Executive Summary

"A Promise Renewed" was advanced through the Wadagi and Afya ya Mama na Mtoto initiatives in Homa Bay and Kakamega counties to end preventable maternal and child deaths. UNICEF also provided technical support to other low-performing/disadvantaged counties, influencing county plans and resource allocations through bottleneck analyses, preparation of investment cases and identifying capacity gaps.

Under the UNICEF-supported OVC programme, concerted advocacy resulted in the absorption of 11,000 more households by the Ministry of Labour in the planned scale-up of the programme to 350,000 households, with World Bank and DFID support.

Collaboration with the Ministry of Education Science and Technology (MoEST) and the Kenya Primary School Head Teachers Association mainstreamed the concept of ‘Child-Friendly Schools’ into a ‘Child-Friendly Education System’. An online/SMS/USSD platform supports the ‘Meriting Tool’ which provides real-time school data.

For the new Country Programme (2014-2018), the Status Report on the Rights of Children and Adolescents in Kenya, including the Child Deprivation Index, was completed. The report shows that about 80 per cent per cent of Kenya’s children face one or more forms of unmet rights. A formal Review of the Country Programme (CP) highlighted the need for a more aligned results structure demonstrating a clear narrative on results for children and adolescents and a culture of risk management.

To increase efficiency, KCO introduced two ICT solutions. First, multi-function printing services; a long-term arrangement (LTA) was signed with a private supplier, replacing 100 stand-alone printers with only 11 units. This leasing vs. owning option reduces costs by about 80 per cent. Second, a PCA Database Management system for implementing partners (IPs) is expected to go live in January 2014.

Programme implementation was initially slow due to the uncertainty surrounding the March national elections. UNICEF, with the UNCT, developed a post-elections’ preparedness plan where regional hubs were established or reinforced for a targeted response in hotspots. Governance measures were established for risk management; funding and monitoring its use at national and sub-national levels to counter the sweeping reforms in governance structures, including mergers and reconfiguration of ministries, the devolution process and sharing of functions between national and county level governments.

After the elections there were delays in the formation of the national government and the full implementation of the devolved system of governance to 47 counties. KCO signed a MoU with the devolution Transition Authority, which facilitated UNICEF participation in the subsequent orientation of newly-formed County Assemblies in 14 counties. Consequently, children’s rights issues were prioritised in County Integrated Development Planning and budgeting processes. Given the scale of the challenges to devolution, to minimise risks, UNICEF is providing targeted technical assistance and policy support for engagement in child-sensitive devolution. Capacity development and strategic partnerships are key.

KCO organised a workshop for all staff on the revised RCSA guidelines. The five most significant risks are: funding and external stakeholder relations; fraud and misuse of resources; budget and cash management; disasters and natural epidemics; devolution and sub-national planning. Inadequate planning, implementation, monitoring and cuts in funding constrained progress in realising WASH results; addressing this is a priority in the new Country Programme.

Country Situation as Affecting Children & Women

In 2013 economic growth in Kenya was projected at 5 per cent, compared to 4.3 per cent in 2012, buoyed by the peaceful national elections, a smooth transition of power and renewed business confidence. The country has sustained social improvements, strengthening the environment for realisation of children’s rights, with 94 per cent net primary school enrolment, 81 per cent under-five vaccination rates (in 2008) and declining under-five child mortality (74/1000 in 2008). However, large inequalities persist in access to services and in
achieving key outcomes, especially for disadvantaged children and adolescents.

New analysis of major and multiple deprivations was conducted as part of the 2013 Kenya Status Report on Children’s Rights, based on the KDHS of 2008-2009 and the 2009 Census. According to this analysis, large numbers of children remain deprived of their rights. Almost 16 million children (78.7 per cent) do not have access to improved sanitation based on the JMP definition of improved, not shared sanitation. Among school-age children, 41 per cent (5.3 million) are not accessing education (either primary or secondary), while 39 per cent of all children (7.8 million) do not have access to safe water. The latest administrative data shows that 20-30 per cent of Kenyan children do not complete primary education while only 72 per cent of those who complete transition to secondary school[1].

Under-5 mortality remains at 74/1000 based on the 2008-2009 KDHS findings, although a reduction was recorded in Nyanza from 149/1000 in 2008 to 91/1000 in 2011(MICS). Half of all child deaths are now due to neonatal causes; pneumonia, diarrhoea, malaria and HIV are also major contributors (CHERG 2010). There is no new national data on nutritional status. But nutrition SMART surveys conducted in 26 counties suggest some reductions in stunting rates in several counties since 2006. The overall prevalence of HIV is estimated to have declined from 6.3 per cent in 2009 to 5.6 per cent (Kenya AIDS Indicator Survey 2012), while the national MTCT rate has fallen from 23 per cent in 2009 to 15 per cent in 2012.

The most deprived children in Kenya are those at the bottom 40 per cent of the wealth distribution, in certain deprived regions and counties, and in urban informal settlements. These children are eight times as likely to be deprived in sanitation, and four times as likely to be stunted as children in the highest quintile. Children in urban slums have three times the national rate of diarrhoea; one in two children in urban slums are chronically-malnourished; and mortality rates are up to twice the national rate (2013 Kenya Status Report). Over one million households are caring for an orphan, 100,000 children are living with HIV and 700,000 are living with a disability.

In line with the transition to devolved governance, an analysis was also conducted on the situation of children in Kenya’s new counties, based on further disaggregation of existing data, and in some cases modelling of estimates. County-level survey estimates are also available for a few counties based on sub-national MICS surveys. The findings showed large geographical inequalities. For example, the maternal mortality ratio ranges from below 200/100,000 in central parts of the Rift Valley to between 1,000 and 4,000/100,000 in deprived northern counties (National Council for Population and Development estimates, 2013). Full immunisation coverage rates range from 53 per cent (Mandera) to 99 per cent (Vihiga). A County Child Deprivation Index was developed. It helped to identify counties where children are highly deprived. The highest levels of deprivation are in Mandera, Marsabit, Turkana, Wajir, and West Pokot, while the largest numbers of deprived children are found in Bungoma, Kakamega, Kilifi, Mandera, and Turkana. At the sub-national level, former Nyanza province is the only part of the country where HIV prevalence remains high and over 30 per cent of Kenya’s orphans reside there.

The situation of Kenya’s approximately ten million adolescents shows increased access to education, information and media. Yet, four out of ten girls still begin childbearing by the age of 19, while 60 per cent are unable to access family planning. Progress is minimal in reducing HIV infections among adolescent girls (KDHS 2009 and KAIS 2013).

Critical bottlenecks and barriers to an enabling environment for children’s rights include persistent geographical and wealth inequalities founded on uneven patterns of development and marginalisation; pervasive gender inequality, which contributes to unequal economic and decision-making power for women; challenges in implementation of policies targeting the poorest; and inadequate budgetary allocations for some sectors and programmes (for example the health sector currently receives only around 6 per cent of the budget, and Government resources for nutrition are still very low).

Some of the most critical bottlenecks and barriers on the supply side are problems in supplying essential commodities, for example iron folate; poor quality healthcare and education, particularly in the public sector, in rural areas, and in more remote parts of the country. This is mainly due to the inadequate number of staff and inability to retain staff in remote or rural areas.
On the demand side, financial barriers are significant for the poorest households, contributing to low demand for some services such as facility-based deliveries and improved sanitation. The other major bottlenecks on the demand side are related to social and cultural factors and behaviours. For example, although over 90 per cent of people are found to have knowledge on hand-washing, less than 40 per cent actually practise hand-washing at critical times (Desk Review of KAP for CSD 2013).

Kenya is one of the countries with high levels of inequality in sub-Saharan Africa. The recent extension of the Value Added Tax to a broader range of commodities further contributed to price inflation in 2013. During 2013, progress was made on operationalization of the MNCH/eMTCT dashboard system together with county taskforces for monitoring of bottlenecks in counties with high rates of MTCT. It facilitates collection and analysis of real-time data on quality issues, including physical infrastructure, safety and protection, inclusive classrooms and health and nutrition in schools. A comprehensive assessment of the civil registration system led by the Ministry of Interior and Coordination of National Government supported the identification of bottlenecks that impact on the achievement of the goals for birth registration.


Country Programme Analytical Overview

**Achievements:** Prior to the March 2013 elections UNICEF and the UNCT embarked on a preparedness plan by establishing and reinforcing regional hubs in hotspots. KCO established governance measures for risk management, fund disbursement and monitoring to provide sustained steady technical, normative and financial support to GoK and partners in all sectors, including reviewing and amending the rolling work plans in light of sweeping changes in the governance structures at national and sub-national levels. Despite the slow start due to uncertainty about the elections, programme implementation progressed steadily. Implementation was also delayed by the formation of the national government and transition to the 47 county governments. Nevertheless, devolved governance has created opportunities for engagement on child-sensitive devolution as key services relevant to the promotion of child rights (healthcare, early childhood development/education, WASH, disaster management and sub-national planning and data generation) were devolved. The signing of an MoU with the Transition Authority and subsequent orientation of members from the newly-formed county assemblies in 14 out of the 47 counties helped to position children’s issues in devolution processes, such as county-integrated development planning and budgeting. Furthermore, the agenda for ‘A Promise Renewed’ was advanced through heightened advocacy and technical support specifically targeted at low-performing/disadvantaged counties to influence county plans and allocations through bottleneck analyses, preparation of investment cases and identification of capacity gaps. In 2014, with just six months remaining of the current country programme, the CO continues to strengthen the capacities of counterparts. Namely, to generate evidence for conducting robust gender and equity-based analysis; identify bottlenecks in supply and demand generation and address them systematically through interventions at upstream and downstream levels, and to ensure that the Constitution of Kenya (CoK 2010) forms the foundation for the fulfilment of children’s rights.

The Office completed a formal Review of the GOK-UNICEF CP (2009-2013) that highlighted, among other things: the need for a more aligned results structure to demonstrate a clear narrative on results for children and adolescents; a culture of risk management at all levels with more risk aware planning; and a formalised staff exchange and mentoring programme, especially for field staff.

The current CP (and the UNDAF) were extended to June 2014 in order to align them with the national planning cycle and fiscal year. KCO actively led the ground-breaking work to include data and evidence, underscoring the UN’s comparative advantage in Kenya in the development of the new UNDAF. UNICEF has also defined specific roles for itself within the UN agenda and the devolved governance structure. The Status Report on the Rights of Children and adolescents in Kenya was also finalised to provide the evidence to inform the new Country Programme. Preparations for the CPD 2014-2018 (and UNDAF 2014-2018), in the context of UN Delivering as One are in progress.

**Humanitarian Assistance**

There was overall improvement in key indicators. These include a reduction in the General Acute Malnutrition
(GAM) rate from 15 per cent in 2012 to 10.2 per cent in 2013, and a reduction in child mortality from 0.4 to 0.2 deaths in 1,000 per month. Despite this trend and peaceful elections in 2013, localised inter-communal conflicts affected communities in many areas. Recurring resource-based disputes in pastoral areas are exacerbated by political tensions. At national level, unresolved grievances in the wake of the 2007 post-elections violence continue to hamper political and social cohesion. The widening poverty gap, high youth unemployment and activities of the Al Shabaab are contributing to increased insecurity. Kenya hosts over 500,000 refugees in camps in Dadaab, Kakuma and urban areas. Expectation that the number of refugees would remain stable proved elusive due to the influx of refugees fleeing conflict in South Sudan. In response, UNICEF and partners reviewed the humanitarian coordination and financing arrangements, which will focus on directing humanitarian support to national- and county-level structures for strengthened preparedness, response capacity and resilience-building. The joint humanitarian priorities aligned to the UNDAF’s strategic result area four on environmental sustainability, land management and human security will guide UNICEF’s humanitarian response in 2014.

Effective Advocacy

Mostly met benchmarks

In Kenya, children are most at risk following the ongoing devolution process, particularly in counties that are historically marginalised. Such counties will take time to build capacity to confidently use devolved resources efficiently in the interest of children. The intermediate public advocacy objective is to highlight some of the disparities that devolution has created, focusing on what is known about children’s health and welfare in the most disadvantaged counties, what can be achieved and what UNICEF can help county governments to achieve. Staff participation in the orientation for country assembly members was boosted by the Representative’s Op-Ed published in three daily newspapers on "Why County Governments are Crucial for Children". An advocacy package, "Make Children Count in Counties", is under development, using research-based evidence. The CO is gradually adapting a planned and coordinated approach to advocacy as recommended by the analysis undertaken on advocacy outreach. A key investment for the new CP is advocacy training for selected programme staff who will need additional skills to effectively influence policy, budget allocations and county capacity-building priorities.

UNICEF was able to secure free airtime from Royal Media Services on Citizen, the top TV station for the documentary on Social Intelligence Reporting. It garnered a lot of interest as it highlights the participation of rights-holders and the accountability of duty-bearers at county level. The launch of the report on the risks and opportunities for young people in the digital environment among youth is a welcome addition to the discourse on online protection in the National Assembly and the development of new policies. The launch of the State of the World’s Children report helped UNICEF to use its convening power to raise the issue of children with disabilities. Similarly, UNICEF is taking the lead in the newly-formed Polio Advocacy Working Group to reconnect various stakeholders with the issue of polio and the wider child survival and development agenda through a series of polio encounters. The first, on World Polio Day on 24 October, brought together over 50 journalists.

Concerted advocacy efforts yielded results with the new Ministry of Labour’s agreement to absorb the outlay for cash transfers to 11,000 households under the UNICEF-supported OVC Cash Transfer programme. These additional households will be included in the planned scale-up of the programme to 350,000 households by GoK with substantive support from World Bank and DFID. As a nutrition sector lead, UNICEF accelerated engagement in the Scaling Up Nutrition (SUN) Movement through the joint efforts of various stakeholders, GoK, UN agencies and the business community. Donor and civil society networks were established with the European Union as convenor and World Vision as lead agency. A Promise Renewed agenda was advanced through high-level advocacy and the development of EBP investment cases and advocacy leaflets in counties with huge inequities to implement key MNCH high-impact interventions such as Integrated Community Case Management (iCCM), Maternal-New-born Health (MNH). CoC and scale-up of the Community Health Strategy. Finally, a Nyanza MICS advocacy package was presented to county officials highlighting the importance of data in decision-making.
Capacity Development

Mostly met benchmarks

The new 47 county governments are expected to meet the promises that the Constitution holds out for all Kenyans to equalise the benefits of development. But in order to continue to expand the gains that have been made for children nationally, concerted efforts will be required for capacity-strengthening and in some cases, capacity development of county-based service-delivery staff, GoK counterparts, IPs and communities. This is a priority not only for the CO but for the wider UN team.

The CO supported the efforts of the devolution Transition Authority by participating in a number of county forums targeted at building the capacities of county officials in effective governance, budgeting, human rights and child-sensitive planning.

In 2013 UNICEF continued to strengthen the capacities of key partners. The child protection sector supported capacity/strategy development to apply a child protection systems approach. Under the Joint Programme on Gender Equality and Women’s Empowerment, UNFPA, UNHCR, UNICEF and UNWOMEN trained 45 Gender and Social Development coordinators in basic gender-based violence (GBV) principles, and survivor-centred approaches to the GBV response. To enhance birth registration from the current 60 per cent, a comprehensive assessment of capacity gaps in civil registration and strategic planning for birth registration mop-up was undertaken. To enhance capacities for systematic C4D, 50 IPs and 12 CO staff were trained in needs articulation, planning, implementation and monitoring.

UNICEF strengthened capacities of the Nutrition Working Group through training and development of a basic nutrition technical module for community health workers (CHWs); development/implementation of ToRs to institutionalise the technical working groups within the County Technical Forums and capacity development working groups in Marsabit, Tana River and Turkana counties; assessment of partner capacity in application and monitoring of national standards of service delivery; roll-out of the on-the-job training programme; and identification of the capacity gaps to be addressed through the Capacity-Building Framework.

Capacity development for high-level policy advocacy (line ministries, Parliamentarians, key stakeholders) to increase access to quality basic education and buy-in for an equity-focus in the sector was undertaken. This helped the MOE to strengthen coordination systems and information management in humanitarian situations; operationalising the sub-national education cluster in Garissa/Isiolo; and systems enhancement/education partner capacity development in Dadaab refugee camps.

UNICEF also supported the capacity-building of CHWs/facilitators/motivators in WASH programme-supported regions to coordinate community-led total sanitation (CLTS) triggering and community water management.

Capacity development in health systems strengthening, management and accountability included the training of 96 health managers in northern Kenya in leadership, management and governance; iCCM scale-up in 3 counties; EPI curriculum review; and training in EPI for 30 Nurse Tutors and 10 logisticians in the polio outbreak zone.

Staff from the Kenya National Bureau of Statistics (KNBS) were trained in KenInfo management and DevInfo application management, leading to increased availability/access of data. Support was also provided for MICS (survey planning/management) training for GoK counterparts and selected university staff; training of county officers in Social Intelligence Reporting; onsite support for child-sensitive planning in Turkana, Wajir and Homa Bay; and M&E capacity development for universities planning to offer M&E curricula at Masters’ level.

Communication for Development

Mostly met benchmarks

The Country Office achieved a paradigm shift in its C4D response in 2013, mainly through the establishment
of a C4D rolling work plan that responded proactively to actual programme needs and moved from programme/project-specific C4D to integrated C4D planning and implementation based on evidence. This enhanced the quality, effectiveness and focus of C4D interventions. In-house technical knowledge-sharing enhanced understanding of the crucial and complementary role of C4D in achieving programme results. A desk review of Knowledge, Attitude and Practices of Child Survival and Development (CSD) Programme Components informed the identification of research/data gaps for the polio outbreak response and CSD communication planning. C4D Formative Research on Maternal, Infant and Young Child Feeding (MIYCN) conducted by UNICEF and partners in the Dadaab Refugee Camp informed the pioneering of a C4D strategy that addressed behavioural issues that are age cohort-specific during the first 1,000 days.

Lessons learned from the formative research and capacity-building of Nutrition Programme Implementing Partners in Dadaab generated increased interest in and value for C4D. Subsequently one of the IPs replicated C4D-related planning and processes in other project locations with funding from other donors. A process for the harmonisation of messaging and standards (in order to regulate behaviour community dialogue) and the development of a CHW/household level Behaviour Change Communication (BCC) handbook is ongoing. Communication efforts through media and engagement of religious leaders promoted greater community awareness and utilisation of the services of the Garissa Child Protection Centre. Orientation on C4D and changing social norms conducted for Turkana Child Protection Network members generated a call for comprehensive C4D and changing social norms training for the network in 2014.

Technical support to the Ministry of Health facilitated the leveraging of resources from the U.S Centers for Disease control (CDC) for the implementation of the Elimination of Mother-to-Child Transmission (eMTCT) Communication Strategy developed in 2012 with UNICEF technical support. UNICEF facilitated the development of an advocacy plan for the First Lady of Kenya to champion eMTCT within a maternal and newborn care focus. Under the Faith for Life (F4L) Initiative, two additional scripture-backed chapters (immunisation and child protection) were developed, vetted by the religious councils and being printed for dissemination during late 2013.

Proactive action facilitated a robust inclusion of C4D into section programme funding proposals and the raising of unprecedented dedicated resources for C4D in the new country programme. A C4D capacity needs assessment of UNICEF staff and implementing partners informed the development of a comprehensive and ongoing capacity enhancement plan. Twelve CO staff (drawn from C4D, programme and planning sections) and 50 UNICEF IPs from across programme sectors were trained in C4D strategic planning and M&E. Other rounds of training are planned for early 2014 for UNICEF programme staff and partners.

