Executive Summary

In 2012, major achievements have been made in promoting children's right to nutrition through the legislation of the Breast Milk Substitutes (Regulation and Control) Act (2012); mandatory fortification of oils, fats and cereals; parliamentary endorsement of the Food and Nutrition Security Policy; and the Government of Kenya (GoK) signing up to the Scaling Up Nutrition (SUN) movement. Throughout, UNICEF provided technical support and advocacy, culminating in a National Symposium on Nutrition in November.

In May 2012, the Cabinet approved a National Social Protection Policy that commits GoK to progressively ensure income security through household and child benefits that facilitate access to nutrition, education and health care, and to develop flexible social protection responses to emergencies. UNICEF and partners provided technical assistance to the development of the policy.

On the education front, UNICEF and partners supported the Ministry of Education (MoE) in realigning the education sector with the new constitution. The Draft Basic Education Bill 2012 proposes to mainstream Early Childhood Development Education (ECDE) into basic education.

The equity agenda was advanced. Specifically, UNICEF and UN partners conducted equity analysis and supported dialogue on the formula for allocation of resources to counties under Kenya’s devolution. This contributed to a revision of the formula and a greater share of resources being directed to the most deprived counties.

Advocacy efforts in support of disadvantaged young people succeeded in directly influencing the allocation of specific budget lines to the youth talent development programme through key budget forums. As a result, more than USD 4.1 million was mobilized from relevant ministries for a range of youth talent development activities, such as arts, sports talent identification, and an international sports academy.

The Horn of Africa drought of 2011 has abated but many of the affected areas remain food insecure, with an estimated 2.1 million people (1.1 million children) continuing to experience food insecurity throughout 2012.

Over the past year, Kenya has begun to prepare in earnest for the far-reaching changes to the governance structure and service delivery ushered in by the Constitution of 2010 (CoK 2010). Indeed, the legal landscape is changing. Critical legislation that defines the structure of county governments and the governance system for urban areas, the planning and budgeting process for counties, and the revised budget process at the national level, has been passed. The 2012/2013 budget was the first to include allocations for county governments, and ministries have drawn up schedules of functions to be transferred. Furthermore, a Transitional Authority has been established to oversee the devolution process. As 2012 draws to a close, election alliances are being secured and election platforms are being developed. In Parliament, the flurry of activity has resulted in the finalization of legislative decisions. However, unfortunately some important bills for children may not be concluded under this Parliament. At the same time, the Government has embarked on a process to develop a second five-year Medium-Term Plan under the overarching Vision 2030 programme.

Country Situation as Affecting Children & Women

Kenya’s national budget increased by 26 per cent in 2012 in preparation for elections and devolution, resulting in increases in the national budgets for health, education and social protection, although the overall proportion allocated to social sectors fell slightly, to 32 per cent. Inflation has stabilized at 4-5 per cent, down from double digits in 2011. Food prices have lowered, fuel prices have stabilized and electricity costs have fallen, easing some of the economic pressures on households. Resources for Kenya’s development are increasingly generated from the economy and regional integration. Official development assistance (ODA) is a small proportion of development expenditure and the emerging focus is on development effectiveness and increasing south-south cooperation.

Good rainfall and sustained support following the 2011 drought contributed to a significant reduction in the
number of people considered food insecure, from 3.75 million in 2011 to 2.1 million as of October 2012. Reductions in malnutrition have been recorded, with the number of children under 5 suffering from acute malnutrition reduced from 385,000 to 300,000. However, the nutrition and food security situation in areas bordering Somalia has not improved due to insecurity, which makes them difficult to access. High food prices, exceeding the five-year averages, remain a cause for concern. Children continue to be vulnerable to disease outbreaks due to poor routine health services. Some 375,000 children are at risk of having their education compromised due to natural disasters and displacement, which heighten protection concerns and the risks of gender-based violence. Kenya hosts 618,000 refugees, the majority being women and children in need of special protection.

Significant challenges remain due to the 2011 refugee influx, including heightened insecurity. The Kenyan military action in Somalia has deteriorated the security situation in North East Province, which borders Somalia. Humanitarian workers are being targeted for kidnapping and the Kenyan police and GoK officials are regularly attacked.

Over 9 million of Kenya’s 19 million children are estimated to be living below the national poverty line, with orphans and other vulnerable children (OVC) being more at risk in larger households. Children in northern Kenya experience multiple deprivations. They are less than half as likely to enrol, and half as likely to complete primary school than the average Kenyan child. The overall nutrition situation has shown a marked improvement from the severe effects of the drought experienced in 2011. This was illustrated by the results of nutrition surveys conducted in 2012 in the counties of Kajiado, Mandera, Moyale and Turkana, where the rates of acute malnutrition were below the emergency thresholds of 15 per cent. However, progress on reducing the incidence of underweight children and stunting, with a prevalence of 35 per cent remains a challenge. Kenya is unlikely to achieve the underweight MDG target of 11 per cent by 2015.

Violence linked to the electoral process has led to the temporary displacement of more than 100,000 people in 2012 and may escalate in the lead-up to the elections in March 2013. Repeated crises and resource-related conflicts are driving forced migration from pastoralist areas in north and northeastern Kenya, resulting in increasing occurrences of family separation and a sharp increase in child-headed households on the streets of Eldoret, Kitale, Lodwar and West Pokot.

Nyanza Province had the highest under-5 (U-5) mortality rate, equivalent to 149/1,000 live births (Kenya Demographic and Health Survey—KDHS, 2008-2009), compared with an average of 74/1,000 live births nationally. The latest 2011 Multiple Indicators Cluster Survey (MICS) data shows that this rate has decreased to 91 per 1,000, although one out of the six constituent counties of Nyanza still exhibits rates as high as in 2008. Malaria, diarrhoea and pneumonia, together with neonatal death, remain the leading causes of U-5 mortality. Maternal mortality remains high, with new initiatives required to change the worsening trends observed in the last eight years.

For the first time, national data became available on the prevalence of violence against children in Kenya through the Violence Against Children (VAC) Study, which demonstrated high levels of sexual and physical violence for both boys and girls. Boys were most likely to experience violence at home, while for girls the location of violence was equally likely to be in the home, in school, or while walking outside.

Kenya is among the countries with high inequality in the subregion. The Constitution (CoK 2010) has far-reaching rights commitments, an ambitious vision of social equity and the promise of addressing historical injustices and grievances. Its Bill of Rights includes a specific application of rights to children; introduction of a minimum of 33 per cent representation of either sex in all public institutions and representation of minorities in political offices; devolution of political power, planning and service delivery to the 47 counties; devolution of finances to the counties; an ‘equalization fund’; and establishment of new and stronger institutions for accountability, e.g., the Kenya Human Rights Commission and the Gender and Equality Commission.

Implementing CoK 2010 entails a complete dismantling and rebuilding of the state, the establishment of devolved governments, and extensive reform of the central government. Furthermore, potential challenges in its implementation include resistance to or the neglect of children’s and women’s rights; political pressure to
maintain unequal resource allocations; and a lack of good county data, among others.

Transition to the counties may take up to three years from the forthcoming elections scheduled to be held in 2013. The shift to a devolved government has significant implications for the sharing of national resources. Significant oil deposits have been found in Turkana, heightening the debate around the equitable distribution of resources in the context of a devolved governance system. Weaknesses in accountability for the use of public resources may be exacerbated as devolution unfolds.

Some key provisions on children’s rights enacted within the CoK 2010 include the Act on the Marketing and Promotion of Breast Milk Substitutes, and the mandatory fortification of flour and oils legislated in October and the national Gender and Equality Commission Act. Legislation under way includes the Refugee Bill; the National Registration and Identification Bill, which seeks to offer free birth registration services; and the Protection against Domestic Violence Bill [1].


Country Programme Analytical Overview

In 2012, the Country Office (CO) underwent limited restructuring during the Programme Budget Allotment (PBR) in order to enhance its capacity to lead a knowledge-based agenda for children in Kenya. The merging of the Social Policy and the Monitoring and Evaluation (M&E) functions is providing a basis for the strategic improvement of information-sharing and knowledge-generation across programmes. This will be further extended through engagement on policy priorities, including within the GoK Medium-Term Planning process, and through generating stronger linkages between policy commitments, implementation plans and resource allocation in critical areas for children’s rights.

The forthcoming elections and the challenges posed by devolution require an emergency advocacy framework complementing the overall advocacy strategy. An analysis of existing advocacy outreach methods, products and tools is underway. It will eventually provide the basis for an equity-based, conflict-sensitive advocacy strategy. Greater emphasis has also been placed on integrating Communication for Development (C4D) more strategically within programme results. This includes strengthening diagnostics on how social norms and social structures drive and perpetuate inequities within child survival, maternal and newborn health, access to and use of water and sanitation, and education, among others.

As the devolution process unfolds after the elections in March 2013, the CO’s approach will encompass county-based data analysis, advocacy, capacity-building, budget tracking and social accountability. New partnerships with the Transition Authority will be developed to operationalize this approach.

To build resilience within systems and communities in the Arid and Semi-Arid Lands (ASALs), the CO will continue to develop Disaster Risk Reduction (DRR) approaches and strategies. Emergency preparedness has also been strengthened through the adoption of an improved joint monitoring and assessment methodology called the Kenya Initial Rapid Assessment. For the first time, GoK is leading these processes.

Support for the capacity development and strengthening of systems for nutrition coordination, including the coordination of Maternal, Infant and Young Child Nutrition and the modelling of integrated child protection systems, will be sustained. The successful model for strengthening service delivery in Nyanza through the expansion of community outreach services will be rolled out in the underserved North Eastern Province. In 2013, the CO will explore public-private partnerships, fostering the involvement of civil society in supporting community health service delivery and strengthening cross-sectoral linkages such as School Water, Sanitation and Hygiene (WASH), maternal health and girls’ education, Female Genital Mutilation/Cutting (FGM/C) and women’s reproductive health, etc.

Regarding the rolling-out of the Monitoring Results for Equity Systems (MoRES) approach, early lessons show that strengthening and enhancing skills for Level 2 monitoring significantly contributes to enhancing outcomes at Level 3. Equally, strategies, resources and competencies for ensuring programme excellence (e.g., gender-
based analyses, etc.) need to be complemented by similar investments in diagnostics and the enhancement of programme and operational efficiencies both internally and with partners.

Programme sections identified the following deprivation issues using the bottleneck analysis framework for Level 3 monitoring: high Infant Mortality Rate (IMR) and Child Mortality Rate (CMR) due to malaria, pneumonia and diarrhoea; high prevalence of anaemia among pregnant women in Kenya—at 50 per cent—based on the 1999 Micronutrient Survey; an increasing number of deaths among U-5 children due to lack of sanitation and hygiene facilities; an increasing number of OVC, from 2.4 million in 2007 to 3.6 million in 2009; and a low retention rate of girls in primary school.

Humanitarian Assistance

The focus was on recovery from the drought of 2011, support to displacement triggered by elections-related conflict and violence, and ongoing support to refugee programmes, primarily in Dadaab. UNICEF continued to leverage existing partner capacities while systematically building the capacities of GoK systems to respond to recurrent emergencies (for example, building the national capacity for clusters in nutrition, education, WASH and child protection). These partnerships and investments in capacity-building yielded: [1] multiyear support to the nutrition sector to continue life-saving responses while addressing the underlying causes of malnutrition (the United Kingdom’s Department for International Development—DFID, and SHARE EU); [2] the launching of the joint education strategy for refugee children in Dadaab and a draft refugee education policy (both developed with the MoE); [3] the development of a DRR curriculum and learning materials with the Institute of Education and the inclusion of emergency education in the education sector investment plan; [4] and a nationwide child protection hotspots-mapping and training to raise awareness among GoK and partners of the protection risks to children resulting from natural and man-made disasters. Lastly, technical and financial support was provided for the development of the Kenya Initial Rapid Assessment (KIRA) to support GoK and partner assessments of rapid onset emergencies (initially conflict-related, but then also flooding) for a better evidence base.

Effective Advocacy

Partially met benchmarks

Despite the diversion of attention from the critical development challenges, UNICEF revived its relationship with the Parliamentary Committee on Health to secure its participation in the 126th Inter-Parliamentary Union Assembly, held in Kampala, Uganda, from 31 March to 5 April. Prior to the meeting, UNICEF briefed the Members of Parliament (MPs) and engaged them on issues such as health systems development in the context of decentralization.

An advocacy strategy driven by a Call to Action—“Nutrition is Key, Take up your role, Act Now”—was developed for the first National Nutrition Symposium held on 5-6 November, where the GoK signed up to the global SUN movement. The Call to Action advocates for various individuals, communities, sectors and organizations to focus more attention on nutrition issues. Various audiovisual materials were developed for different audiences. A comprehensive nutrition communication and advocacy strategy is being prepared.

In the aftermath of the 2011 Horn of Africa (HoA) crisis, the Intergovernmental Authority for Development (IGAD) is supporting governments in the region to develop Country Programme Papers to provide the framework for enhanced investment in resilience. The Ministry of Northern Kenya has led the development of the “Ending Drought Emergencies” paper focusing on investing in human capital in education, health and nutrition. UNICEF has been a strong voice, along with other civil society partners, in ensuring that human capital development and appropriate social service delivery for pastoral populations have a prominent place on the resilience agenda. Strong advocacy and programme performance over the last several years have increased awareness about the contribution of nutrition (and health) to development and future growth. The paper also draws heavily from the Nomadic Education Policy.

UNICEF technical support contributed to expanding the Turkana Child Protection Network (TCPN) through enhanced collaboration and coordination with GoK (DCO), police, magistrates’ court, international and
national non-governmental organizations (NGOs), Turkana Women’s Group (TWADO), local FM radio stations and other child protection actors. The network successfully lobbied for the waiving of P3 form charges with the Lodwar District Hospital and the allocation of land for a rescue centre with the municipal council.

UNICEF held advocacy forums with MPs and political party CEOs to sensitize them on ECDE through a partnership with the Elimu Yetu Coalition. Technical input was provided to MoE and the Ministry of Youth Affairs and Sports (MoYAS) for streamlining a range of education-related policies and bills within the CoK 2010. Consequently, the Draft Basic Education Bill now recognizes ECDE as part of basic education and prioritizes nomadic education for disparity reduction and equity.

To advance the “A Promise Renewed” agenda, the Ministry of Health and development partners prepared a rapid results initiative (RRI) to scale up selected high-impact maternal, newborn and child health interventions for 100 days, followed by another 200 days. The RRI was launched on 30 November. UNICEF also influenced the development of an implementation framework for integrated community case management, a maternal and newborn health business plan, and the launch of the elimination of mother-to-child transmission of HIV (EMTCT) framework.

As the new laws and policies that will govern the new county structures are being drafted, UNICEF will engage in the national policy forums more strategically.

**Capacity Development**

*Mostly met benchmarks*

The promotion and protection of children’s and women’s rights in Kenya requires the provision of strategic support to the capacity-building of key counterparts, partners, and communities in both the development and emergency contexts. In 2012, consistent engagement with partners at both the institutional and community levels continued. Skills were enhanced in emergency preparedness and response under the DRR framework. Specifically, with support from UNICEF and Save the Children, the MoE Directorate of Field Services has strengthened its engagement in the coordination of the education cluster.

As Chair of the Education Development Partner Coordination Group (EDPCG), UNICEF played a key role in facilitating and promoting policy analysis and dialogue with GoK counterparts and development partners. This is part of national capacity development and the improvement of coordination in the sector.

Capacity-building and the strengthening of service delivery by GoK has been reinforced through the training of Children’s Officers, Volunteer Children Officers (VCOs) and members of the Area Advisory Councils (AACs) on emergency response and prevention. UNICEF initiated a Child Protection in Emergencies Workshop and, in collaboration with the Ministry of Gender, Children and Social Development (MoGCSD), trained health workers and stakeholders to promote positive social change with regard to traditional practices, including female genital mutilation.

On the Job Training (OJT) which started in 2011 to enhance nutrition service delivery at the facility level with direct supervisory support, continued. This is undertaken through the Programme Cooperation Agreement (PCA) partners at subnational level and has shown success with improved performance indicators. Another approach has been to focus on improving the coordination skills of District and Provincial Nutrition Officers, and the UNICEF Nutrition Support Officers. A five-day workshop on coordination training, held in conjunction with RedR in August, resulted in key action plans for enhancing coordination at the subnational level, including the development of resource mapping such as the 3Ws (Who is doing What and Where); contingency planning; and enhancing soft skills in facilitation. Support was provided for a capacity development framework to scale up the nutrition sector, and outputs were used to inform programme design and support needs in terms of Human Resources, supplies and technical support.

Community engagement was undertaken through the Community Health Strategy for the training of Community Health Workers (CHWs) and the promotion of WASH services at the household level. WASH
Committees, School Management Committees (SMCs) and head teachers were trained in the sustainable operation and maintenance (O&M) of water supplies and WASH in schools. Furthermore, the capacity of partners was enhanced to develop proposals incorporating critical analysis of gender, equity, sustainability and community resilience components.

Under the Faith for Life (F4L) initiative, the strengthened capacity of 3,369 religious leaders is evident in their successful mobilization of religious communities that had initially refused polio immunization. In addition, to provide an evidence basis for C4D interventions, a knowledge, attitudes and practices (KAP) survey was conducted on Child Survival, Development and Protection, with elements of a baseline against which the outcomes of the F4L initiative can be benchmarked. Lastly, enhanced capacity of GoK partners resulted in the development of a national and two-region specific disease outbreak communication framework and the development and implementation of communication-specific micro-plans for Special Immunization Days.

**Communication for Development**

*Initiating action to meet benchmarks*

C4D activities continued to be integrated into the broader country programme activities and national task forces (child survival and development, education, and child protection), and more streamlined approaches are currently underway as part of the new C4D strategy. Towards enhancing the results focus of the C4D response and its alignment to country programme needs, a critical appraisal of the C4D support to programmes was conducted with partners as well as in-house, and this is already informing changes in the C4D focus and modality of operation. This new approach is a shift from campaign-type approaches and information dissemination to evidence-based strategic C4D programming.

Sports have proved to be a successful medium for reaching young people with HIV prevention information and HIV counselling and testing. In this regard, 132 soccer matches were organized under Youth Leaders for Life, reaching approximately 55,000 young people, out of which 20,000 were availed with HIV counselling and testing. The perceived value of the activity by the GoK led to a 20 per cent budgetary contribution for its continued implementation, and in 2013 the plan is to mobilize additional resources from the private sector/other partners.

Through partnership with key UN agencies and development actors, a communication strategy for EMTCT was developed and launched at a high-profile event presided over by the Prime Minister. The strategy is being implemented in three EMTCT-focused districts (Kisumu East, Rongo and Siaya).

Advocacy efforts and technical support resulted in the inclusion of a communication chapter in the National Education Strategy and ongoing support for its implementation will be provided. A communication strategy and an implementation plan in support of the Joint Dadaab Refugee Education Strategy were developed. Moreover, qualitative evidence to inform the development of context-relevant interventions to facilitate social and behaviour change around school enrolment, especially that of girls, was initiated, and this has already positively influenced school enrolment. Technical support was provided for the development of a communication strategy on Community-Led Total Sanitation (CLTS) and an implementation plan.

