana and Kakamega.

OUTPUT 2 Health policies, strategies and systems supportive of MNCH scale-up and mitigation of emergencies.

Analytical Statement of Progress:
With successful implementation of ICCM in Homa Bay County in partnership with the KEMRI, community health volunteers effectively provided timely and recommended treatment to 15,000
children with diarrhoea, 4,000 with malaria and 4,000 with pneumonia between January and June 2014, contributing to a 200 per cent increase in the number of diarrhoea cases managed at the community level and a 70 per cent reduction in health facility caseload, compared to 2013. (ICCM web portal: http://hbmiccm.com/; https://hiskenya.org/dhis-web-reporting/). The ongoing scaling-up of implementation of iCCM in Siaya and Turkana counties will further contribute to more children accessing timely and recommended treatment against malaria, pneumonia, diarrhoea, malnutrition and HIV, which are the major killers of children. Ninety-five percent of children below five years of age were vaccinated against polio in multiple rounds of vaccination between January and June 2014. The resultant high population immunity has contributed to Kenya maintaining its polio-free status in 2014 (Kenya Weekly Polio Bulletin). UNICEF supported Kenya to conduct the second round of a tetanus toxoid (TT) vaccination campaign that reached 74 per cent of 1.5 million girls and women living in 40 high-risk sub-counties with at least two doses of TT vaccine, thereby reducing the risk of maternal and neonatal tetanus. Following successful mobilisation of US$6 million from KfW in 2013, the procurement of cold chain equipment was initiated, with delivery expected to be completed by the end of 2014. This will further strengthen efforts aimed at improving access to immunisation services and polio eradication.

OUTPUT 3 Health policies, strategies and systems supportive of MNCH scale-up and mitigation of emergencies.

Analytical Statement of Progress:

Health systems strengthening (HSS): During the first half of 2014, UNICEF supported the Government to revise key policy and strategic documents in line with devolution and constitutional requirements. The documents included Kenya Health Policy 2012-2030, Kenya Health Sector Strategic and Investment Plan-2013-2018; and revision and finalisation of Health Systems Services training modules in line with functions of the national and county levels. Additionally, Government HSS tools were revised and finalised with inputs from counties and 94 county executive members for health were oriented on HSS. Support was provided for drafting of investment cases for seven counties, and advocacy briefs were prepared. The investment cases influenced planning in counties through the use of evidence, while the advocacy leaflets influenced the allocation of resources for MNCH. For instance, Siaya and Homa Bay counties allocated huge resources for community health services, while Turkana used the brief to plan exchange visits to the Karamoja region of Uganda, to better understand service delivery for pastoralist communities.

Emerging diseases and disease outbreaks: UNICEF supported response to influx of refugees from South Sudan, that resulted manifesting with measles outbreaks through oversight in technical support for coordination, procurement of measles vaccines, planning for and successful conduct of measles that led to vaccination of 112,291 (95 per cent) refugee and host community children under fifteen which led to halting of measles outbreaks thus minimising morbidity and case fatality rates. Turkana and Isiolo counties and sub-county teams were trained on emergency preparedness and response, identified key risks and further developed county specific plans for response to emergencies. Kala asar outbreaks effectively supported in Marasabit, Wajir and Turkana counties that were worst affected resulting in minimal loss of life through dispatch of prepositioned commodities and technical support. Further support was provided to Mandera and Wajir counties in the response to disasters through technical support, procurement and dispatch of emergency lifesaving commodities that contributed to saving lives.
Community Health Services: During the first half of 2014 UNICEF mainly focused on strengthening the implementation of Community Health Services at Tier 1, where Community Health Units have been established. This included giving additional iCCM training to the CHVs in Homa Bay, Siaya and Turkana counties. Additional training was meant to strengthen service delivery, in addition to the fact that training was identified as one of the motivating factors supporting delivery of services at Tier 1. Community health units were all supplied with reporting tools, which improved implementation of both dialogue days and action days, and reporting in DHIS. The national average of reporting in DHIS was 52 per cent, while reporting by UNICEF focus counties was above 70 per cent for the established community units.

At the national level, finalisation of the revision of the Community Health Strategy was deferred and the development of a national Community Health Services Policy is being developed, as this was identified as important step.

OUTCOME 4 Women and children have equitable access to quality essential social and protection services and practices (focus on vulnerable populations) by 2013

Analytical Statement of Progress:
UNICEF continued to sustain its role as a nutrition sector lead in Kenya and the lead technical adviser to the Ministry, as illustrated in the results achieved for children in the first half of 2014. This was also evident where UNICEF’s Nutrition team continued to support finalisation of the UNDAF, ensuring that Nutrition was well-represented under health outcomes.

In terms of programme delivery the year started with updating nutrition sector contingency plans in all 23 arid and semi-arid counties due to under-performance resulting from the 2013 short rains and active involvement of the nutrition sector in the National Drought Management Authority (NDMA) ‘Short Rains Assessment’ in February 2014, which confirmed deterioration of the situation. By end-June the caseload of acutely malnourished children was revised upwards, with 37 per cent of the annual target having been reached. Additional resources were advocated for at this time, thus avoiding stock-outs of ready-to-eat therapeutic foods during the year.

A key advocacy achievement in February 2014 occurred as a result of a decision by the Deputy President to provide infant formula to HIV-infected mothers. However through support for the development of key messages from the Maternal, Infant and Young Child Nutrition (MIYCN) steering committee based on existing policies, as well as a joint briefing by Representatives of UNICEF, WHO and UNAIDS to the Minister of Health on the negative implications of this decision, the decision was withdrawn.

A move towards integration of the nutrition supply chain was made with the start of the Supply Chain Assessment by Deloitte, where the steering committee was formed and a desk review of existing systems documented, which will inform the next steps. Much interest and support was provided by key partners in this process, such as the World Bank, WFP, USAID, DFID under the leadership of the MoH and KEMSA.

For developments in the Scaling-Up Nutrition Movement, Kenya established a donor network group, a civil society group and a UN network group, with an early focus on finalising membership and ToRs. Much progress has been made on the advocacy side for the sector and awareness-raising on the National Nutrition Action Plan took place in 34 of 47 counties.

The Nutrition section continued to engage in national discussions on resilience, including with the ASAL donor groups, to ensure that the issue of human capital is adequately addressed.
UNICEF Nutrition supported the finalisation of the Human Capital pillar in the Ending Drought Emergencies, a national 10-year resilience strategy for the 23 arid and semi-arid counties to ensure adequate articulation of nutrition.

Challenges continue, however, with ongoing restructuring in the MoH at national level, including the Nutrition team, which led to delays in decision-making and lack of continuity on the programme side. This has mostly affected the formation of the National MIYCN steering committee, which is to finalise regulations for monitoring of the Breast Milk Substitute Act and the micronutrient programme.

**OUTPUT 1**  Increased proportion of women and children receiving quality evidence-based essential integrated maternal and child nutrition services by December 2013

**Analytical Statement of Progress:**
UNICEF continued to support the scale-up of high-impact nutrition interventions (HINI) in the first six months of 2014 in all ASAL counties, responding to the increased needs resulting from the 2013 short rains particularly in Turkana, Marsabit, Wajir and Mandera. During this timeframe, through nutrition sector coordination support, UNICEF supported the update of nutrition response plans in all 23 counties as well as the national level and provided a gap analysis of the resources for advocacy. Analysis of the need estimated that approximately 352,508 (ASAL 309,547 and urban 42,961) children under five were acutely malnourished in the most deprived counties (ASAL and urban). Of these, 36.6 per cent (15,561) were treated for severe acute malnutrition between January and June 2014.

Vitamin A supplementation delivered through the routine health system remained constrained due to the reduced number of visits to health facilities by children aged 12-to-59 months and to inadequate reporting tools. An estimated 21.8 per cent of children under five, however, received one dose over the Jan-June 2014 semester in Kenya. With the national polio campaign with Vitamin A in January, coverage then was estimated to have reached over 90 per cent. Uptake of iron folate supplements by pregnant women varies across counties, with proportions ranging from 68 per cent in Turkana, Samburu and Garissa and less than 50 per cent in Wajir (31 per cent) and Mandera (38 per cent). The delivery of commodities improved and stock outs were reduced, but the demand side requires further focus, in addition to provision of reporting tools.

UNICEF commissioned a supply chain assessment of the current parallel nutrition supply chain, to identify the key bottlenecks within the system the removal of which would facilitate integration of nutrition supplies within the existing Government supply chain. This was conducted through strategic partnerships and cooperation with the GoK, KEMSA and development partners including the World Bank, DFID and USAID. The desk review and consultation process for this assessment were conducted in 2014.

**OUTPUT 2**  50 per cent of households practicing improved care practices nutrition by 2013

**Analytical Statement of Progress:**
Following the completion of a series of relevant policy and strategy documents in the national infant and young child nutrition programme in 2012 and 2013, UNICEF provided substantial technical, advocacy and financial support for printing and dissemination of the Maternal, Infant and young child nutrition (MIYCN) Policy, the Breast Milk Substitutes (BMS) Act 2012, National Food and Nutrition Security Policy 2012, Strategy and Guidelines on MIYCN (2012) and the Urban Nutrition Strategy (2013 to 2017) for 13 ASAL counties in the first half of 2014. This was accomplished through the national MIYCN committee composed of key nutrition partners, the
MOH, UN and learning institutions.

Efforts to improve exclusive breastfeeding and complementary feeding rates included the development of a C4D strategy, including a series of tools for the Dadaab refugee camp through technical support for implementing partners, which will be replicated for the other refugee set-ups in the country. Technical support was also provided for the emergency programme, including sensitisation of counties affected by insecurity and displacement on infant feeding in emergencies. The partnership on eMTCT with INGO Mother-to-Mother, the Kenya Mentor Mother Programme, came to an end in the reporting period but a national evaluation of its impact is planned and UNICEF contributed technical support for the design of the evaluation. A related evaluation of the mother-to-mother support group (M2MSG) model was also evaluated in Marsabit, supported by Concern Worldwide. The methodology for assessing MIYCN indicators was revised and a decision was made to assess progress through country-wide Knowledge, Attitudes and Practices (KAP) surveys, including a C4D component, undertaken in Turkana and West Pokot. To ensure evidence generation for programming to improve IYCN feeding practices, and to ensure that the practices will be adopted, a national-level sensitisation and training on the UNICEF strategy ProPAN was undertaken. A baseline assessment, followed by recipe creation for the trial of the recommendations was carried out in Nairobi County, in partnership with the MOH. In addition, a formative assessment on a baby-friendly community initiative was started in Baringo.

OUTPUT 3 Sectoral policies and strategies approved and funded to support maternal, newborn, child nutrition well being

Analytical Statement of Progress:
Following the implementation of changes called for by the Constitution, leading to devolution to 47 counties, efforts to develop key county-specific documents – namely County Health Strategic Investment Plans (CHSIP) and County Integrated Development Plans (CIDP) – to better articulate nutrition continued in 2014. At least 34 of the 47 counties were engaged in these discussions, most of which resulted in nutrition outcomes and indicators being present in the revised versions of the planning documents. These revised CHSIPs and CIDPs are under review and finalisation within the broader County Ministry of Health frameworks. Further, support to counties to develop County Nutrition Action Plans (CNAPs) was undertaken in 19 counties, resulting in 19 draft CNAPS.

During the reporting period UNICEF continued to support the Government in the roll-out of Scaling-Up Nutrition. UNICEF Kenya was consistently engaged in and supportive of the establishment/re-alignment of the various SUN networks. Support was provided in the re-alignment of the SUN Civil Society Alliance (CSA), with World Vision elected as the host organisation for the SUN Multi-Partner Trust Fund (MPTF) as Action Against Hunger (ACF) as the co-chair, while UNICEF serves as the participating UN organisation. The CSA was formally launched on 9th May 2014. Within the SUN United Nations network, UNICEF continued to chair the group and over the period, the terms of reference and work plan for the year were developed and support was provided for implementation of the SUN Country Assessment. As part of efforts to establish a high-level SUN multi-stakeholder platform in the Office of the President, coordinated efforts among the SUN networks continued. While the structure is clearly outlined in the draft Food and Nutrition Security Strategy, the document is not yet finalised, following devolution and ongoing restructuring in the various ministries. Other challenges to moving forward fully on the SUN commitments included the weak linkage of the results frameworks of key nutrition policy-related documents across key sectors, the lack of an effective
system for nutrition sector financial tracking and expenditure monitoring and weak linkages and limited understanding of nutrition-sensitive and nutrition-specific interventions.

OUTCOME 5 Effective & efficient Programme Management and Operations Support

Analytical Statement of Progress:
To facilitate effective and efficient delivery of results for children, the Deputy Representative’s Office/Programme Coordination team (led by the Deputy Representative, and comprising staff from Child Survival and Development, Field Offices and Emergency Coordination, HIV&AIDS, and Planning units) facilitated and provided technical guidance for setting the standards and providing the guidelines to overall Country Programme planning, implementation, monitoring and review processes. In light of the change-over from one CP to the next, guidelines and support were provided for preparedness and closure of the Government of Kenya-UNICEF Country Programme 2009-14, to ensure a smooth transition to the new CP. The CSD unit played a key role in coordinating plans, results and fundraising for the nutrition, health and water, sanitation and hygiene programmes. The HIV&AIDS unit ensured that interventions on PMTCT and paediatric HIV are mainstreamed across all programme areas. The Field Offices and Emergency Coordination unit was instrumental in coordinating the work and results of four field offices. It also provided technical support to strengthen the capacities of national and sub-national humanitarian actors at institutions dedicated to emergency preparedness, coordination and response. Coordination of emergency response was carried out through an inter-agency framework, led by the Government and UNICEF, as co-chair for Nutrition.

The team coordinated programme sections during the preparation of the GoK-UNICEF Country Programme (2014-2018), preparations of the new UNDAF 2014-18 within the context of a new Delivering as One framework. Programme Coordination facilitated the participation of all staff as well as Government, UN and other partners. The Programme Management Committee (PMC), chaired by the Deputy Representative and comprising all section chiefs, set and monitored standards for programme performance, including the key performance indicators such as monitoring DCTs, IPSAS and donor reporting. It reviewed performance of internal task forces and technical working groups; e.g. HIV/AIDS, gender, maternal and new-born health, youth and C4D for CSD. To strengthen internal capacities of programme staff in the application of key programming principles, knowledge management sessions were conducted as part of the monthly programme and operations coordination group meetings to strengthen shared knowledge on UNICEF global and national emerging issues and priorities. A skills assessment exercise conducted in 2013 will be used as the basis for identifying and strengthening office-wide learning priorities and plans. Training plans include: results-based management, equity, gender and human rights-based approaches, harmonised approach to cash transfers, programme monitoring and partnerships.

While Kenya has moved to lower-middle-income status, the programming environment remains complex, with several constraints (including limited availability of up-to-date and well disaggregated data; weak partner capacity, especially in the context of devolution; poor service delivery, particularly in the arid and semi-arid counties, etc.) inhibiting the equitable realisation of child and adolescent rights. Strategies, plans and standards for effective and efficient management of resources will be reviewed accordingly, strengthening the M&E function (governance of the IMEP and evaluation function, monitoring of results and measuring performance of rolling work plans and the annual management plan, to ensure that progress towards achieving results is on track and major bottlenecks are being addressed.
Standards for programme monitoring were strengthened by developing the Programme Monitoring Strategy, creating a framework for developing and implementing specific monitoring tools and coordinating follow-up and utilisation of findings from programme monitoring. In addition, standard operating procedures for HACT management were developed to guide and ease the process of DCT processing, reimbursements, direct payments and liquidations, and a supply strategy will be developed to efficiently manage supply, procurement and supply chain management, including building national and county level capacities to address critical bottlenecks.

**OUTPUT 1** Programme Coordination: UNICEF Sectoral Programmes and Cross sectoral priorities are effectively coordinated, resourced and monitored to ensure achievement of 2009-2013 GoK-UNICEF country programme

**Analytical Statement of Progress:**
During January-June 2014 the Deputy Representative’s Office, supported by the CSD, Planning, HIV&AIDS, and Field Offices and Emergency coordination units, coordinated cross-sectoral priorities within the different programmes to enhance multi-sectoral approaches to programming. Standard tools and guidelines for work planning process were developed to facilitate strategic planning and performance of programme teams, task forces and working groups during the annual reviews. Priorities such as HIV/AIDS, gender, maternal and new-born health, youth, and C4D for child survival and development (CSD) worked effectively together to support results for children. Lessons learned from the different task forces will inform implementation of cross-sectoral result teams in the Country Programme 2014-18, aimed at accelerating efforts to achieve results for children. In light of the need to strengthen cross-sectoral engagement on results across the board in the new CP, the CSD unit was dissolved.

The first half of 2014 was a busy period involving the completion and closure of the Country Programme 2014 and preparations for the new CP 2014-18. The transition was managed smoothly. All closure actions (Programme Cooperation Agreements, consultancies, etc.) were managed on time. The new country programme was completed and approved by the UNICEF Executive Board in June, and the Country Programme Management Plan 2014-18 was agreed by the Regional Office.

UNICEF Kenya’s risk profile was updated and staff were trained on risk assessment and management. Progress on addressing the major risks, as indicated in the risk library work plan, was monitored and discussed by the Country Management Team and during annual programme performance reviews. The rolling work plans have a risk profile and planned key actions to address the identified risks.

In 2014 the resource mobilisation taskforce, chaired by the Representative and comprising all team leaders for programme areas, sustained systematic donor engagement and follow-up in order to maximise fundraising efforts and yield results, as well as to avoid duplication of efforts between the sectors and ensure that cross-sectoral priorities were included in donor proposals. Overall, UNICEF Kenya mobilised over 84 per cent of other resources regular (ORR), meeting the target for the Country Programme 2009-2014. However, there is a need to further strengthen fundraising efforts, including diversifying funding sources. Focus on high-level, systematic engagements using an integrated approach was sustained, particularly for key donors.
OUTCOME 6  A national Child Protection System approach that prevents and responds to violence, abuse, and exploitation of children, and family separation, including in emergencies, is adopted by the government and piloting initiated in 7 Districts by 2013.

Analytical Statement of Progress:
UNICEF contributed to strengthening the national child protection system in Kenya by providing technical assistance and financial support for key interventions and advocating for improvements in the legal and policy framework.

Some 22,072 children who had experienced, or had questions regarding, child abuse were able to talk to an adult through the child helpline and were referred to appropriate services. The Child Protection Centre (CPC) in Malindi continued to support approximately 250 children each month. The Government of Kenya has continued to live up to its commitment of taking the CPC model to scale nationally by including it in national steering documents and planning for the next phase.

Important policy frameworks were further developed or finalised during the reporting period, including Alternative Care Guidelines, the Violence against Children Response Plan and the Child Protection Information Management Strategy. These will be further pursued as part of the new Country Programme.

UNICEF continued to provide critical child protection assistance in emergencies, especially in the Kakuma and Dadaab refugee camps. Case management was provided to children through the child protection partner in the camp, where 6,209 children underwent Best Interest Assessments, and the backlog of cases was resolved through improved tools and processes.

OUTPUT 1  The government has the capacity to coordinate and demonstrate the system approach to Child Protection.

Analytical Statement of Progress:
The GoK’s commitment to the Child Protection System was revitalised through dialogue, and the Government committed to finalising the Child Protection System Strategy/Framework, reflecting a changed institutional framework in the devolved government structure. Their leadership in this issue is a significant achievement for the start of the new UNICEF/GoK Programme of Cooperation.

UNICEF continued to work with implementing partners to operationalise the child protection centres and provide key services to children, including the child helpline and legal aid. In the reporting period, Childline Kenya received 17,437 phone calls of which 2,272 were specifically on child abuse issues. The Child Protection Centres will be scaled-up in the next phase to an additional county, following extensive advocacy from UNICEF.

Humanitarian support was provided in Kakuma and Dadaab refugee camps. In Dadaab, UNICEF continued to co-chair the Child Protection Working Group. UNICEF funded and trained 76 CPWG partners’ members on the minimum standards for child protection in humanitarian action. In Kakuma, the large influx of refugees from South Sudan, many of them unaccompanied and separated children, led to a review of the case management system in the camp. The tools developed for case management have been seen as best practice and will be used by other UNICEF offices. Some 6,209 children (4,237 males/1,972 females) had received comprehensive Best Interest Assessments by August 2014.
OUTPUT 2  Roles and responsibilities of Child Protection duty bearers articulated in policies, guidelines, regulations, and legal framework.

Analytical Statement of Progress:
A number of key policy documents were finalised in 2014, providing the framework needed for coordinated action in child protection. The ‘Alternative Family Care Guidelines’, a key policy document that will provide guidance to duty-bearers on matters of alternative care, was finalised, endorsed and is ready for implementation. The ‘Child Protection Information Management System Strategy’ and its costed action plan were developed in cooperation with the National Steering Committee, which was institutionalised by a terms of reference. The ‘Violence against Children Response Plan’ was finalised, and the Government of Kenya with UNICEF and partners participated in the ‘Together for Girls - Violence against Children’ meeting in Swaziland to exchange lessons learned.

UNICEF collaborated with the Department of Children’s Services, Probation and Policy to improve justice for children, including child protection units at police stations. Some 60 police officers in Kikuyu, Nairobi County, were trained on child rights and child protection, including investigation methods. A Child Protection Unit is being set up at Kikuyu Police Station with UNICEF support, including on standards for child protection. UNICEF also engaged, together with a Swedish Police Advisor seconded by the Government of Sweden to Kenya’s Police Reforms Programme, to ensure that the Community Policing Policy has a strong child rights focus and involves elements of child protection.

UNICEF provided support for finalisation of the child-friendly version of the Transitional Justice and Reconciliation Commission report, and facilitated the engagement of the Norwegian Ombudsman for Children, who is working with the Government of Kenya to set up an Ombudsman function in Kenya.

OUTPUT 3  A harmonised cash transfer programme for OVC is in place in 60 districts and linkages made to the CP system for a functioning Child Protection System by 2013.

Analytical Statement of Progress:
As part of a broader strategy of significantly scaling-up and expanding social assistance programmes, the CT-OVC programme played a lead role in the new National Safety Net Programme, which intends to reach 1 million households by 2018. CT-OVC had expanded to 150,000 beneficiary households by June 2014, and new enrolment in 290 constituencies will add an additional 150,000 beneficiaries by 2015.

Further efforts were made to harmonise and standardise processes and structures among five cash transfer programmes as part of the National Safety Net Programme, (Cash Transfer for Orphans and Vulnerable Children, Older Persons Cash Transfer, Cash Transfer for Persons with Disabilities and Hunger Safety Net Programme). UNICEF supported this process, giving technical advice on social transfer components (payments, targeting and expansion, monitoring and evaluation, complaints and grievances, and management information system) through five newly created technical working groups on each component.