Service Delivery

 Mostly met benchmarks

As part of efforts to meet core commitments for children at all times, the KCO programme combines upstream work with targeted service delivery, particularly to reach the most vulnerable living in arid and semi-arid lands (ASAL) and in humanitarian situations, to address residual needs. In ASAL, limited technical/institutional capacity impedes optimal service delivery, although this is expected to improve once the transition to devolved governance to 47 counties is completed in two/three years.

UNICEF supported funds mobilisation, coordinated national/county-level partners and procured vaccines for all children. Consequently, about 8.3 million under-five children in Kenya, as well as adults in the Dadaab refugee camp and five host districts, were vaccinated against polio. As part of modelling strategic service delivery, UNICEF supported the expansion of the Lodwar District Hospital’s maternity unit to become the County MNH centre of excellence and the upgrading of the Modogashe District Hospital (Garissa County) to be a Comprehensive Emergency Obstetric and Neonatal Centre (CEmONC). Under the Wadagi Initiative, UNICEF is partnering with the Homa Bay County Government and KEMRI to end preventable maternal and newborn deaths. To this end, training of 330 CHWs and 32 Community Health Extension Workers (CHEWs) in Mbita sub-county was undertaken to treat nearly 224 sick children with suspected pneumonia. In keeping with the country’s shift from an emergency response to resilience-building and systems-strengthening, UNICEF supported the establishment of 2,943 Community Health Units, and procurement of 100 motorcycles for...
CHEWs for supervision of CHW’s post-natal home visits.

To promote improvements in community water supply, health centre water and sanitation and hygiene education 3,500 ‘Water Management Training’ manuals, 1,500 technical training guides on hand pumps and 500 supply network booklets were published and distributed.

UNICEF supported the treatment of some 28,222 (65 per cent of about 300,000 children) with acute malnutrition in the most deprived counties, of whom 22,484 successfully recovered. Some 1.3 million (80 per cent) under-five children and 386,000 (70 per cent) of pregnant and lactating women were reached with a preventive/promotive high-impact nutrition intervention package. Vitamin A supplementation and iron folate supplementation reached 435,541 (27.9 per cent) pregnant women.

UNICEF, with other education stakeholders, supported the training of mentors from “Nyanyas” (grandmothers), teenage girls and boys to improve their knowledge of roles and responsibilities of patrons and peer educators/mentors in the formation/facilitation of mentorship sessions. Assistance was extended to TEFA to implement Basic Education in Nomadic Communities for Turkana Central and Loima sub-counties and registering/funding for mobile schools by the Ministry of Education, Science and Technology (MoEST). Further support to the school talent identification programme (alternative pathway of learning/livelihoods - sports, drama and music) reached about 200,000 adolescents. Provision of school supplies and alternative basic education services in emergencies was sustained for over 71,000 children.

In Dadaab, child protection services were enhanced by case management entailing identification, assessment and individual support and referral mechanisms for 3,340 children (HAR Monitoring Tool). UNICEF also supported the establishment of an Inter-Agency Child Protection Case Management Information System in Kakuma refugee camp. Lutheran World Federation (LWF) capacity for case management was increased, and a re-registration campaign to identify unaccompanied/ separated children led to identification of 8,036 children. Some 29,456 children (60 per cent girls) attended/participated in the Child Education and Welfare Centres activities.

**Strategic Partnerships**

*Mostly met benchmarks*

Partnerships are central to maximising resources and results for children and women to realize Kenya’s vision of social equity enshrined in the Constitution.

UNICEF expanded its partnerships with development partners such as the World Bank and the EU delegation. The nutrition programme maintained strategic partnership agreements with 13 key stakeholders, mainly NGOs, local partners, private sector and the Kenya Red Cross Society (KRCS). During the first half of 2013, the focus was on scaling-up high-impact nutrition interventions at county and community levels and contingency efforts for the elections. Of note is the new partnership with the KRCS as a first-line nutrition responder.

A new development was the establishment of an Innovation Taskforce in the CO to foster engagement on technological innovations for programmatic excellence and efficiency. One of the key partners for implementing the Innovation strategy will be Safaricom, Kenya’s top mobile network operator. TORs for the Innovation Task Force are being developed. The CO participated in the Global Innovations Meeting in Kosovo in December and the first ‘Humanitarian Innovation’ workshop in October in New York. Some of the technological and non-technological innovations from Kenya are featured in the headquarters’ Innovation Lab footprint mapping.

UNICEF worked with Safaricom and Imperial Bank to influence their corporate social responsibility (CSR) agenda using Child Rights and Business Principles (CRBP) tools, webinars and telcons with UNICEF’s Private Fundraising and Partnership (PFP) division. Safaricom and Imperial participated in the Corporate Lab in New York in September, where they were encouraged to accelerate implementation of the CRBP. Kenya is one of
two countries in Africa selected for the Corporate Lab. For the new country programme, a partnerships mapping exercise is under way, which should help the CO to make partnerships more results-oriented and thus sustainable for the long-term. Greater clarity and rigour will be required in the use of the term ‘partnerships’ to ensure accountability and measurable results. Kenya is a pilot country for PFP’s initiative to engage Tullow oil in implementing the CRBP for extractive industries.

A strategic partnership was negotiated with the Kenya Medical Supplies Authority (KEMSA), a semi-government institution responsible for procurement and distribution of health-related supplies in the country, in four key areas: procurement services, logistics management, capacity optimisation and knowledge-sharing. The key objective of the partnership is to enhance and complement country programme implementation under the county system of governance.

Regarding global partnerships, UNICEF took the lead in the Polio Advocacy Working Group (Bill and Melinda Gates Foundation, CDC, the International Federation of the Red Cross and Red Crescent Societies, Rotary International, USAID and WHO). Through targeted advocacy, the objective is to use Polio Encounters to mobilise ‘communities of advocates’ to keep polio a priority – including media, faith-based organisations, donors, communities, corporates and governors. The CO has secured commitments from governors, donors, and NGOs to advance the A Promise Renewed Agenda and the Scaling-Up Nutrition initiative in Homa Bay and Kakamega with the specific goal of ending preventable maternal and newborn deaths.

**Knowledge Management**

*Mostly met benchmarks*

Evidence-based programming requires the pooling of knowledge, skills and resources and joint problem-solving between the local community, Government organisations, humanitarian and development actors. In 2013, the CO applied a number of strategies to enhance knowledge management/sharing both internally and externally. This included daily media reviews, presentations and discussions during programme meetings, regular email updates on knowledge management, and knowledge-sharing sessions during mid-year and end-year reviews, in the form of speed-seeking sessions.

An internal database was developed for studies, evaluations and survey reports, and the process of populating the database was under way in late 2013. This investment will facilitate a rapid response to requests for information and evidence, internally and externally. Other learning sessions and research findings by different partners added to the knowledge and existing evidence in different areas. More effort was put into appropriate dissemination of existing knowledge and evidence, especially for advocacy purposes. For example, County-level factsheets were compiled for all 47 counties and were widely disseminated at various forums, including county assemblies and governors’ council meetings.

In the education sector, real-time data offered analyses that were used for immediate action both within the school environment and by education stakeholders. Consequently, this transformed a negatively perceived process of school inspection into one of collaborative engagement, providing clear steps for improving the quality of the school environment. Sms-based methods of data collection, analysis and dissemination were introduced. This enhanced the potential for revolutionising national systems for monitoring quality assurance and standards in primary and secondary schools, as well as health performance monitoring.

As part of the development of the new Country Programme and UNDAF (2014-2018), considerable analytical work and knowledge-sharing/management was undertaken, with several key assessments completed either by UNICEF or jointly with other partners (country assessment of essential commodities and services, an update of the situation analysis of children in Kenya, KAP study, MICS surveys for six counties, etc.). UNICEF continued to support KenInfo to promote data use and dissemination of information on children.

In the new country programme, knowledge management will be led by the cross-sectoral strategic information and knowledge management taskforce to ensure that it is well-integrated within all programme areas. The taskforce has finalised draft strategic documents with a work plan that will guide efficient management and use of knowledge and evidence generated on children in Kenya. Staff and partners’
capacities in knowledge management were also strengthened during the CP preparation processes, reviews, and through internal and external sharing of information. The extensive use of County Infographics, whilst advocating for the strategy of child-sensitive devolved governance, also revamped the benefits of cross-sectoral indicator linkages within UNICEF. Subject to further consultations, in 2014, KCO will:
- Increase support for improving the capacity for decision making and analysis through innovations and strengthened collection, processing, and dissemination of information,
- Provide decentralised and field office-specific customised information management,
- Ensure information management contingency planning during humanitarian interventions.

**Human Rights Based Approach to Cooperation**

*Mostly met benchmarks*

During the pre-election period, promoting gender equality and addressing the key barriers to prevention and response to GBV were prioritised. UNFPA, UNHCR, UNICEF and UNWOMEN facilitated training on GBV principles, co-ordination and response to officers responsible for outreach and prevention.

Following the March 2013 elections, 47 county governments were established, shifting accountabilities for health, water and sanitation, early childhood education, and some elements of child protection to new duty-bearers in county governments. UNICEF supported GoK in initial training and awareness-raising of county assembly members in counties with high rates of child deprivation on children's rights and child-sensitive budgeting, and is supporting the development of standards and accountability mechanisms for child protection services at the county level. In addition, C4D is placing greater focus on community engagement as part of a human rights-based approach to overcoming bottlenecks at community and household level, based on research on community barriers to maternal, infant and young child nutrition.

Under the framework of the Constitution’s Bill of Rights, UNICEF supported the GoK to begin the process of consolidating all legislation affecting children and giving effect to international instruments ratified by Kenya, including the Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). The 3rd, 4th and 5th consolidated UNCRC Kenya state party report on the CRC was re-submitted to the UNCRC Committee and is yet to be defended. UNICEF also assisted the GoK with reporting on the African Charter, World Fit for Children and Africa Fit for Children commitments. These reports highlighted the slow pace of progress in reducing maternal and neonatal deaths, high levels of inequality in achievement of education rights and the continued lack of ratification of the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography. UNICEF’s analytical work also adopted a human rights-based approach in the Status Report on Children’s Rights and studies examining specific rights areas, including a situation analysis of children in the justice system and qualitative research on child marriage.

Birth registration is a fundamental right that only 60 per cent of Kenyan children enjoy. During 2013 UNICEF supported the Department of Civil Registration to conduct a Comprehensive Assessment of the Civil Registration Vital System in 33 counties of 47. This assessment will form the basis for a costed work-plan for the development of a functional and efficient system. Two strategies, for advocacy and communication and for a 'Late Registration Mop-Up’ campaign were also developed.

Participation, including meaningful children’s participation, was encouraged and supported through the National Children’s Assembly and Children’s Voices consultation conducted with representatives of children from the counties. Recommendations from the consultations are included in the Status Report on Children’s Rights.

Lastly, regarding monitoring, a Child Deprivation Index was developed, highlighting disparities in the realisation of children’s rights between different counties.

**Gender Equality**

*Mostly met benchmarks*
**Achievements:** As a follow-up to the groundwork that was laid in 2012, an Office-wide gender assessment was conducted among staff through a number of forums, specifically during the country management, programme group and operations meetings. This helped to improve CO staff understanding of gender issues and strengthened the CO’s ability to emphasise gender equality and the empowerment of women and girls in all programmes. The assessment was premised on the extent to which findings and recommendations documented in the 2010 Gender Audit were addressed by review of key documents such as the CPAP, as well as undertaking interviews with all cadre of staff. The findings provided an opportunity for the CO to identify staff capacity gaps and customise training packages for both programme and operations.

The training sessions (held between November 2012 and February 2013) focused on mainstreaming gender equality reached 44 staff from both the Nairobi and four field offices.

The KCO Gender Mainstreaming Strategy, based on the assessment and capacity gap analysis, outlines new strategic directions. Namely: ensuring systematic mainstreaming of gender equality as core in all programme components, measuring achievements accurately and supporting management to keep gender equality central to the country programme. The strategy established a clear gender-compliance checklist for each programme sector to ensure continuous staff learning and provide an easy reference list and accountability within the office for gender equality. The terms of reference of the Gender Task Force were reviewed to underscore its scope and role in light of the new Gender Mainstreaming Strategy; the task force was reinforced and reconstituted.

A guidance note on gender equality analysis was prepared and utilised during the update of the Status Report on Children’s Rights, to facilitate analysis and capture of gender equality issues and compliance, including women empowerment principles. The report adequately captures the advances made in the legal and policy environment, national programme strategies and guidelines, including communication strategies since 2009 and progress and gaps in addressing the vulnerabilities of children and women in Kenya.

<table>
<thead>
<tr>
<th>Action</th>
<th>Due date</th>
<th>Timeline</th>
<th>Tools</th>
<th>Resp</th>
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<tbody>
<tr>
<td>Ensure new CPD appropriately references KCO GM Strategy for continuous compliance to gender equality.</td>
<td>Jan/Mar 2014</td>
<td>3 months</td>
<td>Strategy in place, Draft CPD outcomes in place</td>
<td>To be spearheaded by Dep Rep office, section heads and GTF.</td>
</tr>
<tr>
<td>Each sector to identify at least 3 gender equality, women &amp; girls empowerment indicators to be tracked annually and contribute to individual staff performance appraisal processes</td>
<td>Jan-March 2014</td>
<td>3 months</td>
<td>Indicators in section compliance checklists</td>
<td>To be monitored by Section heads</td>
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<tr>
<td>Undertake staff continuous capacity-building on strategy,</td>
<td>Jan-June 2014</td>
<td>12 months</td>
<td>KCO gender mainstreaming strategy in place. Strategy to be continuously disseminated</td>
<td>KCO gender taskforce</td>
</tr>
<tr>
<td>HR orientation package includes KCO GM strategy</td>
<td>Jan- Dec 2014</td>
<td>12 months</td>
<td>Strategy and e-learning package in place</td>
<td>GTF, Deputy Rep and HR manager to track</td>
</tr>
</tbody>
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**Environmental Sustainability**

* Mostly met benchmarks
Increasingly, environmental sustainability is a significant concern in development, as those living below the poverty line directly rely on the water and land resources surrounding their communities. In the country programme, direct responses to environmental sustainability are largely reflected in the WASH programme and in disaster/emergency preparedness and response.

Safe waste disposal, both liquid and solid, to ensure environmental sustainability is embedded in both the National Water Policy and the Hygiene and Sanitation Policy. The WASH programme mainly contributes to safeguarding the environment through the CLTS approach, in order to eradicate open defecation which pollutes water sources and threatens the safety of the environment. Significantly, the hygiene messages are transferred to communities through the schools, using children in WASH Clubs as agents of change. Vegetable gardening and tree planting are also promoted in the WASH Clubs to conserve the environment and to improve nutrition in schools.

Communities and other stakeholders have benefited from training in safe disposal of waste and safe hygiene practices. Several villages were certified Open Defecation-Free (ODF), especially in hard-to-reach nomadic areas. The UNICEF-supported water safety project has built the capacity of the community and implementing partners in the management of community water systems thus improving the quality of water being consumed.

During project design, hydrological data from the river water sources was analysed to ensure that exploitation of water from the sources would be sustainable in the long-term. The programme also undertook protection of natural springs to guarantee communities reliable access to safe and spring water sources in a sustainable manner. Protection of natural springs also addressed the chronic water-related challenges posed by cholera outbreaks in the target locations.

During the development of dams and pans, fencing, silt traps and gabions were constructed as protection against erosion, pollution and siltation. In addition, specific water extraction points were established in order to sustain the water bodies and safeguard the pans from mismanagement and drying up. Appropriate borehole/well spacing, for example, during survey and siting was ensured as per the required guidelines (to avoid interference with other boreholes/wells within the same zone of influence) to safeguard the water aquifers from depletion. These measures are normally taken before commissioning of boreholes to help determine the pump selection. Lastly, a water quality analysis was carried out from the boreholes/wells to ensure that the water would not be a threat to the intended consumers and the environment.

Green technology was utilised to generate eco-friendly power to enhance the reliability of the water systems, especially in project areas where the cost of maintaining diesel generators is prohibitive. The ‘green’ wind and solar water pumps are environmentally-friendly and were promoted and used where feasible to contribute to environmental sustainability. The WASH programme also worked with select schools to establish bio-gas plants to generate energy for cooking and lighting in schools and to effectively manage human waste and protect children’s health.

South-South and Triangular Cooperation

In 2013, South-South cooperation was pursued with the aim of knowledge-sharing, capacity-building and strengthening of partnerships. Notable experiences included; UNICEF-led training in partnership with the Joint Programme on Gender Equality and Women’s Empowerment (and facilitated guest trainers from UNHCR, UNWOMEN and UNFPA) for 45 Gender and Social Development coordinators in basic GBV principles, coordination, legal foundations and ‘survivor-centred’ approaches to GBV response services. During the election period, these officers were responsible duty-bearers for ensuring outreach of the GBV hotline and coordination of GBV service provision and prevention activities in their country. This workshop aimed to provide a foundation for GSD Coordinators to execute their duties during the election period and to provide a baseline upon which additional capacity support can be developed. Following the elections and the devolved county structure, these officers were reassigned from the Gender Department.

CLTS was adopted as a national sanitation strategy in Kenya in 2011 following successful piloting by sector players since 2007. In December, KCO hosted a team from Ghana that was interested in the innovations that Kenya had made while implementing CLTS and the ODF process. The team was comprised of a UNICEF staff,
an SNV staff, personnel from Ghana Local Government and staff from a local NGO. The visit was co-facilitated by the Ministry of Health and KWAHO (local NGO contracted by UNICEF to undertake third party verification of ODF across the country). The team visited the CLTS hub in the Ministry of Health, which is coordinating all CLTS initiatives in Kenya. The team appreciated the strong national level coordination mechanism through the hub where partnerships are managed, standards are formulated and knowledge management and monitoring and evaluations systems are undertaken. The team visited two ODF villages in Nyanza region where they observed sanitation facilities constructed through local technologies and materials; participated in a real life third-party verification exercise; they noted that the process was participatory, simple and used tools that could be easily administered anywhere.

At the request of the Uganda registration bureau and with support from UNICEF Uganda, a Kenyan delegation visited Uganda to learn/share experiences on the use of technology/innovations (U-Report and mobile VRS) to strengthen civil registration and vital statistics (CRVS) systems. The Kenyan delegation included senior GoK officials from the Department of Civil Registration (CRD), the Ministry of Health and UNICEF. They learnt about the importance of using technology, especially mobile VRS, to transmit registration data and the use of social mobilisation approaches, particularly partnerships with faith-based organisations for mass registration of populations. Since the visit, CRD has begun the process of digitalisation of the birth and death registration data. A task force is being set up to coordinate a late birth registration mop-up campaign and to ensure that all birth data is incorporated into the Integrated Population Registration System. The department has sought high-level engagement with the top GoK leadership (Cabinet Secretary for the Ministry of Interior and Coordination of National Government) to secure political commitment to the CRVS agenda and increased resource allocation.
Narrative Analysis by Programme Component Results and Intermediate Results
Kenya - 2400

PC 1 - Child survival and development

Constrained

**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 marginalised regions of Kenya by 2013

**Progress:**

The suspension of funding by the Government of the Netherlands (a leading funding partner) significantly affected some components of the programme from the beginning of the year. In order to address governance-related challenges that emerged during 2012 and continued into 2013, the Programme initiated comprehensive actions aimed at improving delivery of programme results. These included: strengthening assurance activities, improving monitoring systems and reviewing key programme documents such as TORs, MOUs, etc. The Programme further reviewed the internal capacity of UNICEF and DCT liquidation process. The programme continued to implement projects started during 2012 and those supported by other funding sources.