Under the partnership with the Inter-Religious Council of Kenya, an International Faith for Life Conference to advocate for the greater involvement of religious leaders in child survival, development and protection was held in Nairobi. The conference culminated in the amendment and endorsement of the F4L booklets for different faiths and the formation of an international child survival, development and protection interfaith network. Development of a monitoring framework for the F4L initiative and a baseline derived from a KAP survey of Child Survival and Development (CSD) in the F4L implementation location will provide guidance for the measurement of its outcome. A chapter on immunization and child protection, to be included in the communication handbook for religious leaders, has been drafted and is in the process of being finalized.

Conceptualization is underway for an integrated approach to promoting behaviour and social change for the CSD programme. A scenario-specific C4D emergency preparedness and response framework, informed by
lessons learned from the HoA response and the Emergency Preparedness and Response Plans of sections, has been developed.

Service Delivery

Mostly met benchmarks

Increased service delivery through systems and capacity-strengthening continues to be a priority focus for UNICEF’s support in all programme sectors. In line with the priorities set by GoK, the Children’s Department and UNICEF are committed to developing a model child protection system with comprehensive child protection services. In fact, the Child Protection Centre (CPC) in Malindi has served as a valuable facilities model for the integrated sector approach to child protection. This centre constitutes a one-stop learning model for interagency service providers at the district level that are serving as community resource centres and information hubs for children at risk. Available services include: assessment, counselling, legal aid, tracing and family reunification. The CPCs house libraries and child-friendly spaces, as well as a referral desk for specialty services.

In close consultation with the field offices (Dadaab, Garissa and Lodwar) and the Supply Section, the Education and Young People programme identified the acute needs of vulnerable groups with an equity focus. Subsequently, they jointly developed PCAs, Small Scale Funding Agreements (SSFAs), and supply distribution plans to address the identified needs. The field-based staff members played a key role in ensuring timely implementation, regular monitoring, prompt service delivery, and documentation of accountability and results. Using this approach, UNICEF not only contributed to immediate service delivery improvements, but also enhanced capacity development and information systems for building local resilience. For example, within the humanitarian context, UNICEF provided emergency education supplies to 14,480 vulnerable nomadic children in Turkana, including refugee children in Kakuma [1].

UNICEF facilitated 12 international non-governmental organizations (INGOs) with the delivery of a package of key high-impact nutrition interventions in the areas of need. Using World Bank funds that were received for the first time as well as other funds, UNICEF supported the procurement of all nutrition supplies. The CO contributed to the five-year National Nutrition Action Plan, the Food and Nutrition Security Policy and the finalized draft of the urban nutrition strategy tools, which were developed to boost service delivery. Under the Nutrition Technical Forum, and with support from UNICEF, the Nutrition Response Advisory Group provided clear guidance on response while following updates on the nutrition situation. The group also routinely referred to the needs assessment to address the appropriate assistance required at the county level in terms of Human Resources (HR), supplies and technical support.

Innovative approaches have been used to address regional inequities, including gender inequities, in access to WASH service delivery; incorporating best practices in CLTS; School WASH; hand washing with soap; school gardens; use of biogas technologies; menstrual hygiene management; and Community Strategy and modelling sustainability.

Evidence on best practices, innovative approaches/technologies, and lessons learned were captured and documented through the WASH Sector Coordination Committee (WESCOORD) for reference in emergencies; to be used as the CLTS hub for sanitation-related information and the Project Management Unit (PMU) for water supply; and for dissemination through dedicated websites, newsletters, learning forums and technical working groups. [1]

The procured supplies included 137 ECD kits, 109 teaching and learning materials, 127 recreation kits, 10 school tents, 5,305 textbooks for Grades 4-8 (English, Swahili, Science and Math), and 26 mobile school kits.
Strategic Partnerships

 Mostly met benchmarks

A results-oriented DRR partnership was strengthened in 2012, including preparedness for humanitarian situations and for potential election-related violence. Under this partnership an extensive contingency planning process has been conducted, as well as the development of KIRA, which is meant to strengthen the common evidence base to respond to rapid onset emergencies. The design of KIRA has been participatory, maximizing the capacities of the broad range of partnerships at national and subnational levels. By end-November, more than 110 people from across the humanitarian partnership spectrum had been trained. A simulation was undertaken in December that further strengthened preparedness and the use of the KIRA tool for 2013.

The WASH programme collaborated with UNHCR on the development of ground water sources such as boreholes for refugees and host communities; with UNESCO on ground water assessment in Turkana; and with UNEP and other UN agencies on updating the second Medium-Term Plan (MTP II) and contributing to the Vision 2030 MTP II plans under the Environment, Sanitation and Water sector group chaired by the Ministry of Environment.

To strengthen the child protection system, UNICEF has engaged in three main joint partnerships. Regarding urban informal settlements programming, UNICEF, UN HABITAT and UN WOMEN signed a five-year initiative called “Safe and Friendly Cities for All”. Meanwhile, the Joint Programme on Accelerating Abandonment of Female Genital Mutilation/Cutting 2008-2012 was reinforced by an end of programme evaluation. The focus is on accelerating change by rolling out the Prohibition of FGM Act 2011 to communities; engagement with media; and capacity-building for partners and communities. At the local level, the partnerships and collaboration with District Children’s Services representatives, INGOs and community-based organizations remain crucial for bolstering the systems approach to child protection.

A new partnership was initiated with the Office of the President and the Ministry of Justice to support the National Peace Education Torch programme, and with the MoE to promote peace ahead of the presidential elections in 2013.

In October, the Children’s Rights and Business Principles were released in partnership with Save the Children and the UN Global Compact, engendering much debate about their practical application. As the CO gradually shifts to investing in strategic partnerships with corporate entities such as Safaricom and Imperial Bank, UNICEF has to convene and negotiate new arrangements that position UNICEF as a leader and a resource regarding the impact of business on the rights of children.

Continuous engagement with the National Food Fortification Alliance, chaired by the private sector, resulted in GoK passing the law on mandatory food fortification in November. The CO also worked with an umbrella organization for the private sector, KEPSA, to support a better workplace environment for breastfeeding mothers.

The CO is exploring public-private partnerships. In particular, the WASH programme collaborated with the private sector on forging a partnership with hotels for business models for WASH in schools, and with the Grundfos Company on sustainable water service delivery at the community level. Lastly, a multiyear partnership was initiated with the Dutch National Committee (NatCom) on ‘Football for WASH’, which targets WASH in schools.

Knowledge Management

 Partially met benchmarks

The CO is striving to position itself as a knowledge leader for children in Kenya. To this end, the research function is being revitalized to improve the generation and documentation of knowledge. Following office consultations, knowledge management was made a strategic priority for 2012 and beyond. A Strategic
Information, Research and Knowledge Management (SIRK) task force has been created with clear Terms of Reference (ToRs) and deliverables to enhance capacities and strengthen accountabilities in the office. The task force will facilitate the establishment and roll-out of office-wide standards for quality assurance in data/information and evidence generation, thus ensuring the proper use of evidence for strategic planning, monitoring and reporting within the MoRES framework. Additionally, the task force will plan and support the implementation of internal and partner capacity-building efforts, as well as the guidance and dissemination for advocacy purposes.

Partnerships with academia and research institutions have enabled the office to stay abreast with emerging issues (and insights). Progress is being made in data/information generation through the MICS; Social Intelligence Reporting that provides community level data; and through sensitive information such as the VAC Study that was recently launched. However, external dissemination has to be improved so that the findings are efficiently utilized for programming. Currently, there are tools and technology for sharing knowledge internally and externally (websites, resource kits, etc.), and the Integrated Monitoring and Evaluation Plan (IMEP) provides information on the data and information gaps.

Dissemination of results-focused programmatic good practices within the office has been shared through existing forums (PCGs, CMT, PMCs) [1], in which a knowledge management session is part of the agendas. However, the information has to be synthesized and packaged for dissemination to inform programming.

Increasingly, knowledge management sessions are contributing to programming, such as with the following examples:

[a] The gender-based violence (GBV) mapping exercise within the framework of the UN Joint Programme on Gender Equality and Women’s Empowerment (UNJPGEW) provided a broad picture of what preparedness exists in urban and rural areas. It also gave the GBV community in Kenya an understanding of referral pathways across the country to identify training needs so that gaps in services can be rectified. The mapping is conceived as an online service which can be updated by the National Gender and Equality Commission.

[b] Establishment of informal and formal nutrition donor groups to share information and ideas on priority areas for response and opportunities to collaborate. Information management of nutrition data from surveys and district-level health information were managed through the Nutrition Information Working Group, with UNICEF’s support, using the Geographic Information System (GIS) and other appropriate software.

[c] A strengthened M&E system to provide the knowledge base for evidence-based planning. An Education Management Information System (EMIS) has been developed and operationalized and provides key information analysing the education status of refugees in Dadaab.

[d] Exploration of creative approaches to disseminating information—websites for WESCOORD and CLTS developed for sharing experiences, best practices and lessons learned.

[e] Regional reviews have been conducted to exchange programme experiences and best practices between regions—both at the institutional level (Tanathi and Lake Victoria North Boards) on procurement and M&E and at the community level on operations and maintenance.

[1] Programme Coordination Groups, the Country Management Team, Programme Management Committees

### Human Rights-Based Approach to Cooperation

**Partially met benchmarks**

This year the CO made a concerted effort to strengthen the human rights-based approach to programming (HRBAP) capacity of its staff and partners. UNICEF supported a HRBAP training programme for officials at the Ministry of Planning, who are primarily responsible for developing the new Medium-Term Plan 2012-2017 (MTP). UNICEF has made a commitment to help GoK further refine the results matrix for the social pillar for both Vision 2030 as well as the MTP, thereby ensuring that the focus on children is not lost. UNICEF is taking the lead in some of the preparatory programme planning sessions for the MTP.

There has been some progress in advancing children’s and youth participation in step with the devolution process. The Department of Children’s Services has established Children Assemblies in all 47 counties while...
Children’s Voices platforms managed by civil society organizations (CSOs) are held annually. Child Rights Clubs in primary schools and Student Councils in Secondary schools have also been established in many counties. A Student Leadership Council with representation from all counties meets annually at the national level.

As a State party to the Convention on the Rights of the Child (following ratification on 30 July 1990), Kenya has submitted its 3rd, 4th and 5th combined periodic reports to the Committee on the Rights of the Child in accordance with Article 44 of the Convention. The report provides information on the status of the implementation of the Concluding Observations of the Second State Party report and covers the period from 2005 to 2011. UNICEF provided technical support during the process, which included forums and workshops with children and adults; a literature review; data collection and interviews with the involvement of key government ministries, CSOs, faith-based organizations (FBOs) and development partners; a technical review; and feedback meetings. The report, submitted to the Committee in Geneva, was subjected to a national stakeholders’ validation workshop that was attended by children, policymakers and representatives of CSOs and international agencies.

Kenya also reported this year on the implementation of the Optional Protocol on the Involvement of Children in Armed Conflict to the Convention on the Rights of the Child (following signing of the Optional Protocol on 8 September 2000 and ratification on 28 January 2002). Under the Protocol, State Parties’ Armed Forces can accept volunteers but not conscript individuals below the age of 18; as such, "States Parties shall take all feasible measures to ensure that members of their Armed Forces who have not attained the age of 18 years do not take a direct part in ‘hostilities’. This report has been submitted in fulfilment of the State Party obligation to the Optional Protocol—to report on progress made since its ratification. The report was prepared under the auspices of the Ministry of Gender, Children, and Social Development and the National Council for Children Services (NCCS) in collaboration with CSOs, development partners, UNICEF, and children as rights-holders.

Gender Equality

*Partially met benchmarks*

The Gender Audit conducted by the CO found that its internal institutional mechanisms, capacities and management support gender mainstreaming in programming, as evidenced by the existence of the Annual Work Plan (AWP), an office Gender Task Force (GTF), as well as strong UNICEF participation in the UN Joint Programme on Gender Equality and Women’s Empowerment (UNJPGEWE). However, the audit identified weaknesses in staff understanding and a general ambiguity on how to practically mainstream Gender Equality and Women’s Empowerment (GEWE) in programme implementation. Furthermore, the audit recommended a comprehensive staff capacity development intervention on gender mainstreaming to improve understanding, skills and the level of engagement with regards to Gender Equality and Women’s Empowerment (GEWE).

In 2012, the CO focused more on building staff skills, attitudes, motivation, and a more practical understanding of GEWE as a best practice. Consequently, the CO management approved a stronger focus on entrenching gender equality within the office by giving management and programme staff the required skills and knowledge for assessing programme implementation through a gender lens. To achieve this, the office recruited a gender expert to develop and spearhead a comprehensive staff capacity-building process and to lead the development of an office-wide gender-mainstreaming strategy. In addition, the expert has supported the review of bottlenecks analyses within all sections as part of the MoRES office-wide strategy development and ensured that gender analysis is well integrated.

Secondly, and linked to the above process, the office management reconstituted the existing office GTF in order to diversify membership and revitalize its role as a gender watchdog. These two processes were critical in creating a stronger foundation for the implementation of more systematic and comprehensive gender mainstreaming.

Thus far, a comprehensive capacity development package has been developed and the first group of 25
programme managers and programme specialists have been trained in GEWE theories and designs. The GTF ToRs have also been reviewed in an effort to strengthen and sharpen the GTF role in supporting major cross-sectoral and office-wide interventions such as Situation Analysis (SitAn) development and input into processes that will lay the foundation for the new country programme in terms of GEWE.

The current four months of technical assistance has been strategically spread out over nine months to ensure intervals of stock-taking, staff reflection and sector reviews on implementation of GEWE. This is to ensure that the process of entrenching GEWE and stock-taking is bolstered by expert support. The key lesson learned is that GEWE will only be practically implemented if all staff members are on the same page in their understanding, skills and motivation levels.

Finally, UNICEF has also been part of the ongoing evaluation of the UNJPGEWE by participating in the review process. It is critical that UNICEF participation in the UNJPGEWE be above activity level for more value added. The priority for next year is data and information-gathering to facilitate the planning and implementation of programmes with a gender lens.

### Environmental Sustainability

**Initiating action to meet benchmarks**

Deterioration of water quality and quantity, inappropriate/unsustainable technological options, as well as open defecation are among the major environmental and climatic issues that prevent vulnerable communities in fragile environments from realizing their rights to access WASH services. This is the situation in the ASAL areas.

Due to the rapid depletion of fresh water resources, already vulnerable communities are forced to consume water of high salinity and fluoride content. UNICEF has supported the provision of de-fluoridation units to improve water quality in Oldonyo Sidai in Kajiado district, and Kapua in Turkana Central district of north-western Kenya. Subsurface dams with an infiltration gallery have also been constructed in more than 40 locations in Turkana county, which has been critically affected by environmental degradation and the effects of climate change.

To promote renewable energy, a wind-powered pump has been installed in Lorenglup, Turkana county that benefits 3,000 people, including a health facility and primary school with access to safe water. Moreover, the five communities of Kakimat, Lokiriama, Nakoret, Nangitony and Napeikar have been supported with solar-pumped water supply schemes serving about 15,000 people, including schools.

Regarding waste management, GoK has adopted a road map to addressing open defecation through the CLTS approach. To date, over 1,700 communities have achieved Open Defecation Free (ODF) status through this environmentally-friendly and sustainable approach.

The programme has strengthened partnerships with expertise from GoK, civil society, the private sector and other UN agencies to address multi-sectoral environmental and climatic issues through the WESCOORD coordination platform. An example of this is a recent Learning Forum on Disaster Risk Reduction (DRR) that focused on bridging the gap between emergency and development interventions and building community resilience. The programme has developed a DRR strategy paper to streamline strategies and approaches into the WASH programme. Similarly, the programme is in the final stages of engaging a consultant to conduct studies that map out and analyse the vulnerabilities of the WASH sector due to climate change and related disasters and to document the effects on children, women, and rural vulnerable groups.

Given the impact of recurrent natural disasters, the CO is seeking to incorporate DRR approaches into all its programmes, especially in drought-prone areas. In 2012 the Lodwar field office developed a programme strategy with equity and DRR as foundational elements; it will guide future approaches and workplans. A national-level DRR curriculum and teaching tools were developed by the Institute of Education with support from UNICEF; and a national learning event on DRR in WASH was organized by the WESCOORD (and the
WASH Cluster) and supported by UNICEF to foster the sharing of successful approaches and the building of consensus on good practices to inform future programming and policy development. A multiyear strategy for enhancing nutrition resilience, including analysis and operational research on the impact of repeated shocks on nutritional status, was developed and funded in 2012. To enhance staff capacity, four UNICEF Kenya staff members were trained as regional trainers in UNICEF’s Risk Informed Programming Approach.

**South-South and Triangular Cooperation**

In 2012, a number of South-South and Triangular Cooperation study tours and networking sessions were facilitated by the CO. Delegations from the Governments of Somalia and Eritrea learned about CLTS and WASH in Schools models in Kenya. Furthermore, they engaged with water sector institutions on how reforms have contributed to improved service delivery and sustainability. In addition to the innovative approaches and practices, they noted the challenges of implementing pro-poor policies for the most vulnerable households. The delegations expressed interest in replicating some of the structures in their countries. A critical area for discussion was the apparent contradiction and divergence between the Constitution, which stipulates “water as a right”, and the commercialization of water services “as an economic good” in the Water Act.

A specialist from UNICEF Namibia undertook a quick diagnostic assessment of birth registration in Kenya with the application of key lessons learned from the Namibia experience. The assessment noted new insights in administrative procedures and factors that serve as a barrier to birth registration and certification. These lessons have culminated in an informed joint workplan with the civil registration department.

At the request of UNICEF Angola, which was looking for a successful experience in the provision of high quality child protection services through Information and Communication Technology (ICT) innovation, the CO facilitated a country visit. The delegation, which was comprised of UNICEF staff, officials from the *Instituto Nacional da Criança* of Angola (INAC) and NGO representatives, studied the implementation framework of the Kenya Child Helpline—a toll-free 116 service number that can be used by children and members of the public to access timely and effective help on children’s issues. This helpline has become one of the most trusted strategies within the child protection system. The Angolan delegation learned about procedures in case management, coordination in referral work, engagement with stakeholders in the justice system, collection of national-level data, analysis of trends, and engagement in advocacy work.

The Youth Programme in Kenya was identified as a benchmarking programme for the UNICEF South Sudan nascent youth programme. The Kenya CO facilitated a study visit focused on successful youth programmes implemented by UNICEF/GoK, resulting in a proposed mutual collaboration between the two governments and UNICEF offices. In addition, UNICEF Ghana sent a high level UNICEF/Government delegation to benchmark the youth talent (sports) and life skills programme for out-of-school youth.

The head of the Division of Nutrition in the Ministry of Public Health and Sanitation (MoPHS) was supported by the CO to attend a regional initiative led by the East Central and Southern African Health Community in Tanzania, where Kenya was asked to share its experiences in developing the National Nutrition Action Plan in September 2012. The head of the Division of Nutrition also represented Kenya at the East African Community Project on Aflatoxin Control and Improved Nutrition to share experiences from Kenya and to learn from other countries in the region.
## Narrative Analysis by Programme Component Results and Intermediate Results

### Kenya – 2400

#### PC 1 - Child survival and development

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**PCR 2400/A0/04/007**

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

**Progress:** The programme has undertaken various measures to address the equity gap. UNICEF and other development partners have been financing through the Water Services Trust Fund (WSTF), which focuses on underserved areas. The WSTF was created as a pro-poor financing mechanism, while the Water Services Regulatory Board (WASREB) was established as a pro-poor regulatory framework, partly to regulate the tariff approval process to ensure the cost of water and sanitation remains affordable to the poor.