The CT-OVC programme has progressively upgraded the payment system to an electronic payment with two means of verifications, including the use a smart card and bank accounts for beneficiaries with a new payment service provider. By June 2014 some 60,000 households were using the new payment process.
The Government, with UNICEF support, led a process for strengthening monitoring and evaluation systems, and the CT-OVC underwent an external result evaluation, with quarterly reports indicating operational and financial aspects of the programme in selected counties (10 counties each time), giving on-time information and increasing the programme’s transparency and accountability.

New Beneficiary Welfare Committees contributed to ‘Complaints and Grievances’ implementation that now includes a toll-free line and regular awareness and training sessions to beneficiaries and field officers.

**OUTCOME 7** Children and women’s rights and gender equality prioritised in policy implementation, participatory planning and budgeting for Vision 2030 at the national and district level based on evidence from data collection exercises.

**Analytical Statement of Progress:**
The final six months of the Country Programme took place in the context of the transition from a more centralised governance framework to the new highly devolved structure. This offered the opportunity to deepen the gains made in 2013 through embedding children’s rights into the second Medium-Term Plan, in particular through county-level planning and budget processes, and strengthening disaggregated analysis of the situation of children and women at the sub-national level. Throughout much of this period, UNICEF was developing the next CP and contributing to the development of the UNDAF, in which the strategic objectives of enhanced equitable planning and budgeting were firmly advanced, in partnership with Government and other UN agencies. Finalisation of the situation analysis and dissemination of core messages on child deprivation, gender equality, disasters and conflict, urban deprivation and adolescent development offered a good opportunity to highlight some of the critical challenges affecting children and adolescents in Kenya.

The budget for 2013-14 was the first full annual budget under the devolved framework. It included substantial increases in budgets for children and women in some areas, including free maternity care, the community health strategy, social protection and education bursaries. The inclusion of KES14 billion (around US$175 million) for social protection programmes under the National Safety Net was a significant boost to equity for children, permitting the expansion of the orphans and vulnerable children cash transfer to an additional 100,000 households, or approximately 250,000 vulnerable children. This means that around half of all households looking after OVCs were receiving cash transfers by June 2014, with all funding coming from Government. This is the culmination of sustained advocacy efforts for financing of the CT-OVC during 2013 and 2014, along with the development of solid operational mechanisms for the programme developed since 2007.

Under the 2013 budget 220 billion KES (US$2.7 billion) was allocated to counties to cover services, including health services, nutrition, some protection, water and sanitation services, and early childhood education. County governments faced many difficulties as they set up their financial systems, developed integrated development plans and assumed responsibility for human and physical infrastructure. UNICEF participated, along with other UN agencies, in county-level planning exercises in a small number of counties, highlighting the importance of allocating sufficient resources to priority services for children on the basis of national evidence and county infographics.

Given the identified impact of disaster and conflict on children’s rights, UNICEF worked with the Ministry of Devolution and Planning and National Drought Management Authority to conduct
revised social intelligence reporting in two drought-prone counties, with a focus on identifying
disaster preparedness indicators in key social service facilities, in particular schools and health
facilities. This exercise highlighted how generally ill-prepared these facilities are to respond to
disasters and the need to strengthen disaster preparedness through county planning processes.

Finally, UNICEF continued to support enhanced collection of disaggregated data and child-
sensitive monitoring frameworks through participation in the Kenya Demographic and Health
Survey (KDHS), MICS surveys in counties with high levels of child deprivation, the development
and pre-testing of a MICS module on social protection and participation in development of the
national M&E indicator framework for the second Medium-Term Plan. The KDHS field work
commenced, while MICS data collection was concluded for Turkana, Bungoma and Kakamega
counties. These two exercises mean that by early 2015 good data should be available at the
county level on key child indicators, permitting improved disaggregated analysis of progress and
inequities.

OUTPUT 1  Knowledge and analysis for equitable pro-child social policies increased and
strategies for reducing inequity adopted by policy makers by 2013

Analytical Statement of Progress:
During the final six months of the Country Programme, knowledge and analysis on equitable
social policies was disseminated through numerous fora and informed the development of the
next CP, key areas of the UNDAF and other Government plans and strategies. The Situation
Analysis of Children and Adolescents was presented in several planning fora, and critical
elements shaped key strategic shifts in the country programme. In particular, the Situation
Analysis and the Child Deprivation Index identified multi-dimensional child poverty and
vulnerability as a key principle for selecting counties for focus interventions, highlighted the
significance of sanitation as the most widespread deprivation for children in Kenya and
underlined gender-related dimensions of child poverty. Thematic papers presented the situation
and recommendations for addressing child-related disaster and conflict risk, increasing urban
vulnerability and the significance of the period of adolescence.

The recommendations of the Situation Analysis are all-important components of the new
Country Programme 2014-2018. Specific recommendations to be taken forward include the
development of agreed measurements of child poverty and deprivation for targeting resources
towards the most deprived children, based on children’s constitutional rights, and for
measurement and monitoring of progress; extending the coverage and targeting of social
protection programmes, including among the urban poor, with incremental scale-up of budget
provisions; developing a child-focused and risk-informed approach to service delivery in high-
risk areas; enhancing planning and budget allocations for effective high-impact interventions to
tackle critical bottlenecks in maternal and child health, community health and sanitation and
adopt a multi-sectoral response to stunting; and addressing the vulnerability of adolescents, in
particular girls, through identifying and tackling the social and cultural drivers of HIV, early
marriage and violence against adolescent girls.

OUTPUT 2  National and sub-national authorities allocate & utilise sufficient public resources to
prioritise equity in child rights & gender for education, Nutrition, Health, WASH, Social
Protection by 2013.

Analytical Statement of Progress:
Since 2011 the programme has focused on external advocacy and supporting the collection of
data on implementation of programmes at the local level, in partnership with the Ministry of
Devolution and Planning. During the last six months of the Country Programme a final round of Social Intelligence Reporting (SIR) was supported in Turkana and Garissa counties, focused on disaster risk and hazard indicators, in addition to the regular indicators on the status of social services. An initial mapping exercise concluded that disasters have serious effects on services for children in these counties. The pilot exercise generated vulnerability indicators focusing on social sectors and children, and proposed actions to prevent, reduce and mitigate the impact of negative shocks on children and communities with a focus on health, WASH, child protection and education. County and sub-county planning officers from the two counties were trained to integrate these issues into planning and budgeting.

Ten sub-county SIR reports were produced. Reports indicate there are still generally inadequate numbers of pupil toilets and water points within schools and poor learning environments with inadequate teaching aids, furniture and congested classrooms. Many primary schools displayed poor performance in Class 8 exams as a result. Schools and health facilities reported experiencing numerous disasters/shocks including clan-conflict, strong winds, drought and lack of water. While there is a general awareness of DRR by head teachers, other teachers need to be trained. Although many facilities especially schools were built to withstand natural disasters, the majority lack an emergency/disaster management committee/plan. Compared to schools, health facilities are better equipped to tackle disasters.

During the final six months of the CP, the Guideline for Social Budgeting and Social Intelligence Reporting was reviewed with county officials, to ensure greater institutional integration of the programme into planning and budgeting processes, in line with the transition to devolved governance.

Finally, a new partnership was concluded with Institute for Economic Affairs on Budgeting for Children to provide updated information on budgets for core services for children, to commence under the next Country Programme.

OUTPUT 3  Kenya periodic reports (CRC, ACRWC) submitted and concluding observations implemented by 2013.

Analytical Statement of Progress:

During this period the World Fit for Children and Africa Fit for Children (WFFC/AFFC) reports were concluded and submitted, with UNICEF support.

OUTPUT 4  Quality and timely disaggregated data available and used for evidence-based policy planning, monitoring and evaluation and accountability for the rights of women and children by 2013.

Analytical Statement of Progress:

This output aimed to collect data on the situation of women and children’s rights and to enhance its utilisation for monitoring, planning and accountability.

During the final six months of the CP data collection exercises were continued, in partnership with Kenya National Bureau of Statistics. Three county-level MICS surveys were undertaken, data collection was concluded for Turkana, Bungoma and Kakamega counties and data cleaning and analysis commenced. Results from these surveys will provide good sub-national level data on the situation of children in three counties identified as areas of high deprivation and which will be among the counties with significant UNICEF programming under the new
Country Programme.

Additional support for data collection was provided to the Kenya Demographic and Health Survey 2014, which will provide county-level estimates of critical indicators. UNICEF provided financial and technical assistance, as a member of the Steering Group, and ensured the inclusion of critical child-focused indicators. Another exercise was undertaken with Kenya’s National Bureau of Statistics in support of the inclusion of a module on social protection in global Multiple Indicator Cluster Surveys. A team from UNICEF HQ, together with UNICEF Kenya staff and staff of KNBS, undertook two field tests of a survey module and developed a module for further testing prior to inclusion in MICS surveys globally.

In support of the National Monitoring and Evaluation System, UNICEF supported development of the national indicator framework and made recommendations for the inclusion of child-focused indicators, including those linked to Medium-Term Plan programmes on education, health, child protection and nutrition. The final framework includes some key indicators for children.

OUTCOME 8 Children, families, communities adopt appropriate attitude, practice and utilise social services for CSD, Education, Child Protection and HIV including in emergency situations with focus on vulnerable groups and the most marginalised regions of Kenya by 2013.

Analytical Statement of Progress:
Communication for Development (C4D) within the Country Programme supports programme implementation with communication strategies and approaches that place children’s issues and actions at the centre of the national agenda, generate evidence and demand for services and promote positive social and behaviour change for the fulfilment of Children’s Rights.

C4D focused on developing the capacity of UNICEF programme staff, partners and counterparts on strategic communication planning and providing on-going technical oversight functions, including PCAs and quality assurance for implementation, monitoring and evaluation, developing and reviewing standards to regulate the quality of C4D interventions and enhancing mechanisms for community engagement and participation.

A comprehensive C4D gap assessment conducted in late 2013 assisted in the identification of a C4D programming focus on specific key behaviours and the clear articulation of C4D’s contribution to the achievement of Country Programme results. This gave rise to a shift from an ad hoc C4D focus to an integrated approach that focuses on promoting the adoption and practice of a composite set of key behaviours.

Improved collaboration with programme sections, strengthened evidence-informed C4D planning and implementation and the delineation of accountabilities and responsibilities between C4D and programme sections ensured an improved cross-sectoral approach to promoting services uptake and generating demand for health, education, child protection, nutrition, WASH, HIV and AIDS.

Lessons learned from C4D implementation in the Country Programme and recommendations of the C4D diagnostic and the UNICEF Kenya C4D Strategy informed the design of C4D for the next Country Programme, and a gradual strategic shift towards the new defined focus. Implementation of C4D interventions was mainly through the development of strategic communication for social and behaviour change, building the capacity of programme sector implementing partners. This new working modality provided an opportunity to build sustainable
C4D planning, implementation and monitoring and evaluation (M&E) capacity that transcends UNICEF-supported projects and interventions and facilitated leveraging of resources.

Although the evidence base for C4D intervention planning improved during the reporting period, measurement of achievement against indicators remained a challenge in the face of inadequate data and baselines. A qualitative study on barriers and supportive factors in the uptake of maternal, new-born and child health in Turkana and Homa Bay informed the design of interventions to facilitate improved behaviour and practices, including services uptake.

UNICEF’s participation in key stakeholders meetings, technical working groups and forums created opportunities to shape the national behaviour and social change agenda and to set standards to regulate C4D practice. Especially notable in this regard was UNICEF’s technical and financial support for the development of the national health promotion policy, strategy and guideline and for its dissemination.

OUTPUT 1 Key GOK, civil society partners and communication networks at national and in programme focus counties/constituencies provided with enhanced capacity to implement strategic and equity based communication interventions including communication response in emergency situations.

Analytical Statement of Progress:
Consultation on the findings of a survey on MNH with health workers facilitated the identification of a need for interpersonal communication training for health workers. In response, a training module was developed, field-tested in one county and a TOT and cascade trainings were conducted. Other field-tests are planned; findings will inform the revision and finalisation of the training module.

Training on strategic C4D was conducted for 25 participants drawn from five Nutrition partners across five counties in ASAL regions, which facilitated the generation of evidence that informed the revision/development of new behaviour change communication materials and the modality of their dissemination, as well as clearer articulation of BCC objectives and monitoring framework.

UNICEF supported a national-level forum to review the lessons learned from the setting up and operationalisation of the Emergency Communication Centre (ECC) to respond to the need for C4D support during the Horn of Africa emergency. The review facilitated the identification of the challenges and bottlenecks hampering the effectiveness of the ECC and defined a revised framework, with a focus on disease outbreak communication.

A joint UNICEF Kenya/UNICEF South Sudan C4D assessment mission to Kakuma facilitated the identification of behaviour and social change communication needs, the concrete actions that UNHCR had put in place in this regard based on the lessons learned from their work with UNICEF in Dadaab and recommended actions to improve communication efforts for greater effectiveness.

OUTPUT 2 Strategic communication planning and implementation for behaviour change, in focus counties, is provided to program sectors, for increased demand, utilisation for high impact package of services for child survival, development, protection, education and HIV interventions
Analytical Statement of Progress:
Sports for Development interventions in five counties reached young people aged 15-to-24 with information on HIV prevention, drug and substance use, free HIV counselling and testing and screening of girls for cervical cancer; 185 who tested positive were referred for HIV care and treatment. Ninety-five adolescent girls screened for cervical cancer were referred for further screening, while 39 young people took advantage of voluntary male circumcision. Scoping for the implementation of an adolescent and young people-led ‘Community Media Initiative’ resulted in development of a concept and establishment of a partnership and training of young people on basic radio broadcasting and communication, preparing the ground for implementation of the initiative.

Participation at technical meetings/dialogues and C4D technical input provided to the Ministry of Health resulted in changes to behaviour change communication materials, setting of standards for the sourcing of a campaign agency by the Government and refocusing integration of a would-be stand-alone diarrhoea campaign as a part of the ‘A Promise Renewed’ call to action. Technical support provided to the Ministry of Labour, Security and Social Services facilitated the development of an advocacy and communication strategy for Violence against Children.

Continued support for implementation of the National PMTCT Communication Strategy contributed to the identification of the First Lady of Kenya to champion HIV control and promotion of maternal, new-born and child health in Kenya, which is facilitating the leveraging of resources for implementation of the national "Beyond Zero" campaign and increased access of the most-deprived marginalised women and children to services.

A three-day multi-stakeholders message harmonisation workshop conducted in one county facilitated the harmonisation of behaviour change messages on malaria, pneumonia and diarrhoea disseminated at the household level and development of the first-ever context-specific household booklets and job aids for use by Community Health Workers with integrated messages on diarrhoea, pneumonia and malaria prevention and care seeking, infant/child nutrition. Technical support provided to the “Wadagi” Initiative, a call to action for zero tolerance for preventable maternal and child death in two counties (Homa Bay and Siaya) facilitated contextualisation of the Community Health Implementation Strategy.

OUTCOME 9 Children and women's rights and gender equality prioritised in policy implementation, participatory planning and budgeting for Vision 2030.

Analytical Statement of Progress:
In preparation for the new Country Programme, the initial months of 2014 were used to develop a draft advocacy strategy. Advocacy and Partnerships had an internal outcome: “By 2018, national, sub-national, private sector, civil society, media, policy and decision-makers understand, support and promote children’s rights and the UNICEF Kenya mission and vision.” Advocacy and partnerships are two of the core strategies underpinning the full range of UNDAF results. This Outcome contributes directly to UNDAF Outcome 1.2 Democratic Participation and Human Rights, under the Governance Pillar and linked to the Political Pillar of the Medium-Term Plan 2014-2018. The GoK-UNICEF Country Programme will seek to achieve this by ensuring that: “By 2018, an expanded supporter base of Champions for Children is in place for children’s and young people’s voices to be heard and for partners to maximise and leverage resources in the best interests of children.”

Devolution and its potential impact on the realisation of children’s rights, therefore, are the most important communication and advocacy priority. In 2014 Advocacy and Partnerships had more
concrete discussions with the programme teams, especially the health team, about positioning the equity agenda.

Strategic partnerships not only with corporates will be key in enhancing coordination by sharing strategies, knowledge and resources with a view to achieving greater impact and economies of scale. Advocacy and Partnerships will facilitate public advocacy; however, public advocacy on its own can only achieve so much. It needs to be reinforced by direct advocacy with decision-makers. Direct advocacy is by far the most powerful tool that UNICEF has to protect children’s lives and rights. With direct advocacy emanating from senior management and programme sections, we see this as the most effective advocacy agenda. Advocacy training will be key once recruitment for the new Country Programme is finalised.

During the first half of 2014, discussions were initiated on advocacy material requirements for “Make Children Count in Counties” beginning with investment cases, advocacy leaflets, etc. There were increased demands for videographic and photographic services to respond to demands for visibility for the immunisation programme in terms of human interest stories and videos, mainly tetanus and polio. Concerted efforts were made to expand UNICEF Kenya’s digital presence.

Collaboration on implementation of the Children’s Rights and Business Principles with Safaricom and the Kenya Private Sector Alliance continued.

OUTPUT 1 National and sub-national dialogue increased in support of equity-focused policies for children's and women's rights by 2013, including during emergencies.

Analytical Statement of Progress:
Significant effort was put into advocacy training and participation of children for effective and meaningful dialogue on their rights. The section worked with programme colleagues, particularly Education and HIV/AIDS, to ensure that children’s voices were heard and their opinions considered. Technical support was provided for the documentation of the primary school children’s campaigns and elections in schools, at sub-county, county and national levels, in addition to engaging and documenting experiences of young people living with HIV.

UNICEF also worked with an NYHQ filming mission on children and HIV to raise the visibility of efforts to eliminate transmission of HIV from mother-to-child, as well as to ensure access to life-saving antiretroviral treatment for children living with HIV. Four videos were produced targeting various aspects of children and HIV in different parts of the country. The videos were well received both nationally and globally, especially a video of Elijah Simel, an 11-year-old advocate of children living with HIV. Elijah’s story was shared on various platforms by UNICEF and external partners, including UNICEF social media sites, the Guardian, World AIDS Day in Kenya, partner meetings and the World AIDS Conference in Australia.

There was increased involvement by policy-makers in policy advocacy and dialogue, especially around quality education, child participation and HIV. This was a result of empowering and enabling children to spearhead dialogue on key issues concerning their rights.

UNICEF intensified its efforts to eradicate polio through the National Polio Campaign, which was well-documented on UNICEF global and country websites and social media sites. This campaign also engaged school children through the 'Mtoto kwa Mtoto' initiative, mobilising school children to reach children missed during the vaccination campaign. Professional videographers and photographers covered the campaign and produced quality communication
material. There was also quality documentation of the tetanus vaccination campaign in underserved regions such as Baringo County.

Media coverage on children and women’s issues also increased, especially in education, immunisation, child protection, HIV and AIDS and devolution. See, for example: P:\KCO\2.Programme\11.Advocacy and Partnerships\9. MEDIA\NEWSPAPER ARTICLES\2014. The Standard Digital also provided digital engagement on their social media platforms of the National Polio Vaccination Campaign.

The quality and quantity of UNICEF’s website content improved. See (http://www.unicef.org/kenya/index.html ), with increased content and traffic flow on the UNICEF Facebook page, with 4,475 likes - http://on.fb.me/189wO0B and Twitter with 2,611 followers - https://twitter.com/ . However, this is still an untapped area given the number of online users, particularly young people.

Due to security concerns, visits by National Committees were minimal in 2014. These included: UK NatCom Commonwealth Queen Baton Relay, US Fund/Kiwanis TT Campaign Visit and Korean Parliamentarians League on Children, Population and Environment (CPE). These visits focused on Child-Friendly Schools/Children’s Government and the tetanus vaccine.

OUTPUT 2 Strategic partnerships enhanced to leverage resources for equitable results for children and women, including in the humanitarian context

Analytical Statement of Progress:
UNICEF Kenya has a core strategy to engage and influence corporate social responsibility (CSR) policies more strategically to promote child rights and deliver results for children, with an equity focus, through partnerships by using Child Rights and Business Principles (CRBP) as an entry point. UNICEF and UN Global Compact, together with Save the Children, successfully engaged key corporate leaders during the Second Global Anniversary of the Launch of CRBP, held in Nairobi on May 12, 2014.

UNICEF Kenya has been a leader, closely collaborating with KEPSA and selected corporates, in raising awareness and advancing children’s rights. This has been done using CRBP tools, workbooks, and webinars shared by PFP. UNICEF Kenya has already undertaken a mapping of corporate partners, which will allow a scale-up of CRBP among all key corporates and associations. Safaricom is the company with the highest revenue base in East Africa and through its CEO has positioned itself as a Champion for Child Rights. Staff of UNICEF PFP provided capacity building on CRBP in April 2014 to heads of various divisions within Safaricom. A key focus of this engagement was protection of children online. PFP also provided training to the corporate members of the UN Global Compact, which is housed at the Kenya Association of Manufacturers. These members participated in the CRBP Second Global Anniversary and are ready to mainstream CRBP tools within their business activities. UNICEF Kenya will provide technical support and tools.

UNICEF’s partnership with KEPSA, representing all industries with 8,000 members, has resulted in key commitments to address the needs of working mothers (e.g. flexi-time policies including short breaks and provision of clean, private areas and facilities for breastfeeding). Companies such as Oserian, Safaricom and Redland Roses adopted flexi-time and breastfeeding policies.

OUTCOME 10 Effective & efficient Programme Management and Operations Support
Analytical Statement of Progress:
Support from Operations for delivering results for children was provided through an effective and efficient governance structure, and financial management and human capacity focused on accountability, partnership management, transparency, risk management and effective coordination between programmes and operations.

The governance structures served as an effective management system to provide oversight and guidance to UNICEF Kenya in 2014. Effectiveness and efficiency is promoted through functional committees to oversee the processes and systems that support effective implementation of interventions leading to results for children. In addition, the shared support centre provided operations support to UNICEF Kenya as well as the Regional Office in the areas of administration, finance, HR, ICT, supply and VISION Hub transaction processing. The Security Unit of the Operations Section supported implementation of UNICEF activities while maintaining safety and security of staff, operations and assets. The ICT Unit supported achieving results for children through a robust and functional ICT system with an uptime of 95 per cent and a functional Business Continuity Plan (BCP). These services helped to ensure that the inputs needed to implement programmes were provided on a timely basis with quality. In particular, the Programme Operations Coordination Group served as a platform to review and report on key performance indicators with a direct bearing on programme implementation. Where necessary, management interventions were sought at a higher level for timely intervention and support.

Risk management and HACT governance were a continuous process accomplished through different mechanisms; e.g., assessment of implementing partners and governance committees to review partnership engagement and procurement process. Assurance activities were carried out to ensure effective utilisation of resources provided to implementing partners and to assess progress. In addition, capacity-building activities were carried out for implementing partners to manage cash transfers effectively.

An office-wide HACT Assurance Plan was prepared and implemented in 2014, based on level of risk and amount of funds transferred to IPs. To strengthen HACT implementation in a more structured and systematic way, UNICEF developed a database tool and provided training to staff on its use. This tool will be put to use and made operational in 2015 to support HACT implementation.