Overall the programme has achieved some good results and made concerted efforts to mobilise community groups to increase demand-based requests from communities in partnership with local institutions. Currently capacities are being generated to manage and sustain new WASH facilities in communities, schools and health centres and to address the elimination of open defecation. The programme supported training of partners to strengthen the equity focus, in addition to training in participatory community mobilisation and sustainability of behaviour change. Additionally, these interventions aimed at advocacy with Government and development partners to leverage resources for components such as WASH in schools.

A bottleneck analysis was undertaken to identify the key barriers to programme results, in order to help close the equity gap. A matrix of determinants and indicators was developed. A number of gender-related issues were addressed by the programme, including water management by gender-balanced committees, gender-based facilities in schools, and gender response facilities in health centres. Gender training was given prominence and the programme built capacities of several stakeholders on gender-related issues.

The programme finalised and produced high-quality strategic guidance materials to strengthen Community Management of water supply systems (Implementation Guidelines), technical guidance on low-cost water development options (manual drilling, standard designs), the CLTS Manual for Community Mobilisers and the development of WASH tools for deeper equity and sustainability analysis.

UNICEF’s strategic impact on the scaling-up of improved sanitation has been significant, with continued commitment by GoK in respect of the CLTS Road Map implementation. The GoK ODF Roadmap 2013 is an outstanding example of leveraging investment in sanitation improvement based on a coherent public communication and mobilisation strategy involving limited costs.

WASH Emergency interventions were focused on strategies that aim to build community resilience to extreme climatic events. This involves Disaster Risk Reduction (DRR) approaches aimed, for example, at improving the sustainability of WASH infrastructure through more appropriate designs and strengthened community management.

Through the WASH sector Coordination Committee (WESCOORD), the programme contributed significantly towards development of a contingency plan with a focus on DRR, sector capacity mapping and capacity development through trainings and learning forums, advocacy and influencing Government’s policies and planning process for humanitarian issues and facilitating the establishment of sub-national WESCOORDs in 11 counties.

The WASH programme has strengthened partnerships, with expertise from the GoK, civil society, private sector and other UN agencies, to address environmental and climate change issues through the WESCOORD coordination platform. The programme developed a DRR strategy paper to streamline strategies. At the end of 2013 it was in the final stage of completing a study on Climate Change and DRR to map out and analyse the vulnerabilities of the WASH sector resulting from climate change and related disasters and the impact on children, women, and rural vulnerable groups.

WASH Section worked very closely with the Nutrition Sector to integrate interventions in project areas such as the WASH components of High-Impact Nutrition Interventions (HINI) & Integrated Management of Acute Malnutrition (IMAM). For example, the sharing of assessment data and joint, cross-sectoral programming with IPs assisted in providing more effective and efficient emergency services to the most vulnerable populations.

Constrained

**IR** 2400/A0/04/007/001 IR1: 10 per cent of people, 50 per cent of health facilities in 20 districts (flood prone, arid and semi-arid) including peri-urban areas consistently use improved water with adequate capacity to manage and sustain services by 2013, within an enabling policy environment/systems,

**Progress:**

This component of the programme was constrained during the year due to funding challenges. As a result no new projects were initiated...
in 2013. During this period, the programme conducted a review of processes, developed and strengthened assurance activities and put in place new monitoring indicators and regimes for improving quality of outputs and enhancing accountabilities. The programme further reviewed the terms of reference of the Programme Monitoring Unit (PMU) and revised the Memorandum of Understanding with the Water Services Trust Fund (WSTF) to strengthen oversight of the financial reporting and monitoring by WSTF and Water Services Boards (WSBs). A review of the internal capacity of the WASH Section was also completed. In addition, new procedures for liquidation of DCTs were adapted to link liquidation to completion and operationalization of projects. It is worth noting that no Programme Steering Committee (PSC) meeting took place during the year due to changes in the Government, which resulted in the replacement of all members of the PSC. Plans are underway to reconstitute the PSC during 2014.

During the year, the programme in partnership with the Water Services Boards continued to complete ongoing projects initiated before the end of 2012. Among these were 229 projects of various types, including drilling and equipping of boreholes, pipeline extensions, surface water supplies and shallow wells with hand pumps. A least 101 of these projects were completed, serving about 70,000 previously unserved people out of the 242,000 planned, representing 30 per cent of the target. Another 40 projects, delayed for various reasons including conflict were at differing stages of completion by end-2013. Another 88 boreholes were drilled and capped waiting to be completed pending Phase 2 funding, but now face funding constraints.

Institutional capacity development of partners was also affected by funding constraints. More than 419 communities whose water facilities were either completed or work is ongoing have not been trained yet on sustainable operation and maintenance. This is likely to affect the future sustainability of the facilities and consequently lead to loss of services to the target population. Furthermore, this could negatively impact gains made in reducing the burden of water collection by women and girls in the programme area. Improved access to safe water sources nearer home or places of dwelling has reduced both time spent in collecting water and distances travelled to water points, allowing women and girls to do more productive work, such as farming and studying, or engage in leisure activities.

UNICEF, through the partnership with Dutch Cooperation (SNV) and the Water Services Boards, continued to connect local users groups with private sector entrepreneurs for the operation and maintenance of water systems. During the year under review, 40 community-managed water supplies were identified for professionalization. Seven Water Service Providers (WSPs) from Lake Victoria South Water Services Board, 13 from Lake Victoria North Water Service Board and two from Tanathi Water Service Board were trained through the O&M adaptation workshop, where various management models for private sector participation were adopted by the different WSPs based on their needs. In the Western region of Kenya, iron- and manganese-prone areas were mapped out after useful research on contributing factors. In Busia County, the Board mapped out all the spare parts outlets and is currently embarking on linking them up with artisans. Shallow wells are periodically chlorinated and water quality monitored to ensure safety of water consumed. Selected points for chlorination (pipe-schemes) were identified and will soon be installed with facilities to enhance monitoring of water quality at all sources.

Some of the constraints and challenges include funding, as a result of which no new projects were initiated and even ongoing projects could not be completed in 2013. Others include poor sustainability, slow/inadequate community contribution, poor water quality, corrosion of hand pump rods (mild steel), and delay in disbursement of counterpart funding by the ministries, as well as delayed implementation by contractors. There were concerns that the cost of environmental impact assessments for WASH project were not factored into the programme budget.

The lessons learnt are that regular compliance-monitoring ensures good quality workmanship and capacity building/training of all implementation agencies boosts the ability of project management and accountability. Also, teamwork by all implementing agencies results in faster implementation. Involving other partners in the financing of a community project speeds up implementation and fosters ownership. A well-trained water point committee is important for sustainability of the investment, and positive working relationships with the local administration ensures faster implementation. Similarly, involving key partners (including the communities) ensures ownership, while integrated development fosters sustainability of community projects.

**On-track**

**IR 2400/A0/04/007/002 IR2: 10 per cent of people, 50 per cent of health facilities in 20 districts (flood prone, arid and semi-arid) use improved sanitation and care practices including hand washing with soap with adequate capacity for sustained behaviour adoption by 2013, within an enabling policy environment/systems**

**Progress:** Achievement of the ‘ODF Rural Kenya by 2013’ goal was the main focus of the programme, as it continued to make major contribution towards increasing access to sanitation. The programme focused on two levels – national and sub national – to build capacity and strengthen the enabling environment, in partnership with Ministry of Public Health and Sanitation (now known as Ministry of Health), for achieving Open Defecation Free Kenya, guided by the roadmap drawn by the Kenya Government. The effort entailed advocacy and partnership building at the national and sub-national levels, in addition to capacity building of communities and broadening the stakeholders’ base and mobilising resources. This was reflected through increased number of partners engaged in implementation of CLTS and contributing to the increased number of ODF communities.

The programme was constrained by lack of funding. However, with the resources available it contributed to strengthening the enabling environment for scaling-up the ODF Kenya Initiative through support to the national sanitation hub, providing technical support at national level and developing CLTS protocol as well as increasing the number of people reached with ODF information. So far, 1,750 villages across various counties have claimed ODF status, of which 1,416 villages were certified by a third party. Village-level CLTS committees have members from both genders, and women play an active role in promoting the ODF initiative. This was supported by revising the training modules and guide, based on feedback from a National CLTS practitioners’ workshop. The capacity of more than 70 master trainers was developed through structured training and informal learning at the local level and thematic group meetings, including the quarterly inter-cluster coordination committee meetings to facilitate sharing of experience/best practices, which contributed to strengthening programme implementation. Fourteen CLTS facilitators’ workshops were conducted, resulting in 305 CLTS facilitators with increased knowledge and
skills to facilitate community consultations and mobilisation. In addition, 517,153 children practiced hand-washing on Global Hand-Washing Day through a network of schools across the country with strong partnerships and Teachers Associations. It is noteworthy that Headmasters and teachers were reached using SMS technology.

UNICEF contributed to institutional strengthening by providing critical technical support in the areas of knowledge management, monitoring and evaluation and behaviour-change communication at the National CLTS Hub of the Ministry of Health, which resulted in improved coordination and functioning of various thematic groups and timely issue of a newsletter (five issues, both electronically and hard copies).

While CLTS focusses on community demand and meeting the demand from internal resources, a sanitation marketing study was undertaken to further strengthen the supply chain for a sustained sanitation behaviour change. Major challenges identified were inadequate resource and capacity at community, county and national levels to accelerate the Kenya ODF initiative. The new devolution of governance has created challenges, as well as an opportunity to leverage resources and strengthen programme implementation. Non-availability of data related to villages (the national census captures data up to sub-location level) posed a major challenge for monitoring ODF. The programme has selected CLTS for L3 Monitoring and will orient partners in L3 in order to strengthen monitoring for bottlenecks and allow for early resolution of challenges. UNICEF supported MoH in developing the protocol for CLTS, which is expected to harmonise the approach to be used by various partners engaged in Kenya’s ODF initiative and will contribute to the standardisation of approaches and measuring results.

The increased partnership has led to a scaling-up of results; more than ten partners are now engaged in ODF initiatives. The micro-planning started in selected counties in 2013 has shown promising results as an effective tool to address issues related to resource mobilisation, partnership and capacity development, which needs to be scaled-up across all counties. Although county development planning has been taken up, resources for sanitation were not earmarked. Active engagement with county governments has led to increasing their awareness of the importance of prioritising sanitation and reflected in their development plans. The quality of plans needs to be further fine-tuned when sanitation is included (and included in plans where this has not taken place) and the sanitation component needs to have adequate resources allocated.

As a way forward the programme plans to: (i) Strengthen engagement with County governments to improve implementation and mobilise resources; (ii) Use micro-planning across the country to strengthen monitoring and planning interventions by all partners; (iii) Facilitate the development of a common M&E framework with harmonised tools and reporting systems for use by all partners; (iv) Disseminate the developed CLTS Protocol to partners; (v) Develop a resource mobilisation strategy; (vi) Build on the Sanitation marketing strategy and demonstrate the models as appropriate to specific regions; (vii) Support national Government and County governments in finalising implementation plan.

IR 2400/A0/04/007/003 IR3: 6 per cent of school children in 20 arid, semi-arid and flood prone districts consistently use improved WASH facilities, with adequate capacity for sustained services by 2013, within an enabling policy environment/systems

Progress:

Partnership strengthening, including greater collaboration with the Ministry of Education, was the major focus of the WASH in Schools component. Efforts have continued to support participation of schools and communities (including parent teachers associations, school management committees, teachers and children) in the planning, implementation, operation and maintenance (O&M) and monitoring of WASH services in schools. The Programme provided improved water for drinking, hand washing and sanitation to ensure provision of safe and clean toilets. In addition there were outreach activities, including sharing of CLTS experiences and school health clubs that promoted hygiene practices in families and the wider communities.

Gender issues were addressed by the programme though working with partners in the development of gender-sensitive sanitary facilities, separate for boys and girls, with screens for privacy, safety and dignity. The facilities were also adapted for children with physical disabilities by providing wheelchair ramps and indoor fixtures. The design of the facilities was also adapted for use by small children (ECD) by using keyhole shaped latrine squat holes and suitable heights for hand washing facilities. Bathrooms with running showers for menstrual hygiene management were provided as part of the girl’s latrine blocks. Facilities are also developed to support environmental conservation. The results are expected to improve girl’s enrolment, retention and transition rates. In addition, it will improve learning achievements in marginalised areas.

The role of different partners was key in programme implementation. UNICEF Kenya has the responsibility of identifying partners, through micro-assessment and management of the Programme Cooperation Agreement. NGO partners, in liaison with DEOs and schools, are responsible for carrying out the needs assessment, construction of facilities, training of SMCs, teachers and children, and reporting and availing activity data. PMU was responsible for coordination; supervision; technical support; liaison with District Education Offices (DEOs), District Water Offices, DPHOs and schools; and providing and interpreting policies and guidelines, monitoring and evaluation.

DEOs supported NGOs on prioritisation of schools, worked with DPHOs and DWOs in the provision of quality assurance and standards services, monitoring and evaluation. School children participated in health activities and in decision-making while parents participated by reinforcing the provision of water and ensuring proper maintenance of water and sanitation facilities for school health. School teachers supported school health activities, while school management committees (SMCs) participated in identifying and defining school priorities, planning with NGOs, mobilising teachers and children and supervising school health activities.

A total of 61 schools in 10 counties had their water and sanitation facilities improved and 44,513 children (including 21,484 girls and 23,029) boys were reached during the period. This represents 21 per cent of the 2013 target of reaching 54,006 children (26 per cent), yielding a current achievement/status of 82 per cent (44513/54006*100=82 per cent). All schools received a comprehensive WASH
School package comprising safe water supply, sanitary facilities with provisions for hand-washing, a hygiene-promotion package and capacity development for SMCs to sustain WASH services. School children played a central role in CLTS in their areas. During Global Hand-Washing Day children participated in their districts/counties; the national event was celebrated in Mwala, in Machakos County. In addition, 507,153 children in 1,546 schools washed their hands on GHD as a result of the Head teachers being mobilised through SMS messages. World Toilet Day was celebrated in various districts/counties; the national event was celebrated in Kajiado County where school Health/WASH clubs in schools were formed or reactivated. Coordination of school WASH programme was also been achieved through active UNICEF participation in school WASH technical working group meetings, held monthly.

The sustainability of WASH in Schools services is critical to the realisation of long-term enjoyment of these services by schools. The Programme has initiated innovative approaches to enhancing sustainability of WASH services in schools by working with football partners and private partners in the Football For WASH (FWASH) project. The Programme is working 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. Each school will identify a business model that is relevant to its own environment and needs. The Programme will support schools and SMCs to concretise and initiate this business model.

The main challenges have been insecurity in several targeted zones, weak capacity of some implementing partners, lengthy processes for partner accreditation (micro-assessment), sustainability of WASH facilities, and insufficient training of SMCs, teachers and children. Among the lessons learnt is that economic benefits were realised as a result of research carried out on urinals, and the specially designed toilets for children with special needs and provision of bathrooms were welcomed and appreciated by stakeholders.

Finally there is need to ensure that mechanisms are put in place to recognise and strengthen the participation of schools and local communities in the whole process, to ensure sustainability and ownership. In addition, schools need to be prepared to take advantage of any funding that will be available through budget items under the newly devolved Governments.

As a way forward the programme will continue to strengthen capacity of partners and local institutions, including NGOs, in order to target programme quality, delivery and results. The programme will also target data and information management in the education management information system (EMIS) to ensure that 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 community's resilience and coping strategy.

**Progress:**

UNICEF WASH provided technical assistance through provision of a Sector Coordinator to manage the National WASH Coordination Platform, WESCOORD. Together with GoK partners from MEWNR and MoH, the sector coordinator planned and facilitated a range of trainings and activities aimed at building WASH Sector capacity to plan and coordinate Emergency WASH response at National and County levels. This included Trainings on WASH in Emergency and Community-Managed Disaster Risk Reduction, as well Learning Forums and development of a community-based WASH assessment tool to identify the most vulnerable emergency-affected populations. Using the WESCOORD framework in consultations with partners, support was provided to develop a WASH Sector Resilience Strategy, which will provide the framework for coordinated WASH Sector DRR programming.

During 2013 the WESCOORD coordination platform played a key role in supporting sub-national level WASH activities, as power devolves to the county level, and is ensuring that counties have the sector capacity to plan and coordinate WASH activities as part of the DRR agenda. WESCOORD is a member of a subcommittee in the Ending Drought Emergency programme, which is the GoK-led initiative aiming to build community resilience.

WASH integrated its activities with the Nutrition, Health and Education sectors to ensure a focus on targeting the most vulnerable people accessing services in schools and health facilities. An estimated 200,000 people using these facilities accessed improved WASH services through a combination of new and rehabilitated water supplies, new latrine facilities and hygiene promotion messages. This figure represents 100 per cent of the target.

An estimated 300,000 people accessed safe drinking water through a combination of new and rehabilitated boreholes and pipeline extensions, increased water storage capacity in schools and health facilities as well as household water treatment supplies such as ceramic filters, purification chemicals, storage containers etc. This represents 42 per cent of the target of 700,000 people for the year.

Some 650,000 people received critical WASH-related information and training to prevent illness, especially diarrhoea. This represents 92 per cent of the targeted 700,000 people for 2013. These results were achieved by supporting the County-level District Health Coordinator in training and supporting CHWs to provide household-level hygiene promotion training. A total of 2,134 CHWs were trained and mobilised across 70 cholera-prone districts. These activities were coordinated with the distribution of WASH household water treatment & storage supplies such as ceramic water filters, purification chemicals and storage containers. This activity benefitted 40,000 refugees in the Dadaab Refugee Camp.

Innovative approaches include: Water Supply Scalable Modelling, HHWTS, Ending Drought Emergencies Campaign and focus on the Resilience Agenda. The lessons learnt are that Cross-Sector Integration is effective and efficient; WASH/DRR Learning forums can serve as platforms for humanitarian and development long-term approaches. The main challenges are devolution and new political environments.
**Progress:**

The UNICEF Health section focused on five key initiatives in the course of 2013, which all have national and sub-national components. These initiatives were: 1) development of an inter-sectoral MNH strategy and initial modelling of key elements of the strategy in high-mortality areas; 2) integration of eMTCT and MNH services, with a particular focus on quality assurance; 3) an aggressive initiative to reduce child deaths due to diarrhoea, pneumonia and malaria in three extremely vulnerable counties; 4) response to the polio outbreak and parallel efforts to strengthen the routine EPI system, and 5) a CSD-wide collaborative initiative in eight vulnerable counties to strengthen capacity in evidence-based planning, budgeting and program monitoring to complement MNCH service delivery as a whole.

A number of opportunities emerged throughout the year, which shall be pursued in 2014. Highlights include: the finalisation of progressive new policies and strategies for MNH and eMTCT; the formation of new county health teams who are integrating evidence-based planning principles into their management systems; new partnerships with CIDA, DFID and the EU; the first county-wide implementation of full iCCM and mobile data collection; scaling up a Basic Emergency Obstetric and Neo-Natal (BEmONC) "Centre of Excellence" model in Northern Kenya, and the "Wadagi" initiative led by County Governors, in which counties pledge zero tolerance for preventable maternal and child deaths.

Challenges included the ongoing transition towards devolved governance, including devolved procurement systems and reshuffled leadership with varying levels of capacity and commitment; difficulties sustaining attention on routine health system strengthening work in the midst of the polio outbreak; a persistently severe shortage of health facilities, health workers, and even partners operating in the Northern parts of the country, which limits the pace of work and productivity; and ongoing civil unrest in parts of Northern and Coastal Kenya.