UNICEF interventions have focused on the ASAL areas and flood-prone districts, using both development and humanitarian/emergency funding. The majority of UNICEF resources are targeting those provinces with the highest needs. UNICEF is also piloting the approach known as CLTS. This is a strongly equity-focused approach that seeks to catalyse communities and households to construct latrines based on their affordability, and adopt improved sanitation methods. This approach is being closely monitored to identify its equity benefits and subsequently scaled up through GoK to rapidly improve sanitation coverage, especially among the poor. The WASH programme has also used DRR approaches by building the capacity of the Government, communities and households, linking humanitarian programming and longer-term programming, and using lessons learned from humanitarian programming to feed into policy discussion at the national level.

The Programme continued to strengthen linkages between subnational level implementation focusing on service delivery, modelling, evidence-building, and capacity development works with the national level policy advocacy and dialogue, resource leveraging, and partnership-building/strengthening in order to accelerate the achievements of results for children. Increased policy advocacy with the Government, donors and partners at various forums such as Annual and Biannual Sector Review meetings, Water and Sanitation Working Group meetings, and donor forums (Water Sector Technical Group) contributed to greater attention towards disparities in sector allocations and service coverage and support for equity-focused targeting and allocations and improved sector governance. This has led to a more equitable balance in spending between rural and urban areas in recent years (in 2007/2008, 55.5% of the Ministry of Water and Irrigation’s total spending benefitted rural schemes, with urban schemes receiving 39.6%, according to the Public Expenditure Review 2010-2012). Sector forums were used to advocate for increased government and donor allocations to sanitation, which remains disproportionately underfunded compared to water supply. UNICEF’s continued advocacy resulted in commitments for allocation by the Government for district CLTS plans and increased staffing for the CLTS coordination unit as part of the ODF road map implementation. In addition, efforts for resource leveraging led to the commitment of over USD 5 million by the Global Sanitation Fund towards ODF road map implementation. Similarly, UNICEF’s advocacy and networking efforts resulted in new funding from the Dutch NatCom of over USD 3 million for a multiyear School WASH project as a component of the Football for WASH initiative.

As the co-chair of WESCOORD, the UNICEF WASH Programme led and guided the strengthening of the coordination mechanism and capacity for WASH emergency preparedness and response and facilitated the establishment of subnational WASH clusters. This resulted in the establishment of eleven subnational WESCOORD forums out of 22 priority counties. WESCOORD is now increasingly involved in national-level planning for emergency preparedness and response, including with a focus on DRR.

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**IR 2400/A0/04/007/001**

10% of people and 50% 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.

**Progress:** The provision of improved water supply was further expanded to communities and health facilities in the arid and semi-arid districts to improve access and utilization. More than 169,800 new users of safe water sources and 26 health facilities have gained access to improved water supply, accessing at least 20 litres of water per capita within 1 km of their dwelling collected within 30 minutes round trip. Additional water sources such as hand-dug/shallow wells, pipe scheme extensions and boreholes, among others, are at an advanced stage of construction/installation, and, upon completion, it is projected that an additional 88,000 people and 35 health facilities will have access to an improved water supply.

Institutional capacities of partners, including the private sector and communities, have been enhanced to ensure the sustainability of services. At least 373 communities are now able to manage and sustain their water facilities; however, there is still need to strengthen revenue generation to adequately cover maintenance and other costs for long-term sustainability. Another 189 local artisans (fundis) in Lake Victoria South, Lake Victoria North and Tanathi Water Service Board regions have significantly contributed to private sector-based service delivery and enhanced private sector participation in the operations and maintenance of the rural water supplies, including on improving sustainability of the completed water supplies in the regions. In order to reach the most vulnerable and marginalized communities, particular efforts were made to build partners’ capacity in human rights-based programming, equity-focused programming, participatory planning, training methodologies, and gender mainstreaming, which also contributed to disparity reduction in access and improved sustainability of services. Local best practices in community management were documented and disseminated among partners and stakeholders in order to share experiences and scale up good practices to enhance the sustainability of water facilities. A total of 40 supply chain outlets have been established in all priority regions, further ensuring that adequate spare parts for water supplies are available and accessible to the communities in the region.

The programme has partnered with SNV Netherlands to build the capacity of sector institutions at the regional level, including capacity development in various fields to support programme management and sustainability. In addition, SNV Netherlands, in collaboration with UNICEF, is supporting an analysis of regional and local experiences to identify best practices in community management for the development of a sustainability model. This exercise is contributing to quality of programme results by sharing best practices in the region.

The Programme has also made concerted efforts to mobilize community groups to work in partnership with local institutions such as the Regional Water Services Boards, district-level government departments and NGO partners in order to increase the participation of beneficiaries and ensure that requests for support are demand driven to increase ownership and sustainability.

Some of the challenges in programme implementation are weak institutional capacity of implementing partners, inadequate counterpart contribution by the Government, poor compliance to the Corporate Governance Guidelines by sector institutions, and insecurity in some regions limiting effective implementation and monitoring. During the year, the programme participated in the formulation of the new draft water policy and the draft Water Act among other upstream activities. One of the important issues was the devolution and transfer of responsibilities for water and sanitation provision from Water Services Boards (WSBs) to the new devolved county units. This will increase the participation of local communities in decision-making on their own affairs.

As a way forward, more work will be done to improve sustainability of water supplies by refining the community management model and involving more partners. Work will include mobilizing the community to get into partnerships with private entities like local private sector entrepreneurs; community-based organizations (CBOs)/NGOs; and women’s or youth groups to help them run the water supply systems.

**IR 2400/A0/04/007/002 IR2:** 10% of people and 50% 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.
**Progress:** Sustained advocacy, coordinated planning, leveraging resources, strengthening national-level institutional capacity for coordination and monitoring, and technical support from UNICEF and WASH sector partners to GoK have continued to make major contributions towards increasing access to sanitation by supporting the achievement of the ODF Rural Kenya by 2013 goal. As at December 2012, 1,265 villages were triggered (accepted to build their own latrines) using CLTS, and 773 villages out of 855 villages with ODF claims (those already using their own household latrines) were verified by a District Public Health Officer (DPHO). In terms of increased access to sanitation, a total of 470,250 people have benefited and are living in an ODF environment (with improved access to sanitation and hygiene practices) and are practicing hand washing with soap.

The capacities of communities, GoK and NGO partners have been enhanced at the local and district levels by UNICEF in collaboration with partners. Two hundred sanitation promoters have been trained on facilitating the CLTS process, focusing on triggering community action for improved sanitation and hygiene practices leading to ODF communities. To date, the trained promoters have provided technical support to the development and completion of 81 District Implementation Action Plans for CLTS. Additionally, training within the communities and among partners on participatory engagement has been undertaken to enhance the sustainability of behaviour change and to strengthen equity focus for reaching the most vulnerable and marginalized communities.

The programme has focused on upstream advocacy work to ensure that the Government increasingly allocates more resources to the CLTS programme and broadens the stakeholders’ base through the participation of prospective new donors and other sector actors for adoption of the “Rural Kenya Open Defecation Free 2013” and resource allocation. There have been considerable efforts by partners in assessing the capacities of partners who are implementing the programme, undertaking third party monitoring and verification, certification of ODF, and participation in the certification of ODF claims to attain ODF status. The programme partners include government departments, e.g., the Ministry of Public Health and Sanitation, while NGO partners, including KWAHO, PLAN, SNV Netherlands, and AMREF, are key CLTS partners.

While there has been close monitoring of the risks and assumptions, the programme has nevertheless faced some challenges. These include community cultural taboos, which remain a bottleneck to the achievement of ODF due to the existence of different perceptions about open defecation. As part of a new effort to address cultural barriers, social norm training has been conducted for government staff and NGO partners by an international consultant to build capacity for addressing such taboos at the community level.

Insecurity in some parts of North Eastern Kenya created difficulties in monitoring project implementation; however, third party monitoring arrangements with GoK partners has to a large extent addressed the challenges of progress monitoring and quality assurance and contributed to programme implementation. Lack of budgetary allocations is another constraint identified earlier in the year. However, some progress has been made to address this, such as commitments by the Government and Global Fund for Sanitation towards addressing budgetary allocation issues. These commitments are still in the pipeline.

As a way forward, the programme has selected CLTS for L3 Monitoring (L3M) and will orient partners in L3M in order to strengthen monitoring for bottlenecks and allow for the early resolution of challenges.

**IR 2400/A0/04/007/003 IR3:** 6% 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.

**Progress:** A total of 111,175 schoolchildren in 150 primary schools are projected to benefit from access to safe drinking water and adequate sanitation with hand washing facilities in schools by the end of 2012. This comprises 84% of the 132,000 school children targeted in 2012, and 68% of the targeted 220 schools in 13 Programme districts. All schools received a comprehensive WASH in School package comprising safe water supply, sanitary facilities with the provision of hand washing, a hygiene promotion package and capacity development for School Management Committees (SMCs) to sustain services. Another eight schools with 4,800 children have been recently served from the newly-completed Kanyadhiang Community Water Supply project in Rachuonyo district.
In partnership with the Government and the implementing partners, the programme has continued its focus on addressing gender issues through the development of gender-sensitive sanitary facilities that are separate for boys and girls, with screens for privacy, safety and dignity. The facilities have been adapted for children with physical disabilities by providing wheelchair ramps and appropriate fixtures inside the facilities. Bathrooms with running showers for menstrual management have been provided as part of the girl’s latrine blocks. The results are expected to improve girl’s enrolment, retention and transition rates. In addition, it will improve learning achievements in marginalized areas.

The programme has strengthened its engagement with the Education sector at the Ministry of Education HQs towards greater collaboration and strengthened efficiencies in programme implementation in schools. The participation of the district-level Education staff is stronger in the District Steering Committees, and includes the assumption of chairmanship positions. In addition, continued efforts have been made to strengthen the participation of schools and communities, including SMCs, in the planning, implementation, O&M and monitoring of WASH services in schools.

Sustainability of WASH in schools services remains very important to the realization of the long-term enjoyment of these services by schools. The programme has initiated innovative approaches to enhancing the sustainability of WASH services in schools. First, the programme will work with schools to develop business models for schools to generate income to maintain and replace WASH facilities in the future. Many ideas are under review and planning by schools and partners is underway. Each school will identify a business model that is relevant to its own environment and needs. The programme will support schools and SMCs to concretize and initiate the business models. Another initiative involves linking schools and the private sector for a mutually beneficial partnership. The programme facilitated a consultative forum between 23 schools and private sector tourist hotels in the Amboseli National Park. The forum, which defined areas of mutual benefit to both groups and the private sector, generated great interest in the formation of school partnerships. Several areas of mutual assistance between schools and the private sector are under review.

As a way forward, the programme will continue to strengthen the capacity of partners and local institutions, including NGOs, to target the quality of the programme delivery and results. The programme will also target data and information management in the education management information system to ensure WASH data is adequately captured by the system to improve programme planning, management and monitoring.

On-track

**IR 2400/A0/04/007/004 IR 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 the resilience and coping strategies of communities

**Progress:** Through WESCOORD, the programme contributed towards the development of WASH sector contingency plans with a focus on DRR, sector capacity-mapping, capacity development through trainings and learning forums; advocacy; influencing government policies and planning processes on humanitarian issues; and facilitating the establishment of subnational WESCOORD in 11 counties.

WASH Emergency Interventions for 748,000 people (above the 500,000 planned for 2012) have been completed. This includes 178,000 people accessing safe water, and 200,000 receiving emergency WASH supplies. Another 370,000 people, including 29,000 school children in cholera-prone areas, received hygiene promotion training from Community Health Workers.

Hygiene promotion activities have concentrated on the training of trainers (ToTs) to train Community Health Workers (CHWs) to provide household-level training for hygiene promotion and Household Water Treatment and Safe Storage (HWTS) in line with the Community Health Strategy. A total of 1,150 CHWs across five counties have been trained and mobilized to provide household-level outreach.

While contingency planning for the effects of El Nino as well as possible election violence is ongoing, there is a shift of focus away from emergency response to more of a DRR approach that aims to increase community resilience to the effects of disasters. Major partners include the Ministry of Water and Irrigation, Ministry of Public Health and Sanitation, Ministry of Education, and WSBs. WASH is working closely with partners under
the CSD umbrella, particularly the Nutrition Sector, in targeting health facilities providing Integrated Management of Acute Malnutrition (IMAM) services.

Interventions also aim to improve the capacity of GoK partners such as the WSBs to ensure WASH projects are equity-focused and include gender assessments to reach the most vulnerable. This is being achieved by working closely with the Water Service Boards, predominantly the Northern Water Service Board, to strengthen the development of proposals.

WASH Sector Cluster Coordination has been strengthened with the recruitment of a WASH Cluster Coordinator and Information Manager working within the water sector coordination platform, WESCOORD, which is housed in the Ministry of Water and Irrigation (MoWI). WESCOORD continues to improve sector coordination, which is a result of the increasing involvement of the two line ministries, MoWI and MoPHS, and there is an increasing acceptance by GoK of the relevance of WESCOORD, which is a result of the increasing involvement of WESCOORD in national-level disaster planning.

Eleven Subnational WESCOORD forums out of 22 priority counties have been facilitated, and 75 GoK officers (District Public Health Officers and District Water Officers) across 10 counties have been trained on coordination.

WESCOORD continues to coordinate emergency WASH sector activities, including information management and dissemination. The primary platform is the WESCOORD website, which ensures all information is updated, relevant and available both internally and externally.

The Global WASH Cluster (GWC) Annual Meeting was held in Nairobi during October—the first time that the meeting has been held in the field, i.e., outside Geneva or New York. Following WESCOORD’s presentation at the meeting, the GWC Secretariat, together with all participants, were impressed by Kenya’s powerful example of a government-supported emergency coordination platform and agreed during plenary discussions that it was a worthy model of good practice.

In addition, WESCOORD will produce its annual report in December and has facilitated a Learning Forum held over two days that allowed WASH sector partners to share experiences and challenges, discuss best practices and standards, and ensure that WESCOORD is working well in its coordination of WASH sector emergency preparedness and response.

The process of preparing contingency plans and response strategies for future predicted emergencies such as ongoing drought and El Nino flooding later in the year, as well as possible violence leading up to and following the presidential elections in 2013, is on track.

**PCR 2400/A0/04/008 UNICEF will contribute to increasing the number of women and children that have equitable access to and use of quality, essential social protection services and practices with a focus on vulnerable groups and the most marginalized regions of Kenya, by 2013**

**Progress:** The year 2012 witnessed significant progress in the areas of health policy, child health and EMTCT, and less progress in the area of maternal and newborn survival.

Major achievements in 2012 include the development of a Reproductive Health Business Plan and a maternal and newborn death review system; the launch of an EMTCT framework; and the maintenance of a high coverage of EMTCT services. A national measles campaign achieved 99% coverage (administrative data), and four rounds of polio supplementary immunization, organized in response to localized outbreaks, also achieved at least 90% coverage. The launch of rapid diagnostic tests (RDTs) for malaria, and the development of a national integrated community case management (iCCM) framework are milestones in the fight against the major causes of under-5 mortality.

UNICEF directly contributed to extending access to basic community health services for 140,000 households in Homa Bay and Siaya, where under-5 mortality rates are highest, and it will shortly extend coverage to an additional 100,000 households in the North Eastern part of the country, where facility access is lowest.
At the policy level, attainment of full coverage of the Community Health Strategy in two counties, and the expected attainment in early 2013 in an additional two counties, was an important step forward in translating policy into practice. Completion of evidence-based planning exercises in three counties will influence local planning and resource allocation, which are increasingly critical skills in the context of devolution. A complementary activity is training health managers to assume greater management and budget responsibilities. Finally, UNICEF provided extensive support to finalizing six key policies and strategic plans, which collectively aim to increase access to quality health services under the devolved system of governance and reduce health disparities. Most notable are the National Health Policy and National Health Strategic Plan III, which explicitly prioritize Kenya’s most vulnerable women and children and respond adequately to new evidence on the shifting burden of disease in Kenya.

Looking ahead to 2013, UNICEF will redouble its focus on maternal and newborn survival and equity in the coverage of preventive and curative services for diarrhoea, pneumonia and malaria, focusing on 11 newly-formed counties identified as being vulnerable to service disruption during the devolution transition.

**IR 2400/A0/04/008/001 IR 1: Increased proportion of women and children receiving quality evidence-based essential integrated maternal and childcare services by December 2013**

**Progress:** EMTCT: The National HIV programme, through the health information system, estimates that the Mother-to-Child transmission rate in Kenya at four months has been reduced to 8.8% from 15% in 2011 and 23% in 2009. The number of children acquiring HIV infection by vertical transmission was reduced to 13,000 (2011) from 23,000 (2009). HIV/AIDS-attributable maternal mortality was reduced to 2,200 (2011) from 3,200 (2009). HIV incidence among women of a reproductive age was reduced to 0.52 (2011) from 0.58 (2009) (UNAIDS Universal Access Report 2011).

Despite this demonstration of marked progress, more needs to be done to achieve Kenya’s goals of reducing MTCT to less than 5% at 18 months of age, and reducing by 50% the proportion of HIV-related maternal deaths. New knowledge on HIV diagnostics and simpler treatment regimens, the adoption of “Option B+” (universal access to highly active antiretroviral treatment for life for all HIV-positive pregnant women regardless of immunological or clinical status), and the advent of innovations in communication technologies are opportunities to accelerate progress towards Kenya’s EMTCT goals. UNICEF’s support of GoK will emphasize simplification of policies and protocols; the integration of Maternal, Newborn and Child Health (MNCH) and HIV; documentation and replication of best practices; decentralization and mainstreaming of services; and community mobilization and participation for HIV prevention.

Maternal health: Administrative data shows that the majority of deliveries (52%) in Kenya now occur at health facilities, indicating a further decline in home deliveries from 59% in 2003 to 48% in 2008-2009, according to the KDHS 2003 and 2008. Skilled delivery is one of the most inequitable health interventions in Kenya, ranging from 26% in Western Province to 89% in Nairobi. Kenya faces an acute shortage of maternity facilities, with only 30% of all health facilities able to provide normal delivery services and 7% of hospitals able to provide C-sections; these figures are lower today than they were a decade ago.

In 2012, UNICEF supported the GoK to develop a Reproductive Health Business Plan and to refine the maternal-neonatal death review system and follow-up mechanisms. UNICEF’s support in 2013 will focus on addressing the inequalities in access to skilled delivery and basic emergency obstetric and newborn care services in northern Kenya by leveraging resources for Kenya’s Reproductive Health Business Plan, improving commodity security, reducing financial barriers to care, strengthening community support systems, and addressing the indirect causes of maternal and neonatal mortality.

**IR 2400/A0/04/008/002 IR 2: Improved Health Care Practices acting improved health and HIV/AIDS practices with focus on reaching the un-reach2013 and sustained after that**

**Progress:** Kenya is accelerating efforts aimed at significantly reducing child deaths due to vaccine preventable diseases (measles, diarrhoea and pneumonia) and malaria through routine immunization,
introduction of new vaccines, use of Long-Lasting Insecticide-Treated Nets (LLITNs), and access to treatment. An estimated 84% of children are fully immunized, which indicates minimal change compared to 2011. The national malaria report indicates that ownership of LLITNs in the malaria endemic regions has increased following mass LLITN distribution. Currently, 67% of households own at least one LLITN for every two members. This is, however, less than the target of 100%. ITN use in the lake endemic region has increased from 48% in 2010 to 70% in 2011 following increased LLITN ownership. Access to timely and recommended treatment for pneumonia, malaria and diarrhoea in the high-mortality counties of Siaya and Homabay is on average less than 45%. The main challenges to scaling up the use of these priority, high-impact interventions are physical and financial barriers and inadequate knowledge by caregivers of children under 5 years of age. The country has developed an iCCM implementation plan that will be used to increase the uptake of treatment at the community level in areas with limited access to health facilities. Planned introduction of rotavirus and second dose measles vaccines in 2013 will significantly impact the diarrhoea and measles disease burden. Sustained advocacy, social mobilization and communication, especially at the community level, will be prioritized to increase demand for and utilization of services.