The year 2014 was a transition period from the previous to the new Country Programme, which began in July 2014. This involved large-scale HR-related activities, such as preparation of CPMP/PBR, focusing on the realignment needed in UNICEF’s human capacity to meet the needs of the new CP.

UNICEF launched a review of its key work processes, to align them with VISION/IPSAS requirements as well as the accountability framework defined by the financial rules and regulations effective as of 1 January 2012. As an illustration, the complete institutional SSA contracts workflow (from sending out RFP/RFQ to the issuance of a contract) was shifted to the Supply Unit. A new PCA review workflow and related quality assurance and risk management of UNICEF’s cooperation with NGOs was put in place. The new workflow covers the whole spectrum of PCA management. UNICEF revisited its management indicators and adopted an IPSAS-compliant reporting approach. Basically, UNICEF Kenya moved away from reporting utilisation of funds (through level of requisitioned amount) to looking at the impact of its cooperation model by reviewing its financial performance.

OUTPUT 1 Effective and Efficient management of Human capacity
Analytical Statement of Progress:

The Annual Management Plan (AMP) served as the guiding tool for monitoring the functioning of the governance structure and progress on key performance indicators. During the year, UNICEF Kenya had monthly CMT and Programme Coordination and Operations Group Meetings (PCOG). In addition, other structures defined in the AMP such as PMC, CRC, PSB, PCARC, JCC, etc. contributed to effective functioning of systems and also served as platforms for improving communication between management and staff. Both external and OIAI audits conducted during 2013 reflected the same. UNICEF had both mid-year and annual reviews to take stock of progress and capture lessons learned during the year, so as to focus on improvements needed in the coming year. UNICEF Kenya established two additional committees in the latter part of the year (Risk Management and Audit Committee and HACT Governance Committee) to ensure systematic oversight and guidance for effective implementation of ERM and HACT. UNICEF aims to have these committees fully functional in 2015.

Issues of strategic importance, risk management and other coordination matters were discussed at CMT, PMC, POCG and PCARC meetings, resulting in improvement in programme excellence and operational efficiencies. UNICEF Kenya managed to close 10 out of 12 recommendations from the OIAI 2012 audit, and is working on closing the two open recommendations. UNICEF also had an external audit in December 2013, with five open recommendations that were closed during 2014. A limited-scope audit of the Dutch-funded WASH programme had eight recommendations, four of which were closed during 2014. UNICEF Kenya is working closely on the remaining four recommendations, and Office also closely monitoring the sustainability of closed recommendations.

OUTPUT 2 Effective and Efficient management of Human capacity

Analytical Statement of Progress:

The UNICEF Kenya governance structure, VISION hub and standard operating procedures helped with effective management of financial resources. A two-day workshop was held during the year to sensitisie all staff and ensure a common approach to risk management. The current risk profile is a product of the workshop. The VISION Hub established in 2012 continued to function effectively, supporting both UNICEF Kenya and ESARO. It was further strengthened with additional professional staff to function as a knowledge hub to support programme planning and implementation, in addition to transaction processing, to ensure availability of funds and that forecasting of funds and replenishments were achieved on a timely and regular basis. Closure of books of accounts and submission of schedules were carried out in a timely manner. UNICEF Kenya participated in a workshop and contributed towards the Global Shared Support Centre (GSSC) by identifying functions that will be moved to the GSSC.

The annual supply and distribution plan, worth US$16.6 million, was completed in March 2014. In addition, donations in-kind and procurement services throughput for 2014 reached US$40 million. A year-end physical inventory of the three UNICEF Kenya-managed warehouses (in Garissa, Kisumu and Nairobi) reported supply stocks worth US$1.15 million. UNICEF Kenya supported UNICEF offices in the Democratic Republic of Congo and South Sudan in trans-shipment of vaccines and procurement/dispatch of emergency supplies, respectively. Regional LTAs were signed to facilitate procurement of non-food items: tents and tarpaulins, educational and recreational kits, vehicles, car hire, hotel and conference services, quality assurance, micro-assessments and special audit services. These services are available to other UNICEF offices.
(Regional Office and Somalia) and UN agencies, (WFP, UN Women, the UN Africa Mission for Somalia and UNON). The Country Assessment of Essential Commodities and Services concluded in July identified a basket of 42 commodities and services essential for children’s survival, development and protection in health, nutrition, education, water and sanitation hygiene and child protection. A comprehensive Market Survey resulting from this assessment is under way.

OUTPUT 3 Effective and Efficient management of Human capacity

Analytical Statement of Progress:
The new Country Programme development process which started in 2013 and continued into early 2014 presented an opportunity for UNICEF Kenya to realign its human capacity needs to the programme design. The CPMP process meant the redesign of job descriptions to support achievement of results for children. The different skill-sets required for to implement the new Country Programme were established and agreed upon through a consultative CPMP process.. Workshops on career transitions and competency-based interviews were delivered in support of staff affected by the transition to the new Country Programme. The overall staffing of 193 has a gender mix of 51 per cent female and 49 per cent male. The Staff Association, JCC and other fora facilitated dialogue between staff and management to address the issue of communication between supervisee and supervisors. Four JCC meetings were held in 2014.

The 10 minimum standards on HIV in the Workplace are in place and UNICEF continues to monitor and improve on these. Staff participated in UN Cares activities at the UN level and mandatory training in HIV/AIDS Awareness was enforced through a monitoring tool to flag compliance. Staff had access to the UN Joint Medical Services for medical treatment and counselling. The One-Stop Clinic is also available to staff for HIV testing, counselling and treatment.

In early 2014 staff received training in emergency risk-informed programming. This enabled updating of emergency planning and response plans in line with the CCCs. The training was a good opportunity for improving common understanding of emergency preparedness and response between existing and new staff members.

OUTCOME 11 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:
Repositioning of C4D in the CP commenced in 2013 with a diagnostics and review in anticipation of the preparation of the UNDAF and the new Kenya CP. C4D is positioned as a cross-sectoral result under the ‘Inclusive Environment’ cluster in the new CP and as a cross-sectoral strategy for achieving several CP results.

As part of the inception actions for activating outcome 1 of the new Country Programme, progress was made in forging new partnerships with the Ministry of Devolution and Planning (MoDP) and the Kenya National Bureau of Statistics to strengthen multi-sectoral linkages at national and county levels. This partnership was envisaged to enhance national capacity development for C4D and generate qualitative evidence (Knowledge, Attitude, Beliefs and Practices study) on key behaviours that will inform planning and results-based monitoring of the gains made for children. This has also created opportunities for facilitating community
engagement interventions within the context of devolved governance. UNICEF worked closely with the Social Development Unit of the MoDP to ensure a robust child focus within the national community engagement and participation guideline.

Outcome area 1 is fully integrated within UNDAF result areas (1 – Transformative Governance and 2 – Human Capital).

UNICEF, with its comparative advantage in C4D, facilitated a workshop for UN partners as a run-up to the finalisation of the UNDAF. This proved to be an entry point under the Delivering as One process to undertake more collaborative work on C4D with various UN partners, working in the two strategic result areas of the UNDAF. UNICEF is the co-chair of output 1.2 (Citizen engagement and participation) under the ‘Transformative Governance’ result area.

UNICEF’s technical strength in C4D was called upon to support capacity building for UN staff, as well as preparedness planning and response for Ebola Virus Disease (EVD). UNICEF Kenya provided dedicated technical support for the revision and finalisation of the EVD preparedness and response communication strategy to the Ministry of Health (MoH) and for implementation of key activities in the plan, including setting aside dedicated financial resources. UNICEF is an active member of the UN Ebola Joint Team (chaired by WHO) and is collaborating and providing technical oversight in the area of disease outbreak communication to the team.

Investments in the run-up to the new CP included development of C4D programming capacity for partners/counterparts and review and redefinition of the C4D components of Programme Cooperation Agreements. Further re-definition of tasks and job descriptions of C4D specialists was undertaken to enhance accountability and provide quality assurance and standardisation of technical inputs across CP outcomes.

A strategic shift occurred in the modality of C4D programming: from ad hoc, sector-specific and mainly campaign mode, to modelling integrated approaches focusing on specific key behaviours and robust community engagement and participation. For instance, in Homa Bay County C4D was effectively integrated into the community engagement component of PCAs for the iCCM and MNH programmes.

Alignment of C4D results around specific key behaviours among partners has facilitated focus and integration of consistent behaviour change communication messaging, with many partners gaining proficiency in the application of C4D technical knowhow within their planning and implementation processes.

With the above initiatives, the ground is being laid for undertaking comprehensive, integrated communication interventions to promote key behaviours in three counties (Homa Bay, Turkana and Garissa) and selective integration in 12 counties.

**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:**
Partnership with the MoDP was initiated to strengthen generation of evidence to inform C4D strategic planning and monitoring and capacity development and to elicit multi-sector
involvement at both the national and county levels.

The Kenya National Bureau of Statistics is providing technical oversight to conduct a comprehensive knowledge, attitude, beliefs and practices (KAPB) study that will generate qualitative evidence around key behaviours in support of the CP results, and diagnose social norms.

In addition, partnership with the Social Development Unit of the MoDP was initiated to ensure a robust child focus within the national community engagement and participation guideline, which is under development.

UNICEF facilitated a workshop to define communication strategies in support of UNDAF results for UN partners, as a run-up to UNDAF finalisation. This provided an entry point for the Delivering as One process to undertake more collaborative work on C4D, with various UN partners working in the two strategic result areas. UNICEF led development of the work plans, as the co-chair of output 1.2 (citizen engagement and participation) under the Transformative Governance result area.

A qualitative study on Barriers and Supportive Factors in the Uptake of MNCH Services conducted in two counties (Turkana and Homa Bay) informed the development of creative briefs that supported standardisation and regulation of the quality, relevance and consistency of interventions and BCC messaging on MNCH in the study locations.

A critical mass of implementing partners/counterparts were trained on strategic communication for behaviour and social change planning, implementation and monitoring. They gained proficiency in applying C4D. Increased capacity of 320 trained partners was demonstrated by the clarity and robustness of re-defined C4D components within nutrition and health sector programmes and implementation.

Action plans were developed and implemented after 140 teachers were trained in collaboration with the Kenya Primary School Head Teachers Association. Members from eight pilot counties facilitated the development of action plans for reviewing existing BCC materials in schools and community involvement in school management. Through the partnership with a national NGO (Elimuyetu), UNICEF Kenya facilitated development of advocacy and community mobilisation plans in support of school enrolment and retention.

A training-of-trainers on Interpersonal Communication for 22 health facility heads and county health management teams was conducted in Garissa County. Training of 100 health care providers by the trained trainers is planned for the first quarter of 2015.

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:
UNICEF provided technical support for standardisation of C4D tools through the development of a BCC material pre-testing protocol and reporting format, the ‘Interpersonal Communication Training of Trainer Guide’. A BCC materials review and development workshop conducted for five nutrition implementing partner organisations guided the revision/development of context-responsive nutrition messages and a BCC household booklet aimed at facilitating effective dissemination of MNCH-related key messages by 7,800 CHVs at the household level in three
Collaborative technical partnerships for Behaviour and Social Change Communication (BSCC) planning, implementation and monitoring at all levels were initiated. Two viable C4D partners were identified through consultative meetings to explore their comparative advantage at the technical level, along with their reach and influence. These partnerships, when formalised, are expected to provide quality assurance and accelerate capacity and implementation of C4D interventions.

Some 12,000 trained religious leaders, under the partnership with the Inter Religious Council of Kenya, facilitated the dissemination of BCC messages on child survival, development and protection to an estimated more than 2 million congregation members across five counties (Kakamega, Siaya, Migori, West Pokot and Kisumu).

Through the process of county-specific dissemination of the findings of Violence Against Children study conducted in 2010 in five counties (Nairobi, Kilifi, Garissa, Nakuru and Kisumu) a user-friendly version of the study result is being developed, along with VAC response strategic plans.

In response to a Government request, dedicated technical support for the revision and finalisation of the EVD preparedness and response communication strategy and for implementation of key activities in the plan, including setting aside dedicated financial resources, was provided to the Ministry of Health. This ensured strengthening of the quality of the EVD strategy and inclusion of a community engagement focus. UNICEF is actively participating in UN Ebola Joint Team (chaired by WHO) and is fostering collaboration and technical oversight on EVD communication within the team. Technical support was provided for the development of EVD BCC materials, which were disseminated strategically across the country and are being used for a national Ebola awareness campaign on radio and TV.

A one-day orientation session on Ebola was conducted for 30 journalists from various media outlets, with UNICEF technical and financial support, providing up-to-date information on EVD and defining the role of the media as key partners in the fight against Ebola, as well as enlisting their commitment.

**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:**
Community engagement for social and behaviour change is a new and strategic focus area for C4D programming in the new CP. The fundamental principle underpinning the recently approved and donor-supported programme entitled “Contributing towards the nutritional wellbeing of deprived children and women in Kenya” provides a unique opening to test cross-sectoral work on C4D and to build resilience through community engagement and participation. Dialogue was initiated with the recently formed Turkana County Women Caucus, which is a body within the County Assembly responsible for women-related issues in the county. This engagement will provide a viable entry point for addressing behaviour and social change on child-related harmful practices.

As a result of the partnership with a national NGO (Elimuyetu) and capacity development of...
School Boards of Management members on advocacy, community mobilisation in support of school enrolment and retention conducted under output 1, school enrolment and retention plan, was developed and being implemented in eight nomadic education project focus counties, potentially benefiting 100 schools.

The Opranya care project of the Kakamega County Government, which is focused on promoting maternal, and child health during a child’s first 1,000 days of life, provided an opportunity for engaging communities through innovative use of the e-platform, advocating with local community and opinion leaders for greater focus on MNCH, and leveraging of systems and resources for community engagement and advocacy. This was accomplished with minimal resources and high-quality technical assistance to the county team.

Capacity development of the County Health Management Team in Garissa conducted in the first half of 2014 resulted in the development of a county health promotion/community engagement plan with a clear monitoring framework, currently under implementation.

An adolescent and young people-led community radio initiative aimed at facilitating the participation of young people in dialogue on issues affecting them through radio, implemented in Homa Bay County, is informing the redefinition of the initiative for implementation in two additional counties (Garissa and Kakamega)

OUTCOME 12 By 2018, national and county actors plan, budget, track expenditures, and leverage resources to scale-up evidence-based and risk-informed approaches to fulfil children’s and adolescents’ rights.

Analytical Statement of Progress:

This outcome aims to enhance the enabling environment for realisation of children’s rights under Kenya’s Constitution by building the capacity of national and county governments to plan and budget for children’s programmes, and to enhance accountability for the use of resources for children. It contributes to UNDAF Outcome 1.3 under the Transformative Governance Strategic Result Area, which is directly linked to the Political Pillar of the Medium-Term Plan 2014-2018. The outcome will be achieved if increased levels of public resources are allocated and utilised in support of priority children’s and adolescents’ programmes at national and county levels.

Priority children and adolescents’ programmes to be monitored and tracked at national and county levels include: nutrition services and outcomes; maternal health services and outcomes; community health services and outcomes; water services and outcomes; sanitation services and outcomes; HIV-related services and outcomes; social assistance programmes and outcomes; child protection services and outcomes; and education services (early childhood, primary, secondary) and outcomes.

Priorities for cross-sectoral evidence generation, analysis and learning include child poverty and deprivation, children and disability, child deprivation in urban areas, resilience and children’s rights, early childhood development and adolescents’ rights.

The Country Programme commenced as Kenya entered the second year of devolved governance, which has had a dramatic effect on the enabling environment for children’s rights, in particular for services that were devolved to county levels. Budgets, staff and facilities for frontline health services, nutrition, community water and sanitation, early childhood education,
and elements of disaster management have all been transferred to newly established county
governments.

Although this review only covers the first six months of the Country Programme, there are
already indications of mixed progress on this outcome. In particular, components of the outputs
that relate to national oversight of devolved planning and budgeting are operating in a
constrained institutional environment, wherein functions are shared but mechanisms for
coordination between the two levels of government are still being established. The main
activities under the outcome have therefore so far been focused on strategy development, with
limited engagement in planning and budgeting in specific counties.

As part of the foundation of the CP, progress was made in a number of areas. First, a national
analysis of budgets for children was conducted, along with county-level analyses for six of the
counties with high burdens of child deprivation. These analyses provide baselines for budget
allocations for some critical programmes for children, as well as highlighting some of the
emerging trends under devolution. In particular, it is evident that since devolution commenced in
2013 there have been major revisions to the budget process and budget allocations, including
shifting resources for children from national to county level. Based on analysis of six counties,
there are significant differences between levels of resourcing for core services for children. This
highlights the need for clear standards and guidelines, capacity building and the development of
functional accountability mechanisms around resources for children to ensure that every county
is able to deliver on its obligations to fulfil children’s rights. There is currently no agreed basis for
assessing the child focus within county budgets across the country for purposes of comparison.
UNICEF’s rolling work-plan developed in August 2014 includes a new partnership with the
Controller of Budget to address this issue.

Other key areas of progress during the reporting period include transitioning the role of UNICEF
in ‘Social Intelligence Reporting’ work towards support for the development and operation of
real-time monitoring systems. A group of 20 trainers from the counties was trained to create and
sustain capacity development and support on behalf of government. Agreement was reached on
modelling innovative means of reporting and tracking resources for children’s services, linked to
seasonality (seasonal social intelligence reporting) for arid and semi-arid areas.

Several new partnerships were developed, including with the Institute of Economic Affairs on
budget analysis, and with the National Drought Management Authority on seasonal
accountability.

Progress was recorded on foundational actions in support of more resilience-informed policies
and strategies. UNICEF and partners developed an agreed framework for resilience
programming for children and specific strategies for the Lodwar and Garissa zonal offices are
under development, along with a strategy for urban resilience, with a focus on Nairobi,
Mombasa, Kisumu and Garissa. UNICEF initiated partnerships for evidence-based advocacy on
urban resilience, focused on gathering evidence on children’s risks, establishing urban risk
thresholds, flexible social protection and adaptable and responsive maternal neo-natal health
and nutrition services.

Internal staffing reorganisation and recruitment constrained progress during this reporting
period.

OUTPUT 1 Capacity building for child sensitive planning including review of county integrated
development plans
**Analytical Statement of Progress:**
The principal instruments for development planning are the Medium-Term Plan 2013-2017 (MTP2), sector plans, and county integrated development plans (CIDPs). Several critical services for children are devolved to the county level, including primary health care, ECD, “childcare”, planning and disaster management, water, sanitation and nutrition. Draft CIDPs were prepared for counties during 2013-2014, and many counties are reviewing and updating the plans this year. The period of transition to devolved governance covers 2013-2016, during which a need for substantial capacity building has been identified. Government has drafted a National Capacity Building Strategy which identifies “rapid response initiatives” to ensure that counties quickly develop competencies in critical areas. The capacity of county planning teams for integrated planning is one such critical area; understanding of human rights principles and their applications is another.

During the first six months of the Country Programme, UNICEF concentrated on foundational activities for this output, in particular dialogue with Government under the framework of the UNDAF strategic result area on ‘Transformational Governance’. No specific activities were agreed at national level.

At the county level, UNICEF participated in joint UN missions to support Turkana County in reviewing and finalising its CIDP, building on work undertaken during the previous Country Programme to identify and build understanding on disaster risk-informed planning for children’s rights. UNICEF’s inputs focused on providing advice on plans and programmes that address critical child outcomes, mostly in the social sectors. The final CIDP, launched at a roundtable conference in September 2014, includes strong commitments to investment in immunisation; skilled delivery coverage; high-impact nutrition interventions; community-led sanitation approaches; scaling-up HIV prevention, treatment and care; as well as a range of health system improvements. The CIDP also includes a commitment to developing a comprehensive disaster preparedness plan with specific strategies for preparedness in social services sectors, supporting education infrastructure, investing in ECDE and supporting child and social protection.

**OUTPUT 2 Review of Social budgeting and Social Intelligence reporting**

**Analytical Statement of Progress:**
This output aims to provide information on budgets for children at the national and county levels, and to support initiatives to enhance accountability for resources allocated towards priority programmes for children. During the first six months of the Country Programme, analysis of national and county budgets commenced through a partnership with the Institute of Economic Affairs. Initial analysis showed a large drop in public allocations for spending on children’s programmes at the national level, principally reflecting the transfer of frontline services to counties. Analysis of county budgets was conducted for six counties with high levels of child deprivation: Turkana, Garissa, Tana River, Kakamega, Kwale and Kilifi. The analysis indicates that the proportion of resources allocated to priority children’s programmes is slightly below 30 per cent in most counties, although there are substantial differences between counties. The budget analyses were disseminated in the counties, principally to civil society and community organisations, with the aim of empowering them to advocate during the process of county budget preparation for 2015/16.

Social Budgeting and Social Intelligence Reporting approaches were developed under the previous Country Programme, with the aim of increasing the availability of information for
planning and budgeting in the social sector and improving community participation in budgeting and monitoring. A review of the initiative was conducted in August 2014. Findings indicate that while the initiative was able to trigger additional investments and enhance community-level accountability at the level of individual facilities, the programme suffered from lack of institutional ownership and timely dissemination of findings, so its ability to influence budgets and track expenditures was limited. Revisions are proposed to enhance data collection methods, including improving the institutional framework in light of devolution, and moving towards real-time monitoring. Attention will be required to the initiative’s financial sustainability.

During October 2014 a team from the Ministry of Devolution and Planning, supported by UNICEF, undertook an innovations study visit to Uganda to explore options for designing a more versatile and dynamic real-time system of budget tracking and accountability. The report proposed the establishment of a collaborative team to develop an enhanced real-time system, to be modelled initially in a small number of counties during 2015.

OUTPUT 3 Analysis on child poverty and deprivations, packaging of evidence and innovations

Analytical Statement of Progress:
Around half of all children in Kenya are living in poverty, and the Situation Analysis of Children and Adolescents showed that children in the lower income quintiles are more likely to experience multiple deprivations of rights. Periodic drought and insecurity, particularly in northern and arid counties, compound these inequalities and deprivations; children in these counties are more likely to be deprived. This output aims to contribute to strengthened analysis of child poverty and deprivations and to package evidence effectively to influence policy and resourcing of interventions to tackle child poverty, in line with UNICEF’s Strategic Plan output on social inclusion.

During the initial months of the Country Programme, UNICEF began to explore and deepen its understanding of the links between child vulnerability and exposure of households and communities to shocks and risks, and to develop a strategy for supporting resilience-building, along with partners. One focus for resilience programming also responds to the need to develop approaches to building resilience in urban communities. A study on mapping of child vulnerability in urban areas has commenced in Kisumu, Mombasa, Nairobi and Garissa. New partnerships were launched and existing partnerships expanded to commence resilience-focused advocacy in 2015.

Arising out of evidence developed under the previous Country Programme (Equity Diagnostic Review, Child Deprivation Index), UNICEF was invited to participate in a Government Task Force to recommend improved co-ordination mechanisms for poverty reduction programming. The work commenced in November 2014 and a report is planned for early 2015.

OUTCOME 13 By 2018, equitable child- and adolescent-responsive standards and systems for data generation, information management, policy analysis, monitoring and evaluation are developed and used.