**On-track**

**PCR 2400/A0/04/008 UNICEF will contribute to increasing the number of women and children who have equitable Access to and Use of Quality Essential Social and Protection Services and practices, especially with vulnerable groups and the most marginalised regions of Kenya**

**Progress:**

UNICEF supported the County Health Teams in Garissa and Turkana Counties to conduct MNH baseline assessments in approximately 60 health facilities, in preparation for upgrading maternal and new-born facilities. Lodwar District Hospital’s maternity unit was subsequently renovated to serve as the County MNH centre of excellence. In Garissa County, UNICEF helped to renovate Modogashe District Hospital and persuaded the County Management Team to allocate the requisite human resources and theatre equipment to the facility, thereby doubling the number of CEmoNC centres in Garissa County. 150 health workers in Turkana, Marsabit and Garissa counties received BEmONC training.

All maternity facilities in Turkana, Garissa, Marsabit and Isiolo counties received training in the Uterine Balloon Technique for treating post-partum haemorrhage. At least nine maternal deaths from haemorrhage were prevented as a result.

UNICEF supported national rollout of the maternal and perinatal death surveillance and review system (MPDSR). All 47 County Health Management Teams received a thorough orientation, and 30 districts were targeted with extra, in-depth orientation. MPDSR reporting is now a key performance indicator for the health sector at County and National levels.

Kenya provided 53 per cent of HIV-positive mothers with effective ARV prophylaxis and 38 per cent of HIV-positive infants and children with ART. Thirty-nine per cent of exposed infants received a PCR test by 2 months; 81 per cent of adults needing treatment received ART. New HIV infections in children were estimated at 13,000, down from 22,259 in 2009. Two national coordination meetings were held between DRH and NASCOP to integrate eMTCT in Reproductive Health. Maternal and Child Health Taskforces to coordinate MNCH and eMTCT activities were established in 20 counties. The eMTCT Communication Strategy was rolled out via two national forums. The Longitudinal (antenatal care, ANC) Register was piloted in 22 facilities and then assessed for effectiveness in improving the quality of ANC/eMTCT services; the detailed report will be shared shortly. A letter of agreement between GoK, The Clinton Health Access Initiative (CHAI) and UNICEF establishing a Point of Care project was signed, and 53 CD4 machines and reagents were ordered through UNICEF with funding from CHAI. Operations Research on PMTCT in Emergencies was underway during 2013.

**On-track**

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

**Progress:**

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All maternity facilities in Turkana, Garissa, Marsabit and Isiolo counties received training in the Uterine Balloon Technique for treating post-partum haemorrhage. At least nine maternal deaths from haemorrhage were prevented as a result.

UNICEF supported national rollout of the maternal and perinatal death surveillance and review system (MPDSR). All 47 County Health Management Teams received a thorough orientation, and 30 districts were targeted with extra, in-depth orientation. MPDSR reporting is now a key performance indicator for the health sector at County and National levels.

Kenya provided 53 per cent of HIV-positive mothers with effective ARV prophylaxis and 38 per cent of HIV-positive infants and children with ART. Thirty-nine per cent of exposed infants received a PCR test by 2 months; 81 per cent of adults needing treatment received ART. New HIV infections in children were estimated at 13,000, down from 22,259 in 2009. Two national coordination meetings were held between DRH and NASCOP to integrate eMTCT in Reproductive Health. Maternal and Child Health Taskforces to coordinate MNCH and eMTCT activities were established in 20 counties. The eMTCT Communication Strategy was rolled out via two national forums. The Longitudinal (antenatal care, ANC) Register was piloted in 22 facilities and then assessed for effectiveness in improving the quality of ANC/eMTCT services; the detailed report will be shared shortly. A letter of agreement between GoK, The Clinton Health Access Initiative (CHAI) and UNICEF establishing a Point of Care project was signed, and 53 CD4 machines and reagents were ordered through UNICEF with funding from CHAI. Operations Research on PMTCT in Emergencies was underway during 2013.

**On-track**

**IR 2400/A0/04/008/002 IR 3: Health policies, strategies and systems supportive of MNCH scale-up and mitigation of emergencies.**

**Progress:**

During the year under review, UNICEF and KEMRI began an operational research study on iCCM for pneumonia and use of mobile phones for community health service quality assurance in Homa Bay County. So far, iCCM is fully operational in one sub-county and CHWs have attended to 224 sick children, of whom 61 were successfully diagnosed and treated for pneumonia. UNICEF secured a commitment by county governors in Homa Bay and Siaya to commit to eliminating preventable maternal, new-born and child deaths and prioritise investment in CHS. Similar work to expand iCCM and secure the governors’ commitment is underway in Turkana counties as well.

Immunisation coverage marginally increased by 14 percent, to 84 per cent, from 77 per cent between 2009 and 2013. In response to the polio outbreak, an estimated 8.3 million children under five years old in all districts and adults in the Dadaab refugee camp and five host districts were vaccinated to boost population immunity against polio. This resulted in the timely interruption of the polio outbreak, within three months, as stipulated by World Health Assembly guidelines. UNICEF supported an assessment of the country’s vaccine management system and development of a national cold chain expansion, replacement and maintenance plan. Thirty Nurse Tutors received training on
the revised EPI curriculum to improve the overall quality of national EPI training. During the year 1.3 million (80 per cent) women of child-
bearing age in 38 high-risk districts were successfully vaccinated against tetanus and no stock out of routine childhood vaccines was
reported at the provincial level during 2013. Finally, the HPV demonstration project in Kitui resulted in 90 per cent of the target population
of 21,000 girls being vaccinated.

The following constraints were experienced between 2009 and 2013: Implementation of polio vaccination campaigns in response to 2009,
2011 and 2013 polio outbreaks affected programme timelines; inadequate numbers of national ICCM trainers; county transition process
that affected timely transfer of funds to the counties for critical activities in 2013; and stock-out of RDT limited the scope of ICCM services
provided by trained CHWs.

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**On-track**

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

**Progress:**

**Policy**

UNICEF Kenya supported the development of numerous progressive policies and strategies in 2013, namely; 2014-2018 CPD, 2013-2017
Medium Term Plan II, 2013-2017 HRH Strategic Plan, 201-2017 KHSSP III, 2012-2030 KHPF. UNICEF also supported eight county and
sub-county health teams in evidence-based planning exercises, which culminated in the launch of MNCH investment cases and advocacy
briefs that have been used as the basis for county health plans and budgets.

**Disaster Risk Reduction**

In its oversight role of the Health Sector Emergency Coordination and Planning Committee, UNICEF helped to prepare a successful
emergency preparedness and response plan for the March 2013 election. UNICEF is currently helping counties to: improve coordination,
develop long-term plans using the country’s Disaster Risk Management assessment report and to integrate DRR priorities into regular
programmes for sustainability.

**Community Health Strategy**

By late 2013 some 2,943 Community Units had been established, an increase from 2,203 in 2012. Approximately 36.8 per cent of the
population is now receiving basic services from Community Health Extension Workers and Community Health Volunteers. The Community
Health Services Strategy is being revised with inputs from stakeholders, to align it with devolved governance. UNICEF support includes:

- Job aids: printing identification badges for the CHWs, chalkboards, 5,000 CHWs training manuals, 3,000 bags and 3,000 job aids
- Creation of CUs: Turkana- 40, Marsabit- 24, and Isiolo- 10. In Dadaab Camps: Trained 60 CHEWs, 105 CHWs and 75 Community
  Health Committees
- Procured 100 motorcycles for CHEWs for supervision, and facilitated ability of CHWs to make timely home post-natal visits to mothers
  and their new-borns.

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**On-track**

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

**Progress:**

UNICEF continued to sustain its role as a nutrition sector lead in Kenya and the lead technical adviser to the Ministry, as
illustrated in the results achieved for children in 2013. The year started with a focus on timely and appropriate contingency planning in all
identified hot spot locations in advance of the elections, and while response was not required in that case, the process of developing the
plans illustrated the advances in coordination made by the sector to previous emergencies. Fortunately the overall nutrition situation
improved in 2013, with a reduced caseload of acutely malnourished children and indicators assessing quality of the integrated
management of acute malnutrition (IMAM) programme remained at above sphere standards. Coverage for treatment of severe acute
malnutrition also showed progress, reaching 81 per cent of the target by November. An analysis ranking counties by the level and the
intensity of child deprivation was undertaken by KCO in 2013, including nutrition indicators, highlighting that the ASAL continue to be
amongst the most deprived counties. The nutrition section continued to focus efforts on enhancing service delivery in these deprived
counties; 68 per cent of health facilities in the ASAL were providing high-impact nutrition services, with support from UNICEF, along with
89 per cent (102) in urban informal settlements of Nairobi and Kisumu as of November 2013. Developments in the key area of enhancing
infant and young child feeding practices were made in 2013 with the implementation of the ProPAN method for assessing complementary
food availability. The analysis generated from the first assessment in November will guide programme design in 2014. Focus was placed on
enhancing quality of nutrition information generated in 2013. CDC carried out a diagnostic of the nutrition indicators in the DHIS in
January. The recommendations were reviewed by the Nutrition Information Group, led by UNICEF, and have resulted in a streamlining to
focus on the most specific and sensitive indicators. Other areas of development include enhanced collaboration with the Kenya Food
Security Steering Group to better integrate nutrition analysis in food security analyses from the bi-annual season assessment. For
developments in the Scaling Up Nutrition Movement, Kenya has now established the donor network group and civil society group; the UN
network group is under discussion. Much progress was made on the advocacy side for the sector and sensitisation on the National Nutrition
Action Plan took place in 34 of 47 counties. Finally, the nutrition sector continues to engage in national discussions and opportunities to
build resilience, including with the ASAL donor groups to ensure that human capital is adequately addressed. Challenges continue,
however, with the changes in the Government structure following the elections, which has delayed some key decision making. Funding is
predominantly focused on the ASAL, yet many needs exist elsewhere. Security issues severely affected access to and delivery of supplies
in many of the north-eastern counties and elsewhere.

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**On-track**

**IR 2400/A0/04/009/001 IR 1: Increased proportion of women and children receiving quality, evidence-based essential integrated
nutrition services.**

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maternal and child nutrition services by December 2013

**Progress:**

In 2013 an estimated 300,000 children were still acutely malnourished in Kenya’s most deprived ASAL counties and urban informal settlements. Within this estimate, 65 per cent (28,222) of the target for cases of severe acute malnutrition were treated, and over 75 per cent of children (22,484) successfully recovered. Boys and girls are equally represented. Over 1 million (80 per cent) of children under five years and 386,000 (70 per cent) pregnant and lactating women were also targeted with at least one of the preventive and promotive high-impact nutrition interventions. However, Vitamin A supplementation (VAS) and Iron Folate supplementation delivered through the routine system remained constrained. The 435,541 (27.9 per cent) of pregnant women accessing iron supplements, though low, showed an increase from 20 per cent at the same time last year linked to improvements in the delivery of commodities and reduced stock-outs. Yet the demand side requires further focus to increase coverage. For Vitamin A, due to the reporting tools currently in use it was not possible to assess coverage of the twice yearly dose; however, 18 per cent of children under 5 years reportedly received at least one dose. This coverage remains low; however opportunities exist with the National Immunisation Days (originally planned for late 2013 but moved to early 2014) where Vitamin A will also be included. The strategic shifts in the delivery of nutrition services made in 2013 include enhanced monitoring of key indicators and documentation of lesson learned, with a focus on the supply chain of essential nutrition commodities. Strengthened coordination to support service delivery was also a focus in 2013, with contingency planning in hot spot areas conducted in advance of the elections and technical support for the establishment of a county-level nutrition technical forum. Challenges to be addressed include the uneven coverage of High Impact Nutrition Interventions, in part due to: limited MoH funding to the nutrition sector, donor focus on the ASAL areas and reduced engagement by the other major players in the nutrition sector on these underserved areas.

**On-track**

**IR 2400/A0/04/009/002 IR 2: 50 per cent of households practicing improved care practices nutrition by 2013**

**Progress:**

A series of key policies, strategies and guidelines launched in late 2012 and during 2013 have strengthened the guidance on improving nutrition care practices in the home, country-wide. These include the Breast Milk Substitutes (BMS) (Regulation and Control) Act (2012), the National Policy, Strategy and guidelines on Maternal, Infant and Young Child Nutrition (2012) and the Urban Nutrition Strategy (2013 to 2017). Assessments to monitor progress in 2013 include small-scale surveys in the ASAL and a national assessment of violations of the CODE on BMS, which commenced in 2013. However challenges remain in the interpretation of these indicators; therefore a detailed review of the MIYCN indicators in the various data collection tools was conducted within the sector, following a diagnostic by CDC, and has led to a refined set of indicators with guidance on the type of assessment tool to be applied. Improved reporting can be expected in 2014. Efforts to improve exclusive breastfeeding and complementary feeding rates include sensitisation on Infant Feeding in Emergencies (IFE) during the contingency planning sessions prior to the elections, training of public health officers on the BMS legislation in one-third of all counties, linkages with Integrated Community Case Management (ICCM), rolling out the Baby-Friendly Community Initiative, Mother-to-Mother Support Groups and peer support for HIV-positive mothers (Kenya Mentor Mothers). Follow-up on peer support groups during the election period also provided a good practice example. The results from the Kenya National Micronutrient Survey (2011) have yet to be released due to severe delays in the analysis by the principle investigator; however UNICEF continues to provide strong technical and financial support to finalise the analysis and reporting. Additional challenges include the need for livelihood-specific regional analysis to guide programme efforts for young child feeding and the need to strengthen linkages with other sectors (agriculture, social protection and early childhood development), as well as on-going violations of the BMS Act.

**On-track**

**IR 2400/A0/04/009/003 IR3: Sectoral policies and strategies approved and funded to support maternal, newborn, child nutrition well being**

**Progress:**

The Nutrition sector continued to experience a positive policy environment with key documents in place in 2013 including the Food and Nutrition Security Policy 2012; the National Nutrition Plan of Action 2012-2017; Maternal, Infant and Young Child Nutrition policy; Mandatory Fortification of Cereals and Oils 2012; and the BMS Act 2012. With Kenya’s ongoing devolution, efforts in 2013 were focused on ensuring that these documents were implemented and well-articulated in key planning documents at both national and County levels. This involved the inclusion of nutrition in the Second Medium Term Plan 2013 to 2017 for Vision 2030; the County Health Strategic Investment Plans and County Integrated Development Plans. Support to counties to develop County Nutrition Action Plans was also initiated and will continue during 2014, with eight counties having drafted plans and sensitisation on the National Nutrition Action Plan in 34 of 47 counties achieved by the end of 2013. Good progress towards the establishment of the national SUN Networks was made; a Donor Network was convened and the EU acting as the convener. The Civil Society Network was also revamped, with World Vision as the host agency, and the UN Network was also being initiated. As part of the efforts towards the establishment of a high-level SUN Multi-stakeholder platform in the Office of the President, sensitisation efforts were undertaken among the key networks. This structure is clearly outlined in the draft Food and Nutrition Security Strategy, however this document is not yet finalised due to ongoing reshuffles in ministries following the March elections. Other challenges to moving forward fully on the SUN commitments include the weak linkage of the results frameworks of key nutrition policy-related documents across key sectors, the lack of an effective system for nutrition sector financial tracking and expenditure monitoring and weak linkages and limited understanding of the differences between nutrition-sensitive and nutrition-specific interventions.
PC 2 - Education and young people

On-track

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

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 raise awareness about ECDE through a partnership with the Elimu Yetu Coalition. It also provided technical input to MoEST, MoSCA and MoD&P in streamlining a range of education-related policies and bills within the new national constitution. As a result, the Basic Education Act 2013 now recognises ECDE as part of basic education and prioritises nomadic education to achieve disparity reduction and equity. In addition, the Child-Friendly School (CFS) concept was adopted by MoEST as a national strategy to improve quality education and has become an investment programme within the National Education Sector Support plan (NESSP). These initiatives are all anchored with the national development plans including Vision 2030, MTP II and the existing education policy frameworks supported by UNICEF – such as the Nomadic Education Policy, Policy for Alternative Provision of Basic Education, Policy for Children with Special Needs, and Gender Policy.

To promote equity and gender equality in education, UNICEF made another achievement at the institutional capacity development level. A pilot girls’ education scholarship programme was transformed into a national trust fund institution, known as NoKET. The transition to national trust fund resulted in the leveraging of diverse resources that will ensure sustainability and scale up the impact and coverage. Similarly, UNICEF successfully advocated with Government stakeholders for a transition of the National Youth Talent Academy (NYTA) to a semi-autonomous agency, under the KAS, and for scale-up nationwide, with a proposal in Treasury for 94 talent academies to be established, two in each county. As an independent trust fund, NYTA is now operational and can leverage funding from public/private sectors, undertake youth talent development activities and support youth empowerment. Likewise, the National Youth Council received UNICEF support to establish structures and operations as a para-statal body capable of representing and advocating on behalf of youth. The modelling of institutional capacity development from a pilot project is a unique and innovative achievement under the PCR.

Disaster Risk Reduction and preparedness contribute directly to the PCR to prevent disasters and mitigate their effects, favouring uninterrupted learning during and after the disasters. UNICEF took a number of measures to this end, such as: supporting MoEST in strengthening national and County Education Clusters. This is also in line with the devolved governance system in progress in Kenya. The Cluster system is a coordination mechanism to plan and deliver education in emergency response. Further, as part of its preparedness plan, UNICEF pre-positioned needed school supplies. As part of its residual response to the Horn of Africa crisis in 2011, UNICEF continues to support drought-affected refugee and host community children through its Alternative Basic Education Programme in Dadaab.

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:

At the national level, targeted advocacy reaching out to parliamentarians, ministers and the principal secretary were prioritised to anchor equity and equality in the education sector as devolution was rolled out. Mainstreaming of ECDE is an achievement in the Basic Education Act 2013 as well as in the MTP II. NoKET received a Ksh30 million allocation by Government in financial year 2013/2014, resulting in increased Government ownership and sustainability for fast-tracking gender equity in arid counties.

Continuous county-level enrolment drives were carried out in Garissa, Turkana and Kisumu, leading to stronger ownership and partnership by area MPs and County Directors of Education and creating access for 46,610 children at both ECDE and primary school levels. County-level advocacy meetings were held with county executive for education, deputy governors and other key decision-makers to improve access, quality and completion of basic education for boys and girls in respective counties. The drives led to a 10 per cent increase in enrolment in Garissa.

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

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

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

The CFS Meriting Tool to transform quality assurance and standards, and the process of measuring these standards, was launched in 2013. This is an enriched tool to be used to identify the most child-friendly schools at district, county and national levels. It builds on the
CFS monitoring tool being used by schools for self-assessment; so far 4,000 primary schools have used the tool. This was supported by the development of a national system for collecting, analysing and acting on real-time data through SMS on school-based evaluations of CFS indicators across meritng tool standards, and complemented by the development of SMS Technology – Data Collection and Online Dashboard Analysis, which was piloted with 1000 head teachers through CFS trainings. (MoEST/KEPSHA Report 2013. Inadequate resources have made monitoring of schools difficult; however, the introduction of the SMS system is likely to improve the current situation.

**On-track**

**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:**

The National Youth Talent Academy (NYTA) Programme was developed as an alternative model of youth development in Kenya. Key achievements in 2013 included: improved national coordination, efficiency and effectiveness in rolling-out programmes to youth at the national and regional academies, as well as leveraging resources from the Government and other partners. The talent-based identification programme reached more than 400,000 in-school youth and 100,000 out-of-school youth. As a result, more than 6,000 in-school and 6,000 out-of-school vulnerable youth received specialised talent-based and life-skills training. The programme also successfully launched partnerships that provided an innovative model of youth employment based on raw talent, and through business incubation.