IR 2400/A0/04/008/003 IR 3: Health policies, strategies and systems are supportive of MNCH scale up and the mitigation of emergencies.

Progress: The UNICEF Kenya office has supported the Government in developing six out of six prioritized policy and strategic plan documents in line with the devolved systems of governance. Significant disparities are observed across the country, and the documents aimed at planning for increasing access to quality essential health services by communities. The documents include the National Health Policy; the Kenya Health Sector Strategic Plan III; the annual workplans for northern area districts; the National CHS M&E Framework; the National Community Health Strategy communication strategy; and Job Aids for CHWs. Support provided to northern areas of Kenya, and Nyanza and Western Provinces, which have high maternal mortality and under-5 mortality rates, respectively, to generate evidence for quality planning and leverage of resources through use of marginal budgeting for bottlenecks, training and mentorship of district health managers for better management of health services in eight out of ten counties in northern Kenya is expected to strengthen the health system with overall goal of increased uptake of high impact interventions. An equity budget analysis has also been carried out to generate evidence and advocate for equity in budgetary allocations for implementation at the decentralized level.

UNICEF support to scaling up community health services in Homa Bay and Siaya counties has contributed to allowing an additional 140,000 households to access essential health services through CHWs. This support, through which all the estimated 382,924 U-5 children in those locations are now served with health services, has enabled the two counties to achieve universal coverage with CHWs. Forty community units are presently being established in Garissa and Turkana counties, which will collectively serve an additional 98,000 women and 76,000 under-5 children who presently have limited access to facility-based primary care. Continuing to focus on districts with poor maternal and newborn indicators, an additional 20 community units are being established in Isiolo and Marsabit counties.

PCR 2400/A0/04/009 Women and children have equitable access to quality essential social and protection services and practices (with a focus on vulnerable populations) by 2013

Progress: UNICEF's role as a nutrition sector lead, has contributed to the achievement of key results and 2012 was an exceptional year for promoting children's right to good nutrition. This was particularly illustrated by the developments in the policy environment as Kenya joined the SUN movement in November 2012, and the Food and Nutrition Security Policy was passed in October 2012, followed by the Act on the Marketing and Promotion of Breast Milk Substitutes. Mandatory fortification of flour and oils was also legislated in October. The 11 High-Impact Nutrition Interventions have now been included in the National Health Sector Strategic Plan (NHSSP III) to address the problem of both acute and chronic malnutrition.

The overall nutrition situation in Kenya in 2012 showed a significant improvement from the severe effects of the drought experienced in 2011. This was illustrated in the results of nutrition surveys conducted in 2012 in Turkana, Mandera, Moyale and Kajiado counties, where rates of acute malnutrition were below the
emergency thresholds of 15%. Consequently, the number of acutely malnourished children under 5 years of age has declined from 380,000 in 2011 to 300,000 in 2012. In terms of equitable access to high-impact nutrition interventions (HINI) for these children, UNICEF's support to the Government has resulted in increased access, with 72% (856) of health facilities in the ASALs implementing HINI, and also >80% of those in urban informal settlements in Nairobi, Kisumu and Mombasa. UNICEF has partnerships with 30 key nutrition stakeholders (GoK, NGOs, local partners, the Kenya Red Cross and donors) to implement this package.

In 2012, an improved performance in the rates of exclusive breastfeeding for infants (0–5 months) was achieved, with surveys conducted in ASAL areas reporting 23%-79%, while urban areas reported 76%-79%. Areas with exclusive breastfeeding rates above 50% include Tana River, Wajir South, Makueni, Meru North and Isiolo, whereas West Pokot and Mandera are performing below the target mostly due to cultural barriers that have not yet been appropriately addressed in programming. Innovations in the high performing areas include the integration of maternal, infant and young children nutrition (MIYCN) support into EMTCT efforts, where rates of exclusive breastfeeding for the infants (0 to 5 months) of HIV-positive women has reached 59%, and supporting its implementation through mother-to-mother support groups.

Limited progress, however, is recorded in achieving optimal complementary feeding practices throughout most parts of the country due to continuing cultural barriers and food access constraints. The main innovations expected to address these challenges include supporting mother-to-mother groups and implementing community-based strategies to improve complementary feeding practices using indigenous foods. Appropriate complementary feeding, one of the main mechanisms towards addressing stunting, is considered a priority in the National Nutrition Action Plan and will be a focus for 2013.

The recommended early initiation of breastfeeding rate continues to vary between counties, from 48% to 89% in the ASALs, while reaching 70% in urban areas, compared to the national average of 58%. Major progress on vitamin A supplementation (VAS) for under-5 children was recorded in the second half of 2012, with 690,000 (69%) children aged 6-11 months and 4,790,000 (92%) aged 12 to 59 months reached through the measles campaign, though with only one dose. VAS through health facilities remains constrained—partly due to inadequate reporting—with a coverage rate of only 13.4% as of October. Only 25.5% of pregnant women (against the 80% target) are accessing iron-folate supplements in the ASALs due to repeated stock-outs and limited demand.

UNICEF and partners are committed to expanding the integration of HINI in health facilities—building health worker capacity through OJT, and addressing supply bottlenecks and improved communication for demand creation. Advancements have been made in gender equality with the latest survey guidelines now engendered. There has been a continuous improvement of nutrition coordination at subnational level with 22 counties having an established nutrition coordination mechanism. The participation of the Kenya Red Cross in national and subnational nutrition coordination has also contributed to raising awareness and implementation of the national nutrition sector plan and related strategies.

IR 2400/A0/04/009/002 IR 2: 50% of households practicing improved care practices and nutrition by 2013

**Progress:** In 2012, an improved performance of rates of exclusive breastfeeding for infants (0–5 months) was achieved, with surveys conducted in ASAL areas reporting 23%-79%, while urban areas reported 76%-
79%. Areas with exclusive breastfeeding rates above 50% include Tana River, Wajir South, Makueni, Meru North and Isiolo, whereas West Pokot and Mandera are performing below target, mostly due to cultural barriers that have not yet been appropriately addressed in programming. Innovations in the high performing areas include the integration of MIYCN support into EMTCT efforts, where rates of exclusive breastfeeding for the infants (0 to 5 months) of HIV-positive women has reached 59%, and supporting its implementation through mother-to-mother support groups.

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The national strategy on Infant and Young Child Nutrition (IYCN) has just been finalized with plans for piloting in early 2013. The Urban Nutrition Strategy (2012-2017) was also finalized in December 2012 and aims to address the nutritional needs of vulnerable urban populations based on lessons learned from recent years of implementation in Nairobi, Mombasa and Kisumu slums with a specific focus on women-headed households.

Food Fortification efforts have seen substantive developments in 2012, including the passing of mandatory Food Fortification legislation in October, in association with parallel national branding/communication efforts. Currently, approximately 40% of the population are accessing fortified flour and 20% of people are accessing fortified sugar.

**IR 2400/A0/04/009/003 IR 3: Sectoral policies and strategies approved and funded to support maternal, newborn, and child nutrition and well-being**

**Progress:** There have been major achievements in promoting the right of children to nutrition in 2012, with the Food and Nutrition Security Policy launched on 14 October 2012 and the Breast Milk Substitutes (Regulation and Control) Act (2012) legislated in October 2012. The first National Nutrition Symposium was held in November where the Government signed up to the SUN movement and launched the 5-year National Nutrition Action Plan. Through UNICEF’s advocacy and technical support, the mandatory fortification of oils, fats and cereals was also legislated in October 2012. The National Policy on Maternal, Infant and Young Child Feeding (IYCF) and Nutrition has been finalized while the food and nutrition strategy and the IYCF strategy are in the final stages of drafting. High-impact nutrition interventions and indicators are now prioritized in the National Health Sector Strategic Plan (NHHSP III) and the Kenya Health Policy Framework. Furthermore, UNICEF supported the development and use of costing and budgeting tools, which were used in the Annual Operation Plans 8. Further engagement is underway with the development of the Medium-Term Plan II for Vision 2030 to ensure nutrition is prioritized.

In the financial year 2012/2013, the Government allocated the nutrition sector 0.4% of the health sector budget (KSH 64 billion) by the Government. Therefore, the overall government budget for nutrition within the health sector has increased by 60%. However, the overall proportion did not increase compared to the last financial year. This was due to the substantial increase in the overall health sector budget by 34%, which was not proportionate to the increase in the nutrition allocation. While the funding remains insufficient, the Government has progressively invested in essential nutrition commodities. In the financial year 2012/2013, the Government will procure 4% (vitamin A capsules), 50% (iron folate supplements) and 7% (micronutrient powders) of the national needs.
**PC 2 - Education and young people**

- **On-track**

**PCR 2400/A0/04/006** National and subnational systems and policy frameworks and implementation capacity strengthened to improve access to quality basic education and skills development for marginalized children and youth, including in emergencies

**Progress:** UNICEF's policy advocacy and technical support have contributed to building government capacity and strengthening the national education system and framework. For instance, UNICEF held advocacy forums with MPs and political party chief executive officers to sensitize them on ECDE through a partnership with the Elimu Yetu Coalition. It also provided technical input to MoE and MoYAS in streamlining a range of education-related policies and bills within the new national constitution. As a result, the Draft Basic Education Bill has now recognized ECDE as part of basic education and prioritized nomadic education for disparity reduction and equity. In addition, the Child-Friendly Schools (CFS) concept has been adopted by MoE as a national strategy to improve quality education and it is now becoming an investment programme within the National Education Sector Strategic Plan (NESSP). These initiatives are all anchored with the national development plans, including the Vision 2030 programme, MTP II, and the existing education policy frameworks supported by UNICEF, such as the Nomadic Education Policy, the Policy for the Alternative Provision of Basic Education, the Education Policy for Children with Special Needs, and the Gender Policy.

To promote equity and gender equality in education, UNICEF has made another achievement at the level of institutional capacity development. A pilot girls' education scholarship programme is now transformed into a national trust fund institution called the Northern Kenya Education Trust (NoKET). The transition to the national trust fund is intended to leverage diversified resources for sustainability and scale up the impact and coverage of the institution. Similarly, UNICEF has advocated with government stakeholders for the nationwide scaling up of the National Youth Talent Academy (NYTA). Consequently, NYTA has been endorsed by the Government into a semi-autonomous government agency. As an independent trust fund, NYTA is now operationalized to leverage funding from public/private sectors, undertake the youth talent development activities and support youth empowerment. This modelling of institutional capacity development from a pilot project is a unique and innovative achievement under the PCR.

Moreover, UNICEF has contributed to MoE and the education cluster in capacity-building in the areas of emergency preparedness and response to emergencies under the DRR framework. With support from UNICEF and Save the Children, the MoE Directorate of Field Services has strengthened its engagement in the education cluster coordination, which has becomes more active and effective in emergency situations in the country. School strikes, however, hampered the delivery of DRR capacity development trainings to teachers and head teachers, and the UNICEF-supported programme has taken an alternate path through the cluster activation and plans to conduct the training in January 2013.

UNICEF and MoE have strived to mainstream peace education and promote peace and conflict prevention in coordination with the President’s Office and the Ministry of Justice. The National Peace Education Campaign facilitated a variety of county/district peace forums to raise public awareness about peace and non-violence. These interministerial efforts helped expand the peace intervention coverage and impact effectively. Meanwhile, UNICEF has pre-positioned education supplies at a minimum level, taking account of the upcoming elections in March 2013. Such preparedness efforts are part of the PCR where children continue to learn during and after disasters.

- **On-track**

**IR 2400/A0/04/006/001** IR 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

**Progress:** Institutional frameworks and capacities for improving access to quality basic education have been further strengthened with technical support from UNICEF, GoK and partners. Technical inputs and engagement in the realignment of the education sector with the new constitution and MTP II is ongoing to ensure key education issues are prioritized. Currently the draft Education Bill has mainstreamed ECDE and prioritized nomadic education to address some of the major inequities and disparities, and the draft MTP II
has prioritized ECDE as a key national programme for the next five years. Additionally, high-level advocacy has been jointly undertaken with NGO partners and policymakers towards the prioritization of ECDE.

The NoKET has now been transformed into an independent national trust fund institution to promote nomadic education in 14 counties with sustained and diversified funding sources. The trust fund has an interim secretariat that is operational and is now seeking to enhance its capacities to diversify its funding sources and leverage results for the hard-to-reach children in nomadic districts. The Ministry of State for the Development of Northern Kenya and other Arid Lands has allocated KSH 10 million for the financial year 2012/2013.

The draft Kenya School Readiness Assessment Tool (KSRAT) is awaiting validation for use in all the ECDE centres. A total of 237 government officers in charge of ECDE from all counties (national and subnational) have been oriented on the KSRAT tool. The KSRAT validation data is currently being analysed and the ToRs to develop a national quality education strategy are being reviewed by MoE. In addition, the draft ECDE guidelines for county governments have been developed with MoE to be finalized in January 2013.

A technical working group has been formed to implement the Alternative Basic Education Policy, which will boost ECDE and primary enrolment. Accordingly, a county-level enrolment drive mechanism has been established. A total of 24 marginal districts are now implementing enrolment action plans to increase enrolment rates. Garissa and Marsabit counties have established county-level partnerships to mobilize resources and technical support for sustained enrolment drives.

As part of mainstreaming CFS nationwide, over 1,200 college tutors and teachers from pre-service and teaching practicing schools acquired increased knowledge on child-centred methodologies and DRR. The CFS monitoring tool is now operational and part of the quality assessment (QA) procedure in schools. Since June 2012, QA has been conducted in 135 schools (for a cumulative 285 schools in 2012), which translated to about 8,00 schools.

The lesson learned in CFS mainstreaming is that public/private partnerships are crucial, particularly in leveraging resources and results, and sustaining progress towards results. Strong public partnerships have been established with relevant ministries, the Kenya Primary School Head Teachers Association (KEPSHA), the Kenya Secondary School Head Teachers Association (KSSHA), UWEZO, and Teacher Training Colleges (TTCs). These helped widen the CFS interventions and coverage at national, district and school levels to reach 260,000 teachers and 8 million children with an improved teaching/learning environment.

Partnerships with NGOs on the ground accelerated progress, especially in the development of enrolment action plans. Meanwhile, a key constraint for the year was the omission of UNICEF funds from the printed estimates of 2011/2012 for MoE, which meant we could not effectively transact with Ministry of Education and this slowed down implementation. Education and Young People (EYP) will continue to carry out advocacy, the influencing of policy, systems building, capacity development, community sensitization, and aspects of service delivery, especially in response to emergencies.

IR 2400/A0/04/006/003 IR 2: Talent development, vocational training, and life skills (leadership, peace education, HIV/AIDS awareness) for vulnerable youths and children enhanced

**Progress:** At the end of the pilot phase, the National Youth Talent Academy (NYTA) project has evolved into a national youth development programme. This year national stakeholders endorsed the transition of NYTA into a semi-autonomous government agency as well as an independent trust to leverage resources and sustain quality service for youth empowerment.

As an independent trust fund, NYTA will now strengthen its capacity for resource-leveraging from public and private sectors and widen its coverage nationwide. The talent-based identification programme reached more than 400,000 in-school youth and 100,000 out-of-school youth. Consequently, over 12,000 in-school and out-of-school vulnerable youths received specialized talent-based life skills training.

To sustain the programme and anchor it in national systems, talent development has been included in key
GoK 2012 Bills. The Draft Basic Education Bill includes talent-based education as an alternative pathway in secondary education. Indeed, two constituencies have adopted the model and established talent academies with local resources. The draft Sports Bill provides a legal framework for institutionalizing talent identification and development through the creation of a national sports institute. Furthermore, the Music Council Bill proposes the establishment of a national music institute and regional music academies to further youth talent and livelihoods. Close to 2,000 out-of-school youth were linked to livelihood opportunities through this innovative and alternative employment initiative.

The programme also strengthened national system response in building skills for youth living in vulnerable and distressed conditions. Through a partnership between the Ministry of Youth Affairs and Sports (MoYAS), Barclays Bank, the Ministry of Local Government and the Street Families Rehabilitation Trust Fund, UNICEF has facilitated a model rehabilitation, vocational skills development and employability programme. Through this programme, 1,200 vulnerable out-of-school youths in Eldoret and Mombasa obtained employability skills and business incubation opportunities through the MoYAS-funded Subsidized Youth Polytechnic Tuition Scheme.

In addition, MoE integrated life skills and HIV/AIDS prevention activities into the secondary school extra curriculums. This helped over 10,000 in-school youths improve their life skills and knowledge on HIV/AIDS prevention. UNICEF Partnered with HIV-Free Generation and MTV's Staying Alive campaign to launch Shuga, an HIV awareness drama that packages information-dense content with an entertaining plot that tackles the subjects of love, sex, and money. Shuga has successfully captivated Kenya’s young adolescents while concurrently initiating a breakdown of HIV-related stigmas and myths. UNICEF further piloted Shuga via a radio series aired on a number of community radio stations. Shuga has the capability to effectively communicate vital messages regarding HIV through a diffusion of innovations.

Further, student participation in school governance has been improved through the school council initiative. This is a student leadership and participation programme that promotes student participation in school management through the popular election of leaders as opposed to the teacher-selected prefect system. More than 6,000 secondary school head teachers and 500,000 in-school youths are currently engaged in school councils.

The adoption of elected school councils improved (against a baseline of 0.5% in 2008) to 42% of all public secondary schools (3,115 of the 7,435). This programme has served to significantly reduce cases of school unrest, which had previously been frequent. The right of youth to participate was also greatly enhanced with the launch of the first ever National Youth Council (NYC) elections, and the election of 16 national delegates to form the NYC in December 2012. Enacted through parliament, the NYC will be the official voice of youth in Kenya. The programme is joint initiative of UNICEF/GoK.

The youth and adolescent programme faced challenges in terms of human resources to match the rising demands of the sector. However, through the effective use of partnerships and the leveraging of resources, these were successfully mitigated. The programme will seek to focus on developing stronger and more strategic partnerships, as well as on influencing policy, with regard for the devolution process in Kenya.

**On-track**

**IR 2400/A0/04/006/004 IR 3: Disaster Risk Reduction in the education sector is mainstreamed and the education emergency cluster responds to human and natural disasters**

**Progress:** UNICEF and Save the Children have been building the capacity of the MoE through hands-on training and engagement in leading the Education Cluster. MoE has significantly enhanced its engagement in the coordination of the education cluster and has now taken a leadership role in chairing the cluster meetings, which includes defining the agenda, taking notes and follow through on the key outputs/action points. The MoE led the drafting of the education cluster operational framework in line with the Emergency Preparedness and Response Plan (EPRP). In addition, UNICEF, together with partners, supported MoE in establishing the subnational education clusters in Garissa, Isiolo and Turkana. This initiative led to swift emergency responses to droughts and violent inter-communal conflicts that affected the learning of 140,000 children in nomadic areas and 6,000 children in Isiolo, Moyale and Tana Delta.
In response to refugee crisis in Dadaab, UNICEF, UNHCR and other partners developed and launched for implementation a joint education strategy 2012-2015, as well as a C4D strategic framework. As a benchmarking achievement, EMIS is now in place for evidence-based planning and interventions. Employing the same approach that was used for the development of the Dadaab Joint Education Strategy, UNICEF, UNHCR and other partners in Kakuma have jointly drafted the Kakuma Education Strategy (for refugee children in Kakuma), based on an assessment of the education situation in the Kakuma refugee camp. This will provide a framework for joint planning, implementation and monitoring for all education partners in the Kakuma refugee camp.