Analytical Statement of Progress:
This outcome aims to strengthen national and subnational capacities to collect and analyse data and use the evidence to improve development and humanitarian programming in Kenya. The outcome draws from and contributes to strategic result area one: transformative governance, outcome 1.4 of the UNDAF 2014-18 – Evidence and rights-based decision-making: “By 2018 development planning and decision-making are evidence- and rights-based, supported by a
well-established and strong research monitoring and evaluation culture that guarantees the
independence, credibility, timeliness and disaggregation of data, broadly accessible to the
intended audience.” It is important for UNICEF Kenya to work in this area within DaO to draw on
the synergies and collective resources of the UN to support knowledge-driven policy and
decision-making for sustainable socio-economic transformation in Kenya. Working within the
DaO framework will help to position child rights issues at the highest levels of decision-making,
nationally and in counties.

Both technical and financial support will be provided to national and county partners to
strengthen capacities for generating and utilising disaggregated data on child deprivations and
excluded children, in order to influence national and county-level planning and budgeting for
equitable service delivery. The right to legal identity for all children, especially the most
marginalised, will be underscored within this result area by supporting capacity building and
modelling initiatives to develop child-focused components of the integrated population
registration and monitoring system, which falls under the civil registration and vital statistics
system. These efforts are guided by an understanding of the need for equitable distribution of
resources and access to services and opportunities for all children within devolved governance.
High-level advocacy, exposure visits and technical assistance have already been made
available to the GoK to conduct a comprehensive assessment of the Civil Registration system,
along with facilitation for development of a strategic plan to roll out a responsive and accessible
birth registration system, with support from county governments. This process will be linked with
evidence generated through the child deprivation index to ensure that the most vulnerable and
marginalised children are reached.

During the first six months of the Country Programme 2014-18, steps to build capacity for
sustained data generation and systems were initiated. UNICEF Kenya contributed to a review of
the Medium-Term Plan indicator handbook to ensure improved monitoring of children’s rights.
MICS data cleaning and overview reports will be completed in early 2015, and the policy briefs
developed for each county disseminated. Innovative approaches for presentation of well-
disaggregated information (including through infographics, policy notes, etc.) will be used to
strengthen dialogue and advocacy on the status of children’s rights at the national level and in
selected counties. The first Annual Vital Statistics Report (AVSR) for 2013 was developed,
printed and disseminated by a team selected from the technical working group; UNICEF Kenya
was represented and supported the drafting of the birth registration and cause of death
chapters. One analytical report (the Brief Kenya AVSR pamphlet) was generated, printed and
disseminated to stakeholders at the national and county levels. UNICEF supported the Civil
Registration Department (CRD) to develop two analytical products from the AVSR and other
research with key messages for Turkana and Homa Bay counties. Key messages for Homa Bay
county were disseminated to all county stakeholders, and informed the re-strategizing and work
plan formulation. Infographics for further dissemination are being developed.

OUTPUT 1 Provide technical and financial resources to the CRD and partners for the update of
the civil registration policy and implementation of the strategy on late registration of children 0-
18 years old.

Analytical Statement of Progress:
Timely availability of disaggregated data at both national and county level is critical for planning
and monitoring the impact of programmes for children. This output addresses the need for
putting systems in place for disaggregated data for real-time monitoring of results for children.
Emphasis is on addressing barriers and bottlenecks through evidence generation and promoting
the use of data for planning. The Country Programme commenced as Kenya entered the
second year of devolved governance, with important implications for improving the enabling environment for children’s rights. While county governments have an increased role in the delivery of basic services, their capacity for planning and monitoring remains low.

Although the present report covers only the first six months of the Country Programme, there are already indications of mixed progress on this outcome. In particular, UNICEF worked closely with key data generating and user institutions – universities, ministries, KNBS, CRD, to improve evidence generation, management and application in programming. In 2014 UNICEF supported implementation of the MICS in six counties: Homa Bay, Kisii, Kisumu, Migori, Nyamira and Siaya. Policy briefs were developed for each county and will be disseminated in the six counties in 2015. One of the challenges was the late publication and dissemination of both MICS 4 and MICS 5 (conducted in Turkana, Kakamega and Bugoma) counties. Efforts are needed to actively engage KNBS in data generation to improve ownership of data and promote its use by ministries and counties. The devolution process provides an opportunity to generate data at the county level and establish functional monitoring and evaluation systems to address barriers and bottlenecks faced by children. Technical support was provided to the KDHS and other sectoral research studies to strengthen their quality.

The IMEP will continue to articulate strategies for capacity enhancement for national and county staff in monitoring and evaluation to ensure regular availability of disaggregated data for performance monitoring, better programme planning and advocacy, etc. UNICEF engagement with the Monitoring and Evaluation Department will facilitate the establishment of an M&E policy in the coming year.

OUTPUT 2 Provide technical and financial resources to the CRD and partners for the update of the civil registration policy and implementation of the strategy on late registration of children 0-18 years old.

Analytical Statement of Progress:
Over the last ten years, birth registration coverage stagnated at around 58 per cent, with no significant changes noted. During 2014 support was provided to improve birth registration in the country, including incorporation of birth registration in the Maternal and Child Health strategy, to increase current registration and to support late registration mop-up for all unregistered children aged 5 years and above. This was captured in the strategic plan for the Civil Registration Department 2013-2017, supported by UNICEF and launched through the Kenya Citizens Identification and Registration Service strategic plan. The CRD, with the support of the National Technical Working Group on CRVS developed the CRD Annual CRVS Plan 2014-2015, based on priorities from the strategic plan. UNICEF Kenya supported the development of the Kenya birth registration strategy for 2014-2015, which was adopted. The Strategic Plan is being disseminated to all counties and used to develop county CRVS work plans. UNICEF supported implementation of Knowledge, Attitudes and Practices surveys in Homa Bay and Turkana countries to generate better understanding of the issues behind low birth registration in these counties. Long distances to birth registration offices and associated costs, limited understanding of the importance of birth registration and negative perceptions about registration of children are some of the key reasons identified for low birth registration uptake. One county dissemination forum was jointly organised in Homa Bay County; UNICEF facilitated dissemination of the research and knowledge generated in 2013-2014.

The first Annual Vital Statistics Report for 2013 was developed, printed and disseminated by a team selected from the Technical Working Group; UNICEF Kenya was represented and supported drafting of the birth registration chapters and the cause of death chapter. One
analytical report (the Brief Kenya AVSR pamphlet) was generated, printed and disseminated to stakeholders at the national and county level. UNICEF developed two analytical products from the AVSR and other research with key messages for Turkana and Homa Bay counties. Key messages for Homa Bay County were disseminated to all county stakeholders, and informed the re-strategizing and work plan formulation. Infographics for further dissemination are being developed.

Advocacy efforts and knowledge sharing, supported by the Regional Office, were instrumental in bringing examples of the latest global best practices and emerging technologies in civil registration for adaption in Kenya’s efforts to register all under-five children and mop-up late registrants. UNICEF supported the CRD technical team to participate in the regional civil registration meeting in Kampala, Uganda, to learn from the experiences of other countries and allow Kenya to share its progress in implementing the Durban 2012 ministerial agreements on birth registration.

OUTCOME 14 By 2018, The Government of Kenya has adequate technical and financial capacities to coordinate the implementation of the child protection system at national and county level.

Analytical Statement of Progress:
Building on efforts and achievements from the previous Country Programme, the first six months of the new UNICEF Kenya Country Programme (2014-2018) saw sustained progress toward the envisioned results in child protection. The Government of Kenya’s commitment to strengthen child protection systems was revitalised through advocacy and dialogue at both the national and county levels. The Government has committed to finalising the Child Protection System Strategy/Framework, reflecting a changed institutional framework in the devolved governance structure. Their leadership on this issue is a significant achievement for the start of the new UNICEF/GoK Programme of Cooperation.

Important progress was made toward strengthening the environment for child protection through the finalisation of several key policy documents and guidance frameworks. UNICEF provided key technical assistance throughout the process of developing these documents, as well as financial support when needed. Progress included endorsement of the Alternative Care Guidelines, the Violence against Children Response Plan and the Child Protection Information Management Strategy. Implementation of all three policy documents began in 2014 and will scale-up in the coming year.

The increased focus on counties has demanded a shift of priorities in the programme to allocate more time and resources to county-level activities. UNICEF field-based staff, supported by the Nairobi office, have started to scale up advocacy for child protection in county-level steering documents, including on budgeting. UNICEF’s involvement has already had an impact through increased budgets and prioritisation for child protection. A number of key services were provided during the reporting period as a result of UNICEF’s collaboration with implementing partners through “model approaches” These models were developed and implemented in collaboration with the Government.

The programme continues to implement activities to combat Female Genital Mutilation/Cutting (FGM/C), together with UNFPA in a Joint Programme. FGM/C is considered to be linked to attempts to control women’s sexuality, and ideas about purity, modesty and aesthetics, and is a human rights violation. The second phase of the Joint Programme began in 2014, based on the successes from phase one (2008-2013). During 2014, community dialogues were held
continuously in communities in Samburu County, reaching a population of 10,314. It is projected that declarations of FGM-free villages will take place in 2015. The FGM/C work is currently being reviewed to ensure that the strategies applied are those most effective to scale-up the results achieved so far. Communication work focused on violence against children started in the last quarter of 2014, and a popular version of the 2010 Violence against Children Study is being produced the Government of Kenya, with UNICEF support. A communication plan is being developed to serve as the framework for further activities. These efforts are expected to lead to increased Government and stakeholder awareness of the harmful effects of violence against children.

OUTPUT 1 Provide technical and financial support to the finalisation of the Child Protection System Strategy.

Analytical Statement of Progress:
During the reporting period UNICEF Kenya supported the Government to draft a policy framework for the child protection system. Discussions on the revision and finalisation of the child protection system strategy were revived following UNICEF advocacy, and a multi-sectoral meeting on the topic is planned for early 2015. Amendment of the Children Act 2001, to bring it in line with the Constitution, is under way, and participatory forums for review were organised by Government and partners. Alternative Family Care Guidelines were developed and validated by the Government of Kenya and stakeholders, with UNICEF support, and will be disseminated and implemented starting in January 2015.

One of the challenges faced in this area during the reporting period was lack of clarity about the respective roles of the Department of Children Services and the National Council of Children Services with regard to the child protection system approach. Similar issues are cropping up regarding adoption procedures. The Government has agreed to hold internal discussions on these matters to clarify the issue and allow the child protection system agenda to move forward. New decision-makers in key positions following the 2013 election still require enlightenment on the systems approach to child protection to take the issue forward. Slow progress in amending the Children Act 2001 continues to be a challenge for child rights enforcement in the country. UNICEF is making inroads in bringing the various players together through high-level advocacy, with support from the Regional Office.

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

Analytical Statement of Progress:

During the reporting period UNICEF worked together with the GoK to ensure that it has adequate technical and financial capacities for quality implementation of the child protection system, including key policies, strategies, and budgetary frameworks. A number of key strategy documents and guidelines (including the Child Protection Information Management System Strategy, the Violence against Children Response Plan and the Alternative Family Care Guidelines) were finalised and implementation was underway, providing the much-needed framework for coordinated action in child protection.

The Child Protection Information Management System Strategy and its costed action plan were endorsed by the relevant National Steering Committee, and implementation has begun. The Violence against Children Response Plan was also validated, and activities began to be implemented. The Alternative Family Care Guidelines, a key document providing guidance to
duty-bearers on matters of alternative care, was endorsed by the Cabinet Secretary of MoLSS and is ready for implementation. Finalisation of these documents constitutes an important achievement, as their elaboration process was lengthy; the challenge will be to ensure that they are fully implemented.

Sustained advocacy by the UNFPA/UNICEF/partners’ Joint Programme on FGM/C led to a Government decision to allocate US$465,000 to the Anti-FGM Board for interventions to accelerate abandonment of FGM/C. Advocacy also contributed to Kenya’s Director of Public Prosecutions establishing an Anti-FGM and Child Marriages Unit in his office, headed by a principal prosecution counsel, to fast-track FGM and child marriage cases. A committee of 18 prosecution counsels was formed to support 21 counties with high FGM prevalence rates. The anti-FGM unit currently has at least 47 open cases, which indicates a willingness to report, which could be linked to a change in norms or attitudes. Improved monitoring frameworks are needed to allow for analysis of the reasons behind actions taken.

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

### Analytical Statement of Progress:

Increased focus on the county level has begun. Building on efforts from previous activities, UNICEF offices in Garissa County and Turkana County engaged with county-level duty-bearers, with successful outcomes. The training provided to County Assembly members in Garissa in 2013 contributed to a County Assembly decision to begin constructing a child protection unit at Garissa police station, allocating US$130,000. In Turkana, GBV programming was allocated US$60,000 in 2014/2015, while combating early marriage was allocated US$120,000 in county budgets, following UNICEF advocacy.

Capacity building on child protection was provided at the county level to key duty-bearers. Over 200 medical staff in Turkana County were trained in how to care for survivors of abuse, leading to improved knowledge and efficiency of referrals for survivors of sexual and gender-based violence. Sixty police officers in Nairobi County were trained on child protection, including investigation methods. A Child Protection Unit is being set up at Kikuyu Police Station, with UNICEF support. This area of work should be reviewed to decide on the most strategic approach.

Modelling and service provision at the county level continued. In partnership with the International Rescue Committee, the Turkana Wellness Centre became operational in January 2014, providing free clinical care, comprehensive case management and psychosocial support services to an estimated 150 survivors of gender-based violence per year, of whom 90 per cent are girls under 18 years. Support continues for the Child Protection Centres in Malindi and Nakuru, together with the Department of Children Services. However, sustainability and scalability still remain an issue, and a preliminary analysis of the cases suggests that the majority of cases handled at the centre relate to neglect and custody, rather than violence and exploitation. A comprehensive evaluation is, therefore, recommended for 2015 to identify underlying causes for possible under-reporting of violence and to come up with recommendations for further improvement of services.

The Child Helpline, run by the NGO Childline Kenya and the Department of Children Services and supported by UNICEF, continued to receive a high number of calls. A total of 29,366 calls were responded to from January to November, 35 per cent of which were specifically on child abuse.
Support was provided in Kakuma and Dadaab refugee camps. In Kakuma, 6,209 children (4,237 males, 1,972 females) had received Best Interest Assessments by Aug 2014, and all unaccompanied minors who arrived since January (1,179) received same-day assessments. At Dadaab, UNICEF continued to co-chair the Child Protection Working Group, and trained 76 CPWG partners on the minimum standards for child protection in humanitarian action.

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

**Analytical Statement of Progress:**
The UNICEF/UNFPA/partners joint programme on accelerating abandonment of FGM/C supported the marking of the International FGM Zero Tolerance Day on 6th February, as an occasion to generate public support, trigger legal and practical advances and help girls and women at risk of or affected by female genital mutilation. Events were held in communities that have over 90 per cent FGM/C prevalence. Key Government duty-bearers took part and pledged Government support for development, including efforts to increase investment in education and accelerate abandonment of harmful practices, including FGM/C. Children participated actively in the celebration and noted that FGM has no value in their lives and should be abandoned. During 2014, community dialogues were held extensively in communities in Samburu County, reaching a population of 10,314. Community dialogues are a key strategy for changing attitudes, beliefs and practices that condone FGM/C; however they require considerable time to demonstrate results. It is projected that declarations of FGM-free villages will take place in 2015. The FGM/C work is currently being reviewed in the framework of social norms to ensure that the strategies applied are those most effective to scale-up the results achieved to date.

The communication work focusing on violence against children started at the end of 2014, and a popular version of the 2010 Violence against Children Study is being produced. These will provide a key part of the framework for the scale-up of programming on violence in the new Country Programme. A communication plan was being developed to serve as the framework for further activities. This is expected to lead to increased awareness among children and communities on the right to protection, the harmful effects of violence and where and how to report child protection violations.

In 2014 UNICEF supported a study on child marriage in the Turkana region, where this practice is prevalent; it will be published in 2015. The findings show that the problem of child marriage rests on the economic and social value of the girl, and is linked to factors such as security, education and livelihood. The study outcomes will guide the programmatic strategy for addressing child marriage and the rights violations linked to it, not only in Turkana but also on the national level.

**OUTCOME 15** 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:**
This outcome supports and contributes to outcome 2.3: Multi-sectoral HIV & AIDS response of UNDAF’s Human Capital Strategic Result, focusing on paediatric and adolescent HIV interventions. Strengthening Government and partner capacity to promote effective multi-sectoral HIV responses to reduce the socio-economic impact of HIV and societal vulnerability to
HIV and realising Kenya’s MTP2 and Vision 2030 goals of a healthy population by 2018. This will be achieved by employing a well-coordinated, effective, efficient and adequately resourced multi-sectoral response.

While HIV prevalence was estimated at 6 per cent in 2012, Kenya continues to be among the global priority countries, with 1.6 million people living with HIV, including 260,000 children and adolescents under 19 years. With an HIV prevalence of 7 per cent among women, compared to 4 per cent among men, women continue to bear the brunt of the epidemic. HIV prevalence among children aged 18 months to 14 years is 0.9 per cent. The risk of HIV infection starts at a young age for girls and increases rapidly as they reach adolescence and youth. New infections continue to be fuelled by gender inequality and violence, lack of access to quality services, poverty, stigma and discrimination. In 2014 one-quarter of all AIDS-related deaths occurred among children and adolescents 0-19 years, reflecting disproportionately low ART coverage, high mother-to-child transmission rates (estimated at 15 per cent) and gaps in quality of care. HIV continues to have a severe impact on children, families and communities, with 2.6 million children who are either orphaned or vulnerable for reasons associated with chronic illness, including HIV.

As a consequence of this ongoing impact, UNICEF Kenya’s CPD 2014-2018 places HIV and AIDS at the Country Programme outcome level. With 9 of 47 counties accounting for 65 per cent of adult HIV infections, the CP has a geographical focus on six of these. The focus of the HIV and AIDS outcome in the CP is based on an analytical review of the previous Country Programme, epidemiological updates, extensive consultations with Government and partners and UNICEF’s global and regional priorities. The outcome is in direct support of Kenya’s Vision 2030, the Medium-Term Plan 2, Kenya’s AIDS Strategic Framework 2014/15-2018/19 and the UNDAF.

Working closely with the UN Joint Programme on HIV, PEPFAR, GFATM and others, UNICEF’s support to Government and CSO partners focuses on accelerating efforts to reduce new HIV infections, improve health and wellness of children and adolescents living with HIV, reduce stigma and advocate for increased domestic financing for the HIV response. The outcome strategies emphasise strengthening data-driven planning, budgeting, generation of evidence, identifying innovations, supporting adolescents’ participation and modelling service delivery approaches in prevention, treatment and care of children and adolescents, including among young key populations, at the national and subnational levels. The outcome emphasises the need to address structural barriers, including by improving comprehensive social protection. Technical support for PMTCT is provided as part of UNICEF’s rolling work plan for Health; aspects related to HIV and Nutrition are covered in UNICEF’s Nutrition RWP.

During the first six months of the Country Programme, progress was made in a number of areas, including: strengthening evidence generation and national planning around children, adolescents and HIV. Through new strategic information on adolescents and continued policy dialogue, UNICEF positioned children and adolescents in Kenya’s AIDS Strategic Framework 2014/15-2018/19, while the HIV-sensitive social protection study provided insights on barriers to accessing social protection interventions. Working closely with UNAIDS, UNICEF supported the development of other strategic information, including 2014 Kenya HIV estimates, the national HIV Prevention Revolution Roadmap and Kenya’s first HIV County Profiles, all providing critical data and strategic direction for the country. Jointly with UNESCO and UNFPA, UNICEF supported the adoption of ‘Comprehensive Sexuality Education Guidelines’ in Kenya and initiated a joint UNICEF/CDC/WHO visit to review the early infant male circumcision pilot, which informed the new national Voluntary Male Medical Circumcision Strategy.
Other areas of progress include greater public visibility of children and adolescents in HIV planning and technical working group meetings led by the Government. For the first time, an 11-year-old boy living with HIV and his family were supported by UNICEF to highlight the concerns of adolescents aged 10-to-14 with senior Government officials, PEPFAR leadership and the First Lady. Further, the launch of three distinct advocacy videos developed with support from the Regional Office, support for NGO partners, the National AIDS Control Council and the Ministry of Education, Science and Technology to engage young adolescents living with HIV in the HIV response, and the publication of a peer-reviewed article on orphans and vulnerable children in the international *Journal of Acquired Immune Deficiency Syndromes* were critical achievements.

New partnerships were developed to increase national and sub-national capacity for scaling-up integrated HIV prevention, treatment and care interventions for adolescents and to foster the participation of adolescents living with HIV. This included a partnership with the National Association of Peer Educators (NOPE), the National Empowerment Network of People Living with HIV (NEPHAK) and a partnership was initiated with LVCT Health and Safaricom to advance the use of digital technology for increased access HIV and sexual and reproductive health (SRH) information and real-time data on adolescents.

To deliver results against the outcome, the period was marked by recruitment for a new NOC Adolescent and HIV position, PA and a NOB HIV Specialist position for the Kisumu Field Office.

**OUTPUT 1** Evidence on children, adolescents and HIV is utilised for policy and programming and models for scale up developed

**Analytical Statement of Progress:**
The National AIDS Control Council developed and launched the new Kenya AIDS Strategic Framework (KASF) for 2014/15-2018/19 with substantive technical and financial support from UNICEF. As a result the KASF recognises children and adolescents as priority populations and entails evidence based strategies for children and adolescents.

Development of the KASF was guided by strategic information-gathering supported during the first six months of the new Country Programme, such as a gap analysis on children and adolescents’ treatment and care needs, as well as secondary data analysis on core HIV prevention and treatment indicators for adolescents.

The MoEST adopted new Comprehensive Sexuality Education (CSE) Guidelines in Kenya with support from UNICEF, UNFPA and UNESCO. The CSE guidelines provide a framework for revising the national curriculum for primary, secondary and tertiary schools, which will commence in 2015. UNICEF further initiated the first joint MOH/UNICEF/CDC/WHO visit to review the early infant male circumcision (EIMC) pilot, which informed the development of the new national Voluntary Male Medical Circumcision Strategy, which has since been revised, National EIMC guidelines developed, and both were planned for launch in early 2015. Another important development was that support was initiated to the Ministry of Health to develop an operational acceleration plan to improve treatment and care for children and adolescents living with HIV. This work is ongoing and will continue in 2015. In addition, UNICEF, jointly with UNAIDS and other development partners, contributed to the development of an investment case to increase domestic financing and promote technical discussions about the establishment of a national HIV Trust Fund.
An informative field visit on children and HIV to the Refugee Camp in Kakuma was conducted by UNICEF, and partner meetings were initiated with UNHCR, IOM and UNAIDS to strengthen data and access to HIV and AIDS education and services for children and adolescents and HIV in humanitarian situations. As a result, HIV and AIDS targets and strategies were included in the HAC plan for 2015. A priority for 2015 will be to support the Government in ensuring that data on prevention, treatment and care for children and adolescents in humanitarian situations is available, shared and tracked.