The programme influenced the draft Education Bill 2012, which includes talent-based education as an alternative pathway in secondary education, building on the NYTA secondary school talent academies. The draft Sports Bill 2012 prepared by the Ministry of Youth Affairs and Sports (MoYAS), provides a legal framework for institutionalising talent identification and development through the creation of a national institute.

UNICEF partnered with MoYAS through the Subsidized Youth Polytechnic Tuition Scheme to implement vocational training, providing employability skills and business incubation for 1,200 youths in Eldoret and Mombasa. In addition, UNICEF supported MoYAS to integrate life skills and HIV/AIDS prevention activities into extra-school curricula, which reached an estimated 100,000 youth.

Student participation in school governance has improved as a result of the School Council initiative. More than 6,000 secondary school head teachers and 500,000 in-school youth are currently involved in school councils. About 40 per cent of all public secondary schools have elected school councils, well on track to reach the 45 per cent target set in 2012.

Key lessons learned for youth programme strategies to expand national reach include developing sustainable partnerships and leveraging resources from the Government and other partners.

**On-track**

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

**Progress:**

UNICEF seconded an Education Cluster/Sector Coordinator and Information Management Officer to MoEST to further strengthen its capacity to lead the Education Cluster and Emergency Planning and Response. A strategy for extending the cluster system to counties was developed and implementation began in 2013, with the nomination of education-in-emergencies (EiE) focal persons in two counties and their training.

With continued advocacy by UNICEF, the MoEST Directorate of Field and Other Services nominated EiE Focal Persons at County and District Education Offices to coordinate and plan emergency response in their respective areas. This is in line with devolved governance and an extension of Cluster system to the county level. UNICEF supported development of a capacity-building plan for these EiE focal persons. The major training contents included: Cluster Coordination, Education in Emergencies based on INEE minimum standards, Emergency Preparedness and Response Planning.

Progress was made in drafting a KCO Education Section Policy that is aligned with Kenya’s 2010 Constitution, and the concept of conflict-sensitive education was integrated into the policy. Strides were made through a pilot Peace Education programme, Teaching Respect For All, and finalising the evaluation of the Peace Education programme.

An Information Management Strategy was drafted by the MoEST, with participation by UNICEF and Education Cluster/Sector members. The strategy offers guidance on the collection of timely information during emergencies. UNICEF has supported MoEST in developing a Policy on Disaster Risk Management.

UNICEF supported over 71,000 children in emergencies through necessary school supplies and alternative basic education services. Emergency supplies (438 Education kits, 213 ECD kits, 180 recreation kits and 7 classroom tents) reached Mandera, Wajir and Marsabit Counties and benefited over 28,000 children affected by conflict. Disaster risk reduction training and how to mainstream DRR in the Education sector was carried out, along with a tripartite Peace Education radio programme.

Under Dadaab Joint Education Strategy UNICEF is continuing the Alternative Basic Education (ABE) Programme that includes ECDE, catch-up education, vocational training and adult literacy for children, youth and adults in Dadaab refugee camps and host communities. Some of the factors that affected progress included human resource capacity at the MoEST (staff turnover and understaffing) at national and
county level. This was addressed through the nomination of EIE focal persons. Uncertainty regarding funds to realise the capacity building plan is another challenge. The security situation, particularly in the Dadaab area, continued to pose a challenge to programme implementation in 2013.

**On-track**

**IR 2400/A0/04/006/005 IR 4: Improved Knowledge-base for Evidence-Based Policy and Planning, Resourcing of the Education Sector to the New Constitution.**

**Progress:**

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

Following the UNICEF MTR, the realignment process of the education system with the new Constitution has been progressing toward improvement of overall education access, quality, equity, relevance, effectiveness, and institutional governance in Kenya. A range of official education frameworks and documents, such as the Basic Education Act 2013, TVET Bill Act 2013 and Sports Act 2013 and the national education strategic investment plan were passed in parliament. UNICEF technically supported the MoEST task force team to develop these frameworks and documents.

**PC 3 - Child protection**

**On-track**

**PCR 2400/A0/04/011 Effective & efficient Programme Management and Operations Support**

**Progress:**

Twelve years after the passage of the Children Act in 2001, Kenya began the process of consolidating all legislation affecting children and giving effect to international instruments ratified by Kenya, including the CRC and the African Charter on the Rights and Welfare of the Child. The process of harmonisation is supported by UNICEF and key NGOs and is grounded on the systems approach to child protection, which is a "set of laws, policies, regulations and services, capacities, monitoring and oversight needed across all social sectors – especially social welfare, education, health, security and justice – to prevent and respond to protection related risks”. Since the March elections, the Ministry of Labour has taken over from the Ministry of Gender, Children and Social Development and has overall responsibility for implementation of the Children Act, which sets forth the legal obligations of all duty-bearers – the Government, parents and civil society – to respect, protect and fulfil the rights of children, including the right to protection against violence, abuse, neglect and exploitation.

With UNICEF’s technical and financial support, the Department of Children’s Services (DCS) has made tremendous progress in the diligent application of systems thinking to the implementation of its new policies of Child Protection, ensuring that children and youth are able to access their rights as citizens and strive to achieve their goals. These policies are considered critical to inhibiting the exploitation and victimisation of children around the country revealed by the 2010 Violence against Children Survey. At the same time, key achievements were made toward building an effective child protection system. The DCS adopted a service model called Child Protection Centre (CPC) through which children have access to a high-quality continuum of care, from prevention to provision of services, provided in a timely manner. This is a strategic choice given that a key component of the country’s emerging child protection system is at the county level. During 2013 UNICEF’s efforts on child protection in emergencies focused predominantly on ensuring that preparedness measures were in place for the general elections held in March, supporting coordination of the national Child Protection Working Group (CPWG), and supporting child protection programming in the Dadaab and Kakuma refugee camps. Early in the year, the section also wrapped up residual drought programming from 2011-2012. In preparation for the 2013 elections, UNICEF supported the CPWG in the creation of an information portal on the Humanitarian Website with information on Kenya’s “Hot Spots”, children’s officer contact information and contingency planning documentation. UNICEF also supported the CPWG in contextualizing the Child Protection Rapid Assessment tool (CPRA) to the Kenyan context, formed a CPRA task force, and ensured that CPWG actors were trained in use of the Kenya Initial Rapid Assessment (KIRA). Election-safety advocacy was undertaken in major newspapers.

UNICEF supported the establishment of the Government Technical Working Group on violence against children. Technical assistance was provided to ensure the effectiveness of this body representing the range of line ministries that are collaborating in the development of a comprehensive and national response to the protection of children. Stakeholders from across government and non-government organisations, representing the grassroots as well as the county and national levels of authority, have been working together in addressing violence against children in Kenya. They adopted a response plan and clearly outlined roles and responsibilities for each of the ministries and associated stakeholders. The response plan is a guide for the implementation of a systems-based approach to services at both the community and national levels. It provides direction to agencies searching for tools to help promote behaviour change among law enforcement, health and education officials, and local administrators as well as among communities themselves. It also seeks to guide prioritisation by government agencies in support of targeted and national-level prevention and protection efforts, including actions to improve and expand the network of services already available.

UNICEF also provided technical support to Government in addressing key barriers to effective prevention and response to GBV. With the shift to a devolved governance structure, significant reshaping of line ministries and a rapid devolution of power and finances to county governments has taken place.

UNICEF continued its involvement in the Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC) started in 2004 with 500 households as a response to the OVC crisis, where the capacity of poor families to care for and protect these children was recognized as being overstretched. This programme transfers Ksh.2,000 (around US$20) per household per month in six bimonthly payment cycles.
As of late 2013, it was reaching 150,250 beneficiaries in 47 counties. As the programme is moving toward massive scale-up due to increased budget allocations by the ministries, UNICEF is shifting its support from direct provision of funds to households to technical assistance.

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:**

Through UNICEF advocacy and financial and technical assistance, the DCS adopted a service model known as Child Protection Centre, using Malindi as a model. The Department has documented the CPC in Malindi with technical support from UNICEF HQ and KCO, as the model to be followed by all counties. The Government is establishing four new CPCs in Nairobi, Nakuru, Kakamega and Siaya. UNICEF advocacy efforts proved effective, as seen in the Government decision to scale-up the existing network of (CPCs) as the foundation of a referral system and coordinated response to childhood violence.

UNICEF also supported the development of a "detailed costing of the components of the Child Protection System" as a critical tool to finalise the process of adopting a national strategy.

With UNICEF's technical support, the Violence Against Children response plan was finalised by the Government. It clearly outlines roles and responsibilities for each of the ministries and is a guide for the implementation of a systems-based approach to services at both the community and national levels.

UNICEF provided financial support to a Child Helpline (116), enabling the mechanism to double its caseload from 21,496 in 2005 to 49,057 cases in 2013. This substantial increase is due to greater awareness of the toll-free helpline and improved referral pathways. It now plays an integral and very unique role in the child protection system in Kenya.

UNICEF supported the CPWG to create a portal on the Humanitarian Website with information on Kenya's "Hot Spots", children's officers contact information and contingency planning documentation. Technical support through the UNICEF Cluster coordinator was also provided in adapting the CPRA tool to the Kenyan context.

Inter-community conflicts affected the counties of Mandera, Wajir, Moyale and Tana River, compromising the situation of children and women, especially their psychological status. UNICEF supported Child Welfare Society of Kenya to implement an emergency response programme designed to address child protection concerns and psychosocial needs of children affected by the ethnic violence that engulfed Tana River Delta. An estimated 4,584 affected children benefitted from paediatric counselling, tracing, family mediation and reunification with their families.

In Dadaab, UNICEF had programme cooperation agreements in place with Save the Children International (SCI), Terre des hommes (Tdh), and Refugee Consortium of Kenya (RCK). UNICEF is co-chairing the child protection working group with the Sub-county Children Officer, UNHCR and Save the Children and facilitates the implementation of the Inter-Agency child protection strategy and action plan adopted for 2013-2014. Programmatic emphasis continued to be on the delivery of key child protection services, including case management through identification, assessment, individual support, planning, referral and liaison for support services within the inter-agency referral pathway; monitoring, review, feedback and closure of cases; provision of legal aid and counselling; building up participation of children; capacity building on staff, community members, teachers and children on child protection and referral mechanisms. As of December, 29,456 children (60% girls) had attended and/or participated in activities organised by Child Education and Welfare Centres, formerly known as child-friendly spaces, but for which programming has expanded to include more educational activities (Early Childhood Development and Accelerated Learning), vocational training, and community activities. Considerable effort was made in 2013 to build community capacity of to handle child protection concerns. Children, teachers, Maslaha elders, foster parents, local authorities and partner staff were included in training on child protection and GBV in order to build the capacity of the community to identify and respond to child protection concerns. Both the Somali community and other minorities were involved in protection activities within the inter-agency camp based referral pathways.

Under the framework of a joint programme with UNFPA, UNICEF has contributed to the eradication of female genital mutilation or cutting (FGM/C). FGM violates the rights to health, security and physical integrity of the person. It is associated with series of health risks and consequences including post-traumatic stress disorder and infertility due to infections. FGM/C is practiced by majority of Kenya’s 42 communities. Only the Luo, Luhyia, Teso, Turkana and Pokomo have no history of FGM/C practice. UNICEF supported community elders involved in efforts to abandon FGM/C in Tana River, Garissa, Moyale, Kuria and Meru. It partnered with Muslim scholars to build a critical mass of religious scholars who will influence change. In all affected communities, UNICEF used local vernacular radio stations as an enabling platform for dialogue on FGM and media, highlighting that FGM is being detrimental to development. Kenya’s Council of Imams and Ulamaa, in partnership with UNICEF, convened a national religious leaders’ symposium to examine the Islamic position on FGM/C and its impact on the society. Participants from Garissa, Isiolo, Wajir, Tana River, Moyale, Nairobi, Kajiado, Machakos and Nakuru concluded that FGM/C is prohibited by Islamic law, as it is harmful to girls and women and violates their freedom, privacy, health, dignity and has adverse medical, health, social and psychological effects. They collectively committed to speak out and support grass-roots and national advocacy efforts to attain total abandonment of FGM/C using the mosques and media. The Muslim scholars declaration on FGM/C was published by "The Friday Bulletin", distributed at Nairobi Jamia mosque with a readership of over 10,000 persons.

With funding from, and the partnership of, the Joint Programme on Gender Equality and Women’s Empowerment, UNICEF undertook a national mapping exercise of GBV service providers to create an online web-based map of all service providers to facilitate national referrals and support the operations of emergency hotlines such as ChildLine (116) and HAK (1195). UNICEF created an online map
(www.gbvkenya.org) using a "google maps" interface that allows visitors to the site to identify all trained GBV service providers across the country based on their service type. The website went "live" on February 19th with 70 service providers listed on the site (as of December 2013, more than 150 organisations were listed). The map supports referral pathways, identifies service providers, indicates gaps in service provision, enhances coordination and improves the sectors ability to mobilize during emergencies. The map has enhanced networking and collaboration among service providers and supported prevention activities and outreach campaigns.

With the shift by the Kenyan government toward a devolved governance structure, there has been a significant reshaping of line ministries and a rapid devolution of power and finances to county governments. There is strong evidence that the new county government structure will bring greater benefits and opportunities for active citizenship and enhance accountability of local officials to the people over whom they govern. However, the mechanisms by which national standard-setting departments and ministries will interact with county governments and how they will be held accountable for ensuring adequate standards of service provision and enforcement of laws remains to be seen. National standards which the government of Kenya has committed to and are reflected in the CRC and the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) may not be reflected in the resources, architecture and systems established at the county level to respond to and prevent child rights violations.

On-track

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

**Progress:**

Twelve years after the passage of its Children Act in 2001, Kenya began the process of consolidating all legislation affecting children and giving effect to international instruments ratified by Kenya, including the CRC and the ACRC. The process of harmonisation is grounded on the systems approach to child protection which is a "set of laws, policies, regulations and services, capacities, monitoring and oversight needed across all social sectors – especially social welfare, education, health, security and justice – to prevent and respond to protection related risks."

With UNICEF's technical support, the DCS is better placed now to implement the child protection mandate through children's officers at national and subnational levels. The children's officers redeployed throughout the 47 counties as County Directors will coordinate the Area Advisory Councils and work closely with local child protection stakeholders to respond to violence and contribute to a protective environment for children. This is more effective than previously, when Provincial Children's Officers coordinated the eight provinces. UNICEF supported the Government Technical Working Group on violence against children, representing the range of line ministries that are collaborating in the development of a comprehensive and national response to the protection of children. Stakeholders from across government and non-governmental organisations, representing the grassroots as well as the county and national levels of authority, have been working together to address violence against children in Kenya. Under leadership of the Government, these senior technical officers defined clear direction for the development and implementation of programmes, policies and services that can ultimately reduce the heavy burden on health and social development that violence against children places on Kenyan children, families and society as a whole.

The alternative care system in Kenya is grounded and centred on Charitable Children's Institutions (CCIs), which continue to be the first resort, rather than last resort, and the most accessible option for 'rescuing' children from abandonment, orphan-hood, family poverty, family disintegration, disability or displacement. CCIs are opening outside of the auspices of the Department of Children's Services and the actual numbers of CCIs is unknown. The current provisions in the Children Act make it difficult for the children's officers to monitor CCIs, and the majority of them have weak gatekeeping mechanisms and keep children unnecessarily without attaining proper documentation or ensuring proper family reunification and exit strategies for the children by either reintegrating with their families or placing them in foster care, guardianship or adoption. UNICEF provided technical support to the government in order that the alternative care system be shifted away from current institutional care-centred approach to a family-based care-centred approach. Alternative Care Guidelines were developed, validated by a technical working group and awaiting endorsement by the Ministry of Labour.

During the election period, UNICEF activated the GBV Emergency Coordination Taskforce (GBV-ECT) in partnership with the National Gender and Equality Commission, UNWomen and UNFPA. The coordinating body met regularly during the pre-election period to establish contingency plans, coordinate preparedness activities and establish joint monitoring exercises. As a result of this intervention there was greater coverage with respect to GBV response services (in the event of high rates of GBV) and greater awareness-raising to prevent GBV. Finally, in order to protect the children in the justice system, UNICEF collaborated with the police to revise police training modules on forensic investigations, as well as the Community Policing module.

A critical lesson of the systems approach is that protection of children cannot be achieved via the efforts of one organisation or sector. It requires the pooling of knowledge, skills and resources and joint problem-solving between local communities, government organisations and humanitarian and development actors.

On-track

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

**Progress:**

UNICEF continued its involvement in the Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC) started with 500 households in 2004 as a response to the OVC crisis where the capacity of poor families to care for and protect these children was recognized as being overstretched. Households are selected through a rigorous process that involves both geographical and household targeting. While ensuring coverage in all counties, geographical targeting prioritises districts and locations with the highest HIV prevalence, highest number of orphans and highest levels of poverty. This programme transfers Kshs.2,000.00 (about US$20) per household per month in six bimonthly payment cycles. It has reached 150,250 beneficiaries in 47 counties. The programme is
implementing a new electronic payment system with the Equity Bank of Kenya that includes biometric smart cards for beneficiaries’ identification to make the payment process more efficient and transparent.

DFID and the World Bank joined the programme with substantial long-term support. DFID has committed US$80 million over ten years and the World Bank provided a loan of US$250 million over four years. The Government budget allocation to the programme has increased significantly, from Ksh.48 million (approximately US$592,957) in 2005-2006 to Ksh.8 billion (approximately US$92,000,000) for 2013-2014.

An evaluation by the University of North Carolina at Chapel Hill, in collaboration with the Children’s Department of the Ministry of Gender, Children and Social Development, demonstrated a significant impact on consumption, as would be expected, and that households’ use of programme transfers primarily for food and health-related spending. It also provided evidence of wide-reaching impacts on areas that were not initially envisioned as part of the immediate results framework for the program. Young people age 11-16 at baseline are 7 percentage points less likely to have had their sexual debut. The CT-OVC also had an important impact on the mental health of young people; the evaluation found that those 15-24 were 15 percent less likely to suffer from depressive symptoms and 19 percent more likely to score above the median on the Hope scale, an indicator of agency and self-efficacy.

The World Bank loan of US$250 million to the Government for the expansion of social cash transfers will enable transition to a comprehensive Social Protection System and contribute to doubling the current number of beneficiaries. As the programme is moving to massive scale-up, UNICEF is shifting its support from direct provision of funds to households to a main focus on technical assistance. Discussions on the transition are on-going, with UNICEF planning to support the upgrade of financial management to biometric and electronic, the Management information system (MIS), monitoring and evaluation and the complaints and grievances mechanism for beneficiaries, as well as targeting new beneficiaries.

PC 4 - Policy, planning, advocacy and communication

- On-track

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

**Progress:**

Overall progress on policies, plans and budgets for children’s and women’s rights since 2009 has been largely positive. As noted by the Status Report on Children’s Rights for 2013, there has been very significant progress on policies and policy initiatives in the areas of child health, education and social protection. These developments are well reflected in the second Medium-Term Plan (MTP2), where UNICEF made significant inputs through sector working groups and UN policy briefs. There has also been some progress on nutrition and WASH, together with elements of child protection, though these are not yet clearly embedded within the Government’s national plan. Similarly, MTP2 places a strong emphasis on devolution and the principle of equity.