UNICEF, UNHCR and UNESCO, at the request of MoE, have supported the drafting of a concept paper on "Refugee Education in Kenya". The draft concept paper is with the Directorate of Policy and Planning, MoE, for review and recommendations. The concept paper will guide the MoE in the development of a policy and strategy on refugee education, thereby mainstreaming it into the national education policy.

UNICEF has also supported GoK to introduce peace education at the national level within the DRR framework. In August 2012, Kenya's President launched the National Peace Education Campaign, with support from UNICEF, to urge all Kenyans to uphold peace ahead of the national elections in March 2013. A range of stakeholder forums and sensitization workshops were undertaken to raise awareness about peace education among 654 government officials, district education officers, teachers and community members. UNICEF also contributed to introducing the DRR training at the school level. It provided inputs to the Kenya Institute of Education (KIE) in developing the DRR teachers’ resource books and the learners’ activity books (Grades 1-8). In addition, UNICEF has successfully advocated with the MoE to mainstream DRR training programme at the school level into the National Education Sector Support Programme. Since there are multiple players engaged in peace-promoting activities, interministerial and cross-sectoral coordination has been found to be critical for complementarity, synergy and wider coverage.

**IR 2400/A0/04/006/005 IR 4: Improved knowledge-base for evidence-based policy and planning, and resourcing of the Education sector into the new Constitution**

**Progress:** Following the UNICEF Mid-Year Review (MYR), the realignment process 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 Bill, Technical, Technical Vocational Education and Training (TVET) Bill, Sports Bill, and the national education strategic investment plan have been submitted to the Parliament for debate. UNICEF provided technical support to the MoE task force team to develop these frameworks and documents.

UNICEF developed a range of knowledge products. The International Institute for Educational Planning (IIEP) and the UNICEF research programme assessed the usefulness of school grants, illustrating that they have allowed for greater education access for disadvantaged groups who would be otherwise excluded from school. UNICEF is also drafting a study on out-of-school children (OOSC) in Kenya to examine the trend of their marginalized status between 2003 and 2008. This is a preliminary draft for the Government to further conduct policy analysis and evaluate the national free primary education and free day secondary education programme.

Furthermore, UNICEF conducted an in-depth evaluation of the potential of low-cost boarding schools and mobile schools in 16 districts of ASALs. Nomadic education aims to facilitate access for pastoralist children to primary education without disrupting their nomadic lifestyle. The assessment analysed government investment in the schools, which brought forth adequacy in improving education indicators in ASAL.

Recommendations include the restructuring of resource allocation, improved administration and management, and sustained teacher support and quality improvement. The study also developed minimum standards required for the administration of effective mobile and boarding schools and developed a minimum unit cost for viable boarding and mobile schools to guide ministries and NGOs supporting these schools.
**PC 3 - Child protection**

**On-track**

**PCR 2400/A0/04/011** A national child protection system approach that prevents and responds to violence against and the abuse and exploitation of children, as well as child separation, including in emergencies, is adopted by the Government with pilots initiated in seven districts by 2013

**Progress:** Key achievements were made in the shift towards systems-building. At the core of all child protection programming undertaken by UNICEF is the ethos that the Government should have the technical capacity for leadership, coordination, efficient implementation and monitoring to ensure national ownership of programmes, policies and activities.

The Ministry of Gender, Children and Social Development (MoGCSD) is working deliberately and proactively towards its goal of developing a functional child protection system. In its successful development of a Framework for the National Child Protection System for Kenya of November 2011, and the naming of a National Child Protection Committee in April 2012, it is clear that there is an ongoing commitment to improving and better coordinating services for highly vulnerable children.

UNICEF provided technical support to the Government in the development of comprehensive guidelines on alternative care for children, which include a range of alternative care options that ensure all children without parental care are taken care of. The draft Guidelines for the Alternative Care of Children document was completed by October 2012; it is awaiting validation and roll out in 2013.

The results of the VAC Survey provide, for the first time, national estimates describing the magnitude and nature of sexual, physical and emotional violence experienced by girls and boys in Kenya. These findings will serve as a baseline national estimate for VAC and will be the foundation for future strategies by Kenya and its partners to develop and implement effective child-friendly prevention strategies as well as improve service provision for all Kenyans, especially children, who experience violence.

The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme implemented by MoGCSD seeks to strengthen Kenya’s emerging child protection system in order to improve the quality and access of services for children at risk of or experiencing abuse, abandonment, separation, neglect or exploitation. The CT-OVC programme is currently operational in about 47 districts in Kenya and a total of 144,931 households received bimonthly cash transfers by end of December 2012, which is successful in terms of coverage.

The Child Protection Centre (CPC) in Malindi has served as a valuable facilities model for the integrated sector approach to child protection. Available services include: assessment, counselling, legal aid, tracing and family reunification. The CPC is also designed to house libraries and child-friendly spaces, as well as a referral desk for specialty services to address the holistic needs of children. In this regard, the national Childline/Kenya helpline, a 24-hour toll-free hotline providing consultations with trained counsellors, has also received UNICEF support, with an average of 40,000 calls being recorded monthly.

UNICEF collaboration with MoGCSD has also yielded positive social change around traditional behaviours such as female genital mutilation (FGM), helping to encourage three counties to publicly declare their support to eradicate FGM. A joint partnership with UN Habitat and UN Women produced a strategic shift in interventions under the five-year “safe and friendly cities for all” initiative. The collaboration is developing partnerships with municipal leaders and CBOs to ensure the empowerment and safety of women and children, and the prevention of gender-based violence.

Emergency services remained a cornerstone of UNICEF engagement in 2012, with more than 2,200 separated and unaccompanied children identified, assessed and registered in case management for protective services. Responses included follow-up assessments of safety and care, the provision of non-food items (NFIs) and support for education and legal aid.

**On-track**

**IR 2400/A0/04/011/001** IR 1: The Government has the capacity to coordinate and demonstrate the system...
approach to Child Protection

**Progress:**

- The Government has greater technical capacity for leadership, coordination, implementation and monitoring to ensure national ownership of programmes, policies and activities;
- The VAC Study was launched, coupled with a draft Response Plan. A thematic working group (TWG) was established to finalize the response plan and entrench it into the CP System Draft Costed Strategy;
- The CPC in Malindi served as a valuable facilities model for the integrated sector approach to child protection;
- Child Helpline Kenya: A 24-hour toll-free hotline has been providing consultations with trained counsellors; an average of 40,000 calls is being recorded monthly;
- Psychosocial support was provided to 52,406 (17,229 girls) in Daadab refugee camps;
- Separation constituted a priority issue in Turkana region. Of the 985 separated children (784 males and 201 female) identified, 494 (383 males and 107 females) were reunited with family by the end of the year. Another 96 (61 males and 35 females) were placed in foster care;
- A service-mapping exercise on SGBV was carried out to identify the availability of referral pathways and quality clinical care to sexual assault survivors. Training was provided to 113 health workers and 60 stakeholders in the care of survivors of sexual violence;
- Protective services (counselling, psychosocial, referral and reintegration) were provided in the slum of Kibera to approximately 5,500 children. Community outreach targeting teachers, parents, social workers, caregivers and community members reached around 19,000 members; and,
- A joint partnership with UN Habitat and UN Women produced a strategic shift in interventions under the five-year “safe and friendly cities for all” initiative. The collaboration is developing partnerships with municipal leaders and CBOs to ensure the empowerment and safety of women and children and the prevention of gender-based violence. Within the safe cities initiative, a desk review on vulnerabilities was undertaken in Nairobi, as well as consultations with communities in four informal settlements (Kibera, Mukuru, Mathare and Eastleigh).

**IR 2400/A0/04/011/002 IR 2: Roles and responsibilities of Child Protection duty-bearers articulated in policies, guidelines, regulations, and legal frameworks**

**Progress:** To address duplication of services and enhanced service delivery in emergencies, a training of the Turkana Child Protection Network (TCPN) on child protection in emergencies (CPiE) was held to articulate the roles and responsibilities of duty-bearers by focusing on enhanced collaboration and coordination with the Government and partners. Volunteer Children’s Officers (VCOs) and members of the Area Advisory Councils (AACs) were also trained on CPiE to enhance their roles at the community level.

The protection of children needing alternative care continues to be a challenge as existing provisions in the Children’s Act encourage institutional care. UNICEF has provided technical support to the Government in the development of comprehensive draft guidelines for alternative care for children based on international standards.

Capacity gaps among MoGCSD staff, health workers, prosecutors, police officers, social workers and child protection officers were addressed through training on child protection, including Identification, Documentation, Tracing and Reunification (IDTR), in Nairobi, Mombasa, Malindi and Eldoret. In the same districts, training on service delivery in the justice system was also carried out in order to clarify roles and responsibilities among the above-mentioned duty-bearers.

Capacity for social work/case management was also enhanced, and a study on community-based mechanisms for child protection is ongoing to identify the strengths and weaknesses of duty-bearers at that level.

**IR 2400/A0/04/011/003 IR 3: A harmonized cash transfer programme for OVC is in place in 60 districts and linkages are made to the Child Protection (CP) System for a functional CP System by 2013**

**Progress:** A total of 144,953 households received bimonthly cash transfers by end of October 2012.
Social Protection Sector Review of June 2012 and the passing of Social Protection Policy by Parliament in May 2012 provided a better opportunity for increasing the coverage of vulnerable children to reach up to 200,000 households with OVC for the cycle 2014-2017. They will also provide an opportunity to build on the achievements and progress, as revealed by the second follow-up impact evaluation of the CT-OVC programme that was concluded in 2012. The evaluation follows 1,811 households who were part of the 2007 baseline survey. The CT-OVC programme continues to have a significant impact on consumption, with spending being primarily food- and health-related, with significant increases in spending on meat, fish and dairy products. There has been a significant reduction of on-farm child labour. There is evidence that older and/or chronically ill beneficiaries may be working less in casual wage employment and more on their own farms. The programme continues to have a positive impact on the enrolment of secondary school-age children (an increase of 7.8 percentage points). The evaluation also explores the links between the CT-OVC programme, child protection, and HIV. The findings show that programme beneficiaries aged between 15-21 years were 7 percentage points less likely to have had sex, indicating a postponement of sexual debut; and also that they were significantly less likely to have unprotected sex. The findings further show that the programme significantly reduces depressive symptoms and that these positive effects are stronger for the 15-19 age group.

**PC 4 - Policy, planning, advocacy and communication**

**On-track**

**PCR 2400/A0/04/012** Children’s and women’s rights and gender equality prioritized in policy implementation, participatory planning and budgeting for Vision 2030 at the national and district levels based on evidence from data collection exercises

**Progress:** Kenya has continued to adopt policies that prioritize children’s and women’s rights. New policies adopted in 2012 include the Food Security and Nutrition Policy and the National Social Protection Policy. UNICEF supported the development of both these policies, which provide the basis for greater prioritization of strategies to address young child nutrition and social protection for vulnerable children. UNICEF continues to highlight evidence of inequity in outcomes and in service provision through engagement in the preparation of Kenya’s Second Medium-Term Plan, which commenced in August 2012.

UNICEF’s advocacy work with parliamentarians and through various advocacy forums contributed to securing greater commitment to nutrition, child survival and early childhood development education, and also to the strengthening of a network of child rights and child protection advocates in Turkana, one of the most disadvantaged areas in Kenya.

At the national level, government resources have continued to be allocated to social protection, nutrition, Early Childhood Development and Free Primary Education following earlier policy advocacy work. In 2012, the Government almost quadrupled its financing for ECDE, while the financing of CT-OVC and nutrition increased by 18% and 7%, respectively. However, the financing for other areas is not yet reflecting the greater prioritization of children’s rights, including in maternal and child health, and sanitation. Through UNICEF’s Social Policy Engagement, policy briefs highlighting evidence on effective strategies are being developed for inclusion in the MTP II, and financing strategies are being developed for incorporation into the Medium-Term Expenditure Framework.

At the local level, the devolution of services, which is set to commence in 2013, represents a critical opportunity for directing resources towards the realization of children's and women's rights. UNICEF worked with partners to contribute analytical input to an equity-based formula for allocating resources to county governments, with the result that counties with higher levels of child deprivation will receive an increased share of revenue.

Evidence from the expansion of Social Intelligence Reporting (SIR) into more districts continues to demonstrate both progress and challenges in the implementation of government policies and programmes. For example, SIR has found that while two thirds of districts report meeting national standards for pupil-teacher ratios, 80% report that pupil–teacher ratios are increasing, despite the Government’s employment of
more teachers. Many examples have been identified where health facilities continue to charge for basic antenatal and under-5 services, which are free under government policy.

Availability of disaggregated subnational data has been a constraint to the evidence-based planning of services for the realization of children’s rights. Among the initiatives that are addressing this bottleneck, UNICEF has supported the Kenya National Bureau of Statistics (KNBS) to produce MICS surveys for districts in two provinces (Eastern and Nyanza) and to establish the first county-based database of KenInfo in Embu county. Data from the MICS surveys, which has highlighted significant disparities within and between provinces, will be used to assist in improving the targeting of resources and programmes. The EmbuInfo system is already generating information for county-based planning and equivalent systems will be progressively rolled out to other counties to underpin devolved planning processes.

**IR 2400/A0/04/012/001 IR1: Knowledge and analysis for equitable pro-child social policies increased and strategies for reducing inequity adopted by policymakers by 2013**

**Progress:** The Social Policy Engagement Strategy, drawn from the Equity Diagnostic Review of the GoK-UNICEF country programme together with policy gap and MoRES Level 3 analyses, was completed and has identified priority areas for policy focus. In August 2012, the Government launched the development process of the MTP II. UNICEF inputs to the joint UN response provided to the Government highlighted the importance of tackling inequality, addressing drought and disaster risk, and enhancing programmes for the most vulnerable. Draft policy notes have been prepared on financing for nutrition, scaling up sanitation for the most vulnerable, scaling up community-based health care, scaling up the cash transfers for OVC, and embedding approaches to nomadic education within the ongoing education reforms. Relevant recommendations have been incorporated into policy briefs prepared by joint UN teams as inputs to the MTP II policy process and shared with the Government. The MTP II is still under development and engagement continues to ensure that critical policy issues are incorporated into the drafts, relevant sector plans, and in some cases into ongoing legislative reform.

Two critical emerging challenges to the adoption of strategies are: the linking of policy evidence with feasible operational plans and budgets; and providing policy advice at the county level under the devolution process that begins in 2013. In order to address these challenges, analytical work has commenced on the national budget through joint analysis with other UN agencies on the link between the budget and MDGs. Work has also commenced on an analysis specifically focusing on the social sectors and associated budget lines to benefit children and women. In preparation for providing policy advice to county governments, county-level data is being compiled and analysed to identify policy priorities for children and women in the 47 new counties.

**IR 2400/A0/04/012/002 IR 2: National and subnational authorities allocate and utilize sufficient public resources to prioritize equity in child rights and gender for Education, Nutrition, Health, WASH, Social Protection by 2013**

**Progress:** Government resources have continued to be allocated to social protection, nutrition, and ECDE following earlier policy advocacy work. An increase of 9.5% in resources allocated to the social sectors was recorded in the last two years—from KSH 324,719 billion in 2011/2012 to KSH 355,414 billion in 2012/2013. However, the overall Government budget grew by 15.5% (from KSH 959 billion to KSH 1.107 trillion), while the overall social sector budget accounted for 32% of the total. Four core social subsectors recorded an increase, notably ECDE (383%), CT-OVC (18%), Free Primary Education (18%), and Nutrition (7%), while three other core subsectors, including Maternal and Child Health, Older Persons Cash Transfer, and the Constituency Development Fund recorded no change or a decrease.

In terms of the effective utilization of the above resources, UNICEF has continued to support the Government to monitor the implementation of policies and track resources to facilities and communities through the roll-out of SIR. Evidence from the expansion of SIR into more districts has begun to be compiled into national-level reports that are already informing decisions on policy and the implementation of programmes. For example, SIR has found that while two thirds of districts covered report meeting national standards for pupil-
teacher ratios, 80% report that pupil–teacher ratios are increasing, despite the Government’s employment of more teachers. Many examples have been identified where health facilities continue to charge for basic antenatal and under-5 services, even though they are free under government policy.

The 2012 completion and introduction of a system of electronic data capture for SIR has set the stage for faster turnaround and the more frequent and timely reporting and analysis of implications for subnational and national decision-making.

**On-track**

**IR 2400/A0/04/012/003 IR 3:** Kenya periodic reports (Convention on the Rights of the Child—CRC; African Charter on the Rights and Welfare of the Child—ACRWC) submitted and concluding observations implemented by 2013

**Progress:** This result is on track, with the completion of the 3rd, 4th and 5th consolidated CRC Kenya State Party Report and the Initial Report on the Optional Protocol on Children in Armed Conflict. The reports were submitted to the Committee on the Rights of the Child (CRC Committee) and the Government is awaiting further instructions from the CRC Committee to enable it prepare any necessary defence on issues raised in the concluding observations. NGOs/CSOs are also awaiting direction from the CRC Committee to prepare their complementary report.

Progress has been made on 100% of the concluding observations from the previous CRC report. However, there are still areas that require continued efforts for improvement, especially:

1. Resource allocation by the Government towards the needs of children with disabilities and internally displaced children.
2. Development and dissemination of child-friendly versions of plans and policies that affect children, in local languages.
3. Achievement of universal birth registration, the process of which is costly to caregivers even though registration (notification) is free.
4. Challenges facing street children, as well as the vulnerability of children to sale, child prostitution and pornography with the Optional Protocol (OPSC), not yet ratified by Kenya.

The process of preparing the report documented vital lessons that will inform future reporting processes, including the key role that stakeholder involvement played in ensuring the views of children and adults were incorporated as well as need for dissemination plans to enable county-specific issues to be highlighted and addressed. The statistical data should also be updated on a continuous basis as soon as new data is made available through surveys and other credible sources. Three further reports, notably the Second State Party Report on the African Charter on the Rights and Welfare of Children, and progress reports on a World Fit For Children and an Africa Fit For Children, are currently under preparation.

**On-track**

**IR 2400/A0/04/012/004 IR 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

**Progress:** Availability of disaggregated subnational data has been a constraint to the evidence-based planning of services for the realization of children’s rights. Among the initiatives for addressing this bottleneck is the support UNICEF has provided to the Kenya National Bureau of Statistics (KNBS) to produce Multiple Indicator Cluster Surveys (MICS) for districts in two provinces (Eastern and Nyanza). Key findings have identified areas with significant disparities as well as provided analytical information on gender and wealth-based disparities, and this is expected to improve the targeting of resources and programmes. The capacity of KNBS staff to manage data dissemination was enhanced through participation in an international workshop on MICS data analysis and dissemination. Increasing the coverage of surveys to other counties is still constrained by the levels of available funds.