At the county level UNICEF, in partnership with the high-HIV-prevalence County of Kisumu, initiated the first consultative meeting on children, adolescents and HIV, with the purpose of understanding county-level priorities, gaps and partner landscapes, and informing priority support in 2015.

OUTPUT 2 Evidence on children, adolescents and HIV is utilised for policy and programming and models for scale up developed

Analytical Statement of Progress:
Given relatively limited national and county capacity for programming with and for adolescents, including young key populations and adolescents living with HIV, UNICEF strengthened and developed several new partnerships to lay the foundation for this output. This included strengthened engagement with the National AIDS Control Council (NACC) and National AIDS and STI Control Programme (NASCOP), both under the Ministry of Health, as well as close engagement with the Ministry of Education, Science and Technology. A new partnership with the National Association of Peer Educators and MoEST was established to support the participation of adolescents living with HIV from 10 high-prevalence counties in the development of a national and sub-national support networks. Working with partners, it is envisaged that this approach can reach 20 per cent of the estimated 140,000 adolescents aged 10-to-19 years living with HIV during 2015. A network for young learners living with HIV is a priority for MoEST and embedded in the new ‘AIDS in the Education Sector’ policy.

Complementing this process, UNICEF partnered with the National Empowerment Network of People living with HIV to build the capacity of adolescents living with HIV to participate in the response and to advance county and national level advocacy to bring the views of adolescent boys and girls living with HIV to the forefront. The partnership focuses on three priority counties: Mombasa, Nairobi and Kisumu. Provided additional resources can be mobilised, the partnership is expected to be expanded to the six counties prioritised under the HIV outcome.

UNICEF supported the assessment of a digital platform operated by LVCT Health, which provides mobile and web-based information and counselling on HIV and sexual and reproductive health to adolescents nationwide. The findings and recommendations from the assessment were used to develop the basis for a new partnership with LVCT Health and Safaricom to scale-up access to correct and age-appropriate HIV and SRH information and real-time data on adolescents. The partnership is expected to become fully operational in 2015. UNICEF will continue to engage in policy dialogue to ensure that young key populations are considered in the new national key population guidelines under development. Further, more work needs to be done to strengthen the quality of services and partnerships with other areas, such as SRH, child protection, education, violence prevention/response and improved social protection for the most vulnerable adolescent boys and girls.

OUTPUT 3 Evidence on children, adolescents and HIV is utilised for policy and programming and models for scale up developed
Analytical Statement of Progress:

Working closely with UNAIDS, PEPFAR and other partners, UNICEF supported the National AIDS Control Council in the development of the 2014 Kenya HIV estimates, the national HIV Prevention Revolution Roadmap and Kenya’s first HIV County Profiles, all providing critical data and strategic direction for the country. National HIV estimates and data from other population-based surveys were further analysed, and data on adolescents and HIV extracted, analysed and nationally disseminated. This process and data were critical to informing the priority-setting exercise for the Kenya AIDS Strategic Framework, and ensured that children and adolescents are recognised as priority populations in the new national framework.

A UNICEF-supported HIV-sensitive social protection study was completed and provided important insights into barriers to accessing social protection interventions, pointing to the need for improved coordination among different sectors. The study will guide the development of new programme models that link and layer HIV and social protection interventions and support improved coordination at various levels. In addition, jointly with the Centres for Disease Control and Kenya’s national AIDS Control Council, UNICEF co-authored and published a peer-reviewed article on orphans and vulnerable children in the Journal of Acquired Immune Deficiency Syndromes. To further raise the profile of children and adolescents related to prevention, treatment and care, three advocacy clips were produced with support from the Regional Office and widely disseminated on World AIDS Day. The advocacy clips focus on the different priorities in the Kenyan context and illuminate the integration of HIV and MNCH services, the benefits of exclusive breastfeeding for HIV-positive mothers and the journey of a young adolescent boy who is living with HIV. The young boy has become, with UNICEF support, an important advocate who speaks publicly about the need for the country to accelerate treatment and care for children and adolescents.

OUTCOME 16 By 2018, social protection mechanisms and systems for vulnerable children and adolescents are integrated, adequately resourced, coordinated and sustainable in regular and emergency situations.

Analytical Statement of Progress:

This outcome supports the Government of Kenya’s National Social Protection Policy (NSPP) of 2012 and 2nd Medium-Term Plan commitments, including the flagship programme for expanding social cash transfers, and is UNICEF’s contribution to UNDAF Outcome 2.4, on Social Protection. This result builds on successes in the previous Country Programme, under which UNICEF strengthened evidence on the effectiveness and impact of transfers on children’s rights, provided technical assistance for the development of the NSPP (comprised of three elements – non-contributory social assistance, contributory social insurance and health insurance – and worked with partners in support of systems for expanding cash transfers. UNICEF is contributing to the Government’s ambitious plan to expand, harmonise and improve efficiency of the five main cash transfer programmes that together reach less than 10 per cent of the poor.

In the first six months of the Country Programme, some progress was registered in establishing the social protection system, and establishing the foundation for the Country Programme. The most significant result at outcome level was continued expansion of the national social transfer programme and agreement on the expansion plan for the next three years. The Government of Kenya is scaling up and expanding social protection programming in response to the 2012 NSSP. The number of participating households enrolled by July 2014 was 510,000 (253,000 households with orphans and vulnerable children, approximately 875,000 children); and the
approved expansion plan aims to increase this to 1,140,000 households (503,000 orphans and vulnerable children), representing over 20 per cent of poor households by July 2017.

Importantly, the expansion plan also includes criteria for the allocation of households according to poverty levels around the country. The budget allocation for the National Safety Net Programme, including five social Cash Transfers, Older Persons Cash Transfer (OPCT), Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Persons with Severe Disability Cash Transfer (PWSD-CT), the Urban Food Subsidy (UFS), and Hunger Safety Net Programme (HSNP), was maintained for 2014-2015 financial year at US $149.5 million. During the period under review, UNICEF supported and advocated for key foundational actions, including: inclusion of children under five as a vulnerable group for cash transfer support; harmonisation and integration of the programmes; establishment of a targeting working group and upgrading payment processes to an electronic system.

To model improved linkages between social protection cash transfers and social services for testing new processes and mechanisms to enhance benefits to the poorest children and mothers, UNICEF supported Kakamega County, one of the counties that contributes substantially to the burden of maternal and new-born mortality, to design and initiate a cash transfer programme targeting poor pregnant mothers and children up to 18 months of age. The programme, funded by the Kakamega County government, seeks to improve rates of skilled deliveries and reduce maternal, neo-natal and infant mortality. UNICEF supported the establishment of programme systems, targeting mechanisms, staff training and dissemination of programme information. The programme was launched in 25 health facilities in November, with 300 participants.

The development of an integrated social protection system is still constrained, since this is dependent on political and institutional reforms that have stalled and without which progress on policy and strategy will continue to be fragmented. Required supporting legislation and institutions for the NSPP are not yet in place to integrate the three components, the social assistance component is fragmented and the linkages between social assistance for the vulnerable and other services are either weak or absent. While several technical discussions have taken place on these issues, further progress on the system requires agreement among a large number of stakeholders including political actors, labour organisations, private and public sector employers, several ministries, service providers, development partners and civil society. UNICEF, together with other UN agencies under the UNDAF, prioritised support to actions that will bring these parties together early in 2015.

Social protection is an important component of the Ending Drought Emergencies framework for building resilience to shocks and disasters. UNICEF contributed to the finalisation of Pillar 5 of the EDE on Drought Risk Management, focusing on strategies to reach more children and to enhance accountability for adaptive services for children, as well as to include indicators of child vulnerability in the plan.

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

Analytical Statement of Progress:
The NSPP 2012 was a major milestone towards development of a nationally owned, integrated social protection system. It proposes an integrated system tackling vulnerability and supporting the realisation of citizens’ right to social security and protection, as identified in the 2010 Constitution, through social assistance, social security and social health insurance. This output
addresses the overarching need for putting in place a framework for implementing the National Social Protection policy, addressing critical bottlenecks in the enabling environment for social protection; specifically the removal of bottlenecks related to legislation and regulation, policy and strategic leadership, national resourcing and monitoring of social protection. The output is embedded in the UNDAF Outcome on Social Protection, and collaboration with other partners and UN agencies is an important prerequisite for realising results.

During July-December 2014, foundational actions were agreed with Government and key partners, including support for: legislative processes, policy formulation and implementation; dissemination of information on social protection; and institutional co-ordination within the Ministry of Labour, its directorates, councils and secretariats (including the Social Protection Secretariat) and the Ministry of Devolution and Planning and National Drought Management Authority.

The Government committed additional resources to expand social cash transfer interventions to reach at least 10 per cent of the poorest households nationwide. The budget allocation for the NSNP, including five social cash transfers of which the largest targets orphans and vulnerable children, was doubled for the 2013-2014 financial year and maintained for the 2014-2015 financial year, supporting a scaling-up of 215,000 households in 290 constituencies. Government now provides 80 per cent of the funding for social cash transfers. The cash transfer for orphans and vulnerable children has reached 875,000 children under 17 years of age, and an additional 700,000 children are estimated to be covered indirectly by other cash programmes. Together, this means that more than 1.6 million children in the country are reached through cash transfer programmes.

With UNICEF support programme monitoring was strengthened, which will help to provide lessons for the ongoing expansion. There are now regular reports on programme implementation, and the latest national Demographic and Health survey collected data on social protection, which will facilitate improved analysis of the programmes in early 2015. Further technical support is commencing for strengthening Government capacity on monitoring and evaluation systems, to increase programme transparency and efficiency.

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

**Analytical Statement of Progress:**
The NSPP 2012 was a major milestone towards development of a nationally owned, integrated social protection system. It proposes an integrated system tackling vulnerability and supporting the realisation of citizens’ right to social security and protection as identified in the Constitution 2010, through social assistance, social security and social health insurance. This output addresses the overarching needs for putting in place a framework for implementing the National Social Protection policy, addressing critical bottlenecks in the enabling environment for social protection; specifically the removal of bottlenecks related to legislation and regulation, policy and strategic leadership and national resourcing and monitoring of social protection. The output is embedded in the UNDAF Outcome on Social Protection, and collaboration with other partners and UN agencies is an important prerequisite for realising results.

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

Analytical Statement of Progress:
Kenya is currently undertaking a significant scale-up and expansion of social assistance programmes in response to the NSPP 2012. Over the past year Government expanded three main cash transfer programmes, reaching 510,000 households by June 2014. The cash transfer for orphans and vulnerable children has reached 250,000 households and approximately 875,000 orphans under 18 years of age. Under the National Safety Net programme, the five main cash transfers are being brought together, building an integrated system with harmonised processes, including a scalable emergency response.

During this reporting period, UNICEF provided technical support to the scale-up in the following areas:

- Targeting and expansion: a targeting formula was developed for allocating new beneficiaries, which distributes resources by constituencies in 30/70 proportion (30 per cent of resources are allocated equally for 290 constituencies and 70 per cent of resources by poverty criteria). UNICEF supported the targeting working group for developing and endorsing the scale-up plan for 2014-2015. Additional support was given for designing a recertification process to cover 65,000 beneficiaries of Older Persons cash transfer and selected beneficiaries of the cash transfer for orphans and vulnerable children.

- Payment Process: to increase efficiency and accountability, Government initiated an upgrading process for cash transfer payments, including the use of smart cards that allow payments to beneficiaries using a two-factor authentication. Two new payment service providers (commercial banks) were contracted for delivering cash to beneficiaries. UNICEF contracted technical support to strengthen Government capacity for financial management, including management of the transition to the new payment
system and for improving links with the Treasury to speed up and improve the regularity of transfers.

- Complaints and Grievances Mechanisms (C&G): UNICEF continued to support the C&G system, including a toll-free line and publishing programme guidance and charters for distribution to participating households.
- Monitoring and evaluation: UNICEF contracted support for the external monitoring and evaluation system that produced monitoring reports every four months on progress in implementing the five cash transfers in 10 selected counties.

**OUTCOME 17** By 2018, new-borns, 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:**
Achievements in this outcome contribute to overall UN efforts to reduce maternal, new-born and child mortality and enhanced system capacity at devolved levels for the delivery of health services.

Results achieved with UNICEF support from July-December 2014, the first six months of the new Country Programme, were in part built upon the momentum created during the previous Country Programme. They are also a reflection of strengthened partnerships with Government, global and local partners, including South-South cooperation; increased upstream engagement in supporting evidence-based policy and strategy development; and modelling key MNCH best practices.

With support from UNICEF and other partners, Kenya has prioritised two key initiatives/strategies to address the persistently low access to and demand and utilisation of priority, high-impact Maternal, New-born and Child Health interventions, especially in underserved counties in Northern Kenya and high under-five mortality burden counties in Western Kenya: strengthening the capacity of County Health Management Teams (CHMTs) in evidence-based planning and advocacy; and investing in community health services, including integrated community case management for the childhood diseases responsible for child deaths. Seven counties with a high maternal and under-five mortality burden were supported to assess the county health systems’ performance, identify bottlenecks and strategies to reduce them and prioritise high-impact MNCH interventions for scaling-up Investment cases developed through this evidence-based planning process. The results were successfully utilised by the respective CHMTs to effectively advocate with county governments and partners to:

- Allocate US$660,000 annually from county government budgets to provide financial incentives and health insurance coverage for all 2,604 Community Health Volunteers in Siaya county
- Employ 300 additional healthcare providers, including community health extension workers, enabling the opening of an additional 30 primary health facilities in Turkana County
- Establish 15 additional Community Units (CUs) in Turkana County, thereby increasing coverage of these units from 7 per cent to 37 per cent of the population
- Establish 60 additional CUs in Garissa County, resulting in increased coverage by CUs from 10 per cent to 40 per cent
- Establish 23 additional CUs in Marsabit County, thereby increasing coverage from 1 per cent to 50 per cent
- Establish 10 CUs in Isiolo County, thereby increasing coverage from 20 per cent to 70 per cent of the population
- Scale-up of the ICCM strategy, through trained and supervised CHVs, was identified as key to addressing the high unmet need for treatment
- In addition, 4,947 CHVs were successfully trained to deliver ICCM in Homa Bay, Siaya and Turkana Counties, which enabled them to successfully identify and provide timely recommended treatment to sick children. The investment in community health services and scaling-up of ICCM as a strategy to reduce the unmet need to treatment and preventive services contributed to:
  - Effective pneumonia treatment for 8,301 children at the community level between July and December 2014, compared to 144 in 2013; and 10,675 children were effectively treated for diarrhoea in 2014 compared to 6,936 in 2013. Additionally, 4,000 children were referred for completion of scheduled immunisations, and Vitamin A supplementation was delivered to children between six and 59 months, achieving 85 per cent coverage in Homa Bay County, where all CHVs have training in ICCM. (ICCM web portal: http://hbmiccm.com/).
  - 62,283 children with fever in Homa Bay and Siaya counties were referred by CHVs to health facilities for testing and treatment, while 4,499 were successfully treated for malaria by CHVs.

Through the mobilisation of funding from DFID to implement the Five-year Maternal and Newborn Health Initiative, the capacity of an additional 30 primary health facilities in Turkana and Garissa Counties was enhanced to provide all seven signal functions for Basic Emergency Obstetric and Neonatal Care (BEmONC), up from less than 10 facilities in 2013. Implementation of the initiative in 2014 also contributed to enabling 3,000 women (a 10 per cent increase over 2013) in Garissa and Turkana Counties to have deliveries by skilled birth attendants. A ‘Maternal and Perinatal Death Surveillance and Reporting’ survey was also conducted, and the resulting report is to be tabled in Parliament as part of advocacy aimed at rallying political leadership to address Kenya’s high maternal and neonatal mortality ratio.

UNICEF and other partners successfully supported the conduct of seven rounds of supplemental polio immunisation campaigns; 95 per cent of 8,674,238 children under five years received polio vaccine, thereby contributing to Kenya’s maintenance of its polio-free status in 2014. UNICEF successfully mobilised US$6 million from KfW, of which US$2.4 million was utilised to procure cold chain equipment. This contributed to an increased proportion of district stores with adequate cold chain capacity, from 58 per cent to 100 per cent, and facilitated the opening of 912 additional immunisation sites, further increasing access to immunisation services especially in regions where access was limited. UNICEF provided critical technical and financial support in the last half of 2014 for carrying out Effective Vaccine Management Assessments and developing a proposal to mobilise additional financial resources from GAVI for health system strengthening. Introduction of IPV will further raise population immunity against polio, strengthening efforts to eradicate polio. UNICEF supported Kenya to conduct the third round of a TT vaccination campaign that reached 62 per cent of 2 million girls and women living in 16 high-risk counties with at least two doses of tetanus toxoid vaccine, thereby reducing the risk of maternal and neonatal tetanus.

The above results were achieved in partnership with the MOH, national and county governments, and numerous partners.
OUTPUT 1 By 2018, capacity of MOH and partners in selected vulnerable counties have improved capacity including through South-South cooperation to plan and operationalise models of innovative, effective, efficient equitably accessible and quality health system.

Analytical Statement of Progress:
Health Systems Strengthening: UNICEF supported the Government’s capacity assessment of institutions, managers and health workers from 21 counties in the areas of leadership, management and governance. One of the key findings was that there is weak leadership and governance of the health system, leading to poor accountability for results and related management issues, including system monitoring, supplies management and response to emergencies. UNICEF action will therefore focus on addressing this gap in seven focus counties.

Emerging Diseases and Disease Outbreaks: UNICEF supported development of the National Preparedness and Response Plan related to the possibility of an Ebola outbreak in Kenya. Support provided focused on strengthening advocacy, communication and social mobilisation. This led to increased awareness among key players and the population about the Ebola virus and preventive practices. Support for procurement and dispatch of treatment for *kala asar* (a neglected tropical disease] commodities to Turkana, Wajir and Marsabit Counties in northern Kenya also led to prompt management of patients, with a consequent reduction in morbidity and loss of life among children and women.

OUTPUT 2 By 2018, MOH and selected counties with high maternal, new-born 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:
At the national level, efforts to harmonise the implementation of community health services in the context of devolution were sustained through the development of a national Community Health Services Policy, which is underway, and review of the 2006 Community Health Strategy.

In the last half of 2014, UNICEF continued to support the scale-up of community health services in seven focus counties and advocate with county governments in increase investment in community health services, which contributed to a commitment by the Siaya county government of US$6 million towards CHV incentives in its annual budget, sustaining the functionality of established community units. These efforts contributed to maintaining coverage rates of close to 100 per cent in Homa Bay and Siaya counties.

In 2014 UNICEF supported the establishment of 50 new CUs in Garissa County, which now reach 56,000 households (about 280,000 people) in the county with basic treatment, as well as preventive and promotive health services for children and mothers. In Turkana County, 67,470 households (about 337,350 people) are being reached with services at the household level; as are 29,116 households (about 145,580 people) in Marsabit County; 20,020 households (about 100,100 people) in Isiolo County; and close to 100 per cent of the 332,130 households (about 1.7 million people) in Kakamega County. This will ensure a continuum of care and demand creation for MNCH services, as well as adoption of preventive and promotive health-related practices among the communities served.

UNICEF supported ongoing communication at the sub-national level with a review of the ACSM Technical Working Group’s terms of reference at the county level.
Development of an Integrated Job Aid for the CHVs was finalised and is expected to improve demand creation and communication for behaviour change at the community level. Interpersonal communication capacity building was rolled out not only for health care providers at primary health care facilities, but also for Community Health Extension Workers and CHVs.

UNICEF supported the use of mobile phone technology for real-time commodity tracking and utilisation, leading to improved commodity forecasting, redistribution and mitigation against stock-outs of lifesaving commodities. A total of 100 mobile phones were procured for Homa Bay County. Evidence generated from the exercise was utilised to effectively advocate for county governments to invest in community health services.

**OUTPUT 3** 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:**
By the end of 2014, 66 per cent of Kenyan new-borns were delivered under the care of skilled birth attendants, up from 44 per cent in 2013 (DHIS/HMIS). This achievement was linked to the Government policy on free maternity, and other initiatives supported by UNICEF and other partners. Over 3,000 (a 10 per cent increase from 2013) of these babies were delivered in BEmONC-compliant health facilities in Garissa and Turkana Counties, with primary support from UNICEF, thereby significantly increasing their chances of survival. To increase access to essential emergency obstetric and new-born care services, 30 more facilities in Turkana and Garissa Counties have been upgraded to BEmONC and CEmONC, providing all seven signal functions. This increased the proportion of facilities with BEmONC and CEmONC services from 15 per cent and 10 per cent, respectively, in 2013 to 30 per cent and 17 per cent, respectively, in 2014. This was achieved through enhancing capacities of health workers, procurement of equipment, establishment and strengthening of community health services and improved infrastructure, among other initiatives. The development of a national MNH scale-up implementation plan as a recommendation of the national ‘Every Mother, Every New-born’ consultation created an enabling environment at the county level. The achievements were made despite challenges faced during the transition to devolution, including low capacities and lack of systems and structures to perform new devolved functions.

A national Maternal and Perinatal Death Audit was conducted in 2014, in partnership with MEASURE Evaluation, UNFPA, KEMRI and the Ministries of Health and Civil Registration. These findings provided evidence that will continue to be used to address the major causes of maternal mortality. UNICEF supported the roll-out of MPDSR systems in three Counties – Homa Bay, Turkana and Kakamega.

UNICEF successfully supported advocacy and technical design of the feasibility and guidelines for Option B+, which contributed to Kenya officially adopting Option B+ as the intervention method for PMTCT. Between January and September 6.3 per cent of mothers tested for HIV were positive, 69.3 per cent of whom received HAART and 76 per cent of exposed infants were screened for HIV infection. The adoption and scaling-up of the point of care strategy from the current 101 sites will further increase access to HIV testing and treatment. The largest contributors to the implementation of the PMTCT program were the US Government, the Global Fund and the Ministry of Health.
OUTPUT 4 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 Kenya sustained support for improved delivery of child health services in the second half of 2014, focusing on the major causes of under-five mortality, vaccine preventable and communicable diseases. The following results are reported for the period July to December 2014:

- With successful training of 2,604 CHVs in ICCM in Homa Bay County, in partnership with KEMRI, community health volunteers effectively provided timely and recommended treatment for pneumonia to 8,301 children at the community level, compared to 144 in 2013; 10,675 children were effectively treated for diarrhoea in 2014 compared to 6,936 in 2013, and 4,499 for malaria. Additionally, 4,000 children were referred for completion of scheduled immunisations, and Vitamin A supplementation was delivered to children between six and 59 months, achieving 85 per cent coverage (ICCM web portal: http://hbmiccm.com/). UNICEF supported the scaling-up of ICCM in Siaya and Turkana counties to reach over 306,000 children with access to timely and recommended treatment against malaria, pneumonia, diarrhoea, malnutrition and HIV, which are the major contributors to child deaths. Successful advocacy by UNICEF, PATH and the Kenya Paediatric Association contributed to Kenya adopting new WHO guidelines on classification and treatment of pneumonia, which will strengthen ongoing efforts to review policy and enable CHVs to treat pneumonia and community level.
- Rotavirus vaccine was successfully introduced in July 2014, which will further contribute to reducing morbidity and mortality attributed to severe diarrhoea.