Budgetary allocations have increased substantially in some areas and Government has made numerous specific allocations to equity-focused policies, including free maternity care, the community health strategy, social protection and education bursaries. However, overall, there is a declining trend of social sectors’ share of the total budget (from 36 per cent to 30 per cent) due to increasing allocations for infrastructure, governance and security. Of particular concern is the continued low level of budget allocation to health, which is likely to impede further progress since many of the gains in reducing infant and child mortality have to a large extent been realised through the introduction of low-cost interventions, and there is a need now to enhance the performance of the health system in order to make further significant progress.

Monitoring of budget allocations and effectiveness of policy implementation at lower levels was rolled out through the Social Intelligence Reporting (SIR) mechanism supported by UNICEF, which has now been implemented in over 120 sub-counties. Evidence of impact of the programme remains unstructured, and there is need to bring this together under a coherent results framework for sectoral and national level dialogue. Guidelines for rollout are being adapted to devolved governance and will provide the basis for investment in the process by counties. Several counties have included SIR in their county budgets for 2013/14.

There is a renewed emphasis on data and evidence driven by the demand for data from devolved units of government. County profiles developed by the national Ministry of Devolution and Planning have included some of the available data on children’s and women’s rights, including information provided by UNICEF and KNBS from the decentralised MICS surveys conducted since 2009. Nyanza MICS data is now available and can be utilised for further analysis, while new data from three counties with high rates of child deprivation is currently being collected. Analytical work on child deprivation, combined with info-graphics depicting the status of children at county level, has proved a good entry point for dialogue about children's rights within devolved governance.

- On-track

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

**Progress:** The status report on children’s rights and the County Child Deprivation Index were developed, presented and key messages discussed in several fora, including in consultations with Government and other partners on the next GoK-UNICEF country programme. The analyses presented generated significant interest in the approaches as a platform for dialogue on future engagement on the equitable realisation of children’s rights. The extent of gender inequalities as drivers of child deprivation was also highlighted, and there are opportunities to deepen understanding on these issues within the restructured Ministry of Devolution and Planning, which includes a Gender Department.
The MTP2 was finalised and launched, and includes several critical programmes for the realisation of children’s rights. Together with other UN agencies, UNICEF developed policy briefs on nutrition, health, WASH, education and social protection to inform the process. In particular, there are new commitments on maternal and child health, early childhood and secondary education, social protection and child protection. Nutrition and water and sanitation are less prominent within the MTP 2, suggesting a need for further policy work and advocacy to highlight critical interventions in these areas.

On social protection, earlier work highlighting the number of households taking care of orphans and vulnerable children was used to contribute to the dialogue on the expansion plan for cash transfers. As a result, the expansion plan will scale up coverage of OVCs from around 150,000 households to 260,000 households during 2013/2014, moving coverage rates to between 50 per cent and 70 per cent of need. Additional analysis on social protection for children in emergencies and on the links between social protection programmes and HIV and AIDS programmes and outcomes commenced in 2013.

Challenges to achievement of the IR included the need for more human resources for cross-sectoral work, particularly to support policy analysis on nutrition and sanitation. In addition, the devolution process introduces challenges, as responsibility for numerous areas of policy and implementation has been devolved to 47 counties, necessitating a more disaggregated level of analysis and advocacy.

**On-track**

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

**Progress:**

2013 saw the first national budget under the devolved structure, the launch of the first county planning and budgeting processes and the initial transfer of functions from national to county governments. While the overall Government budget grew by 12.4 per cent, the overall social sector budget grew by only 6.5 per cent. Resources were increased for several critical interventions for children’s rights: KShs 8.4 billion for doubling the number of orphans and vulnerable children covered by cash transfers from 150,000 to 310,000; KShs 3.8 billion for free deliveries in all public facilities, and KShs 700 million for free access to all health centres and dispensaries. New funds were provided for the expansion of the Community Health strategy through recruitment of community nurses and community health workers. In the education sector, KShs 400 million was allocated for the presidential secondary school bursary scheme for orphans. An equalisation fund of 0.5 per cent of government revenue was established to provide additional resources for the construction of social infrastructure in disadvantaged areas.

During 2013 counties developed the first County Integrated Development Plans. UNICEF provided technical support for integrating children’s rights into the plans in some of the disadvantaged counties, and in some cases this resulted in recognition of critical bottlenecks for children. UNICEF also supported counties to undertake social intelligence reporting in 49 sub counties. In recognition of the major bottleneck related to absence of risk-reduction measures, disaster risk reduction was integrated in SIR in Turkana and Garissa counties. These counties are currently analysing evidence on service delivery so that it can be integrated into county-level planning and budgeting for the next cycle.

However, structures for planning at county level have not yet been clearly established in all counties, while mechanisms for public participation, and for linking plans and budgets, are not yet clear. A revised Social Budgeting guideline is expected by the end of the year that is adapted to the current devolved context. The revised guideline and the completion of a system for electronic data capture for SIR in 2014 will facilitate more frequent and timely reporting and analysis of implications for decision-making.

**On-track**

**IR 2400/A0/04/012/003 IR 3:** Kenya periodic reports (CRC, ACRWC) submitted and concluding observations implemented by 2013.

**Progress:**

The 3rd, 4th and 5th Consolidated UNCRC Kenya state party report was produced with technical assistance from UNICEF, and resubmitted to the UNCRC Committee, after incorporating technical recommendations from the committee. The committee provided its preliminary feedback to the state party, through the National Council for Children’s Services (NCCS), and the Government responded to those queries, requiring the report to be summarised.

The second periodic State party report on the ACRWC, the AFFC +10 and WFFC+10 reports, also produced with UNICEF support, are all currently under review and refinement to incorporate the latest evidence, and will immediately thereafter be submitted to the respective committees. Critical issues highlighted through these reports include:

- The need to focus more on neonatal and maternal care, including increased skilled birth attendance, to make faster progress toward MDG targets on under-five mortality
- Low access to ECDE, and inequalities in access, with some counties having only 20 per cent access. Thus a large percentage of children enrolling in primary school have not benefited from ECDE.
- Kenya has not yet ratified the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography
- Existing structures for participation of children (Children’s Assembly and Youth Parliament) lack continuity in structures for identification of children and in convening. This is partly due to lack of resources.

All the reports have been informed by wide consultations and the participation of boys and girls from all regions and a variety of backgrounds.

While there has been good progress in the preparation of the reports, achievement of this IR is likely to be constrained because the UNCRC report defence will only take place in 2014, after an invitation from UNCRC Committee, and other reports have yet to be submitted. It is therefore unlikely that concluding observations will be implemented by June 2014. Further, the devolution of government to 47 counties will make comprehensive progress on concluding observations more challenging, and is likely to require more than one
Progress: Availability of disaggregated data increased through the finalisation and dissemination of MICS Survey reports for six counties of former Nyanza province. Three additional MICS surveys have begun in counties with high levels of child deprivation. In addition, planning has been completed and preparation commenced for a new Demographic and Health Survey in 2013/14, which will provide county level estimates of critical indicators of children’s rights. UNICEF participation in the technical and steering committee resulted in the inclusion of new questions for monitoring the well-being of children; e.g., social protection.

To encourage the use of evidence, data from a range of sources on children’s rights was compiled and formed the basis of Infographics maps prepared for the counties. Evidence from the MICS surveys was integrated into relevant County profiles and was also shared to inform the County Integrated Development Plans. As a result of increased capacity strengthening on use of DEVINFO, the KNBS team successfully updated and migrated the current KENINFO to the versatile web-based Devinfo 7 platform, which has made Keninfo more accessible online to a range of users.

In support of the National Integrated Monitoring and Evaluation System (NIMES), an M&E policy that will ensure that the new county governance structure is compliant with the monitoring and reporting expectations for development results was completed and is currently in Parliament for review and enactment. UNICEF contributed to the review and development of indicators for MTP2 to ensure improved monitoring of children’s rights. Four new universities finalised the customisation of an M&E curriculum and have begun to offer courses. A second National Monitoring and Evaluation Week was held with increased county level participation; Keninfo was highlighted as a vehicle for monitoring of social sectors at the national and county levels.

A comprehensive assessment of the Civil Registration and Vital Statistics System got underway in 2013, to identify gaps and inform the development of a costed work plan. The outcome of the process will be an efficient system that is able to capture vital events and produce vital statistics that will inform planning and implementation of GoK programmes.

Progress: In the Programme, Communication for Development (C4D) supports programme implementation with communication strategies that place children’s issues and actions at the centre of the national agenda, generate awareness, and demand for services, and promote positive social and behaviour change for the fulfilment of Children’s Rights. Operated through two Intermediate Results (IRs) C4D focuses on developing the capacity of UNICEF staff, partners and counterparts on C4D strategic planning; implementation and providing on-going technical support for its implementation and monitoring and evaluation, developing standards that would regulate the quality of C4D interventions and enhancing mechanisms for community engagement and participation.

To actualise the C4D intermediate results and correct the anomaly in the previous RWP, the C4D section in July 2013 finalised a revised C4D Rolling Work Plan (RWP), which refined and condensed the five C4D IRs in the previous RWP to align with the two IRs in Vision.

The RWP 2013-2014 focuses on supporting the development of C4D strategies for behaviour and social change for Mother and Young Child Feeding in the Dadaab refugee camp and for a Modelling of Integrated Nomadic Education, Child Friendly Schools, and Water, Sanitation & Hygiene (WASH) Programme in Arid Counties of Kenya. It involves development of guidelines and frameworks to regulate the quality of C4D planning and implementation; development of the capacity of counterparts and partners on C4D strategic planning; implementation and M&E and generation of qualitative evidence to inform planning for social and behaviour change; evaluation of a large scale hand-washing campaign implemented in UNICEF focus districts; and advocacy to facilitate the meeting of supply and demand at the national and sub-national levels. In addition, the C4D section provided technical input for the development of the National Health Promotion Strategy and the communication strategy for the Polio outbreak response, pilot and monitoring.

A Country Office C4D strategy, informed by a C4D diagnostic conducted in 2012, was being implemented in 2013 and is lending greater synergy to C4D responses across section programmes. A shift from mainly printing and dissemination of IEC materials to building capacity and providing technical guidance to programme sections and their IPs on evidence-informed strategic communication planning and implementation is leading to achievement of better C4D outcomes and greater C4D section programme collaboration. C4D training took place for C4D and section programme staff; Dadaab Field Office staff and MIYCN IPs; orientation and training of Child Protection network members in Turkana County on Changing Social norms; and support for implementing of the community component of Integrated Community Childhood Illnesses Management (ICCM).

Efforts to strengthen evidence-based C4D and the delineation of C4D accountabilities and responsibilities vis-a-vis the programme demonstrated the cross-cutting nature of C4D in promoting available services and generating demand for health, education, child protection, nutrition, WASH and HIV and AIDS.

Measurement of achievement against indicators remained a challenge in the face inadequate data and baselines; however corrective action initiated included conducting formative research for the nutrition and education programmes in Dadaab and a desk review of C4D for CSD Knowledge Attitude and Practices.
On-track

**IR 2400/A0/04/013/001** Key GOK, civil society partners and communication networks at national and in programme focus counties/constituencies provided with enhanced capacity to implement strategic and equity based communication interventions including communication response in emergency situations.

**Progress:**

A capacity needs assessment among UNICEF staff and implementing partners was conducted, informing the development and an on-going implementation of the C4D capacity building plan. Twelve KCO staff (drawn from C4D and programme sections), trained in C4D strategic planning and M&E as part of the implementation of the capacity development plan, are in turn training 50 UNICEF IPs from all programme sectors. Further training for relevant UNICEF programme staff is scheduled for February 2014. The emerging positive attitude towards C4D is a culmination of rigorous and consistent advocacy and investment in capacity development for the programme team and partners. This has made it easier for C4D to develop joint plans and leverage resources from programmes.

The C4D training conducted for UNICEF staff and Nutrition programme IPs in the Dadaab refugee camp resulted in better articulation of the C4D component of the MIYCN project and greater C4D understanding and planning capacity by the partner. This is reflected in the quality of C4D-related reports and documents submitted to UNICEF after the training and the revision of the Programme Cooperation Agreement with the IP. Orientation on changing social norms provided to Child Protection Networks partners in Lodwar facilitated the drafting of a County CP strategy, which is pending finalisation at a workshop scheduled for early 2014.

An internal review of the Emergency Communication Centre (ECC) between UNICEF and the MoH Department of Health Promotion, where the centre is housed, was conducted in 2013. A SWOT Analysis undertaken identified several bottlenecks hampering the sustainability of the ECC, including: lack of clarity about the mandate of the DHP vis-a-vis emergency communication; ad-hoc nature of intervention; focus on activity implementation/campaigns over strategic programming; lack of dedicated staff to run the centre; lack of funds and lack of coordination; and competition with other departments within the MoH. A multi-sector review of the ECC planned for October was postponed as a result of re-assignment of C4D staff due to the Polio emergency.

On-track

**IR 2400/A0/04/013/002** Strategic communication planning and implementation for behaviour change, in focus counties, is provided to programme sectors, for increased demand, utilisation for high impact package of services for child survival, development, protection, education and HIV interventions

**Progress:**

C4D formative research, assessments and evaluation conducted informed the development and revision of the C4D focus of the Programme Cooperation Agreement and facilitated a more strategic approach to C4D planning/implementation for the Education and Nutrition Programmes in the Dadaab Refugee Camp. C4D technical input provided to the Ministry of Health facilitated the inclusion of a robust communication component in the CHEW curriculum and handbook.

To harmonise the messages disseminated by Community Health Workers about malaria, pneumonia and diarrhoea at the household level, a three-day message harmonisation workshop was conducted in Homa Bay County, facilitating the drafting of a Community Health Workers/household level Behaviour Change Communication handbook and branding for the "Wadagi Initiative" in specific counties, which was nearly completed by end-2013. The C4D component of a multi-sectoral country office MNH strategy was articulated, and inputs made to a donor proposal contributed to raising resources for its implementation.

Technical and advocacy support provided to the Ministry of Health facilitated the leveraging of resources for the implementation of the eMTCT Communication Strategy developed in 2012 with UNICEF technical support and the development of an advocacy plan for the First lady of Kenya to champion eMTCT within a maternal and new born care focus. Under the Faith for Life (F4L) Initiative, two additional religious scripture-based chapters (immunisation and child protection) were developed, vetted by the religious councils and were being printed for dissemination at year’s end. UNICEF also supported the printing of eMTCT Behaviour Change Communication materials for dissemination in specific high-risk counties.

Implementation of community radio project led by adolescents and young people initiated in Homa Bay County will facilitate the dissemination of key lifesaving messages, behaviour change communication and dialogue on adolescent and young people’s issues, with the buy-in of the county’s government and business community.

Proactive steps by the C4D section facilitated a robust inclusion of C4D into section programme funding proposals and the raising of dedicated resources for its implementation. Review of draft PCAs and project proposals facilitated clear articulation of the C4D focus, results and monitoring indicators. Technical and financial input by UNICEF, as a member of the National Health Promotion Advisory Committee, contributed to shaping, developing and disseminating the national Health Promotion Strategy for Kenya.

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

In preparation for the new Country Programme, the section undertook an analysis of its advocacy outreach. Key recommendations for improving this component were: 1) a coordinated and planned approach; 2) preparation of key messages across all programme sections; 3) technical assistance to improve advocacy skills; 4) technical assistance and guidance required for the development of advocacy...
materials and publications and methods/systems for information-sharing should be developed; and 5) guidance and assistance for improving the public visibility of the sections’ work.

As counties build capacity, form new systems and structures to deliver services, UNICEF’s public advocacy is geared towards trying to balance its focus on the situation of children and the need to help people to understand some of the challenges facing children and women because of devolution. Advancing the “A Promise Renewed” agenda has been a key focus of our work.

To this end, the intermediate public advocacy objective is to highlight some of the disparities that devolution was actually created to address. The focus is on highlighting what is known about children’s health and welfare in the most disadvantaged counties, what is possible to achieve and what UNICEF can help County Governments to achieve. The development of the advocacy package, “Make Children Count in Counties,” including advocacy messages, is very much a work in progress.

Staff participation in the orientation of members of the County Assembly pointed to the need to strengthen policy advocacy through evidence-generation based on analysis of policy and budget gaps. One of the key recommendations of the advocacy analysis was to build the capacity of selected staff to undertake policy advocacy with central and county leaders. The advocacy training, postponed to 2014, will enhance staff skills to influence budget allocations and capacity-building priorities for the strategic positioning of children’s rights and issues at the planning stage, and in the systems and services that counties will deliver to children and their families.

Fortunately, staff public advocacy was bolstered by the direct advocacy of the Representative’s Op-Ed in the three leading Daily Newspapers entitled “ Why County Governments are Crucial for Children”, which helped to position UNICEF as a voice for children’s issues not only at central level but also at county level. Orientation of County Assembly members contributed to inclusion of children’s issues in most County Integrated Plans.

More recently, UNICEF used its convening power with the Polio Partnership to initiate the establishment of a Polio Advocacy Working Group. One of the first activities on World Polio Day, 24 October, was to organise a Polio Media Encounter. The objective of the series of these encounters is to establish ‘communities of advocates’ for polio and the wider child survival agenda. Over 50 journalists from a diverse cross-section of media houses (including print, radio and TV) participated. More structured engagement with the local media on polio reporting is in the pipeline.

**Progress:**

More effort was devoted to strategically positioning UNICEF’s knowledge leadership on children’s issues as the country transitions to devolved structures, particularly the production of public advocacy material. Technical support was also provided through the use of traditional communication channels and interactive digital engagement – polio, peace education, Kenya Child Helpline, Wadagi Initiative, Malindi Child Protection Centre, among others.

There was increased media coverage of children and women’s issues, on Child Protection, HIV and AIDS, Child Survival and Development, and Emergences. See [P:\KCO12 Programme\11 Advocacy and Partnerships\10 MEDIA]. Royal Media Services provided free airtime for the Social Intelligence Reporting documentary (Link: [http://bit.ly/IH7Utr](http://bit.ly/IH7Utr)), highlighting the potential for more strategic engagement with key media.

The quality and quantity of the website content improved. See (http://www.unicef.org/kenya/index.html), with increased content and traffic flow on the UNICEF Facebook with 2,946 likes - [http://on.fb.me/189wOCB](http://on.fb.me/189wOCB) and Twitter with 1,173 followers - [https://twitter.com/](https://twitter.com/). However, this is still a largely untapped area given the number of online users, particularly young people.

To develop a children’s participation approach that links the County Children Assemblies with the County Assemblies, UNICEF worked with Government counterparts to convene the second annual Children’s Assembly in April. Although the children represented only 20 out of the 47 counties, the forum provided an opportunity to feed into the updated Situation Analysis. Increasing access to county mechanisms would minimise the potential for adults misrepresenting them in the long-term. In 2014, KCO seeks to have a coordinated and planned approach to advocacy outreach by creating an advocacy and communication Task Force (ToR, plan of action, key messages, evidence-based fact sheets, thematic and geographical briefing notes), develop an advocacy package for the selected advocacy priorities and undertake advocacy capacity optimisation for select KCO staff, key county assembly members; key stakeholders and children could also benefit from advocacy training to build their capacity to hold their policy-makers to account.

The launch of the *State of the World’s Children’s* report in August presented an opportunity for UNICEF to add its voice to the debate about children with disabilities.

The release of the first report from the Digital Citizenship and Safety project highlighted the opportunities and risks that access to the digital landscape present to young people in Kenya. (Link: [P:\KCO12 Programme\11 Advocacy and Partnerships\17 REPORTS, STUDIES\A Private Public_Voices of Youth Kenya study.pdf](http://bit.ly/1if7Utr)). The Communication Act, which incorporates a strong component of online protection is being debated in Parliament. UNICEF will work with stakeholders on the development of new policies or the updating of existing ones.