The first county-based KenInfo database of social statistics was developed and launched in September for Embu County. County officials were trained on management of the database. This initiative is expected to increase the use of data in evidence-based policy planning and budgeting at subnational levels. A gradual roll-out to other counties is expected for 2013.
UNICEF has contributed to the building of capacity for M&E in the country, through support to the roll-out of an M&E curriculum at national universities, supporting the professionalization of M&E through the establishment of the Kenya Evaluation Society, and Kenya’s first National M&E week, which resulted in high-level dialogue and greater commitment to effective M&E for development results.

In support of the National Social Protection Policy, UNICEF has supported the development of results frameworks and decentralized capacity for the monitoring of social protection programmes with a focus on appraising the effects of programmes on the well-being and livelihoods of vulnerable people, including children, the elderly, the disabled, and women.

**PCR 2400/A0/04/013**

**Children, families and communities adopt appropriate attitudes and practices and utilize social services for CSD, Education, Child Protection and HIV, including in emergency situations, with a focus on vulnerable groups and the most marginalized regions of Kenya, by 2013**

**Progress:** The Communication for Development (C4D) PCR statement focuses on two key actions for children, families and communities; they are the adoption of appropriate behaviour and the utilization of social services. Under the Intermediate Results (IRs) contributing to the C4D PCR, several interventions have been implemented. These are mainly mass media Behaviour Change campaigns including a large-scale hand washing campaign implemented in the UNICEF focus regions of Nyanza, North Eastern Province, Turkana and Nairobi, and a child protection awareness-raising campaign. Challenges to the measurement of results include a lack of baseline information and benchmarks against which the achievements of UNICEF C4D investments can be compared, and limited qualitative evidence on child survival, protection and development to inform the strategic planning, implementation and monitoring of C4D interventions.

Another prong of UNICEF’s investment in C4D has been the provision of technical and funding support for the development of communications strategies for CSD and Child Protection programmes, such as through the use of Knowledge, Attitudes and Practices (KAP) surveys on relevant topics, which serve as the basis for the implementation of C4D activities. Technical support for the development of communication strategies is provided to counterparts and partners with the aim of ensuring that C4D interventions are sound and strategically focused upon their implementation.

Further challenges to the realization of the IRs are: a limited understanding of C4D; limited C4D capacity of counterparts and partners; a fragmented and section programme-specific pattern of funding C4D interventions with little room for integration; limited scope/lack of sustainable partnerships/mechanisms for planning; and the implementation of C4D interventions at the community level.

The above, coupled with insufficient resources, have worked together to challenge the achievement of C4D results and cast limitations on the potential achievement of the IR indicators. Overall, both the quantity and quality of C4D investment and interventions that have been implemented under the C4D PCR to date are considered insufficient for achieving the set results. However, despite the lack of evidence to support the actual achievements/extent of these contributions to the UNICEF C4D investment, there is a general consensus that they have contributed towards the realization of the IR and PCR.

In view of the outcomes of the Medium-Term Review of the country programme, the internal and joint reviews (with partners and counterparts) of the C4D Rolling Work Plan, and the modality of C4D support to the country programme components, a significant shift to enhance the focus of results and the quality of C4D inputs is being made. Efforts towards an integrated approach to promoting behaviour and social change for the CSD programme—one that comprises the WASH and the Nutrition programmes—has been conceptualized and its implementation is being discussed.

Increased dialogue with programme section colleagues, counterparts and partners had led to increased clarity of the C4D technical support needs of section programmes and the development a revised C4D Rolling Work Plan. The revision of the Rolling Work Plan might necessitate a revision of the IR indicators.
**IR 2400/A0/04/013/001**

Key GoK, civil society partners and communication networks at the national level and in programme focus counties/constituencies provide enhanced capacity to implement strategic and equity-based communication interventions, including communication response in emergency situations.

**Progress:** Training for the planning and monitoring of C4D interventions was held for Health Promotion Officers from 20 districts, and C4D communication plans for CSD were developed. Implementation was constrained by a lack of funding for the plans. In view of the lessons learned from implementing this activity in the previous year, the key activities planned under this IR were put on hold pending an ongoing C4D needs analysis of the CO, which will inform the development of target-specific training packages.

With support from UNICEF Eastern and Southern Africa Regional Office (ESARO), a five-day Training of Trainers culminated in the development of a draft national disease outbreak communication framework. The training has been cascaded to district staff in two UNICEF focus regions (North Eastern Province and Kisumu). Furthermore, a scenario-specific C4D emergency response framework has been developed and is pending finalization.

Capacity-building on the Dialogue for Life Initiative facilitated community engagement around key child health and survival issues in Garissa, with subsequent funding of the activity by the CBO resources in the reporting year. However, the initiative faced challenges in Homa Bay and Kisumu West. A total of 3,369 religious leaders were trained to communicate on child survival, development and protection messages with their congregations based on religious scripture, and guided by the use of handbooks designed to support different faiths (Muslim, Catholic, Protestant and Hindu). Through workshops and review meetings conducted for district immunization staff, the capacity of district immunization workers to develop and implement communication micro-plans for special immunization days has been developed.

**IR 2400/A0/04/013/002**

Strategic communication planning and implementation for behaviour change in focus counties is provided to programme sectors to increase demand and utilization for a high-impact package of services and interventions for child survival, development, protection, and education.

**Progress:** Through partnerships with key UN agencies and development partners, a communication strategy for EMTCT was developed, launched at a high-profile event, and is being piloted. Sports were used as a mobilization tool to reach approximately 105,000 young people in Nairobi and Nyanza Provinces with information and messages on various topics including HIV/AIDS and reproductive health. During the campaign, 20,000 young people accessed HIV counselling and testing, and 89 young men were circumcised.

Evaluation of the SOPO hand washing campaign is in its final stages. Development of a CLTS communication strategy and its implementation plan is in progress. Progress on the finalization of the Child Protection Communication Strategy was constrained by a change in the focus of support by the Child Protection programme.

Under the partnership with the Inter-Religious Council of Kenya, an international Faith For Life Conference to advocate for the greater involvement of religious leaders in child survival, development and protection, culminating in the formation of an international network, was supported. Knowledge, Attitudes and Practices (KAP) surveys on CSD were conducted in UNICEF focus districts/specific regions with a focus on religious congregations. The findings are being used to develop strategies and inform planning. UNICEF advocacy and technical support resulted in the inclusion of a communication chapter in the National Education Strategy. Workshops supported by UNICEF enabled the development of specific communications micro-plans for special immunization days. A communications strategy and implementation plan in support of the Joint Dadaab Refugee Education Strategy was developed; and qualitative evidence to inform the development of context-specific social and behaviour change interventions is ongoing. The measurement of C4D achievement as per the set indicators for this IR is a challenge in the face of a lack of evidence and data.

**IR 2400/A0/04/013/006**

IR Marked for DELETION and Western Provinces know and keep a sustained demand on availability of social services including immunization, ORT, ITN, vitamin A, quality education, safe
water, improved sanitation, child protection and exclusive breastfeeding practices by 2012.

**PCR 2400/A0/04/014** Children and women’s rights and gender equality prioritized in policy implementation, participatory planning and budgeting for Vision 2030

**IR 2400/A0/04/014/001** National and subnational dialogue increased in support of equity-focused policies for children’s and women’s rights, including during emergencies, by 2013

**Progress:** Overall, in 2012, considerable headway was made in supporting a number of advocacy initiatives and in the production of advocacy products that are directly related to sector programmes. However, at this time (in the run-up to the March 2013 elections and with the challenges of devolution), activities in Kenya are not underpinned by an overarching equity-based advocacy strategy.

Earlier in the year, UNICEF revived its relationship with the Parliamentary Committee on Health to secure its participation in the 126th Inter-Parliamentary Union Assembly, which was held in Kampala, Uganda, from 31 March to 5 April 2012. Prior to the meeting, UNICEF used the opportunity to brief MPs and to engage them on issues such as health systems development in the context of decentralization. In Kampala, the MPs visited a UNICEF-supported project for community-based management of acute malnutrition and were urged to advocate for nutrition policies, to influence pro-nutrition legislation, as well as to increase budget allocations for nutrition programmes. Follow-up is a major challenge as under the new Constitution, MPs will not be as influential; power has been devolved to the county level. More consideration will have to be given to targeting aspirants for the posts of senator, governor and women’s representative for effective advocacy.

Knowledge and information was promoted through the use of new and traditional media. Specifically, the CO established its social media presence on Facebook and Twitter. Updates were provided on Global Handwashing Day, the launch of the Children’s Rights and Business Principles, the National Nutrition Survey, the launch of the VAC Study, the Lobolo-Namukuse-Longech WASH project, World Toilet Day, the launch of EmbuInfo, World AIDS Day, and Universal Children’s Day. It should be noted that efforts are still at the nascent stage. In late 2012, collaboration with the Social and Civic Media Section in the Division of Communication (DOC) resulted in the CO joining the Nokia partnership on Digital Citizenship and Safety. This exciting initiative, which is at the research phase, will contribute to educating adolescents and young people on ICT opportunities and risks, and providing policymakers with evidence-based policy recommendations.

In collaboration with CNN, UNICEF Goodwill Ambassador Angelique Kidjo made a high-profile visit to Samburu to highlight the critical problem of stunting. CNN broadcasted the segment along with an interview with Executive Director Tony Lake on the Scaling Up Nutrition initiative. The US Fund/National Basketball Association visit promoted the A Promise Renewed agenda when they participated in a polio campaign in Turkana county, north western Kenya. In 2012, apart from a Danish NatCom monitoring visit, there was a significant drop in NatCom visits in contrast to 2011 (mainly Horn of Africa-related in the second half of the year.

There was a noticeable improvement in the generation of advocacy and communication materials, especially human interest stories and videos posted on the CO and global websites. Below are some examples:

- WASH story and video: "Improved drinking water and sanitation brought closer to homes"
- CSD (A Promise Renewed) story
- "Religious leaders commit to child survival"
- Story and video: “A well offers hope”, on the global website [www.unicef.org](http://www.unicef.org) on the WASH tab, and the story can also be found here: [http://www.unicef.org/infobycountry/kenya_66935.html](http://www.unicef.org/infobycountry/kenya_66935.html)
- Story and video: "Without an education, there is no life" on the homepage of the global website [www.unicef.org](http://www.unicef.org) on the Special Reports tab, and the story can also be found here: [http://www.unicef.org/infobycountry/kenya_67044.html](http://www.unicef.org/infobycountry/kenya_67044.html)

Finally, support was provided for the production of a range of advocacy and communication materials for the Nutrition Advocacy Symposium and the launch of the VAC Study. In 2013, Advocacy and Partnerships will take stock of all current and recent advocacy outreach products and operating procedures. This process will lay the groundwork for the crafting of an equity-focused advocacy strategy that will contribute to building
advocacy capacity (when the NOC Communication Specialist is on board), developing strategic partnerships, and carrying out strategic advocacy enhanced by the provisions of the new Constitution. Lastly, there will be an emergency advocacy framework that mainstreams DRR within the overall advocacy strategy.

IR 2400/A0/04/014/002 Strategic partnerships enhanced to leverage resources for equitable results for children and women, including in the humanitarian context

Progress: The experience of the first half of the country programme highlighted the need for greater clarity and rigour in the use of the term partnerships. To this end, the Advocacy and Partnerships section has shifted its approach to investing in strategic partnerships that position UNICEF as a leader and a resource regarding the impact of business on the rights and well-being of children.

In preparation for the release of the Children’s Rights and Business Principles, training on Corporate Social Responsibility (CSR) for Child Rights was facilitated by the CSR Manager, Private Fundraising and Partnerships (PFP) Division. Another training session was organized with Save the Children, the UN Global Compact, the Federation of Kenya Employers and the Kenya Private Sector Alliance. Although this activity was not a major one, its significance has to be seen in its potential to guide and inspire key programme staff to forge consistent and sustainable long-term corporate relationships for UNICEF. These two orientations culminated in the release of the Children’s Rights and Business Principles on 1 October in Nairobi. The challenges of putting these principles into practice engendered much debate during the panel discussion. Corporate representatives were inspired by the innovative workplace and marketplace examples that panellists from the Comcraft Group, Equity Bank, Safaricom, and Tetrapak provided. Regarding the next steps, the partners—Save the Children, the UN Global Compact and UNICEF—need to immediately work on a game plan while the momentum of corporate interest and support is still high. In-house consultations will have to be held to determine the strategic role of UNICEF in the implementation of the principles’ framework in coordination with Save the Children and the UN Global Compact. Furthermore, consideration needs to be given to the potential reputational risks of associating with certain corporate representatives.

Timely support from the programme sections resulted in the development of a Corporate Engagement Plan. However, critical attention has to be paid to ensuring that the sections have the necessary additional skill-set for its effective implementation. The market research and the mapping of the business landscape will put the Advocacy and Partnerships Section on the road to finally building a comprehensive knowledge management framework to safeguarding the office’s institutional memory for corporate partnerships.

While Equity Bank, Imperial Bank, KEPSA and the Communications Commission of Kenya are in various stages of partnering with UNICEF, the Advocacy and Partnerships Section does not have a systematic approach to documenting the genesis of these relationships. Memorandums of Understanding (MoUs) have been secured with some, while others are based on regular interactions or correspondence. The documentation of existing partnerships, including screening (due diligence), is a priority area for completion before the end of 2012.

Fundraising continues to be a challenge. More thought needs to be given to leveraging partnerships and to the increasingly important area of public-private partnerships to provide much needed services for children and women.

Finally, once key positions in the relevant section are filled, UNICEF, at this critical time in Kenya’s history, will have to think about its engagement with civil society, particularly the potential contributions that diverse actors can make to achieving equitable results for children and women.

PC 5 - Cross-sectoral costs

On-track

PCR 2400/A0/04/800 Effective and efficient Programme Management and Operations support
**Progress:** The office launched the review of its key work processes in order to align them with VISION/IPSAS requirements as well as the accountability framework defined by the new financial rules and regulations (FRR) effective 1 January 2012. As an illustration, the complete institutional SSA contracts workflow (from sending out Requests for Proposals/Quotations to the issuance of contracts) has been shifted to the Supply Unit, unlike in the past when the Supply Unit’s role was limited to only floating out RFP/RFQ while other sections were in charge of raising contracts in the system.

A new PCA review workflow and related quality assurance and risk management of UNICEF’s cooperation with NGOs has been put in place. The new workflow covers the whole spectrum of PCA management, from its inception (programme results definition, clarity and link to PCRs and IRs, partnership assessment) to alerts on funds utilization and liquidation, follow-up on alerts through quality assurance activities (spot checks), maintenance of the PCA matrix, monitoring of programmatic and financial inputs to check progress towards achievements and results, etc. PCA extensions are now subject to rigorous scrutiny to ensure that the CO has a good understanding of encountered implementation delays and addresses the bottlenecks to avoid recurrent extensions in the future.

The office revisited its management indicators and adopted an IPSAS-compliant reporting approach. Basically, the CO moved away from reporting utilization of funds (through level of requisitioned amount to looking at the impact of its cooperation model by reviewing its Financial Performance).

In order to meet its programme objectives, the office ensured that a number of critical prerequisites are met, including:

1. Analysis of individual programme priorities to identify unfunded areas which will, in turn, severely affect the achievement of results;
2. Matching the “unfunded” priority areas to specific donor interests with full knowledge of donor intelligence and ODA allocation patterns;
3. Developing high-quality advocacy and communications packages that provide comprehensive communication on “Who we are, What we do and Why and How we do it”;
4. Enhancing coordinated high-level engagements with donors at the local level and making strategic use of visits and engagements with NatComs, UNICEF Goodwill Ambassadors and media, and other advocacy opportunities (enhancing public access to the organization’s information) to leverage and mobilize resources; and,
5. Technical staff from each programme area are made aware of the profiles of the major donors interested in their programmatic area and facilitated to work with the Communications/Donor Relations focal point to schedule meetings and follow up with them throughout the year. The importance of ensuring visibility for contributions and giving these top donors analytical reports emphasizing the clear tracking of results is prioritized.

**IR 2400/A0/04/800/001 IR 1: Effective and efficient Governance and Systems**

**Progress:** The CO regularly monitored management indicators through the monthly Country Management Team (CMT) and Programme Coordination Group (PCG) meetings, office committees and task forces, and the Programme Management Committee (PMC) meetings held twice a month. The composition of the CMT was revised to reflect the oversight and strategic management functions that the CMT undertakes. In light of the 2013 elections, emergency response preparedness planning was conducted in the first quarter of the year and revisited in October. Accordingly, the responsibility of Section Chiefs for DRR and preparedness and response as per the Core Commitments for Children in Humanitarian Action (CCCs) was reinforced, with DRR as a critical parameter for good programming as monitored through the PMC. Through on-the-job training and orientation on VISION, Emergency Preparedness and Response Planning (EPRP), MoRES, the Roll Back Malaria (RBM) Partnership, and gender, the office was able to set standards and performance targets aimed at programme excellence and operational efficiencies.

A VISION Hub was established to enhance operational efficiency and streamline quality assurance. It yielded very good dividends for the office. As a result, the efficiencies of sections were reviewed, as well as the role of programme assistants in enhancing risk management and programme monitoring. In 2013, the CO plans to introduce a capacity-building initiative to enhance the skills and competencies of programme assistants.
and entry-level technical staff on Level 2 monitoring in MoRES. The CMT reviewed the annual management plan indicators in light of VISION and IPSAS. Due to this oversight process, the office has gradually been moving towards compliance with IPSAS standards in contribution management and reporting on Direct Cash Transfers (DCTs).

A review of the workflow process for the preparation/extension of Project Cooperation Agreements (PCAs) and composition of the PCA Review Committee (PCARC) was undertaken to enhance the quality assurance of PCA preparation and documentation before review by the PCARC. Work processes and document templates that follow risk management principles are in place to improve the efficiency of the PCARC and harmonize procedures within the office.

**IR 2400/A0/04/800/002 IR 2: Effective and efficient management and stewardship of Financial Resources**

**Progress:**

Micro-Assessment/Assurance Activities: Long term agreements (LTAs) with auditing firms for carrying out audits and micro-assessments have been signed. LTAs have been shared with other ExCom Agencies; schedules and reports are being coordinated and shared as well.

Audits: 20 scheduled audits were completed, including a special audit of the Islamic Relief NGO that was jointly arranged by the CO and UNICEF Somalia upon request from the Office of Internal Audit and Investigations (OIAI).

Resource mobilization and donor reports: All donors reports were reviewed and finalized through an internal quality assurance assessment tool developed by the CO. The tool rates the analysis based on a set of parameters established during the planning stage of the proposals. As such, 100% of the 45 donor reports due for submission during the year were submitted on time.

On the fundraising front, the office made some good strides and raised 66% of resources against the Other Resources-Regular (ORR) ceiling of the Country Programme Document (CPD). Despite not reaching the planned 75% target that was set for the overall CPD ceiling by 2012, there was an increase of 86% in the annual ORR funds raised in comparison with ORR raised in 2011 (50%). The office mobilized 67% of humanitarian funds against the set Humanitarian Action Report (HAR)/Consolidated Appeals Process (CAP) for the year.

Challenges/opportunities: The office faced challenges with the management of its Non-Expandable Property, especially during the time of migration to VISION, as the data reflected in the system were not matching the physical count records. A thorough review of all office assets followed by a fresh new data rebuild was undertaken, and to date VISION records are matching the physical counts data.