By December 2014, 88 per cent of caregivers were made aware of the polio vaccination campaigns, which contributed to 95 per cent of children aged below five years being vaccinated during campaigns held in November and December 2014, thereby contributing to Kenya maintaining its status as a polio-free country in 2014 (Kenya Weekly Polio Bulletin). Nationally, the proportion of children missed declined from 5 per cent in July 2013 to 2 per cent by end of 2014. UNICEF successfully mobilised US$6 million from KfW, of which US$2.4 million was utilised to procure cold chain equipment. This contributed to an increased proportion of district stores with adequate cold chain capacity, from 58 per cent to 100 per cent, and facilitated the opening of 912 additional immunisation sites, further increasing access to immunisation services especially in regions where access was limited. UNICEF provided critical technical and financial support in the last half of 2014 towards the conduct of EVMA. The introduction of IPV will further raise population immunity against polio, strengthening efforts towards polio eradication. UNICEF supported Kenya to conduct the third round of TT vaccination campaign, which reached 62 per cent of 2 million girls and women living in 16 high-risk counties with at least two doses of tetanus toxoid vaccine, thereby reducing the risk of maternal and neonatal tetanus.

The distribution of close to 3 million long-lasting insecticide treated nets (LLITNs) to all households in malaria-endemic regions of western Kenya ensured that all households have at least two LLITNs. This is expected to improve access to and use of LLITNs by children.

OUTCOME 18 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 initial months of the new Country Programme were used for planning the design of this nutrition programme, given the fortunate award of a €19 million multiyear grant from the EU for nine counties. The programme will be implemented using the following strategies: evidence and policy dialogue, strategic partnerships, service delivery, capacity development, advocacy, cross-sectoral collaboration, South-South triangular cooperation, monitoring and evaluation. The programme is on track, and several results were achieved in 2014.

Despite the deterioration of nutrition situation in counties with a high burden of acute malnutrition (Turkana, Mandera, Wajir and Marsabit), during the first half of 2014 UNICEF, the MOH and other nutrition sector partners responded to the evolving situation using existing structures and funding. The Nutrition Technical Forum was used to coordinate activities of implementing partners and create linkages with county governments. The coordinated response reached a total of 63.1 per cent (26,780) of severely and acutely malnourished children under five in ASAL, and 69 per cent (7,084) of children in urban areas between January and October 2014. It is notable that the nutrition sector was the first sector to alert the humanitarian and development community of the crisis, was also the first responder and able to immediately scale-up to the increased needs. This reflects the last five years of investment in the nutrition programme, under UNICEFs leadership, which has created a flexible and responsive system able to adapt to increased need.

Increased understanding of “nutrition resilience”: A paper on “Ending Drought Emergencies” was developed by the Kenyan Government, focused on resilience in the dry lands and serving as the entry point to the Global Alliance and other donor coordination groups to advance the resilience agenda in a collaborative and coordinated manner. EDE is also highlighted as a priority in Kenya’s Medium-Term Plan 2, in which nutrition is well articulated under the Human Capital pillar, given that UNICEF is co-chair of that pillar. This created an opportunity to increase understanding of what nutrition resilience means, and UNICEF is currently leading the development of a nutrition resilience strategy for use by nutrition-sensitive partners when designing programmes to improve nutrition outcomes for children. This meant that in 2014, awareness and application of the concept of nutrition resilience increased within the nutrition sector and the development community at large, through donor briefings, results formulation in various proposals (e.g. EU-SHARE) and collaborative research activities with the UNICEF Regional Office, FAO and International Livestock Research Institute (ILRI) on measuring nutrition resilience.

Leveraging partnerships and integration efforts: Starting in the second quarter of 2014, the nutrition sector, with UNICEF leadership, led a review of existing partnerships against the competencies and requirements to deliver the results of the new County Programme and leverage equity-focused results for children. This was undertaken though several initiatives, including a mapping of the current coordination and partnership architecture of both the nutrition and WASH sector, led by RedR, and, as part of the inception phase of the EU SHARE programme, a review of current partnerships against the required competencies to deliver the SHARE programme. By the second quarter of 2015, clear directions on the way forward for nutrition programme delivery in a devolved context to meet the needs of the most vulnerable children is expected.

Evidence generated on nutrition situation and bottleneck analysis to support planning &
response: UNICEF supported evidence generation through supporting partners to conduct nutrition SMART surveys, several KAPB qualitative studies, a supply chain study, secondary analysis of nutrition SMART survey data, expert peer review of micronutrient data, a review of progress on health information data and research on spatial determinants of under-nutrition. This is being done with the MOH, NGO partners, Famine Early Warning Systems Network (FEWSNET), CDC and the KEMRI Wellcome Trust. Further evidence-based planning was conducted in eight counties led by UNICEF, completing the ongoing health evidence based practices. In combination with the analysis of spatial determinants, the EBP plus the costing of the package of high-impact, nutrition-specific information, will provide a series of tools for national and county level policy-makers to make informed decisions about achieving results for children.

Overall progress on stunting will be reported in 2015 after official release of Kenya’s 2014 Demographic and Health Survey results and the Kenyan National Micronutrient Survey of 2011, which experienced several delays due to internal constraints in the GOK research institution of KEMRI. The ongoing work on budget analysis, costing and expenditure-tracking will provide better data in 2015 for reporting budgetary allocation for nutrition programmes at the national and county levels.

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

Analytical Statement of Progress:
UNICEF provided technical, advocacy and financial support for printing, distribution and dissemination of the Maternal, Infant and Young Child Nutrition policy, strategy and guidelines, including infant feeding in the context of emergencies and the Baby-Friendly Community Initiative monitoring tool and assessment protocols. All these were printed and distributed to the 47 counties following a series of dissemination workshops in the 23 ASAL counties. Technical support was also provided for the adoption and development of a new circular on infant feeding in the context of HIV, as part of Option B+ on eliminating mother-to-child transmission of HIV. The same also applied to the development of guidelines on infant feeding in Ebola. In an effort to ensure evidence-generation for programming on improving infant and young child diets and feeding practices and ensuring that they can be adopted, baseline assessments were followed by recipe creation for the trial of the recommendations in Marsabit and Nairobi counties, using the UNICEF ProPAN tool. This was preceded by national-level sensitisations and training on the training package and all four modules. The mother-to-mother support group (M2MSG) model was also evaluated in Marsabit, supported by Concern Worldwide, and while the data did not suggest any correlation between improved MIYCN and M2MSG, it did highlight some of the specific bottlenecks that, once addressed, may enhance this approach as a strategy for behaviour change at the community level. UNICEF Kenya’s C4D programme team supported a C4D capacity-development process of Nutrition partners, which has resulted in progress in programme delivery and specific programme indicators around exclusive breastfeeding in Dadaab refugee camp.

OUTPUT 2 By 2018, high impact nutrition services are available and utilised 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:

In 2014, approximately 352,508 (ASAL 309,547 and urban 42,961) under-five children were estimated to be acutely malnourished in the most deprived counties. A total of 63.1 per cent (26,780) were treated for severe acute malnutrition in ASAL and 69 per cent (7,084) in urban informal settlements between January and November 2014. Boys and girls were equally represented in admissions. The recovery rate was over 75 per cent throughout the year, except in October due to inadequate reporting tools and capacities in Kilifi, Kwale, Narok and Kajiado counties. Vitamin A supplementation delivered through the routine health system remained constrained, with 21.8 per cent (1.4 million) of children under five receiving one dose over the Jan-June 2014 semester in Kenya. Coverage was, however, boosted through the mass Polio/Vitamin A campaign where over 95 per cent of eligible children were reached.

The volatile security situation in Mandera, Marsabit, Turkana, Wajir, Samburu and Tana River and the deterioration of the nutrition situation in most of the ASAL counties negatively impacted some of the gains made in 2013. Strategic shifts in 2014 included: UNICEF’s support for county-level, evidence-based planning through analysis of bottlenecks to nutrition service coverage in eight selected counties; increased investment by UNICEF and development partners in strengthening the supply chain of essential nutrition supplies through the partnership with KEMSA; re-engineering of integrated management of acute malnutrition services to improve responsiveness and support to NDMA and to improve nutrition situation analysis and contingency planning. Despite reaching the set target of three updated county nutrition plans, this has yet to translate into improved county-level nutrition planning and budgeting. Development of an advocacy strategy targeting counties is planned for early 2015 to ensure that county nutrition action plans receive more attention from decision-makers.

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:

In 2014 UNICEF continued to support the Government in the roll-out of Scaling-Up Nutrition through ongoing engagement and support for the establishment/re-alignment of the various SUN networks. Support was provided for re-alignment of the SUN Civil Society Alliance, which saw World Vision elected as the host organisation for the SUN Multi-Partner Trust Fund (MPTF); UNICEF serves as the UN participating organisation. Further, the CSA was formally launched in 2014 and has continued to implement various activities under MPTF funding, in consultation with UNICEF. Within the SUN United Nations network, UNICEF continued to chair the group and over the period, the Network ToR was finalised, a mapping of the nutrition activities of member agencies was undertaken by UNICEF and the network’s membership was expanded to include UNFPA and UNAIDS. As a member of the SUN donor network, UNICEF actively participated in shaping the terms of reference for this network. Pro-active discussions to define the establishment of a SUN Business Network in the country were also undertaken with the Government and Global Alliance for Nutrition as the present convenor, setting the stage for formation of the network in 2015. UNICEF continues to support the harmonisation of mapping activities planned across the various SUN networks, while an all-SUN Network meeting is planned for January 2015 to review and harmonise the terms of reference and work plans of the various networks. In collaboration with the World Bank and Government, costing of nutrition-specific interventions work began, to be completed in 2015. In collaboration with the social policy section, a budget review and analysis covering six counties was undertaken that included nutrition components. Similarly, within the SUN CSA MPTF, budget review and analysis is underway in an additional six counties. This costing, budget review and analysis work is
expected to serve as advocacy pieces upon completion. As part of efforts to improve the linkages between nutrition-sensitive interventions in the country, a Food and Nutrition Linkages working group was established, chaired by Ministry of Agriculture, Livestock and Fisheries and with Ministry of Health serving as the Secretariat. UNICEF is an active member of the group.

OUTCOME 19 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:
2014 was of particular significance for the WASH Programme, given that the first half of the year was aimed at phasing out the WASH component of the last Country Programme, while the second half focused on initiating actions for the new WASH Programme. Thus the year served as a bridging period marked both by actions to complete the unfinished agenda and inception actions for the new Programme. This outcome area is linked with the Strategic Result Area Two – Human Capital within the UNDAF, and contributes, together with the health, nutrition and education outcomes, to a healthy and clean environment to ensure prevention of childhood illnesses and retention and completion of basic education by boys and girls.

The programme focused on implementation of the phase-out plan for the Dutch-funded WASH Programme component. Following the suspension of funding from the Government of the Netherlands in December 2012 and subsequent reviews, a limited-scope audit and bi-lateral discussions, it was agreed between the Embassy of the Netherlands and UNICEF Kenya to phase-out the partnership by December 2014. The phase-out plan therefore focused on responsibly completing outstanding commitments, with particular attention to sustainability of systems, infrastructures and services. The one-year phase-out plan was also an important opportunity to move toward the strategic and systematic transition of overall programming in WASH within the new UNICEF Country Programme.

The strategic shift in the new CP is underscored by the aim of advancing the rights of all children and adolescents in Kenya, especially the most vulnerable. Child rights are embedded into devolved governance in order to reach the most deprived children within ASAL and low-income urban areas. The programme focused on building resilience of systems and communities in the face of recurrent conflicts and crisis. This is important considering that 75 per cent of children and adolescents experience one or more deprivations due to prolonged and repetitive cycles of drought. Despite capacity gaps and the complex transition process, the programme provided opportunities for equitable and responsive services at the local level, with resources reaching the most deprived counties and children and women participating in the processes.

The sanitation component was reinforced and designed as the major focus of the new programme. It has been focusing on both the national and sub national levels, on capacity building and strengthening the enabling environment. Countrywide micro-planning for CLTS was carried out and used as an advocacy tool with county governments to mobilise commitment. For the first time, two counties launched ODF plans, with funds committed from the county budget, to scale up ODF. A major development was the institution of bi-monthly review, monitoring and capacity-building systems with county teams. To date, 890 villages have achieved ODF status, benefiting some 222,550 people.

School WASH was implemented in eight counties, involving construction of gender-sensitive
water and sanitation facilities, mobilisation of schools and communities, site selection, sanitation and hygiene promotion and capacity building to manage the facilities. The role of Government has been to support UNICEF in carrying out quality assurance activities, to ensure that the project is implemented to meet the set objectives in a timely manner. A total of 94 schools in 15 counties had their water and sanitation facilities improved and a total of 62,059 children were reached during the period.

The community water supply component made a strategic shift from service delivery to upstream engagement, including policy formulation, capacity building and leveraging of resources for enhancing the sustainability of water services. The programme has engaged the new county governments, focusing on policy and programme implementation, evidence-generation, capacity building and setting standards to ensure that WASH services reach more people. Under the community water component (Dutch phase-out plan), more than 15,480 people gained access to safe water sources through 31 projects completed in four regions. Fourteen of the 16 programme counties established County WASH Forums to strengthen sector coordination and service delivery. Mapping of stakeholders by 14 counties was completed, to mobilise key stakeholders in each county. With UNICEF support, the capacity of 176 WASH Committees/community groups on sustainable operation and maintenance of WASH facilities was strengthened. In partnership with SNV Netherlands alternative management systems for rural water supplies, including Public Private Partnerships are being modelled to enhance sustainability. The programme carried out a Verification of Projects and Sustainability Check study on all projects funded through the Government of the Netherlands grant, the results of which showed that 1,199 (97 per cent) of the total 1,235 projects were visited and verified to exist, and overall 99.5 per cent of the projects’ funds were accounted for.

Under the Institutional Development component, the emphasis was on aligning WASH sector / inter-agency coordination with devolved governance in Kenya. A consultative workshop was held in August 2014 with senior officials from priority counties on modalities of aligning coordination with devolved structures. A study has been commissioned to review the organisation and functions of coordination at the national and county levels and capacity-building needs. Coordination of WASH sector activities, including information and knowledge management, continued in 23 priority counties through WESCOORD.

Kenya faced a number of critical humanitarian challenges in 2014 and the programme provided access to safe water supply for 10,000 IDPs and host communities in Wajir County. About 35,000 new arrivals (over 70 per cent children) at Kakuma Refugee Camp were provided with critical WASH-related information, supplies and training, preventing diarrhoeal disease outbreaks. Another 36,000 vulnerable persons in various parts of the country benefited from hygiene promotion messages and activities.

OUTPUT 1 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:
The main focus of the programme has been the achievement of the ODF Rural Kenya. Programme activities took place at both the national and sub-national levels. The main strategies were building of capacity and strengthening the enabling environment, in partnership with the Ministry of Health, for achieving ODF Rural Kenya.

Kitui County ODF was launched by the Governor of Kitui County in early July, while Siaya
County ODF was launched at the end of the same month, as part of advocacy activities for county governments to support CLTS. Additionally, county micro-plans for CLTS were developed to map out partnership and needed resources. Both counties committed resources from county budgets, for the first time, for scaling up ODF activities. Follow-up mobilisation and triggering were done in villages to consolidate sanitation gains and sustain ODF status.

Community mobilisation and sensitisation were implemented in both Kitui and Siaya counties. A total of 1,263 villages were targeted in both counties. Of these, 890 villages were verified by the district team to be ODF, and 487 villages were certified by trained third party county-level certifiers. In line with the national guideline, the certification of ODF villages was decentralised for the first time to the county level, which is a step forward for building capacity of county governments. The programme was able to realise open defecation-free environments being enjoyed by 222,500 people.

A major development was the institution of bi-monthly review, monitoring and capacity building systems with county teams, which are operational. Two review and monitoring meetings were held in each of the two counties. County staff now have enhanced capacity for planning, implementation and monitoring. Consequently, remarkable achievements were recorded in 2014 as compared to previous years. In addition, with technical and financial support from UNICEF the process of developing a web-based monitoring and evaluation system was initiated to streamline monitoring, track CLTS progress and facilitate real-time reporting.

Several challenges were identified during the reporting period, including: inadequate resource allocation for CLTS by counties and donors, inconsistent funding cycles from the national Government to the counties and the administrative changes resulting from the restructuring of districts to sub-counties, under evolved governance, affected programme implementation. In addition, the MOH has limited capacity for monitoring and documentation.

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

Analytical Statement of Progress:
The WASH in School (WinS) component was implemented in 15 counties, in partnership with the ministries of Health, Education, and Environment, Water and Natural Resources, as well as NGOs. A total of 94 schools in 15 counties had their water and sanitation facilities improved reaching a total of 62,059 children. All schools received a comprehensive WinS package, comprising safe water supply, sanitary facilities with provision for hand-washing, a hygiene promotion package and capacity development for WASH services. School children played a central role in CLTS in their areas and used the approach as a means of outreach on hygiene practices to surrounding communities.

The WinS programme supported Menstrual Hygiene Management in 63 Kenyan schools through provision of gender-sensitive latrines, sanitary towels and training. Advocacy was carried out with Government policy- and decision-makers to provide girls with sanitary pads and include MHM in the school budget, resulting in the inclusion of sanitary pads in the Ministry’s budget.

UNICEF actively participated in the WASH in Schools technical working group and supported the dissemination of the School Health policy in seven counties as well as training of trainers for
sub-county officers of Education, Water and Health for implementing the child-friendly concept. As a result 94 schools (62,059 children) are practicing daily group hand-washing activities to ensure good health.

Partnership strengthening, including greater collaboration with the Ministry of Education, was also a major focus of the WASH in Schools component. Efforts continued to support participation of schools and communities, including parent-teachers associations, Boards of Management, teachers and children in the planning, implementation, operation and maintenance and monitoring of WASH services in schools.

Gender issues were addressed through working with partners to develop gender-sensitive sanitary facilities, separated for boys and girls, for privacy, safety and dignity. The facilities are also adapted for children with physical disabilities and for small children (ECD) by using key-hole shaped latrine squat holes and suitable heights for hand-washing facilities. Bathrooms with running showers for menstrual hygiene management were provided as part of the girl’s latrine blocks. Facilities were also developed to support environmental conservation and school gardens. The results are expected to improve girl’s enrolment, retention and transition rates. In addition, these activities will improve learning achievements in marginalised areas.

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

**Analytical Statement of Progress:**

The community water supply component made a strategic shift from service delivery to upstream engagement, including support for policy formulation, addressing capacity for implementation and leveraging of resources. It has a new programme output on sustainability of WASH services. The programme has engaged the new county governments, focusing on policy and programme implementation, evidence generation, capacity building and setting of standards.

Investments in rural water supply development is expected to increase manifold under devolution, as county governments accelerate investments in the sector. The programme is engaging county water departments to strengthen equity-based planning and resource allocation and sustainability of water supplies. Training plans for capacity development in WASH Bottleneck Analysis (WASHBAT) for 10 of 16 counties in early 2015 was completed in 2014. Fourteen of the 16 programme counties have established County WASH Forums, to strengthen sector coordination and service delivery by bringing together key actors. The 14 counties have committed to funding the sustainable operation of County WASH Forums, and in addition completed work plans for improving equitable access and sustainability of water services. Mapping of stakeholders by 14 counties was completed to mobilise key stakeholders in each county for synergy and collaboration.

With UNICEF support, the capacity of 176 WASH Committees/community groups on sustainable operation and maintenance of WASH facilities in Coast, Northern, Lake Victoria North and Rift Valley WSBs regions was strengthened. UNICEF entered into a partnership with World Vision to carry out capacity building of 189 community-based groups in the Lake Victoria South WSB area, which is expected to commence in January 2015.

As part of a partnership with SNV Netherlands and the Jomo Kenya University of Agriculture and Technology and selected counties, alternative management systems (including private-
public partnerships for rural water supply, are being modelled, in order to enhance their sustainability.

A Verification of Projects and Sustainability Check of the projects funded under the Government of Netherlands-UNICEF WASH programme was completed: initial findings showed that 97 per cent of projects (1,199 of 1,235) were verified to exist; 1.2 per cent (15 projects) were not visited due to insecurity in the project area. Of the verified projects, 70 per cent are complete and/or operational, while 20 per cent were not operational and 10 per cent were incomplete. Overall 99.5 per cent of projects or investments made were accounted for. A final report of the study will be released after a validation workshop in early 2015.

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

**Analytical Statement of Progress:**
Since the beginning of the new Country Programme, the emphasis has been on aligning the WASH sector coordination platform with devolved governance in the country. A one-day consultative workshop was held on 28 August 2014 with senior officials from priority counties on modalities for aligning coordination with devolved structures. A study to review the policy framework for WASH sector coordination at national and county levels, and institutional, capacity and resource requirements for effective coordination, was at the final stage in late 2014, and will form the basis for strengthening coordination of WASH activities and information management at the national and county levels. Coordination of WASH sector activities, including information and knowledge management, has continued in 23 priority counties through WESCOORD, the Government-led WASH sector emergency coordination platform. UNICEF also supported the launch of County WASH forums in 14 counties, the focus of which goes beyond WESCOORD’s humanitarian mandate.

The programme provided technical assistance to WESCOORD through deployment of a WASH sector coordinator and information management officer, to provide training, support and mentoring to Government counterparts, to strengthen capacity of sector actors in emergency preparedness, community-led disaster risk reduction and resilience building. The Isiolo WASH learning forum (1st-3rd July 2014) brought together 40 participants from the national level and Isiolo and Turkana counties to exchange experiences in strengthening the resilience of vulnerable communities through WASH programming.

Kenya faced critical humanitarian challenges in 2014, including a refugee influx at Kakuma refugee camp; conflicts in Marsabit, Mandera, Wajir, Lamu, Tana River, Turkana and Baringo; and nutrition insecurity affecting the arid and semi-arid counties. The programme provided access to safe water supply for 10,000 IDPs and host communities in Wajir County. About 35,000 new arrivals (over 70 per cent children) at the Kakuma Refugee Camp were provided with critical WASH-related information, supplies and training, preventing diarrhoeal disease outbreaks. Another 36,000 vulnerable persons in various parts of the country benefited from hygiene promotion messages and activities. Some 4,000 children in Turkana County benefited from safe WASH facilities at their schools. Programme support was provided for a review of cholera preparedness plans in Turkana County following an outbreak in neighbouring areas of South Sudan, and for Ebola preparedness messaging, through WESCOORD.