As 2013 was an election year, visits by National Committees were scheduled for the second quarter of the year. These included: the Dutch National Committee Board Members (orientation on the UNICEF Country Programme and Football for WASH) and the UN Foundation (Polio Observation visit). Through such visits, the Country Office has been able to demonstrate the importance of the Community Health Strategy in building community leadership, commitment and accountability in ending preventable child deaths.

In the implementation of the activities, several challenges were experienced, including human resource capacities within the organisation and within government partners, especially in relation to the devolved governments.

**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:

Engagement with corporate partners and associations who are interested in refining their CSR policies and practices to advance and achieve children's and women’s rights were initiated. As part of the overall Partnerships Mapping exercise within the office, mapping of corporate partners is being undertaken. Overall, KCO corporate engagement activities have been largely driven by PFP-Geneva. Specifically, engagement with Government ministries on the CRC’s General Comment No. 16, which provides a framework for State parties to direct the activities, operations and relationships of the private sector in service of their obligations under the CRC. UNICEF needs to continue to advocate with the Government to draw the attention of the corporate sector to their impact on children’s rights and hold them to account both at the national as well as at the county level. This may also necessitate advocacy for changes in law, policy and practice in support of child rights by the private sector. During Bo Viktor Nylund’s (PFP) visit to Kenya in November 2013, a start was made through sensitisation visits to the Ministries of Planning and Devolution, Health and the Department of Children’s Services.

In 2013, UNICEF Kenya worked with two pilot corporates, namely Safaricom and Imperial Bank, to influence their CSR agenda in favour of children’s rights in the workplace, marketplace and the community. This was done through CRBP tools, detailed webinars and follow-up by phone with PFP. Safaricom and Equity Bank also attended the Corporate Lab in New York from 18-19 September, where they were encouraged to accelerate implementation of the CRBP. Kenya is one of two countries in Africa that has been selected for the Corporate Lab. There are tremendous opportunities to scale up the CRBP both at the national and county level. Safaricom has already developed a draft Children’s Policy which it has shared with PFP. Kenya was also nominated as a pilot country for building CSR engagement with the extractive industries. This presents an opportunity for extractive industries to advance the equity agenda in historically marginalised areas. The overall objectives are to develop industry-specific approaches to implementing the CRBP, to increase the internal capacity of UNICEF to engage with extractive companies more strategically and to raise awareness.

The partnerships mapping exercise was a positive development for the new Country Programme, as it will contribute to defining a coherent approach to partnerships for advocacy, leveraging, resource mobilisation and fundraising purposes. To achieve this will require a stronger knowledge base and more diverse skill sets. The Kenya Country Office has yet to tap the opportunities for more sustainable and credible partnerships in Kenya.

### PC 5 - Cross-sectoral costs

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**PCR 2400/A0/04/010 Effective & efficient Programme Management and Operations Support**

**Progress:**

In 2013 the Deputy Representative’s Office/Programme Coordination facilitated and provided technical guidance to overall CO and programme section planning, implementation and review processes. In light of emerging issues during 2013 (e.g. national elections in March and ongoing devolution process), support was provided for preparedness planning and county typology. The major issues were discussed and standards, guidelines and procedures reviewed and/or developed in view of the evolving context. Some of the strategic modifications include: reconfiguration and renaming the monthly Programme Coordination Group Meetings as Programme and Operations Coordination Group (POCG) to include operational matters; internal memo detailing the transfer of funds to partners during the transition to devolution; memorandum of understanding with the Transition Authority on county engagements. As part of election preparedness, a business continuity plan was established, including an alternate site in the event of post-elections violence and simulations of programme and operational continuity through established systems were tested with a success rate of 95 per cent. In addition, emergency preparedness response plans were reviewed and strengthened.

The team coordinated programme sections during the review of the GoK-UNICEF Country Programme (2009-2013) and preparations for the new UNDAF and UNICEF Country Programme, within the context of new Delivering as One. Programme Coordination facilitated the participation of all staff as well as Government, UN and other partners. The Programme Management Committee (PMC), chaired by the Deputy Representative and comprising all Section Chiefs, set and monitored standards for programme performance, including key Office performance indicators - DCTs, IPSAS and Donor reporting. It also reviewed performance of internal task forces and technical working groups; e.g., HIV/AIDS; Gender; Maternal and Newborn Health; Youth; Strategic Information, Research and Knowledge Management; and C4D for CSD.

Capacity-building efforts on RBM and monitoring, to enhance the knowledge and ability of programme assistants in application of RBM in planning, monitoring and results reporting were conducted to ensure that programme assistants understand: the principles, norms, standards, work flow, processes and responsibilities governing monitoring within the context of UNICEF’s input (cash, supplies, technical assistance) and outputs (programme results), as well as the critical role of monitoring in demonstrating the performance of programmes and projects and in steering the implementation process towards achieving results.

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**IR 2400/A0/04/010/004 IR 4: Programme Coordination: UNICEF Sectoral Programmes and Cross sectoral priorities are effectively coordinated, resourced and monitored to ensure achievement of 2009-2013 GoK-UNICEF country programme**

**Progress:** In 2013 the Deputy Representative’s office coordinated and supported cross-sectoral priorities within the different programmes to enhance multi-sectoral approaches to programming. Standard tools and guidelines for work planning processes were developed to facilitate strategic planning and performance review of the different task forces and working groups, during mid-term and annual reviews. Priorities such as HIV/AIDS, gender, maternal and newborn health, youth, strategic information, research and knowledge management and C4D for CSD were effective in working together to support results for children. Lessons learnt from the different task forces and technical working groups will inform discussions on establishing result teams in the new Country Programme,
aimed at accelerating efforts towards achieving results for children.
The RCSA guidelines issued in 2013 were rolled out to strengthen risk assessment and management in the CO. A participatory workshop was organised to sensitise all staff, and a CO risk profile was developed and forms part of the KCO risk library. Progress on addressing the major risks as indicated in the risk library work plan was monitored and discussed in the Country Management Team and during mid-year and annual programme performance reviews. The rolling work plans have a risk profile and planned key actions to address the identified risks.

On-track

**PCR 2400/A0/04/800 Effective & 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 RFP/RFQ to the issuance of contracts) was shifted to the Supply Unit, unlike in the past where the Supply Unit’s role was limited to floating RFP/RFQs while respective 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 was 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 utilisation 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 Office 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, KCO moved away from reporting utilisation of funds (through level of requisitioned amount) to looking at the impact of its cooperation model by reviewing its financial performance.

In order to meet its programme objectives, the Office ensured that a number of critical prerequisites were 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 communication 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, media and other advocacy opportunities (enhancing public access to the organisation’s information) in order to leverage and mobilise resources; and
5. Technical staff from each programme area made aware of the profiles of major donors interested in their programmatic area and work with the Communications/Donor Relations focal point to schedule meetings and follow up throughout the year. Ensuring visibility for contributions and giving these top donors analytical reports emphasising clear tracking of results was a priority.

On-track

**IR 2400/A0/04/800/001 IR 3-Effective and Efficient management of Human capacity**

**Progress:**

The Annual Management Plan (AMP) served as the guiding tool for monitoring the functioning of the governance structure and progress on key performance indicators. During the year, the CO had monthly CMT and 10 Programme Coordination and Operations Group Meetings. In addition, other structures defined in the AMP (such as CRC, PCARC, JCC, etc.) contributed to effective functioning of Office systems and also served as platforms for improving communication between management and staff the Office had both mid-year and annual reviews to take stock of progress and capture lessons learned during the year, so as to focus on improvements needed in the coming year.

Issues of strategic importance, risk management and other coordination matters were discussed as part of the CMT, POCG and PCARC, resulting in improvement in programme excellence and operational efficiencies. The Office managed to close six out of 12 recommendations from OIAI’s 2012 audit and is working closely on the six open recommendations.

The VISION Hub established in 2012 continued to function effectively supporting both KCO and ESARO. The Office intends to initiate an in-house study to assess the contribution of the hub to effectiveness and efficiency.

On-track

**IR 2400/A0/04/800/002 IR 3-Effective and Efficient management of Human capacity**

**Progress:**

The Office governance structure, Vision hub and standard operating procedures helped in effective management of financial resources.
A structured approach exists for identifying risks and opportunities, such that risks are systematically identified, analysed and managed. The Office organised a two-day workshop during the year to sensitise all staff and ensure a common approach to risk management. Our current Office risk profile is a product of the workshop. Risk management is a standing agenda item during mid-year and annual reviews. Emerging risks are discussed during Office governance meetings and corrective actions taken, and the risk profile updated accordingly.

In terms of HACT, the Office has LTAs with audit firms that helped to carry out audits/assessments as and when needed. Office prepared and implemented assurance plans to manage and mitigate risks. KCO conducted micro-assessments of all IPs receiving over US$100,000, three special audits, three scheduled audits and 21 spot-checks. Regular programmatic field visits were conducted by staff. Special efforts were put in place to ensure that both external and internal audit recommendations were followed while implementing HACT. In addition, the Office developed a database that will strengthen quality of monitoring of programmatic and financial assurance activities. As KCO moves to a new CP, and with the devolution rolled out by the Government of Kenya, the database and ongoing partnership mapping will help immensely both in terms of HACT implementation and risk management activities. The Office intends to focus further on compliance and capacity optimisation of implementing partners on HACT more systematically in implementing recommendations from assurance activities.

The Office continues to closely monitor DCT management. Overall, there was progress in IPSAS reporting; however there is scope for further improvement. On IPSAS reporting, the Office had 93 per cent reporting against 2012 DCT as of Dec 2013, while for the year 2013, it stood at 44 per cent. The Office has 12 per cent of DCT over nine months and 2 per cent in the six-to-nine months category as of December 2013. The over-nine-months status is largely due to the management decision to treat SWAp as DCT until reported/verified.

As a way forward, the Office intends to initiate a sustainability check as well as a cost reconciliation exercise in 2014 for the Dutch-funded WASH programme. The results of the exercise should guide the Office in terms of management of donor funds, its effective utilisation and the Office risk-management approach. The Office underwent audit by OIAI for KCO as well as the Dutch-supported WASH programme. The Office is closely following-up on closure of the remaining five open recommendations from the OIAI Audit of June 2013 and seven open recommendations related to the WASH programme audit.

**ICT:** Major achievements in the area of ICT for the office during 2013 were:

KCO adopted a ‘Managed Printing Solution’ through outsourcing, resulting in improved efficiency and business management processes while significantly reducing ICT administrative costs;

- By migrating corporate network from VSAT to shared UNON services, costs in connectivity were halved while doubling the capacity of bandwidth, for improved access and redundancy. All sub-offices were also upgraded from single to dual links to improve resilience and information access from the field offices
- Although plans were made to move UNICEF’s Data Centre equipment to UNON’s shared facility during 2013, due to technical and cooling systems constraints, this has now been rescheduled by UNON to be implemented in the first quarter of 2014. This move will have significant costs savings while freeing up office space
- ICT Unit provided technical support to the development of PCA database during pre- and post-production phases. This will eventually contribute to improved partnership management in KCO.

**Resource Mobilization/Donor Reports:** All donor reports were reviewed and finalised through an internal quality assurance assessment tool developed by KCO. The Office was able to submit on time 86 per cent of the donor reports due (43 of 50).

On the fundraising front, the Office made great strides by raising 79 per cent of OR resources, meeting the set target by the Resource Mobilisation Task Force. However, there is still a need to improve fundraising by programme area, particularly ORR. The office mobilised 56 per cent of humanitarian funds against the set HAR/CAP appeal for the year. Most of the grants that expired in 2013 had over 95 per cent utilisation levels. Of the 33 grants that had an original expiry date in 2013, only six required extensions. With the current country programme coming to an end in mid-2014, the Office held a special session on resource management and mobilisation. The main objectives of this special session were to conduct a sectoral diagnostics on resources by programme; review the resource mobilisation and leveraging strategy; and identify lessons learnt and key actions for the new Country Programme.

As part of corporate and private sector fundraising in 2013, US$60,000 was leveraged through a multi-year partnership with Imperial Bank for the Northern Kenya Education Trust in 2013. Furthermore, an Innovation Task Force was established in KCO to foster engagements on technology innovations for programmatic excellence and efficiency.

**On-track**

**IR 2400/A0/04/800/003 IR 3- Effective and efficient management of human capacity**

**Progress:** The Office aligned its staff recruitment and training strategies to the results-based approach of the Country Programme. Capacity development of programme assistants and other programme staff was carried out through training in Programme Monitoring and Management at Level 2. The objective was to achieve a more results-focused and knowledge-based Country Office committed to results, accountability and partnerships and to enhance skills, develop capacity and aim for programme excellence and efficiency at all levels.

The overall staffing (193) has a gender mix of 51 per cent female and 49 per cent male.
A Skills Development Assessment exercise was launched during the year; the results will inform the development of the new CPMP and Learning Strategy.

Managing Performance for Results training for both supervisors and supervisees was aggressively pursued as a mandatory training for all staff; an 80 per cent completion rate was achieved and training will continue in 2014 for new staff.

The performance management cycle was embedded into Office timelines and a monitoring tool were in place to monitor completion of each phase. Follow-up with staff took place to ensure deadlines were met. Both staff and supervisors were more knowledgeable on the importance and process following the MP4R training. Individual outputs were linked to unit/section/office work plans to ensure connection between results and individual objectives.

IR 2400/A0/04/800/888 HR

**Progress:** The Office aligned its staff recruitment and training strategies to the results-based approach of the Country Programme. Capacity development of programme assistants and other programme staff was done through training in Programme Monitoring and Management at Level 2. The objective was to achieve a more results-focused and knowledge-based Country Office committed to results, accountability and partnerships and to enhance skills, develop capacity and aim for programme excellence and efficiency at all levels.

Overall staffing (193 people) has a gender mix of 51 per cent female, 49 per cent male.

A Skills Development Assessment exercise was launched during the year. This was timely in that the results will input into the development of the new CPMP and the Learning Strategy.

Managing Performance for Results training for both supervisors and supervisees was aggressively pursued as a mandatory training for all staff; an 80 per cent completion rate was achieved and training will continue in 2014 for new staff.

A performance management cycle was embedded into office timelines and a monitoring tool put in place to monitor completion of each phase. Follow-up with staff took place to ensure deadlines were met. Both staff and supervisors are more knowledgeable on the importance and process following the MP4R training. Individual outputs were linked to unit/section/office work plans to ensure connection between results and individual objectives.
Effective Governance Structure

In 2013, the Office commenced the year with a senior staff management retreat in January. This was in anticipation of several changes and uncertain moments in Kenya starting with the national elections, the country programme review, the rolling out of the devolution process and the preparation of the new UNDAF and UNICEF Country Programme. These issues were discussed and interim teams and measures were put in place to handle a rapidly-evolving environment.

To begin with, the Office embarked on an election preparedness exercise by instituting weekly emergency management meetings to coordinate incoming and outflowing information, orientation of staff at various levels, resource mobilisation and fast-tracking the establishment of partnership arrangements and field presence in hot spots. Business continuity in the event of post-elections violence was ensured by several simulations of programme and operational continuity through the systematic establishment of staff accountability and communication trees. In addition, an alternate site for business continuity was established. The monthly Programme Coordination Group Meetings were reconfigured to include operational matters and the team was renamed Programme and Operations Coordination Group (POCG).

As part of the Country Programme review exercise, staff voices and responses were elicited to provide the building blocks for the new country programme. The Programme Management Committee meeting, comprised of section chiefs, focused on improving evidence-based programming, knowledge management and advocacy within the context of devolution along with setting and monitoring standards for reporting on DCTs, IPSAS and donor reporting among others. The task forces and technical working groups (HIV/AIDS, Gender, Maternal and New-born Health, Youth, Strategic Information, Research and Knowledge Management and C4D for CSD) were active and effective in bringing new knowledge and ideas into programming and advocacy. Additionally, three cross-sectoral result teams were established to test the efficacy of cross-programme effectiveness as the Office realised the critical need to work together to achieve results for children within a devolved governance context. Lessons learnt from this will be built into the establishment of result teams under the new country programme.

During 2013, efforts were made to include risk assessments and management into staff members’ routine responsibilities. The risk library was revisited in a very participatory manner and risks assessment, and management were included in the Heads of Sections’ e-PAS performance outputs. From the transactions processing point of view, especially for implementation of HACT, spot-checks, special/scheduled audits of implementing partners were streamlined. In order to ensure proper monitoring of issues arising from these assurance activities and to address them, the Office has developed a database that would, among other features, automate both the planning and the implementation of all assurance activities (spot checks, audits, programme sites visit, etc.).

Strategic Risk Management

When the revised RCSA guidelines were issued in February 2013, the Office organised a two-day workshop to sensitize all staff and ensure a common approach and understanding of risk management. The current CO risk profile is a product of this workshop. Through participatory group work, staff identified a wide range of risks in each of the 12 risk categories, which were analysed and action plans developed to manage each risk. The CMT identified five most significant risks from the compiled list, which included funding and external stakeholder relations, fraud and misuse of resources, budget and cash management, disasters, and natural epidemics, devolution and sub-national planning. In relation to the fifth risk particularly, in order to manage resources within the devolution process when several ministries were dissolved or merged, the Office placed a freeze on DCTs to GoK partners at sub-national level and for national level releases, special undertakings were requested from GoK counterparts. Once the situation stabilised, with the appointment of various cabinet secretaries and principle secretaries, the freeze was lifted.

Based on the collective commitment from the Office, each section and field office prepared specific risk profiles, which form part of their Rolling Work Plans and inform the programme implementation. Responsible risk-taking is the guiding principal in taking on board new and innovative approaches to programming. Good
practices are shared with all staff. Furthermore, risk management is a standing agenda item during mid-year and annual reviews. Emerging risks are discussed during office CMT and PMC meetings and corrective actions are taken, and the risk profile is updated accordingly.

The CO has a comprehensive emergency preparedness and response plan and this is routinely reviewed and updated annually. Emergency focal points have been identified for each section. The CO has pre-positioned supplies, in addition to LTAs for essential commodities, that may be required for an emergency response. The EPRP was activated during the recent polio emergency and found to be highly effective.

In 2013, the CO business continuity plan was tested prior to the elections, with a success rate of 95 per cent. This included setting up an operations centre at the Representative’s residence as a back-up for operations continuity during emergencies, as well as the piloting of remote connection for Section Chiefs and critical staff working from home. The gaps identified have since been incorporated in a revised BC plan.

**Evaluation**

The office Integrated Monitoring and Evaluation Plan identified nine evaluations to commence or be completed during 2013, of which two were completed: The Nutrition Support Officer (NSO) Project evaluation; and the Joint Evaluation of UNFPA-UNICEF Joint programme on Female Genital Mutilation/Cutting (FGM/C). The other seven evaluations were initiated: Mid-term Evaluation of the Sports for Development Youth Programme; Evaluation of Child Friendly Schools; Evaluation of the Longitudinal Register as a tool to track and monitor PMTCT services to women; Evaluating the utilization of Maternal shelters on increasing access to Skilled Birth Attendance and reduction of maternal and newborn mortality in Kenya; Evaluation of Emergency Cash Transfer; Evaluation of SOPO Hand-washing campaign; and Evaluation of Child protection programming in Dadaa.