**IR 2400/A0/04/800/003 IR 3: Effective and efficient management of Human Capacity**

**Progress:** The Human Resource Development Team (HRDT) was actively involved in the planning of the 2012 training activities and developed criteria for assessing the training needs for the CO as well as creating individual development/learning plans. The second half of the year was busy, with several trainings organized to address competency gaps identified during the Mid-Term Review and to fulfil the staff competency requirements for the new country programme cycle. The second semester training covered the Human Rights-Based Approach, Financial Rules and Regulations, Managing Performance for Results, and Ethics.

The CO conducted a thorough competency gap analysis for the Programme Assistant function to establish the VISION Hub and to define a profile for this group to enhance transaction-processing efficiency. As Kenya draws closer to the elections and the likelihood of elections-related violence, the CO decided to heighten staff awareness of the implications and to fulfil Kenya’s humanitarian accountabilities in a timely manner. In October 2012 the office had a one-day planning session to consolidate UNICEF’s response planning and to address the remaining issues and bottlenecks.
Following the heavy recruitment drive to cater for emergency needs, there was a scaling down of recruitments in 2012. Nevertheless, a significant number of positions were created (12) to support the regular programme, as per the summary provided below:

Temporary staff: 21  
Special Service Agreements (SSA): 79  
Stand-by Partners: 03  
Fixed-term posts: 23

The office has significantly reduced the key performance indicator (KPI) for recruitment from 159 days in February 2012 to 95 days in December 2012.

ePAS/PAS:
2011 ePAS/PAS completion rate: 85%  
2012 ePas/PAS midyear discussion rate: 84%

The Managing Performance for Results programme, which is being rolled out, will further improve the ePAS/PAS completion rate, as staff will become more conversant with the performance appraisal tool.
Effective Governance Structure

During 2012, the CO regularly monitored management indicators through the monthly CMT and PCG meetings, office committees and task forces, and the PMC meetings held twice a month. The composition of the CMT was revised to reflect the oversight and strategic management functions that the CMT undertakes. In light of the 2013 elections, emergency response preparedness planning was conducted in the first quarter of the year and revisited in October. Accordingly, the responsibility of Section Chiefs for DRR, preparedness and response as per the CCCs was reinforced, with DRR as a critical parameter for good programming monitored through the PMC. To ensure that senior management are kept abreast of changes in humanitarian risk and response, Early Warning, Early Action is a standing item on the CMT agenda. Through on-the-job training and orientation on VISION, EPRP, MoRES, RBM and gender, the office was able to set standards and performance targets aimed at programme excellence and operational efficiencies.

A VISION Hub was established to enhance operational efficiency and streamline quality assurance, yielding very good dividends for the office. As a result, the efficiencies of sections were reviewed, as well as the role of programme assistants to enhance risk management and programme monitoring. In 2013, the CO plans to introduce a capacity-building initiative to enhance the skills and competencies of programme assistants and entry-level technical staff on Level 2 monitoring in MoRES. The CMT reviewed the annual management plan indicators in light of VISION and IPSAS. Due to this oversight process, the office has gradually been moving towards compliance with IPSAS standards in contribution management and reporting on DCTs. This was complemented by efforts to strengthen the analysis and entries into the VISION Results Assessment Modules. While the office met the midyear deadline of entry into RAM as a test exercise, the offline quality assurance system helped programmes to fine-tune their inputs.

With the completion in mid-2011 of the MTR process, the office embarked on a mid-term management review (MTMR) process that involves management reviews conducted by technical sections and cross-sectoral units in support of the adjustments agreed upon with the GoK in the MTR process. Spearheading the process was a taskforce established by the CMT comprised of senior managers (the Deputy Representative and the Chief of Operations), representatives from various staff categories, including the field offices and the executive committee of the Staff Association. Based on proposals received and a consultative process with staff, the CMT finalized a few strategic proposals that also take into account the lessons learned from the HoA crisis response and emerging requirements to ensure adequate skills and positioning for the roll-out of the CoK 2010 and devolution in Kenya. The CO obtained a further extension of the office in Lodwar for another twelve months. However, the office also faced reduced mobility and security concerns in the north-east region due to Kenya’s military action in Somalia.

Strategic Risk Management

Comments on the Kenya CO 2010-2011 risk library were submitted to NYHQ and ESARO in February 2012. In line with the simplified guidelines issued by NYHQ, the CO reduced the number of risks from 93 to 28. The completed Enterprise Risk Management Plan (ERMP) was presented to all staff for discussion and orientation. The following risks received a priority rating and were routinely monitored through programme and operational governance mechanisms.

Aid Environment & Funding Predictability: Addressed through the ongoing review and update of the resource mobilization strategy endorsed by the CMT, which systematically approached fundraising, partnership-building and resource mobilization. Tools were prepared to enhance resource leveraging with partners and GoK through social budgeting and policy advocacy processes.

Knowledge Management: Loss of knowledge due to reliance on external knowledge sources (consultants, commercial services), the lack of an information-sharing culture, and the lack of internal technology solutions. Knowledge-sharing and management have been integrated through the PCG and the PMC. In 2013, the Strategic Information, Research and Knowledge (SIRK) task force will prepare a separate strategy for knowledge management.
Process, Procedure & Controls: The new UNICEF policies that followed the adoption of IPSAS and VISION are not entirely understood by all staff. Programme monitoring suffers due to a lack of consistent follow-up of previous recommendations. The VISION Hub and the focal points in operations and programmes have supported the orientation of VISION-related processes, procedures and controls. The PCA process was reviewed to improve programme quality and efficiency. Revised checklists and SOPs were introduced and staff members were oriented on them. Stand-by PCAs, determined through a pre-qualification process for the emergency response, have been introduced. Orientation sessions on the new Financial Rules and Regulations were conducted.

Natural Disasters & Epidemics: Specific risks include internal displacement; disruption of basic services; widespread rights abuses; diversion of programme resources to emergencies; decreased staff security; deteriorating nutritional status; disease outbreaks due to poor water and sanitation; decreased safety for humanitarian workers; acute protection risks for refugee women and children; and disruption of programme activities. The responses were as follows: ongoing humanitarian programmes are planned with the Inter-Agency Emergency Humanitarian Response to integrate DRR and capacity-building of partners and GoK; completion of the EPRP for 2012 based on a lessons learned exercise and scenario identification; use of an active emergency taskforce; staff training; support at subnational levels for preparation of EPRP based on hotspots and the mapping of vulnerable areas; inter-agency contingency planning; emergency preparedness as guided by corporate; the Early Warning, Early Action (EWEA) system; and the BCP.

Safety & Security: Identified risks: armed conflict, crime, terrorism, and civil unrest; threats to staff safety and security and road traffic accidents. Response: Minimum Operating Security Standards (MOSS) compliance; dedicated Security Officers; an up-to-date warden system and communication tree; enhanced staff training, and armed police escorts for travel to elevated security areas; compulsory weekly/daily radio checks; the registration of staff on the UNICEF/UNDSS SMS alert service; regular security advisories from UNDSS and others; completion of Basic and Advanced Security in the Field Course by all staff; and Safe and Secure Approaches to Field Environment (SSAFE) training for staff working in elevated security areas. Further responses would include: the strengthening of physical security; enhanced access control for UNICEF offices; vehicles’ maintenance; and adherence to traffic laws.

Evaluation
Management of the evaluation function is guided by the annual Integrated Monitoring and Evaluation Plan (IMEP) for planning, while office-wide measures are in place to manage the process and ensure the quality of the evaluations undertaken. Programme evaluations were planned in several key areas for the following reasons: to examine the impact of interventions based on the outcome and impact indicators; to determine the extent to which country programme strategies are applied and examine their relative roles in achieving desired impacts; and to determine the sustainability of any gains achieved, especially with regard to addressing specific bottlenecks/barriers.

Regarding the 2012 IMEP, of the seven planned evaluations, four were successfully undertaken. These include the second follow-up impact evaluation of the CT-OVC programme, which follows 1,811 households that were part of the 2007 baseline survey. These households were also surveyed in the first follow-up in 2009. The aim was to establish the impact of cash transfers on children’s consumption, health, and education, but also, for the first time, on adolescent social behaviour. The results reaffirm the findings from the 2007-2009 panel survey and show exciting results in areas where the impact had not previously been measured. The second evaluation, commissioned by UNFPA/UNICEF HQ, assessed the extent to which the Joint Programme has accelerated the abandonment of FGM/C in Kenya. Findings from this evaluation will guide the future direction of FGM/C policies and programmes. The other two evaluations carried out were a Post-Introduction Evaluation of the Pneumococcal Vaccine (PCV 10), and the Integrated Management of Acute Malnutrition Programme evaluation.

Management responses for all previous evaluations were uploaded to the global website and the timely monitoring of all recommendations has improved compliance with the reporting requirements and use of the evaluations. Thrice this year, the review of progress on implementation of the management response
recommendations for all submitted evaluations was part of the CMT agenda.

More than 12 high profile surveys and studies were completed in 2012. Findings from the VAC Study have, for example, provided national estimates which describe the magnitude and nature of sexual, physical and emotional violence experienced by girls and boys in Kenya. Meanwhile, the six county-level Multiple Indicator Cluster Surveys conducted in Nyanza province provide new insights on sub-regional inequities within the child health indicators.

UNICEF continued to support GoK’s capacity to implement the National Monitoring and Evaluation System (NIMES) and worked with key partners (DFID, the Swedish Embassy and the World Bank) to strengthen the M&E capacity-building programme. Two universities are already offering M&E curricula, while formal approval for three other universities to do the same is in the advanced stages of the senate. This approach is meant to address the long-term needs for M&E capacity in Kenya. Similarly, UNICEF supported the launch of the professional M&E body (Evaluation Society of Kenya) that will help nurture the practice of M&E in Kenya ([http://www.esk.co.ke/](http://www.esk.co.ke/)). The society was launched during the National Evaluation Week, which will be held annually to increase visibility of the M&E function. UNICEF also contributed to the finalization of the Kenya M&E Policy, which is currently awaiting cabinet approval.

**Effective Use of Information and Communication Technology**

Communication, collaboration and innovation were the main focus of the CO in 2012. In addition to the existing Video Conference Bridge, WebEx and Webinar services, a new WiFi solution was implemented for mobile computing within the office. To facilitate dialling to extensions, the IP telephony services were extended to all four sub-offices in Kenya. To further improve the infrastructure, solar panels and new telecommunications devices were installed where gaps were identified. All offices were technically ready for the release of the corporate Enterprise Resource Planning (ERP)/VISION project without any unforeseen interruptions. All these products and services enabled users to efficiently work with counterparts in the field, influencing and expediting actions and decisions for the benefit of children.

The office participates regularly in the UN ICT working group to share and leverage common services in the UN compound to reduce operational costs. Currently, UNICEF’s data centre equipment is located in two rooms managed by UNICEF in Block E of Gigiri complex. With the availability of a more resilient and shared data centre through the United Nations Office at Nairobi (UNON), UNICEF’s data centre equipment can now be relocated to this new facility, where it will function at a lower operational cost. Within the UN compound, all agencies including UNICEF now share internet services through UNON. These initiatives have significant potential for reducing technological footprints and operational costs in the future.

The CO maintains several LTAs with service providers for connectivity and preventive maintenance services. All obsolete ICT equipment is being disposed of with an international NGO that recycles old ICT equipment and packages it for schools and community centres in an eco-friendly manner.

The Business Continuity Plan (BCP) remains a high priority for the office and the email cluster server installed in UNICEF Tanzania remains operational in case of a major disruption. All members of the BCP have access to email and VISION from home through fixed or mobile connectivity. The IT unit installed IP phones to selected staff residences for BCP purposes. All BCP congregation sites have back-up power generators and BGAN systems as a last resort for communications. These services not only facilitate telecommuting for staff, but complement the overall BCP of the office. The BCP has been further revamped with the installation of satellite phones in all field vehicles including back-up dual connectivity to the internet for sub-offices.

**Fundraising and Donor Relations**

In 2012, all reports were reviewed and finalized through an internal quality assurance assessment tool developed by the office. The tool rates the analysis based on a set of parameters established during the
planning stage of the proposals. As such, 100 per cent of (45) donor reports due for submission in the year were submitted on time.

On the fundraising front, the office made some great strides and raised 66 per cent of resources against the ORR ceiling of the CPD. Despite not reaching the planned 75 per cent target that was set for the overall CPD ceiling by 2012, an increase of 86 per cent in the annual ORR funds raised was noted in comparison to the 50 per cent increase in ORR raised in 2011. The office mobilized 67 per cent of humanitarian funds against the set HAR/CAP appeal for the year. All the grants expiring at the end of 2012 had over 99 per cent utilization levels. The office regularly monitored expiring grants and donor reports through the issuance of a monthly management report, which was reviewed on a monthly basis at PCG and CMT meetings. Thus, funds received were effectively and efficiently utilized on time. Out of the 48 grants expiring in 2012, two required extensions.

The CO has an established resource mobilization and leveraging strategy, endorsed by the CMT and available to the whole office. This strategy outlines guidelines and mechanisms for effective office participation in resource mobilization in the evolving aid environment. Due to the strategy there has been a noticeable improvement in the quality of proposals and concept notes developed for fundraising. Towards strengthening local partnerships with donors, a resource mobilization and leveraging workshop was held in September. One of the key highlights was the panel discussion with local donor representatives from Canada, Germany, Netherlands and the United States. A subnational resource mobilization strategy for Dadaab is in place and outlines fundraising efforts and strategies for the humanitarian response, while leveraging guidelines have been developed that will consolidate information on leveraging efforts and identify potential partnerships for the CO. Following the release of the Children’s Rights and Business Principles, the CO has developed a workplan that outlines the implementation of the principles, which will underpin a corporate engagement strategy.

Regarding fundraising, the Child Protection Section raised USD 400,000 from Strategic Applications International/Nazarene Compassionate Ministries. Corporate funds were also mobilized from the Communication Commission of Kenya (USD 200,000) for the Education and Young People programme. An Innovation task force was established in the CO to engage Safaricom, Kenya's leading mobile network operator, on potential technological innovations to enhance programme efficiency and impact. Finally, the CO initiated south-south cooperation with the local embassies of Brazil and India, which will be further pursued in 2013.

Management of Financial and Other Assets

The scheduled audit of the CO by the Office of Internal Audit took place from 11-28 June 2012, but the final Audit report has not yet been issued. However, the draft report rated the office as medium in the area of financial management. Although the audit identified a few areas requiring improvement, it also identified several areas where the office had performed very well, especially in the area of controls related to bank accounts, petty cash and the cash-on-hand account. In addition, it identified the CO as having adequate controls to ensure that no advances are given to partners with outstanding amounts of more than six months. On the positive side, all the set deadlines for clearing reconciling items and submitting the monthly bank reconciliation statements to NYHQ were met. This continued to be one of the quarterly performance indicators monitored by the CMT. However, the planned migration from manual to electronic banking was abandoned in 2012 when the software provided by the bank was found to be inadequate to meet the requirements of the office in the handling of international transactions.

To further facilitate emergency field operations in Dadaab and Lodwar, the office was authorized to open petty cash accounts in the two locations. This helped the two offices to handle minor office and maintenance transactions at the local level. The successful implementation of VISION necessitated a review of the existing work processes and structures in the CO to make them compatible and responsive to the needs of the new system. Consequently, the CO, through a consultative process, reviewed and adopted new Harmonized Approach to Cash Transfers (HACT) and travel work processes at the beginning of the year. This resulted in
the removal of bottlenecks, resulting in faster, more efficient and user-friendly systems. It was also followed by the creation of a VISION transactions processing Hub for the office. Three programme assistants were placed in one location under the supervision of the Quality Assurance Specialist and tasked with the responsibility of initiating transactions for the whole office. In addition to improving on efficiency, the Hub has evolved into a learning lab where new staff members go for orientation and where knowledge-sharing and trouble-shooting of problematic issues takes place.

**Supply Management**

By end-March, the Supply Plan, which was valued at USD 12.7 million, had been completed. After the midyear funding review, it was revised to a realistic USD 7 million. By year-end, actual sales orders amounted to USD 4.3 million (61.4 per cent of the Supply Plan), of which USD 3.6 million (84 per cent) was obligated into purchase orders. Additionally, 47 institutional consultancy and 82 support services contracts were processed.

Technical support was provided to implementing partners directly procuring supplies by vetting the specifications, prices and procurement processes during PCA review processes. With the Emergency and Field Operations Section, the supply component of the EWEA was updated in May and November, and emergency stocks of Non-Food Item (NFI) kits, tents, education kits and recreation kits were pre-positioned in Garissa, Kisumu and Nairobi warehouses. Procurement services continued to expand; amounting to USD 57 million, including USD 12.8 million in financing from the World Bank for Ready-to-Use Therapeutic and Supplementary Food (RUTF/RUSF), and USD 1.2 million from USAID Food for Peace and GoK for malaria rapid diagnostic tests (RDTs).

LTAs were renewed for generators and hand-pumps, and new ones were established for education and recreation kits. A regional LTA for emergency NFI kits was established with the Pretoria office. Other LTAs are jointly shared with the Nairobi-based Somalia office.

An inspection LTA was established for the quality assurance of samples for LTA bids and local purchase orders of USD 10,000 and above. Supply orders are monitored for timely delivery to coordinate with distribution plans under the direct delivery strategy. Customs entries for offshore supplies and relevant GoK quality assurance permits, e.g., vaccines, are processed promptly for timely clearance through ports of entry to avoid unnecessary delays and demurrage charges.

Collaborations were fostered with WFP for the joint warehousing and transportation of World Bank-funded nutrition products; and with UNHCR for the procurement of pre-fabricated housing units and an armour-plated vehicle for Dadaab.

Despite the Basic Cooperation Agreement (BCA), UNICEF continues to clear programme supplies from ports of entry and warehouses at a cost of USD 74,633.36. Deliberate efforts were made to reduce stock levels from USD 6.2 million in early 2012 to USD 1.6 million by year-end (70 per cent of which is pre-positioned stock), for a significant reduction in annual storage costs by 54 per cent to USD 92,000. Direct delivery from local suppliers to implementing partners and end-users is encouraged as a strategy to reduce the time that stock spends in warehouses.

The CO has a nationwide inland transportation contract with three Nairobi-based transporters and decentralized zonal contracts with two transporters, one based in Garissa and the other in Kisumu. There was increased supply end-user monitoring compared to the previous year, with nine field trips to Garissa, Kisumu, Lodwar and Mombasa. Potential suppliers and logistics providers were identified, and lessons learned to improve the distribution chain, warehouse management and product relevance, and packaging. In addition, a process for sourcing institutional consultancies for a country assessment of essential commodities and services (CAECS) was undertaken as a contribution to the situation analysis for the new country programme.

The Supply Division supported the VISION processing of sales orders, warehouse receipts migration, and, in
conjunction with the Division of Financial and Administrative Management (DFAM), the physical inventory count through WebEx learning sessions and other communications. Staff capacity was strengthened in contract management and performance for results. Partners under the GoK health ministries were oriented on supply chain management.

Human Resources

The HRDT was actively involved in the planning of the 2012 training activities and developed criteria for assessing training needs for the CO as well as creating individual development/learning plans. The second half of the year was busy, with several trainings organized to address competency gaps identified during the Mid-Term Review and to fulfil the staff competency requirements for the new country programme cycle. The second semester training covered the Human Rights-Based Approach, Financial Rules and Regulations, Managing Performance for Results, and Ethics. HR and IT are planning to promote e-learning, on-the-job training, mentoring, and coaching as effective tools for staff development.