**OUTCOME 20** By 2018, children and adolescents in Kenya receive child-centred quality teaching learning with improved learning outcomes through evidence-based basic education plans and Child Friendly School standards that are implemented with full participation of
parents, communities and county governments, including in emergencies, disadvantaged and vulnerable urban contexts

**Analytical Statement of Progress:**
This outcome is linked to Strategic Result Area Two, Human Capital, of the UNDAF 2014-18. Specifically, Country Programme document Outcome 10 contributes to UNDAF Outcome 2.1 on Education and Learning, for which UNICEF Kenya is the lead agency. This provides an opportunity for greater leadership and visibility of UNICEF’s work to improve learning outcomes with Government and enhanced value of other partners. However, it also places the onus on UNICEF to ensure that the UN delivers on the commitments made within the UNDAF, which is closely linked to the National Education Sector Plan (NESP). In the context of devolution, only ECDE is a devolved function within basic education. In spite of this, and through high-level engagement and policy advocacy along with quality technical assistance from UNICEF, the Government has been able to attract nearly US$84 million from the Global Programme on Education, as well as to begin in earnest to reformulate the national approach and strategy for early childhood care, education and development.

UNICEF, together with Government and other partners, developed a strategic framework for a convergent vision on quality education, with a strong gender focus, to guide education sector plans at both the national and county levels. This, along with policy advocacy, led to the mainstreaming of the Child-Friendly School framework in the National Education Sector Plan as a key investment area that has contributed to promoting an inclusive, democratic and participatory learning environment for all school children, with a particular focus on the most deprived and marginalised ASAL communities.

UNICEF supported implementation of the CFS strategy as a school-based programme that has promoted the participation of children, parents and communities in governance. UNICEF collaborated with the MoEST to strengthen the Education Management Information System and support the first-ever timely collection of school data in 2014, which buttressed evidence-based policy-making processes. This also contributed to providing data for the 2014 Economic Survey by the Kenya National Bureau of Statistics.

UNICEF, together with partners, worked closely with national and county level governments to develop County Education Sector Plans to frame the strategic direction and achieve the goals envisaged. Through this strategic partnership 11 counties in the ASAL with low gender parity indices have developed education sector plans that have a gender equity lens.

UNICEF’s technical support for the establishment and operationalisation of the National Council for Nomadic Education in Kenya (NACONEK) successfully addressed the challenges related to low access, retention, completion, equity and quality of education among children in marginalised communities, especially in the ASAL counties.

In concert with MoEST, parents and school management boards, awareness creation and community mobilisation were promoted through a series of community-based enrolment drives at county and sub-county levels. Through strategic enrolment drive campaigns a total of 27,020 Out of School Children (OOSC) were enrolled in primary schools within the ASAL.

At the national level and across the eight ASAL counties, UNICEF strengthened low-cost primary boarding schools, resulting in more child-friendly and inclusive learning environments. Moreover, UNICEF’s advocacy focused on enabling girls from low-cost primary boarding schools to move on to secondary schools, improving their transition and reducing dropout rates.
With continued advocacy by UNICEF, MoEST, WFP, SAVE, World Vision, Red Cross, the Norwegian Refugee Council and Islamic Relief Council, among others, coordinated and planned emergency response within the emergency cluster system. UNICEF also worked with the MoEST on the adaptation of resilience, peace-building education and DRR in Education in Emergency policies, and supported development of the information management strategic plan on education sector disaster management. This strategy provides the framework for real-time information gathering and sharing.

UNICEF’s evidence-based advocacy supported the transition of the National Youth Talent Academy (NYTA) into the Kenya Academy of Sports (KAS) – a semi-autonomous Government agency – through which adolescent life skills-based education and the nurturing of talent equipped disadvantaged adolescents with knowledge, skills and confidence to develop healthy behaviours and protect themselves from abuse, violence and exploitation.

In spite of these successes, Kenya still lacks an efficient EMIS. Evidence generated through multiple stakeholders remains splintered across the sector; an estimated 1.2 million children are out of school at the sunset of EFA; and the Education Standards and Quality Assurance Council has taken a long time to get started. To address these obstacles, UNICEF will continue to focus on equity in education; intensify and strengthen the results-focus in the sector, particularly on education and learning outcomes; strengthen learning metrics and assessments in support of global efforts; identify cost-effective, scalable approaches to provide access and learning, particularly for disadvantaged out-of-school children; and scale-up field-tested education innovations, such as the EMIS Light system.

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 the NESP framework

Analytical Statement of Progress:
The Child-Friendly School framework was incorporated in the National Education Sector Plan, disseminated at all levels, national and county, and gives direction for development of county education strategic plans. The Garissa County education strategic plan was developed and circulated for approval.

Evidence from a successful demonstration of the Talent Academy initiative led to its inclusion as an alternative pathway to education in NESP. Talent Academy model NYTA piloted by UNICEF was adopted and mainstreamed as Kenya Academy of Sports (KAS), as per the Sports Act 2013 funded by the Ministry of Sports, Culture and the Arts (MOSCA). Delegations comprised of Government, NGOs and UNICEF staff from Sudan, Malawi and South Africa visited Kenya to learn from the Talent Academy model, which was documented as a best practice BY UNICEF Headquarters, and the CFS model.

A robust EMIS system with data of schools for 2012 was established: data for 2013-14 was collected and available at school, county and national levels. An online “Light EMIS” covering 16,000 schools was established and used successfully to gather and disseminate education and other information. The online system was used to disseminate information on Ebola to 250 District Education Officers. Over 6,000 head teachers and quality assurance officers at national and county level have enhanced knowledge of the CFS meritling tool, and use it for school monitoring through the Light EMIS Dashboard.
With UNICEF support and advocacy, the National Council for Nomadic Education Kenya was established to coordinate quality education with an equity lens in the nomadic and pastoral communities of Kenya. Guidelines for its operation were developed and recruitment of key personnel is ongoing. The Peace Education and Disaster Risk Reduction Policy was developed and submitted for validation.

The Information Management Strategic Plan (IMSP) for EiE 2015-2018 was finalised and awaiting final Government approval. In addition, an effective Education Management Information Systems was established at the Daadab Refugee Camp, which generated evidence on access and equity. UNICEF replicated the EMIS system for Kakuma Refugee schools by providing technical support to UNHCR. Age-appropriate comprehensive sexuality education guidelines were also developed. The validation and dissemination process is ongoing, to address matters concerning youth, sexuality and appropriate behaviours to fully realise social behaviour change.

**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:**
Overall, there was significant progress in access to quality basic education in terms of enrolment of children from most deprived communities, especially girls. Increased participation and ownership among education officers at the national and county levels to provide education opportunities to children was demonstrated through enrolment campaigns that led to 27,020 children (12,159 girls, 14,861 boys) being enrolled in primary schools in seven sub-counties of Garissa and four in Turkana. This has positively contributed to an increase in gross enrolment in Garissa’s schools from 42 percent to 50 percent. Additionally, the OOSC back to school campaigns and sensitisation programmes in Garissa led to an additional 10,300 children (4,335 girls, 5,988 boys) accessing education.

In an effort to boost attendance and retention rates, through the provision of 643 boarding supplies to 71 low-cost boarding schools in Garissa, Wajir, Turkana, Mandera and Marsabit counties, a total of 5,506 children (1,700 girls and 3,806 boys) benefitted from increased access to low-cost boarding and mobile schools. With the support of UNICEF, an additional 6,040 children (3,279 boys, 2,271 girls) from these nomadic and pastoralist communities were enrolled in 44 mobile schools that received mobile school kits.

UNICEF provided technical and financial support to the Girl’s Mentorship Programme in Turkana, benefitting 280 girls through participation in the newly formed school mentorship clubs. Additional 1,500 girls received scholarships to enable them complete secondary education. Of this latter group, 68 per cent of the cohort that successfully sat for the Kenya Certificate of Secondary Education national exam qualified to join university.

Interventions aimed at providing alternative pathways to education saw 150,000 youth reached through the Talent Academy, with the initial 200 graduates now engaged in full time employment through an innovative employment incubator model. The National Youth Talent Academy (NYTA) was mainstreamed into the Kenya Sports Academy, which now provides alternative learning opportunities for OOSC, training 225 adolescent and youth every year in sports and arts. From amongst the group, 2,000 (40 percent girls) out-of-school youth and adolescents benefitted from three county and one national music and performing arts training
Some 850 key education stakeholders across Garissa and Turkana attended capacity development programmes and are able to provide technical leadership in the mapping of out-of-school children, participate in strategic advocacy and enrolment campaigns and offer support in developing sub-county Education Action Plans.

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 provided technical and financial assistance to improve school learning environments through the provision of WASH facilities and installation of solar lights at 250 low cost primary boarding schools in ASAL regions of Northern Kenya. This initiative reached 66,000 children (38,260 boys, 27,740 girls) who were enrolled and retained at these schools.

A total of 1,200 head teachers, teachers and school management committee (SMC) members from 450 primary schools in Garissa, Wajir, Isiolo, Tana River, Turkana, Marsabit and Mandera counties participated in training programmes that improved their knowledge about preparing School Development Plans, the functions and accountabilities of SMCs, partnership and participation, leadership and school-level emergency preparedness. This ultimately benefitted over 30,000 children in the schools from which the participants came.

In an effort to scale-up CFS, 3,273 KEPSHA members (head teachers) were sensitised on CFS principles during the 2014 annual delegates conference. Using the knowledge, skills and practices acquired, they reached 1,636,500 primary school children nationwide with information on CFS.

With the influx of refugees, 237 teachers (219 men, 18 women) at 34 Daadab Refugee Camp primary schools were trained to enhance their knowledge and capacity for implementing CFS principles, benefitting 40,000 children.

In an effort to entrench child participation in school governance, more than 27,000 (60 percent) of the primary schools in Kenya have active children’s governments. In total 270,000 primary school children have gained leadership and management skills through the Children’s Government initiative. This led to the organisation of the first-ever Children’s Government Parliamentary Session in Nairobi, which drew the attention of the National Assembly. A new strategic partnership initiated with the Garissa Teachers Training College helped develop training modules and packages for mobile school teachers and SMCs. The 46 Board of Management members were trained in financial management to improve their skills in managing the finances at mobile schools in Garissa.

All teachers at 75 mobile schools in Garissa, and 34 in Turkana, were trained on multi-grade teaching methodologies, benefitting 7,600 children (3,400 girls, 4,200 boys) in Garissa and 3,308 learners (1,751 boys, 1,557 girls) in Turkana. The multi-grade training improved the teachers’ skills in managing children of different ages and cognitive levels, resulting in improved learning outcomes. The retention of learners in mobile schools has improved, as the teachers are now better able to engage community leaders and parents to allow children to acquire basic literacy and numeracy skills at mobile schools.
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:

In 2014, emergencies such as inter-clan conflicts in Northern Kenya, influx of refugees from South-Sudan and natural disasters like drought and floods in the Northern and western part of Kenya led to displacement of children and adversely impacted on the delivery of education services.

UNICEF provided technical and financial assistance at the national level towards the development of the National Emergency Plan for Response (EPRP) which would anchor all emergency response plans at the national and sub-national levels. The three-year draft plan was finalised.

At the sub-national level, in partnership with the Kenya Institute of Curriculum Development, 364 primary school teachers (307 males, 57 females) participated in a capacity-building initiative covering conflict-sensitive education and alternative discipline methods. The percentage of female teachers is significantly less in the north-eastern part, due to low female literacy rates. This contributed significantly to 51,214 children in the Daadab refugee primary schools acquiring enhanced knowledge on DRR, peace-building education and resilience.

As a result of the implementation of the Daadab Education Strategic Plan (developed with UNICEF support) a total of 63,601 children (40 per cent) in humanitarian situations accessed to formal and non-formal education opportunities in child-friendly spaces. Interventions targeting the youth saw 270 out of school youth (222 boys, 48 girls) acquire new technical and vocational skills in diverse fields such as photography, hairdressing and hospitality. These youth were thereafter provided with start-up kits to engage in livelihood activities in the Daadab refugee camp as part of Peace-Building and Education Advocacy.

With the upsurge of refugee numbers, provision of recreation kits and education kits to schools at the Daadab refugee camp benefitted 23,497 children, 40 per cent of whom were girls. UNICEF supported conflict-affected schools in Wajir and Marsabit Counties with Education Kits, ECD kits, Recreational kits and temporary learning spaces, benefiting 13,047 children (8022 Boys, 5025 Girls).

In Kakuma, an emergency school was established and 10 new semi-permanent classrooms constructed to ensure that learning was not disrupted during the rainy season. ECDE kits, recreation kits, education supplies and tents were also provided, benefitting 6,500 children (3,778 boys, 2,772 girls). A total of 76 incentive teachers were recruited, trained on ‘Education in Emergencies’, and were supported by seven national teachers and two national head teachers. Awareness campaigns were implemented through SMC’s, reaching out to the community to enrol 1,500 children in school (803 boys and 697 girls).

OUTCOME 21 By 2018, counties model, budget and implement holistic inclusive quality school readiness programmes for the most deprived children.
Analytical Statement of Progress:
This Outcome area is also linked to Strategic Result Area Two – Human Capital; Outcome 2.1 Education and Learning, of the UNDAF. UNICEF is the agency leading this outcome area within UNDAF. In the context of devolution, Early Childhood Development and Education is devolved, providing UNICEF with the opportunity to demonstrate scalable community-based school readiness models and generate evidence to advocate with Government and partners for more investment in the early years.

UNICEF had significant achievements in leveraging Government resources and commitment for early learning programming through the State Department of Education, as capitation for pre-primary education under the Free Basic Education programme. UNICEF’s engagement in high-level lobbying with the MoEST, Governors Council and Senate Committee on Education led to increased awareness of the value of the early years and elicited incremental commitment within the ambit of devolution for increased funding and access to affordable quality pre-school education. UNICEF provided technical and financial support to the MoEST for finalising the review of the National ECD Policy Framework. The process is set to be concluded in 2015, with the launch of the revised ECD Policy Framework. The County Early Childhood Education (ECE) Guidelines that had been developed by the multi-sectoral ECD Technical Working Group were adopted by the Senate Committee for Education and translated into County ECE Bill 2014. The Bill has been through two readings and is set to be presented for a final reading in the Senate before it becomes the County ECE Act 2014. This will provide the legal and institutional framework for County governments to deliver on their mandate around education and child care services for the early years.

UNICEF also supported strengthening of the evidence base for equitable policy development through modelling holistic ECD programmes in three counties. Through its comparative advantage, UNICEF’s membership on the National Special Needs Steering Committee supported advances of more policies and plans focusing on inclusive education, particularly for children with disabilities. In an effort aimed at improving learning assessment across many dimensions and strengthening efforts to focus on and improve learning, UNICEF provided technical and financial support to the finalisation and alignment of the Learning Metrics Task Force (LMTF) recommendations and testing of the Kenya School Readiness Assessment Tool (KSRAT) which has now been piloted in 14 counties and is set for a national launch in 2015.

Moving forward, tackling the dual crises of equity and learning will continue to require a stronger focus on early childhood development and education as a convergent holistic focus area. UNICEF will maintain a relentless focus on learning for all children, greater investment in innovation and strategies that place equity at the heart of all pre-primary education strategies, plans and policies. UNICEF will also support capacity-building activities and facilitate improvements to the policy process, including support for working groups, policy reviews, system monitoring exercises and evaluations to improve learning outcomes in the early years for the most marginalised and deprived child populations.

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

Analytical Statement of Progress:
The National Senate Committee on Education adopted the County ECD Service Standard Guidelines, developed with UNICEF technical and financial support, and translated these into a County Early Childhood Education Bill that has been through two readings in the Senate and is
set to become the ECE Act 2014. This Act will provide the legal and institutional frameworks within which the 47 counties will implement ECE. In addition, UNICEF provided technical support to the MoEST for a review of the National ECD Policy Framework.

As a capacity building and optimisation initiative, County ECD Technical Working Groups (now due for scaling-up) were formed in Siaya, Kisumu and Homa Bay counties, incorporating technical officers from the MoEST, MoH, MoLSSS and NGOs in the ECD sector, leading to improved cross-sectoral coordination, linkages and strengthened systems.

In an effort to model holistic programmes for the early years, Integrated ECD services were piloted in three counties (Siaya, Kisumu and Homa Bay) benefitting over 13,047 children (8,022 boys, 5,025 girls).

UNICEF provided technical and financial support to the Kenya Institute of Curriculum Development to model and assess a transition curriculum for use at primary teacher training colleges, aimed at preparing teachers of pre-school children to help them make the transition to primary level. Also in support of the transition of children from pre-primary to primary school, the Kenya School Readiness Assessment Tool was redesigned, based on the Learning Metrics Task Force recommendations, and has been piloted in 14 counties. It is due to be launched nationwide in 2015.

As part of UNICEF’s South-South and triangular cooperation strategy, one Governor, two Senators and five Directors of the MoEST were provided with financial support to participate in an international conference in Zanzibar aimed at enhancing their capacity and knowledge level to develop country-level strategic objectives on affordable, quality pre-primary education.

UNICEF supported the creation of a community of practice through participation in the revival of the Global Network on ECD, which draws upon the expertise and experience of ECD practitioners across the globe. In addition, development of an advocacy documentary that brought alive the efforts of Kenya, Tanzania and Zambia to advance HIV-sensitive Early Childhood Development programmes showed that UNICEF, with the help of partners, has been able to achieve scale and impact across sectors to obtain results for early childhood education.

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 provided technical and financial support to enhance capacities of three county governments by demonstrating scalable, community-based ECD centres. The lessons from these pilots are being used to scale up ECD strategies in counties across the country. Over 13,047 (8,022 boys, 5,025 girls) benefitted from Integrated ECD services piloted in three counties, and 2,530 most vulnerable children (1,290 boys, 1,238 girls) from 1,363 households with children affected by AIDS now have access to quality, innovative integrated early childhood education, health, nutrition, WASH, social protection and household strengthening interventions/services. This contributed to increasing enrolment and retention in preschools in poor informal settlements in Kisumu, Siaya and Homa Bay counties, addressing equity.

In addition, in support of transitions and school readiness at the national and sub-national levels, the Kenya School Readiness Assessment Tool was finalised and is ready for roll-out.
As part of initiatives to improve the learning environment and draw in as many OOSC to preschool, a total of 10,900 children (5,736 boys and 5,164 girls) benefitted from ECD kits provided to 72 ECD centres in Turkana East, South, Central and Loima. Further, 17,236 OOSC (7,833 girls & 9,403 boys) were enrolled in ECDE through UNICEF supported community based enrolment campaigns thus positively contributing to an overall percentage increase in enrolment in pre-primary schools in Turkana County by 53 percent.

In an effort to promote and support integration and multi-sectoral linkages for better coordination of service delivery in the ECD sector, multi sectorial ECD Technical Working Groups have been established in 3 counties (Siaya, Kisumu and Homa Bay). These TWGs have provided platforms for evidence sharing, integrated approaches and system strengthening in the operationalisation of strategies. Added to this is the establishment of an ECD Partners Roundtable in the 3 counties that has created synergy in evidence generation and joint programming.

As part of efforts to whittle down the number of OOSC at pre-primary level in marginalised communities, a total of 10,900 children (boys 5,736, girls 5,164) benefitted from ECD kits provided to 72 ECD centres in Turkana East, South, Central and Loima. An additional 17,236 OOSC (7,833 girls, 9,403 boys) were enrolled in ECDE through UNICEF-supported, community-based enrolment campaigns, thus positively contributing to an overall increase in enrolment in pre-primary schools in Turkana County of 53 per cent.

OUTCOME 22 Operations & Programme coordination, planning and management and advocacy

Analytical Statement of Progress:
Promoting management excellence and efficient and effective leadership, underpinned by strong programme and operations management, are critical to the realisation of planned results, mobilisation and leveraging of resources. These elements are also important to create and sustain UNICEF Kenya’s image as the partner of choice for promoting and advocating for child rights in Kenya. This outcome on Operations and Programme coordination, planning and management and advocacy contributes to the realisation of all the CPD results. It is critical for the strategic and overall management of UNICEF in Kenya, its programme and operations, with a focus on strengthening efficiency and effectiveness in the delivery of results for children. The outcome will lead and coordinate all of UNICEF’s engagements with external partners, operations and programme management. It will focus on strengthening efficiency and effectiveness of office management, operations and programme implementation through streamlining internal processes and setting standards and guidelines. The outcome will coordinate implementation of the key strategies identified by the results teams, including evidence generation, policy dialogue and advocacy; capacity building; partnerships; support to integration and cross sectoral linkages; support for South-south cooperation; coordinated cross-sectoral results teams and human rights, equity, gender and resilience.

During the new Country Programme 2014-18, UNICEF Kenya will provide leadership and actively participate in the UNDAF 2014-18 result areas aligned to the realisation of child rights by contributing its technical and financial resources, convening power, advocacy, evidence generation, etc. In particular, UNICEF will strengthen advocacy and partnerships, as two of the core strategies underpinning the UNDAF results. This will be achieved by strengthening the enabling environment that encourages dialogue and debates children’s rights at the national and county levels, including through developing a base of champions for children and young people to ensure that their voices are heard at all levels. Advocacy for increased allocation of
resources for children’s rights by national and county governments and leveraging from
partners, including the private sector, will be strengthened. Existing partnerships will be
strengthened and new ones established to deliver results and advocate for the realisation of
child rights. Available resources will be managed efficiently and transparently to effectively
deliver results for children.

Key outputs for programme excellence include:

- **Partnerships and Advocacy:** Partnerships for awareness-raising, policy change and
  resource mobilisation strengthened; evidence-based advocacy material and
  communication tools developed to strengthen capacity and advocacy for children’s
  rights; and proven cost-effective interventions and innovations for children’s rights
  leveraged, using targeted advocacy initiatives.

- **Programme management and coordination:** Accessible, relevant technical leadership
  and support to the results teams; programme staff/partners have adequate technical
  capacity to review and implement planned results and prepare quality reports.

- **Independent, corporate oversight and quality assurance:** Programme and financial
  management and oversight strengthened and effective through improved internal
  controls on the use of resources and on relevance, efficiency and sustainability/ impact
  of UNICEF-assisted programmes.

Development of the draft advocacy strategy for the new Country Programme was a major step;
the strategy addresses the main shortcomings of the past approach to advocacy, as highlighted
in the 2013 audit.

As devolution unfolds, UNICEF Kenya continues to identify the gaps and risks to children and to
advocate, through its national and county level networks, for solutions to the problems identified
on devolution and its impact on children. Knowledge and partnerships remain key to building an
expanded supporter base of Champions for Children so that children’s voices are heard and
partners maximise and leverage resources in the best interests of children. Given the staffing
constraints of Advocacy and Partnerships after the departure of the Communication Specialist in
June 2014, the work plan focused on areas where the team could realistically advance
programmatic objectives. Efforts were made to optimise capacity by providing normative
guidance on organising visits, writing human interest stories, brand guidelines, use of social
media and media engagement.