The CO conducted a thorough competency gap analysis for the Programme Assistant function to establish the VISION Hub and to define a profile for this group to enhance transaction-processing efficiency. The CO response to the Horn of Africa crisis in 2011 highlighted the critical strengths and weaknesses of the programmatic and operational response in terms of preparedness-planning and review of management systems. To ensure adequate preparedness, the CO undertook a participatory Emergency Preparedness and Response Workshop in March that incorporated the following: refresher training for staff on key components of UNICEF’s policies and approach to emergencies and critical humanitarian issues; participatory development of scenarios that would require humanitarian action in 2012; review and recommendations for changes to the CO’s emergency management based on the 2011 experience and outcomes of the various lessons learned exercises and; agreement on the minimum level of readiness for 2012 and initiation of sector preparedness-planning.

As Kenya draws closer to the elections and the likelihood of elections-related violence, the CO decided to heighten staff awareness of the implications and to fulfil Kenya’s humanitarian accountabilities in a timely manner. In October 2012 the office had a one-day planning session to consolidate UNICEF’s response planning and to address the remaining issues and bottlenecks.

Following the heavy recruitment drive to cater to emergency needs, 2012 witnessed a phasing down of recruitments. Nevertheless, a significant number of positions were created (12) to support the regular programme as per the summary provided below:

Temporary staff: 21
Special Service Agreements (SSA): 79
Stand-by Partners: 03
Fixed-term posts: 23

The office significantly reduced the KPI for recruitment, from 159 days in February to 95 days in December 2012.

Efficiency Gains and Cost Savings

Finally, the CO was actively involved in the Kenya UN Cares programme, which promotes partnership with UN Plus. Staff members living with HIV are encouraged to participate in the following activities: reaching out to staff through learning activities, prevention with positives, reduction of stigma and discrimination, advocacy, policy dialogue and communications, psychosocial support, and referral for treatment and reaching out to children through learning.
Some of the outsourced services included the provision of stationery and photocopying services. These measures and other efficiency enhancement activities implemented by the CO have allowed it to achieve better results with fewer resources and to devote more resources to programme implementation as opposed to administrative tasks. Better efficiency in the management of the office fleet of vehicles in the year resulted in a reduction in maintenance costs from USD 151,633.51 in 2011 to USD 80,933.45 as of 30 November 2012 (a reduction of 47 per cent), while photocopying and printing services were reduced from USD 34,000 in 2011 to USD 28,809.18 as of 30 November 2012 (a cost reduction of 15 per cent). Additionally, the cost of hiring commercial taxis was reduced from USD 44,000 in 2011 to USD 39,000 in 2012 (a reduction of 11 per cent). The total VAT processed in 2012 has been increased from 541 to 631. Finally, the aim of the CO is to institutionalize these measures as well as the others already in place. This will be done by changing the attitudes of service-users and by encouraging the adoption of a culture of efficiency in the use and management of resources by all.

Changes in AMP & CPMP

The Annual Management Plan for 2012 and the Country Programme Management Plan (CPMP) revision during the PBR process highlighted the need to strengthen human and financial inputs into upstream national policy, and budget and legislative framework analysis, and also to support strategic planning, results-based management and monitoring in education, child protection, health, nutrition and WASH in light of the equity and gender equality focus. Other areas that were highlighted were mid-stream modelling and the generation of proof of principle with documented evidence of the application of strategies and interventions; partner capacity development; and the elaboration of options for scaling up and leveraging resources as necessary.

In conclusion, the Horn of Africa crisis also pointed to the need for dedicated human and financial resources to ensure coordinated preparedness-planning, response actions and real-time monitoring during emergencies. UNICEF’s work in collaboration with other UN and development partners in strengthening community capacities and resilience to face the recurrent drought/flood processes in Kenya is becoming significant. With the UN committing itself to Delivering as One, UNICEF is increasingly called upon to work with other UN and development partners at a normative level to strengthen national responses towards key development goals, and at the same time to gear up to shape the Post-2015 and the new medium-term strategic plan (MTSP) agenda.

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACT</td>
<td>Artemisinin-Based Combination Therapy</td>
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<td>ADEO</td>
<td>African Development &amp; Emergency Organization</td>
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<tr>
<td>APHIA</td>
<td>AIDS, Population &amp; Health Integrated Assistance</td>
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<tr>
<td>ASAL</td>
<td>Arid and Semi-Arid Land</td>
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<tr>
<td>CAAFAQ</td>
<td>Children Associated with Armed Forces &amp; Armed Groups</td>
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<td>CCCs</td>
<td>Core Commitments for Children in Humanitarian Action</td>
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<td>CESVI</td>
<td>Cooperation &amp; Development (Italian)</td>
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<td>CIFA</td>
<td>Community Initiative Facilitation &amp; Assistance</td>
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<td>CLTS</td>
<td>Community -Led Total Sanitation</td>
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<td>CMR</td>
<td>Child Mortality Rate</td>
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<td>CPC</td>
<td>Child Protection Centre</td>
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<tr>
<td>CT-OVC</td>
<td>Cash Transfer-Orphans &amp; Vulnerable Children</td>
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<td>CoK</td>
<td>Constitution of Kenya</td>
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<td>DCS</td>
<td>Department of Children’s Services</td>
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<td>EHRP</td>
<td>Emergency Humanitarian Response Plan</td>
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<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
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<tr>
<td>EMTCT</td>
<td>Elimination of Mother-to-Child Transmission of HIV</td>
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<td>EMT</td>
<td>Emergency Management Team</td>
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<td>ERMP</td>
<td>Enterprise Risk Management Plan</td>
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<tr>
<td>1 Violence Against Children in Kenya – Findings from a 2010 National Survey</td>
<td>2012/001</td>
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<tr>
<td>2 A GENERATION OUT OF PLACE: The Chronic Urban Emergency in Rift Valley, Kenya</td>
<td>2012/004</td>
</tr>
<tr>
<td>3 Impact of the Kenya CT-OVC on the Transition to Adulthood</td>
<td>2012/003</td>
</tr>
<tr>
<td>5 Integrated Health and Nutrition SMART Surveys</td>
<td>2012/007</td>
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<tr>
<td>6 A Baseline Survey on the Faith for Life (F4L) Project</td>
<td>2012/010</td>
</tr>
<tr>
<td>7 Social Intelligence Review - Newsletter</td>
<td>2012/012</td>
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<td>8 Social Protection Sector Review</td>
<td>2012/011</td>
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<tr>
<td>9 TECHNICAL REPORT ON POST INTRODUCTION EVALUATION OF PNEUMOCOCCAL VACCINE (PCV 10) IN KENYA</td>
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<td>10 Qualitative Study to Identify Barriers to Treatment of Common Childhood Illness</td>
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<td>11 THE STUDY ON ASAL LOW COST BOARDING AND MOBILE SCHOOLS</td>
<td>2012/005</td>
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<td>12 THE STUDY ON ASAL LOW COST BOARDING AND MOBILE SCHOOLS</td>
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<td>14 THE STUDY ON ASAL LOW COST BOARDING AND MOBILE SCHOOLS</td>
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<td>15 National Youth Talent Development Pilot Project. Evaluation and Documentation of Experiences and Success Stories</td>
<td>2012/006</td>
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Other Publications

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<tr>
<th>Title</th>
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<tbody>
<tr>
<td>1 Food and nutrition security policy</td>
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<tr>
<td>2 Rural WASH Programme Document</td>
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Lessons Learned

<table>
<thead>
<tr>
<th>Title</th>
<th>Document Type/Category</th>
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<tr>
<td>1 WASH Coordination Platform</td>
<td>Innovation</td>
</tr>
<tr>
<td>2 Joint Dadaab Education Strategy</td>
<td>Innovation</td>
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Lessons Learned

1 WASH Coordination Platform

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<tr>
<th>Document Type/Category</th>
<th>MTSP Focus Area or Cross-Cutting Strategy</th>
<th>Related Links</th>
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<td>Innovation</td>
<td>FA 1 WASH</td>
<td><a href="http://www.wescoord.or.ke">www.wescoord.or.ke</a></td>
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Contact Person

Martin Worth (WASH Specialist) & Jane Maonga (WASH Coordinator)

Language

English

Emergency Related

Yes

Abstract

Kenya experiences cyclic chronic emergencies and there was a need to improve WASH Sector coordination to bridge the gap between coordination of the WASH response during emergency events and longer term development activities especially in light of the current DRR agenda and the need to build community resilience to those emergencies impacting on vulnerable livelihoods.

The innovation was to develop a “hybrid” coordination platform which incorporates the Cluster approach and functions on a permanent basis within the host government’s existing emergency response structure. This avoids the unsustainable approach which strengthens Cluster capacity with international experts during emergencies but who leave once the immediate emergency phase has passed thus depleting the capacity.

The “hybrid” coordination platform builds GoK (Government of Kenya) capacity and increasingly links the emergency & development WASH programmes as well as improving partnership and cooperation amongst all WASH sector partners. This ensures a more sustained, coordinated approach to community preparedness and contingency planning with improved transparency and more efficient use of resources leading to improved resilience of emergency affected populations and more effective emergency response.

Innovation or Lesson Learned

The innovation has been to take a new approach to develop the capacity of the GoK to be able to
coordinate the WASH sector preparedness and response to emergencies. This is working to ensure that the unsustainable Cluster model of improved capacity during emergencies as outside experts are brought in as surge capacity is replaced by an indigenous coordination platform which builds on long term local capacities. This is much more able to move forward with development of preparedness planning and adoption of DRR principles before emergencies strike improving community resilience and mitigating the effects of the cyclic emergencies experienced in Kenya.

The focus on capacity at sub national level is especially important as Kenya heads into a system of devolved governance in 2013 in line with the new constitution.

**Potential Application**

The hybrid model of WESCOORD which ensures that WASH cluster functions are incorporated within a government coordination platform ensures a more sustainable model than a WASH Cluster which is only strengthened in the event of an emergency and losses surge capacity soon after. The GWC has adopted the lessons of the Kenyan WESCOORD as an example of best practice. The model is also used by UNOCHA Kenya as an example of best practice which can be applied to other sectors. The issue to be considered is the continual support of the structure until government capacity is fully able to take over and ensure sustainability.

**Issue**

WESCOORD (Water & Environmental Sanitation Coordination) is a national multi-agency WASH emergency co-ordination body formed by the GoK 2001 as a result of the La Nina related drought. WESCOORD is chaired by the Ministry of Water & Irrigation (MoWI) with UNICEF as the co-chair. When the Cluster approach was initiated in Kenya in 2008 following the post-election violence emergency WESCOORD assumed the role of the WASH cluster. WESCOORD has been acknowledged to have performed very well in providing sector coordination during that and subsequent emergencies; however, it was seen that WESCOORD’s effectiveness tended to reduce once the immediate emergency phase had passed and surge capacity staff left. There was a need to strengthen the capacity of WESCOORD to provide more consistent support, to ensure WESCOORD became more proactive in providing this support more effectively. This would also break the cycle of strong sector coordination during emergencies tailing off as surge capacity reduced after the event and contribute to emergency preparedness, contingency planning and moving the DRR (Disaster Risk Reduction) agenda forward in building the resilience of at risk communities.

**Strategy and Implementation**

To build a more sustainable & effective WASH coordination platform a hybrid model incorporating WASH Cluster functions within GoK coordination structures was developed using the following strategies.

Advocacy at PS (Permanent Secretary) MoWI (Ministry of Water & Irrigation) level showing the evidence of the effectiveness of WESCOORD in coordinating emergency response activities and that scaling up support would sustain and improve this. This included assigning MoWI staff full time to the WESCOORD secretariat & that WESCOORD responsibilities are included on their performance contracts. Also to incorporate of WESCOORD into the normal operations of the MoWI including planning & budget allocations & financial reporting and setting standards. At PS level in the Ministry of Public Health & Sanitation (MoPH&S) to assign Public Health Officers to full time responsibilities within the WESCOORD Secretariat.

Building Capacity which included MoWI staff attending in GWC (Global WASH Cluster) Cluster Coordinator trainings. Planing & implementation of a Sub-National Coordination Training programme for MoWI & MoPH&S staff active in sub national WESCOORDs this is the District Public Health Officers (DPHOs) and the District Water Officers. (DWOs). To support the WESCOORD Secretariat two national officers in the roles of dedicated WASH Coordinator & Information Manager were recruited. An used office within the MoWI’s headquarters in Nairobi, Maji House, was refurbishment & equipped.

WESCOORD has focused on Coordination & Partnerships which has moved to establish close inter-cluster links through UNOCHA including linkages to funding mechanisms such a CERF & ERF. The formation of sub national WESCOORDs and implementation of the “Lead Agency” system where an NGO partner voluntarily takes responsibility to support the GoK officers to facilitate district (or county) level WESCOORDs in their areas of operation. The formation of the sub national WESCOORDs required an adaptation of reporting
lines to include direct linkages between national & sub national WESCOORDs as well as the existing reporting lines directly to Water Service Board or MoPH&S.

Participation is a vital part of the success of WESCOORD which is an open forum for all partners in the WASH Sector & all are encouraged to participate which includes NGOs, GoK, private sector donors and other UN agencies and Cluster. WESCOORD has encouraged active participation by ensuring that the services & information provided is beneficial to all. This has included mapping of activities, joint assessments, development of sector technical standards, best practice, response plans, strategies & approaches through TWGs (Technical Working Groups) comprised of NGO partners. The development of a dedicated WESCOORD website has ensured that all information is available to all openly. Development of Micro RAT (Rapid Assessment Tool) available for all implementing partners to assess WASH situation in Health Facilities & schools in their areas of operation.

The strengthening of WESCOORD’s capacity has also lead to improved participation at community level as sub national WESCOORDs are able to develop and use tools for mapping vulnerability & capacity of communities as well as developing community emergency contingency plans as preparedness before emergencies.

**Progress and Results**

The hybrid model of WASH sector coordination which incorporates WASH Cluster functions within the government is showing very positive results. The number of NGO partners who are reporting their activities through the 4Ws reporting matrix is up to 80 compared with 20 in 2011.

Participation in sub national & national coordination structures & 4Ws reporting is a requirement for consideration in sector funding mechanisms such as ERF and CERF and this, together with the high agency profile gained from inclusion on 4W maps and the WESCOORD website has helped to ensure that WASH partners stay involved and fulfill reporting requirements.

MoWI & MoPH&S staff have been assigned to the WESCOORD Secretariat on a full time basis. Sub national WESCOORDs have been formed and trained and are actively reporting from 11 counties covering the majority of emergency priority districts in the ASAL areas. This has greatly improved the capacity of GoK officers to plan & coordinate response activities. The Sub national WESCOORDs are being accepted as a vital component of the emergency preparedness & response by district level authorities ie District Commissioners.

The Kenya model of coordination platform has been adopted as an example of best practice by the Global WASH Cluster following WESCOORD’s presentation at the GWC annual meeting. Those GoK officers responsible for emergency response are the same officers who implement the development programmes. Therefore the improved capacity of WESCOORD at national & sub national levels is beginning to bridge the gaps between emergency response and development programmes and beginning to build community resilience as the DRR agenda is mainstreamed into their sector plans and budgets.

**Next Steps**

The way forward for WESCOORD is to continue with developing the capacity of the sub national WESCOORDs. This will involve implementation of the Capacity Development Plan which has been developed for Turkana County, amending as required in view of lessons learned before rolling out across all priority areas. The devolution of power to the County level in 2013 in line with the new constitution of Kenya may require some adjustments in location and coverage of the sub national WESCOORDs as boundaries change and institutions such as Water Service Boards are reconstituted.
Joint Dadaab Education Strategy

Abstract

Kenya is hosting the largest refugee population on its soil for the last 20 years - a majority in Dadaab. After the Horn of Africa crisis in 2011, there came a sudden and huge influx of refugees from Somalia in Dadaab Refugee camp. This new influx upset already meagre services in the camp. There were already 65% school age children out of schools in the camps and this situation aggravated with the arrival of new case load – almost 165,000 population. This called for a joint effort to provide quality education services to the children in camps. Thus a joint Dadaab Education Strategy was developed by all the main partners including UNICEF, UNHCR, UNWFP, Ministry of Education, Save the Children, GIZ, NRC and other humanitarian partners to implement through 2015 under the new global collaboration framework for refugees between UNICEF and UNHCR. The Joint Dadaab Education Strategy also embraced the host community children around Dadaab to address the long standing complain of being ignored. Under this strategy a joint action plan was developed and a coordination mechanism was put in place to address the educational needs of children in a concerted way in Dadaab camp and host communities. The Joint Dadaab Education Strategy is a reference document for all partners planning their interventions in the camp and host communities in Dadaab.

Innovation or Lesson Learned

Development and implementation of Joint Dadaab Education Strategy is an innovation, first of its type, to collectively address the educational issues in Dadaab.

Potential Application

The Joint Dadaab Education Strategy is a well thought out and participatorily developed document. It gives inspiration to the development of Concept Note on Refugee Education in Kenya which will be the forerunner of Refugee Education policy in Kenya.

The Joint Dadaab Education Strategy also provides contextual background together with the issues and solutions which is actually a readymade project document portions of which can be readily used to develop a funding proposal.

Issue

The Joint Dadaab Education Strategy was developed in the wake of huge influx after Horn of Africa crisis. This is the revision of the former “Education Strategy for Dadaab” in order to address refugee education issues efficiently and effectively in a coordinated manner. The Joint Education Strategy strives to address the educational needs through targeted fund raising, planning and monitoring, regular coordination and problem solving at field level.

Strategy and Implementation

The development of the Joint Dadaab Education Strategy is a collective effort of all the Education partners in Dadaab including the UN agencies and the ministry of Education through their district office. The main objectives of this strategy are:
1. Increased equality of access to Education
2. Improved Quality of Education
3. Cultivating the value of education as protecting and empowering force in children's lives
4. Increased capacity of educational partners, officials and teachers on cross-cutting issues
5. Improved planning, implementation, monitoring and reporting through coordination and capacity
The Joint Dadaab Education Strategy also takes considers the cross cutting issues of equity and gender. The strategy bases its case on the data evidence from the camps and the host communities and very carefully identifies the needs and gaps for the children and youth of different age groups. This data is also used as bench mark against progress. The joint Dadaab education Strategy is the first of its type to bring all the partners and stakeholders on a platform and leads them from planning through implementation, monitoring and problem solving to achieve its objectives.

**Progress and Results**

Since its approval and coming into force, a regular coordination and monitoring system namely “Dadaab Education Working Group” is in place to see the needs, services and gaps. The Education Working Group is led jointly by the UNHCR and UNICEF with all other partners as members.

Fund raising is another important area of concentration under the coordination set up of the strategy. UNICEF has supported some of the partners to develop technical and financial proposals to address educational needs of children, which brought significant funding.

As the need was felt, an extended and comprehensive EMIS system was put in place with support from UNICEF to regularly monitor the progress on Joint Dadaab Education Strategy.

The Dadaab Education Strategy clearly delineates the issues in access and quality and suggests practical remedial actions for them. Any partner planning intervention in Dadaab camp and host community refers to this document to align its programme. The Joint Dadaab Education Strategy has proved to be an effective guiding document for improving access to quality education in Dadaab.

**Next Steps**

The partners including UNICEF will mainstream refugee education by supporting the MOE to finalize the Concept note for Refugee Education Strategy, which will anchor the Dadaab Refugee Education Strategy into the national system, and by following up on the implementation of this strategy contributing to the improvement of access to quality education for the refugee and host community children in Dadaab. The Dadaab Strategy is a living document that can be reviewed and improved on regular intervals to make it responsive to changing needs on ground.