**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:**
During 2014 management of programme transition from the CP 2009-14 to CP 2014-18 was
smooth. All closure actions – Programme Cooperation Agreements, consultancies, etc. were
managed on time. Rolling work plans for the period 2014-16 were prepared to translate the
high-level outcome and output results in the Country Programme 2014-18 into specific
interventions and actions to be implemented and monitored over the two-year period. The
RWPs were developed through a participatory process involving all programme teams and
stakeholders.
The annual review of programme and operations 2014 was conducted on 9-10th December, and a UNICEF-partner consultation held on 11th December 2014, to create an opportunity for interaction and learning from partners. The review was organised as part of the Annual Reporting 2014 process, to bring together all programme and operations staff to take stock and discuss the progress and results achieved during 2014, the challenges met and how to strengthen external partnerships and internal collaboration towards delivering more and better results for children in Kenya. Programme and operations teams presented summaries of key achievements, challenges and key priorities for 2015. The programmatic presentations followed the CP 2014-18 results framework: inclusive environment; protective environment; healthy environment; and learning environment – to underscore the importance of sectoral results and working as one team to deliver results for children. The discussions showed improvements in upstream reporting and cross-sectoral linkages.

The half-day meeting with partners, organised in the context of closing the CP 2009-14 and introducing the priorities of the new programme, highlighted key achievements based on evidence, areas of focus and emerging issues. Partners from key ministries, Government institutions, NGOs, development partners and implementing partners participated.

The Programme Coordination team, led by the Deputy Representative, supported programme teams to strengthen the quality of programme cooperation agreements, including through revising the PCA-Review Committee terms of reference and membership. Over the year, 50 of 51 donor reports were delivered on time, and three received positive reviews from the donors.

**OUTPUT 2 Effective & efficient Operations Support and coordination**

**Analytical Statement of Progress:**

Kenya continues to face high levels of vulnerability to shocks, including drought, floods, internal and cross-border civil strife, especially amongst marginalised communities, all of which has a devastating effect on levels of both acute and chronic malnutrition. Due to below-average rains, constrained food access and high food prices, over 1.5 million people, mainly concentrated in the northern pastoral areas and marginal agricultural areas of the country currently require food assistance. Child malnutrition rates are high, with an acute malnutrition rate of above 20 per cent for pastoral children in Northern Kenya and close to 310,000 children requiring treatment for acute malnutrition. Access to safe water is lowest in the arid and semi-arid lands, where food insecurity and malnutrition are rampant, predisposing households to water-borne diseases. For example, household water treatment is less than 10 per cent in Wajir (9.2 per cent) and West Pokot (6.7 per cent). Repeated episodes of intercommunal violence and flooding are disrupting schooling for displaced children and access to routine immunisation, maternal/neonatal care and nutritional services, leading to further vulnerabilities. Kenya remains susceptible to the current Ebola outbreak due to its position as a transit hub, border porosity, poor public information and a weak health system. Refugee influx into Kakuma Refugee Camp continues due to insecurity in South Sudan. By December 2014, the total camp population had risen to 178,079 refugees, of whom 49.4 per cent are from South Sudan. Of these, 98,861 (female 45,216, male 53,645) are children below 18 years, leading to the South Sudan situation being referred to as “A Children’s Crisis.” One in four children under five are acutely malnourished and 7,298 are unaccompanied or separated, making them especially vulnerable to sexual and gender-based violence and unlikely to access schooling.

In 2014, with 63 per cent (US$22.5 million) of the US$35.3 million appeal available at the end of October, UNICEF maintained optimum programme coverage, humanitarian response and
capacity building for devolved governance, while advocating for children’s rights in inter-agency rapid assessments and contingency planning. With the Government of Kenya, UNICEF supported sectoral coordination in five sectors and was key in resource mobilisation and prepositioning for humanitarian response, including additional humanitarian needs due to the refugee influx from South Sudan. Despite funding constraints, case management systems for child protection reached 9,000 children in Kakuma Refugee Camp, and 6,391 children benefited from temporary learning centres and teaching/learning materials. The Alternative Basic Education Programme in Dadaab refugee camp and the host community benefitted 2,918 children (1,155 male; 1,532 female). During the *kala asar* outbreak in northern Kenya, 1,800 children were treated with UNICEF-procured drugs. UNICEF also supported a measles campaign for arriving refugee children through advocacy, communication, social mobilisation and vaccine procurement, reaching 114,282 of 118,000 targeted refugee and host community children, as well as reaching 8,366,599 children through the preventive polio campaign. Approximately 67,000 people accessed safe water supplies (including 35,000 South Sudanese in Kakuma refugee camp), and over 57,000 people received WASH-related information and training to prevent water-borne diseases. About 113,035 children accessed life-saving nutrition interventions, of which more than 35,000 were treated for severe acute malnutrition and 450,000 accessed preventive high-impact nutrition services.

**OUTPUT 3**

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

**Analytical Statement of Progress:**

UNICEF maintained optimum programme coverage, humanitarian response and capacity building for devolved governance while advocating for children’s rights in inter-agency rapid assessments and contingency planning. UNICEF supported sectoral coordination in five sectors (Nutrition, Health, WASH, Child Protection and Education) and was key in resource mobilisation and prepositioning for humanitarian response. UNICEF continued to work with UN and other partners to build capacity of national ministries of health, water, education, labour and social services to monitor devolved service provision, and with specific counties to undertake bottleneck analyses, prepare investment cases and facilitate improved planning of health, sanitation, ECD and child protection services. UNICEF also supported the Government in the design, pre-testing and dissemination of key Ebola messages and roll-out of the Government and UN Interagency Ebola preparedness contingency plans. However, accessibility to needy populations and monitoring of interventions was affected by insecurity, especially in Northern Kenya, while the HIV/AIDS, Health and WASH sectors remained grossly underfunded. There were also additional humanitarian needs due to the refugee influx from South Sudan.

Through the UNICEF Zonal Offices in Kisumu, Lodwar and Garissa technical presence and programming in Western/Nyansa, North and Northeast regions, where children are impacted by severe single or multiple deprivations, was enhanced, with a focus on building capacity, providing technical expertise and proposing modelling options for reaching critical services for children and women. For a country where 75 per cent of children are subjected to at least one level of deprivation, UNICEF advocated for child rights by working closely with the devolved county government in streamlining county integrated development planning through a child-focused lens. In Nairobi, UNICEF’s presence as co-chair of the Ending Drought Emergencies Human Capital Pillar and as the core member of the institutional development and knowledge pillar, enabled it to rally support from a broad range of partners, including donor investment in improving the ability of children, communities and systems to withstand, adapt and recover from
stresses and shocks, with special attention to the most vulnerable and disadvantaged children. UNICEF continued its operational presence in the Dadaab and Kakuma refugee camps and remote areas, supporting critical life-saving service delivery and technical support and services to achieve results for children.

**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:**
Significant progress was made in relation to the public advocacy objective on children’s participation to build the capacity of children to hold their policy-makers to account. UNICEF collaborated with the education sector on the organisation of the National Children’s Government elections following nationwide elections in the 47 counties. These elections, in the run-up to the Day of the African Child on 16 June, highlighted the increasing cultural change in the value that children, adults and organisations now place on children’s views. Through a child-centred innovative ideation workshop, children outlined what would make their schools child-friendly in the area of education policy. As some of the cabinet members are living with disabilities UNICEF, as a knowledge leader, also called the attention of decision-makers, the media and the public to the lives of children with disabilities, to some extent helping to address misconceptions about the disabled. Subsequently, the NCG was invited to present its education policy recommendations to the Speaker of the Kenya National Assembly. During the CRC@25 four-day summit, children from the NCG, out-of-school children and children living with HIV were sensitised on the Convention on the Rights of the Child.

Regarding product development, the focus was on producing public advocacy material, branded but with no UNICEF logo, under the umbrella of the devolution advocacy and communication slogan, “Make Children Count in Counties.” Materials such as the MNCH Investment Cases summarise the programmatic, policy and investment implications of the evidence-based planning exercises conducted in the counties. By end-2014 investment cases for Garissa, Homa Bay, Isiolo, Kakamega, Marsabit, Siaya and Turkana were being finalised, and will play a key role in integrating priorities for children into County Integrated Development Plans. Advocacy leaflets are also being produced to guide stakeholders on how to save the lives of mothers, new-borns and young children.


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

**Analytical Statement of Progress:**
Some headway was made in media engagement to help the public understand the major challenges facing children and their families in Kenya, particularly in fuelling debate about immunisation. This was largely due to the contacts made through the Polio Advocacy Working Group on World Polio Day in 2013. However, media engagement was challenged by the tetanus toxoid controversy. Opposition by the Kenya Catholic Church to TT, on the grounds that it was laced with a fertility-inhibiting hormone, resulted in a drawn-out battle with the MOH over the safety of the vaccine. Although WHO and UNICEF eventually said that “the grave allegations”
were “not backed up” by evidence, it took a while to respond. In addition, the MOH was nervous about talking to the media; consequently, their senior staff were not always well prepared for media appearances. As a result, there was a lot of misinformation, and the public, especially women, began to wonder whom they should trust. Media engagement was weakened by the lack of a unified and timely approach, both in the UN system and with the MOH.

On the International Day of the Girl Child and CRC@25, UNICEF worked closely with an NGO, Inua Dada, whose mission is to keep girls in school – with a particular focus on menstrual health management. Jointly run by a media personality, Inua Dada is helping to make inroads into developing more concrete partnerships with media houses, and is also promoting the profile of the National Children’s Government.

Implementation of CRBP is being spearheaded by Safaricom. With UNICEF support, Safaricom has hosted orientations for corporates to influence their corporate social responsibility commitments. Safaricom has developed a children’s policy and is supporting a digital platform, to reach 500,000 adolescents with information on HIV and AIDS. Considerable support was provided by the ESARO partnership team for corporate engagement. In particular, the Africa Private Sector Mapping Study will help UNICEF Kenya to more effectively engage with the private sector and the extractive industries.

Regarding Delivering as One, UNICEF Kenya is on the internal communication team that has been working on the development of a joint Advocacy and Communication strategy. This is a shift to a smarter, more coordinated and sophisticated communication approach to maximise opportunities for shared advocacy and to promote a consistent and coherent image of the UNCT in Kenya.

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

Analytical Statement of Progress:
One of the key public advocacy objectives is to raise the visibility of Kenya’s persistently high rates of maternal, neonatal and child mortality and the measures needed to reduce them. In collaboration with the health team, a video was produced to build awareness about innovations to manage post-partum haemorrhage, such as the uterine balloon tamponade. The UBT video was showcased, along with some posters, at the UNFPA-supported conference on Maternal Mortality. Although the UBT video has not yet been widely disseminated, it has received an enthusiastic response from Government counterparts and development partners alike because of its clear messaging on UBT as a potential life-saving intervention. There is also ongoing communication support for life-saving MNCH initiatives such as A Promise Renewed (Wadagi Initiative in Homa Bay County and Afya na Mama ya Mtoto in Kakamega County).

UNICEF Kenya also engaged in a filming mission on children and HIV to raise the visibility of efforts to eliminate transmission of HIV from mother to child (eMTCT) as well as to ensure access to life-saving antiretroviral treatment for children living with HIV. Four videos were produced targeting various aspects of Children and HIV in different parts of the country. The videos were well received both nationally and globally, especially a video of 11-year-old Elijah Simel, an advocate for children living with HIV. Elijah’s story has been shared in various platforms by UNICEF and external partners, including UNICEF social media sites, the Guardian, World AIDS Day in Kenya, partner meetings and the World AIDS Conference in Australia.
Security concerns had a negative impact on UNICEF’s capacity to facilitate visits by National Committees in 2014. In preparation for the launch of the UK Natcom’s “Children in Danger” campaign, UNICEF Kenya organised a “well-planned, informative and impactful” visit to introduce Baroness Doreen Lawrence to UNICEF’s child protection work. Following the visit, Baroness Lawrence acted as a key spokesperson for the launch, with a focus on ending violence against children. She participated in a number of interviews and also wrote an article.

OUTCOME 23 Effective & efficient Operations support and coordination

Analytical Statement of Progress:
Excellent, efficient and effective leadership, underpinned by strong programme and operations management, are critical to the realisation of the planned results, mobilisation and leveraging of resources, as well as ensuring a strong image for UNICEF Kenya as a critical partner in promoting and advocating for child rights. During the new Country Programme, UNICEF Kenya will lead and actively participate in the UNDAF result areas aligned to the realisation of child rights through contributing technical and financial resources, advocacy, evidence generation, etc. In particular, UNICEF will strengthen advocacy and partnerships, as two of the core strategies underpinning UNDAF results. This outcome contributes to the realisation of all UNDAF results in which UNICEF will be participating. It will be achieved if an enabling environment that actively accommodates and encourages dialogue and debates on children’s rights at national and county level is established. The programme will seek to achieve this by ensuring that: by 2018, the base of champions for children and young people is expanded at all levels and increased resources for children are leveraged from Government and partners, including the private sector. Existing partnerships will be strengthened and new ones established to deliver results and advocate for the realisation of child rights. Available resources will be managed efficiently and transparently to effectively deliver results for children.

This outcome is critical for the strategic and overall management of UNICEF Kenya’s Programme and Operations, with a focus on strengthening efficiency and effectiveness in the delivery of results for children. The outcome will lead and coordinate all UNICEF engagements with external partners, operations and programme management. The result area will focus on strengthening efficiency and effectiveness of office management, operations and programme through streamlining internal processes, setting standards and guidelines and supporting their implementation. The outcome will coordinate implementation of the key strategies identified by the results teams, including evidence generation, policy dialogue and advocacy; capacity building; partnerships; support for integration and cross sectoral linkages; support and application of South-South and triangular co-operation; coordination of cross-sectoral results teams and human rights, equity, gender and resilience.

Key outputs for this outcome include:

Governance Systems: UNICEF Kenya is well managed, programme and operations teams are well coordinated, staff are motivated and external relations strengthened to leverage resources for children. Financial and other resources and supplies are efficiently managed to deliver results for children

Excellence in operations management: Corporate financial, information and communication technology, supplies, administration and risk assessment and management strengthened; capacity of staff to identify and managed risks strengthened, key risks identified and strategies to minimise their impact developed and implemented.
Human resources: Management of human resource improved, skills gaps identified and filled and capacity of staff strengthened.

During the reporting period, a transition from CP 2009-14 was completed in June and the start of the new CP 2014-18 initiated July 2014. The Operations team is supporting recruitment for new positions and departure of staff for retirement or due to abolished positions.

UNICEF Kenya has an effective governance structure focusing on accountability, partnership management, transparency, risk management and effective coordination between programmes and operations. These governance structures served as an effective management system to provide oversight and guidance during 2014. Effectiveness and efficiency is promoted through functional committees that oversee the processes and systems that support the effective implementation of interventions leading to results for children. In addition, the shared support centre provides operations support to UNICEF Kenya and the Regional Office in the areas of administration, finance, HR, ICT, supply and VISION Hub transaction processing. The security unit of the Operations Section supported implementation of UNICEF activities while maintaining safety and security of staff, operations and assets. The ICT Unit supported achieving results for children by having a robust and functional ICT system with an uptime of 95 per cent, and having a functional Business Continuity Plan. The BCP was updated in December 2014 to take care of changes that occurred during 2014. These services helped to ensure that the inputs needed to implement programmes are provided on a timely basis, with quality. In particular, the Programme Operations Coordination Group served as a platform for reviewing and reporting on key performance indicators, with a direct bearing on programme implementation. Where necessary, management interventions were sought at a higher level for timely intervention and support. Key performance indicators monitored on a regular basis included financial and other resources. UNICEF Kenya served as an operational support centre for the Regional Office and occasionally for UNICEF Somalia and other UNICEF offices in the region.

Risk management and HACT governance were a continuous process undertaken through different mechanisms; e.g., assessment of implementing partners, governance committees to review partnership engagement and procurement processes. Assurance activities were carried out to ensure effective utilisation of resources provided to implementing partners and to assess progress. In addition, capacity-building activities were carried out to help implementing partners manage cash transfers effectively.

The year under review was a transition period from the previous Country Programme to the new CP started in July 2014. This involved large-scale human resource-related activities, such as preparation of CPMP/PBR and realignment of human capacity to meet the needs of the new Country Programme. The process helped to ensure a results-based approach in the design of human capacity needs through focus and relevance of human resources to programme results, leading to expected results for children in Kenya. For example, UNICEF Kenya appropriately responded to the shift in the programme focus and strategy resulting from devolution by strengthening the human resource capacity at zonal offices and harmonising certain support functions.

The different skill-sets required for UNICEF to implement the new CP were established and agreed upon through a consultative CPMP process. Most of the newly established posts in the new Country Programme were pegged at a higher level, a motivation factor for staff. Workshops on career transitions and competency-based interviews were delivered to support staff affected by the transition to the new Country Programme.
In terms of gender diversity, UNICEF Kenya was able to maintain a balanced representation of 87 male and 89 female staff.

The Staff Association, Joint Consultative Committee (JCC) and other fora facilitated dialogue between staff and management to address issues of communication between supervisees and supervisors. Four JCC meetings were held in 2014.

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

**Analytical Statement of Progress:**
The new Country Programme development process, which lasted from 2013 until early 2014, presented an opportunity for UNICEF Kenya to realign its human capacity needs to the programme design. This process helped to ensure a results-based approach in the design of human capacity needs by linking the focus and relevance of human resources to the expected programme results for children in Kenya. For example, in response to the shift in the programme focus and strategy resulting from the devolution process, UNICEF strengthened the human resource capacity of its zonal offices and harmonised certain support functions.

Through a consultative Country Programme Management Plan process, different skill-sets required to implement the new Country Programme were established and agreed upon. Additionally, job descriptions were reviewed. Most of the newly established posts in the new Country Programme were pegged at a higher level, which was a motivating factor for staff. In support of staff affected by the transition to the new Country Programme, workshops on career transitions were held and competency-based interviews were delivered. In terms of gender diversity, UNICEF Kenya was able to maintain a balanced representation of 87 male and 89 female staff.

Over 75 per cent of staff have gone through training on Managing Performance for Results (MP4R), have good knowledge and understanding of the importance of performance management by both supervisors and supervisees and have contributed to an improved process, both in terms of quality and quantity of reports. Clear, hierarchical linkages were established between office/section/unit/individual work-plans to ensure alignment of objectives and outputs with agreed results. A monitoring tool is in place, and management monitors completion rates by way of indicators at CMT meetings. A completion rate of 96 per cent for mid-year performance discussion was achieved. The target for end-of-year evaluation was 80 per cent by end-February 2015.

The Staff Association, JCC and other fora facilitate dialogue between staff and management, as well as addressing issues of communication between supervisees and supervisors. In 2014, four JCC meetings were held.

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

In early 2014 staff received training in ERIP. This enabled updating of the EPR in line with UNICEF’s CCCs. The training was a good opportunity for promoting better and common
understanding of emergency preparedness and response between existing and new staff members, even at the planning stage.

OUTPUT 2 Effective and efficient management ad stewardship of financial resources

**Analytical Statement of Progress:**
During 2014, Operations continued to support the implementation of programmes through timely processing of disbursements to implementing partners. Support for assurance activities were provided to the programme sections to assess effective utilisation of funds provided to the implementing partners. To ensure availability of funds, forecasting of funds and replenishments were done on a timely and regular basis. The year saw a transition from the previous Country Programme to the new CP in July 2014. Closure of books of accounts and submission of schedules were completed in a timely manner. UNICEF participated in a workshop and contributed towards the Global Shared Support Centre by identifying functions that will be moved to the GSSC. Processing of financial transactions was carried out not only for UNICEF Kenya but also for the Regional Office.

OUTPUT 3 Effective and efficient management of supplies and supply chain

**Analytical Statement of Progress:**
UNICEF Kenya’s annual supply and distribution plan, worth US$16.6 million, was completed in March 2014. In addition, in-kind donations and procurement services throughput for 2014 reached US$40 million, 85 per cent of which was new vaccines; the rest traditional vaccines, laboratory equipment, nutrition supplies to mitigate the effects of under-nutrition, syringes and injection safety items. Moreover, UNICEF provided logistics management for in-kind supplies of ready-to-use therapeutic foods from the USAID Food for Peace programme worth US$702,000. By year-end, 99.5 per cent of all supply orders had been raised and 62 per cent delivered to IPs.

A year-end physical inventory of the three UNICEF Kenya-managed warehouses in Garissa, Kisumu and Nairobi reported supply stocks worth US$1.15 million. A new solid-wall warehouse was leased in Kisumu, and stocks relocated from the Kenya Red Cross soft-wall facility, thus improving the effective management of programme and emergency supplies for counties supported by the Kisumu Zonal Office.

UNICEF Kenya supported UNICEF’s Democratic Republic of Congo and South Sudan Offices in trans-shipment of vaccines and procurement/dispatch of emergency supplies, respectively. Regional LTAs were signed to facilitate procurement of non-food items: tents and tarpaulins, educational and recreational kits, vehicles, car hire, hotel and conference services, quality assurance, micro-assessment and special audit services. These services are available to other UNICEF offices (Regional Office and Somalia) and UN agencies (WFP, UN Women, the UN Africa Mission for Somalia and UNON).

Foreseeing the need to ensure that life-saving health and nutrition supplies reach the children and women who need them, UNICEF engaged with the Kenya Medical Supplies Authority in a strategic partnership and signed a Memorandum of Understanding (MoU) in November 2014. The MoU covers four key pillars of the strategic partnership: procurement services, logistics services, capacity optimisation and knowledge transfer. KEMSA and UNICEF engaged in high-level meetings prior to the launch of the strategic partnership, including a visit to the UNICEF Supply Division in Copenhagen, Denmark.
The Country Assessment of Essential Commodities and Services concluded in July identified a basket of 42 commodities and services essential for children’s survival, development and protection in health, nutrition, education, water and sanitation hygiene, and child protection. A comprehensive Market Survey resulting from this assessment is underway. It will be completed by the first quarter of 2015 and will generate a directory of essential commodities and service suppliers.

**OUTPUT 4 HACT Management and Regional HACT Action Plan Implementation**

**Analytical Statement of Progress:**
The Quality Assurance unit of the Operations team was reinforced with more professional staff in order to provide timely and high-quality support in areas related to partnership management, particularly in the areas of risk management and HACT implementation. This unit provides peer-review support to programmes during audits and other reviews. During the year, the Unit provided support for both the preparatory and implementation phases of the audit. In addition, the unit closely monitors open recommendations from previous audits and works closely with the concerned units for closure of open recommendations. While doing so, the Unit focuses on continuous improvement in the systems and processes needed both within the office and with external stakeholders. Training on HACT and PCA management was organised for implementing partners and UNICEF staff during 2014. Five training programmes for implementing partners (three at the field level and two in Nairobi) and three training programmes (one in Nairobi and two at field level) for UNICEF staff were organised during 2014. Some 85 implementing partners were covered during these trainings, including 127 participants. Twenty-five UNICEF staff received the training. HACT implementation was further enhanced through establishment of long-term agreements with two audit firms to carry out both assessment and assurance activities. As part of Delivering as One, UNICEF helped to prepare a roadmap on HACT for Kenya, which aims at harmonising efforts related to HACT implementation by working with other UN agencies in the country. This is an area to be strengthened in the coming year.

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**Evaluation**

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