The evaluation of the Nutrition Support Officers project demonstrated that NSOs have contributed to improvements in the quality of services offered, although in some settings these gains remain fragile due to a range of contextual factors. In addition, the findings show evidence of greater sub-national engagement, ownership and ‘visibility’ of nutrition programmes, but the depth of engagement varies across the 47 counties. This is viewed as an efficient means of providing technical support and facilitating nutrition service coverage and quality. The evaluation is informing the extension of nutrition technical support under Kenya’s devolution process.

The joint evaluation of UNFPA-UNICEF Joint Programme on FGM found that the programme is highly relevant and has made significant contributions to strengthening the national environment for the abandonment of FGM, including enhancing local-level commitment to abandonment in the targeted high-prevalence areas. The findings and lessons from this evaluation were shared with relevant partners, and good practices drawn from this experience were utilised to inform the new UNDAF planning process on joint accountabilities across agencies.

Fifteen recommendations from evaluations completed in 2011 and 2012 were tracked, with a total of 21 actions to be undertaken. Two of the recommendations are closed, and two actions are yet to commence, with the remainder under way. Management responses are in preparation for the 2013 evaluations. The CO continues to support the development of capacity for evaluation within UNICEF and in the country. The Office is strengthening its oversight of evaluations and other knowledge work. Technical clearance of terms of reference is mandatory for all evaluations, and this has also been extended to studies, research and survey activities through the work of an Office taskforce for strategic information, research and knowledge. This will help to ensure proper coordination of studies, improve quality and relevance and enhance uptake and use of lessons learnt to improve programme results.

National evaluation capacity in Kenya continues to be strengthened under the leadership of the Ministry of Devolution and Planning, supported by UNICEF and other development partners. Long-term capacity-building efforts have continued and four new universities have begun to roll-out M&E Masters’ level programmes. UNICEF also supported the M&E Directorate on indicator developments for the new Medium Term Plan and promotion of the culture of M&E, during the second annual National M&E week.
Effective Use of Information and Communication Technology

The ICT unit collaborated with programme sections in all Technology for Development (T4D) initiatives in the CO during the current country programme, specifically the Cash Transfer programme for the GoK, a child help-line. At end-year work was ongoing for a major project with the health ministry to reduce the maternal mortality rate using smartphones and SMS systems. The Office is in the process of featuring T4D regularly in programme and operations group meetings in the next country programme, forming a structured approach to T4D initiatives in the office.

The Office uses IP telephony and Internet services as part of the common services initiative within the UN compound. Currently, a plan is in place to move UNICEF’s data centre to the central UN facility to reduce technology footprint in the campus as well as reduce operational costs. Although this was planned for 2013, for technical reasons the facility will not be ready before March 2014. The Office is closely working with UNON ICT team to make this move as soon as possible. To further reduce telecommunication costs as the terrestrial links are considered reliable for UN communications, KCI is also considering migration from VSAT to fibre link.

The Office established VPN and telephony service for selected staff of KCO and ESARO for regular and business continuity plans. In addition, the Video Conference Gateway continues to support programmes both regionally and globally to bring collaboration close to programme results.

Several LTAs were established in 2013 for connectivity services in sub-offices, for preventive maintenance of ICT equipment and for a new multi-function Printing/Photocopying/Scanning service, which replaced nearly 100 printers with 11 centralised units in the corridors. Usage is controlled through network account and ID cards. It is anticipated that printing and photocopying costs will be reduced by 80 per cent by leasing as opposed to owning machines, in compliance with IPSAS.

All old computers and printers in 2013 were disposed of through an international NGO that collects donated and used computers to package them with open source software for schools and community centres. In addition, the NGO recycles any unused machines through a processing facility in conjunction with other recycling companies and entities in the country. CO management recognises the importance of eco-friendly disposal of all old computers.

The ICT unit ensures that all systems and applications are released, as per global ITSS policies and within the framework of business continuity and programme delivery. The Office also released additional value added services, such as the regional Lotus Notes Traveler services for mobile messaging. As part of business continuity, IT unit hosts the mail server of KCO and ESARO in Tanzania and currently hosts two mail servers, for UNICEF South Sudan and Eritrea, to enhance regional business continuity plans.

Fund-raising and Donor Relations

In 2013 all reports were reviewed and finalised through an internal quality assurance assessment tool developed in 2012. Of 51 donor reports due in the year, 46 were submitted on time, while nine reports were submitted within one week after the due date.

Regarding fundraising, the office mobilised over 79 per cent of resources against the other regular resources, meeting the set target by the resource mobilisation task force. Despite having surpassed the target, the office recognises the need to improve fundraising by programme area, particularly for other regular resources. The office mobilised 56 per cent of humanitarian funds against the set HAR/CAP appeal for the year. In 2013, a major focus on high-level and systematic engagements was evident, particularly for key donors.

Most of the grants expiring in 2013 had over 95 per cent utilisation levels. The office continued to systematically monitor expiring grants and donor reports, through issuance of a monthly management report, and monthly reviews at programme coordination group and management meetings. This consistently
ensured that funds received were effectively and efficiently utilised on time: of 33 grants with an original expiry date in 2013, only six required extensions.

The Office held a special session on resource management and mobilisation. The main objectives were to conduct sectoral diagnostics on resources by programme; review the resource mobilisation and leveraging strategy; and identify lessons learnt and key actions for the new country programme. Outcomes were 1) components resource management to be included in new strategy; 2) guidelines for cross-cutting components costs to be incorporated; 3) shared costs for results in the Delivering as One framework with the UN and GoK to be clearly identified/managed; 4) development of a private-sector strategy that supports resilience at the lowest levels of the communities; 5) programme advocacy and communication briefs reflective of field offices’ inputs; 6) a joint approach to guide programme sections on pitching for resources, field visits, funds management, programme engagement and field typology; 7) partnership mapping; 8) and modalities for UNICEF’s phasing out of projects, where resources are not forthcoming, and for sustainability to be defined in the new Country Programme.

Heightened donor engagements yielded CDN$6.93 million from CIDA for quality education (2012-2016); BP£16.6 million for reducing maternal and neonatal deaths (2014-2018); and Kronor20 million from SIDA-Sweden towards a system approach for child protection. In response to the HoA polio outbreak, the Office accessed US$842,000 on loan from the GPEI and €5 million from the German Financial Cooperation (KfW) – sealed under a specially agreed transfer with the GoK. Funding is in the pipeline from the European Union worth €18.5 million. Multi-donor funding of US$0.39 million was accessed from UNAIDS to maximize PMTCT and to fund a staff position for accelerating elimination of MTCT. Lastly, US$0.28 million was received from GAVI.

Imperial Bank contributed US$60,000 to the Northern Kenya Education Trust. Kenya has tremendous untapped potential for corporate fundraising and leveraging, which is yet to be explored.

Management of Financial and Other Assets

Two audits were carried out in 2013. The first was conducted in May 2013. This was a limited scope audit that was performed by the OIAI for the Netherlands-supported WASH programme. The second one was carried out by the Chinese Government on behalf of the United Nations Board of Auditors in November 2013. The final report of the latter audit is yet to be submitted. In addition, the final audit report for the audit exercise carried out by the OIAI from 11-28 June 2012 was released in January 2013. OIAI concluded that the risk management and control processes were functioning well in the area of governance, but that there were opportunities for improvement in the areas of programme and the operations and administrative support. Of 12 recommendations contained in the report, the Office has managed to close six and is actively working towards the closure of the remaining six. All the deadlines set for clearing, reconciling items and submitting the monthly bank reconciliation statements to NYHQ were met. The Comptroller acknowledged the CO’s efforts during his visit in November 2013.

In terms of HACT, the Office prepared and implemented assurance plans to manage and mitigate risks. The CO conducted micro-assessments of all IPs receiving over US$100,000, 3 special audits, 3 scheduled audits and 21 spot checks. Regular programmatic field visits were conducted by staff. Special measures were put in place to ensure that both external and internal audit recommendations were followed while implementing HACT. Data related to partner assessments were entered into relevant fields in the Partner Assessment tab of the Vendor Master in Vision. In addition, the office developed a database that will strengthen the quality of monitoring of programmatic and financial assurance activities. As the CO move into a new country programme and with the transition to devolution, the database and the ongoing partnership mapping will help immensely both in terms of HACT implementation and risk management activities. Lastly, the Office intends to focus further on compliance and capacity optimisation of IPs on HACT more systematically in implementing recommendations from assurance activities.
Supply Management

The consolidated supply and distribution plan was completed on time (end-March 2013), valued at US$9.7 million. By year-end, the actual Sales Orders slightly exceeded the plan by 9 per cent, amounting to US$10.6 million, of which US$10.1 million (95 per cent) was obligated into purchase orders. This was due to improved and realistic supply planning and closer collaboration with programme sections in processing sales orders and purchase orders.

The ratio of offshore and local procurement was 79:21. Apart from programme supplies, the local procurement also included office supplies, consumables and assets for approximately US$560,000 (5.3 per cent of the total supplies procurement).

By close of the year, US$4.7 million worth of supplies (46 per cent) had been delivered to IPs and end-users. Supply orders were monitored for timely delivery to coordinate with distribution plans under the direct delivery strategy. Warehouse stocks, especially programme supplies over six months, were distributed, thus lowering average stocks by almost half from US$2.8 million by mid-year to US$1.5 million by year end, half of which were for emergency pre-positioning. This deliberate stock reduction resulted in 25 per cent savings in storage costs, realising US$35,400 in savings within 6 months. By close of the year, supplies worth US$1m (70 per cent) were stocked in Nairobi, US$0.3m (18 per cent) in Garissa and another US$0.2m (12 per cent) in Kisumu warehouses.

During the year, 131 institutional consultancies and service contracts worth US$3.6m were processed to support programme implementation and office operations. Technical advice was provided to programme sections and implementing partners through the review of supply inputs and budgets in planned PCAs in which IPs are to directly procure supplies. As Consolidated Supply Services, the Supply unit was also involved in providing procurement support to other offices in the region; mainly ESARO and South Sudan. Due to lack of funding, and no humanitarian emergency intervention, contingency pre-positioned stocks of NFI and other related kits were not replenished. The total procurement services throughput was US$44.94 million, of which US$36.82 million (82 per cent) was for immunisation, and the balance for malaria, HIV/AIDS and Nutrition. GAVI was the biggest single customer, financing US$33.586 million (75 per cent), with the remaining US$11.36 million (25 per cent) financed by the GoK.

By end-2013 a total of 133 local LTAs were in place for supplies (NFI and shelter, basic education and recreation kits, stationery, petroleum fuels for field offices) and services (logistics services, conferencing and accommodation, document reproduction, design, telephony and internet connectivity and security). Some of these LTAs were made available to other offices in the region, enabling them to place direct orders. Quality assurance is undertaken through third party pre-delivery inspection of supplies above US$10,000 on a single local purchase order, and through the newly introduced pre-shipment verification of conformity mechanism for statutory inspection of all imports by statutory regulatory authorities. Considerable delays in clearing supplies through ports of entry were experienced after introduction of the 1.5 per cent railway development levy, from which UNICEF shipments should be exempted under the BCA, but a legal framework has yet to be instituted.

Collaborations with other UN agencies have continued to grow. LTAs for common services are being shared with UNON, as are supply-related LTAs with DRC, Somalia, South Sudan, Uganda and other UNICEF offices in the region. WFP undertakes warehousing and transportation of RUTF through procurement services. UNOCHA has been a key stakeholder in the country assessment of essential commodities and services after they undertook supply chain capacity analysis of counties under devolution where there were linkages. The assessments were undertaken in 15 counties involving Government, non-governmental, UN and private sector stakeholders. The process has identified a basket of essential commodities and services that will inform the supply strategy in the next Country Programme and serve as the basis for a comprehensive market survey and supply directory in 2014. Another study is also being done on analysis of parallel nutrition supply chains. The purpose is to provide a credible basis for unifying the different supply chains under preferably a Government-controlled pipeline, which would be more efficient and cost-effective. There were two physical inventory counts conducted in the three warehouses of Garissa, Kisumu and Nairobi in June and December. A supply end-user monitoring and evaluation training was conducted for programmearo.
staff in April, and thereafter, 12 field trips were undertaken to Kwale, Marsabit, Mombasa, Nyanza, Tana River, Turkana, and Wajir counties, focusing mainly on Education, Nutrition, WASH and Health supplies and equipment. The recommendations and lessons learnt were used to improve supply and logistics management, and will also inform next year’s supply and distribution planning.

**Human Resources**

The office aligned its staff recruitment and training strategies to the results-based approach of the Country Programme. Capacity development of programme assistants and other programme staff was done through training in Programme Monitoring and Management at Level 2. The objective was to achieve a greater results-focused and knowledge-based CO committed to results, accountability and partnerships at all levels.

The gender mix of staff is 51 per cent female and 49 per cent male, including VSOs and Nutrition Support Officers (NSOs), who are employed by UNOPS to support nutrition programmes in the field. The Skills Development Assessment exercise was timely; its results will feed into the development of the new CPMP and the Learning Strategy.

Managing Performance for Results for both supervisors and supervisees was aggressively pursued as a mandatory training for all staff. A completion rate of 80 per cent was achieved and training will continue in 2014 for new staff. A performance management cycle was embedded into the Office timelines, and a monitoring tool is in place to monitor completion of each phase. As a result of the MP4R training, both staff and supervisors are more knowledgeable about its importance and the process. Individual outputs are linked to unit/section/office work-plans to ensure connection between results and individual objectives.

Enterprise Risk Management (ERM) training and exercise was conducted for all staff, including the benefits of implementing ERM, process, roles and responsibilities, risk reporting, progress and monitoring of ERM in UNICEF. Moreover, Emergency Risk-Informed Programming presented a strategic opportunity for the Country Office to update and internalise capacities in Emergency Preparedness and Response (EPR), Early Recovery and Disaster Risk Reduction (DRR) and to provide a special introduction to Conflict Risk Assessment. This supported staff not only to have the basic capacities to plan, implement and monitor a humanitarian programme, but to also develop key understanding of DRR, which will be a key approach in the new Country Programme.

Staff are aware and continue to make use of the counselling services provided by the UN Joint Medical Services. The counselling function was further strengthened by the appointment of a full-time UNICEF Global Staff Counsellor based in Nairobi. Furthermore, the security situation currently prevailing in Kenya and particularly the terrorist attack on the Westgate Mall in September 2013 resulted in a concerted effort to provide additional psycho-social support to staff through a mission assignment by a senior staff counsellor from UNMS. The Office facilitated counselling support to staff in a zonal office affected by the insecurity situation.

The 10 minimum standards on HIV in the workplace continue to be implemented as per EXD/2004/10. UN Cares provides training on HIV and AIDS and staff are regularly informed about planned sessions and encouraged to attend. This training is mandatory and attendance is monitored at office level. The UN Plus and the One-Stop Clinic at the Aga Khan Hospital support staff living with HIV and AIDS. These arrangements enhance confidentiality and confidence of staff as they are independent of KCO management and administrative structures.

**Efficiency Gains and Cost Savings**

The Office has continued to explore ways of achieving cost-effectiveness and efficiencies in all its administrative operations. Some of the efficiencies and cost-saving measures realised in 2013 included: survey of hotels and conference facilities in Kenya undertaken and negotiated for favourable prices ranging between 5-15 per cent below market rate for high quality services for UNICEF functions and other UN agencies. UNON and other UN agencies are currently using the same negotiated contracts/packages. In
addition, the Office reduced the size of its vehicle fleet to avoid under-utilisation leading to unnecessary cost of maintenance. The Office has effectively maximised utilisation of a smaller fleet. Furthermore, KCO took measures to reduce the duration for use of office vehicles by new IP staff from three to two months, and introduced scheduled shuttle services to the Garissa field office.

The Office introduced two ICT solutions in 2013 to increase efficiency: 1) Multi-Function Printing (MFP) Services: established an LTA for renting and maintenance of network printing, photocopying, scanning and faxing services for its offices in Nairobi and other locations within Kenya. Under this LTA, the vendor replaces nearly 100 stand-alone printers with 11 multi-function units in the office corridors. The ICT unit did a cost-benefit analysis and concluded that by leasing as opposed to owning, there was an opportunity to reduce printing, photocopy and scanning costs by about 80 per cent. Similar approaches have already been in practice within the UN compound for over five years; 2) PCA Database for Implementing Partners: Without a proper database system, the Office was unable to address the information concerns of the management, including follow-up of assurance activities. By implementing a database management system and storing PCA and partner-related information into an industry standard platform where documents, actions and assessments can be stored for systematic retrieval and management action, the Office has simplified PCA and partnership management in the office. The proposed PCA database is expected to go live in January 2014. Broadly, the system is expected to achieve automation, manage complete records of all partnership agreements (PCAs), manage follow up actions/ recommendations, manage partner performance, automated information /email triggers for action, capture micro-assessment reports and establish accountability of UNICEF staff in partnership and PCA management.

Changes in AMP & CPMP

The Annual Management Plan 2013 included 13 thematic programmes, 11 cross-cutting and three operations priority areas. Progress on the priority areas was monitored during the mid- and end-year programme reviews, with notable progress on most of them.

Programmatic priorities focused specifically on increased access for pregnant women to an integrated package of high-impact nutrition interventions, implementation of ICCM in Homa-Bay County based on the National Implementation Plan and Framework; an increase in the number of ODF villages and counties with populations practising total sanitation through the CLTS approach, and improvement in hygiene through hand-washing with soap; analysis and tracking of the Social Sector Budget Performance for Children; development of a National Child Protection System; evaluation of UNICEF support to six EMTCT-focused districts; finalisation of the National Education Sector Support Plan (NESSP) and support to MoEST's application to the Global Partnership for Education; finalisation of a C4D strategy and accountabilities; and finally, development of an equity-focused advocacy strategy.

Furthermore, the Office committed to Zonal Office efficiency and effectiveness in achieving CP results in their areas of responsibility, coordinating and monitoring DRR and humanitarian programmes effectively and updating the joint UN Humanitarian Strategy and EPRP/EWEA.

The Cross-sectoral priorities focused on: leveraging selective policy adjustments, partnerships and corporate engagement, and progress reporting through diverse M&E frameworks/tools/resource mobilisation strategies; integrating DRR and humanitarian action in the regular programme; enhancing knowledge management and smart ICT use; managing performance for results; proactively promoting innovation in programmes/processes; roll-out VISION for KCO and field offices; developing staff capacity in key business areas; streamlining HACT implementation; promoting cost-control measures and following up the Global Staff Survey.

Operational priorities included development of a comprehensive Office Assurance Activities Plan, monitoring of follow-up actions from spot checks, programme monitoring trips, audits automated, country assessment of essential commodities and services and streamlined knowledge sharing, as well as developing/implementing an Office learning strategy.

During the Annual Programme/Management Review (December 2013), new AMP 2014 priorities were
proposed, focusing on 11 areas of systems-strengthening and strategy development to improve coordination/performance. These include: Information Management, Storage and Dissemination; Travel Planning and Management; Fundraising and Leveraging; Management and Monitoring of Partnerships (UN/IPs); T4D and Role of ICT; Capacity Development for working in a devolved context; multi-sectoral approaches for delivery of results for children; IPSAS Reporting, SPOT Checks & internal controls in the context of HACT; Managing Performance for Results; advocacy and communication priorities and actions; and Learning and Development.

No changes to the CPMP are envisioned for the remainder of the Country Programme that ends in June 2014. A new CPMP is being developed in the context of the new Country Programme, and is expected to be completed by April 2014.

Summary Notes and Acronyms

Acronyms

ACRWC - African Charter on the Rights and Welfare of the Child
APHIA - Population and Health Integrated Assistance
AIDS - Acquired Immunodeficiency Syndrome
ASAL - Arid and Semi-Arid Lands
BCA - Basic Cooperation Agreement
BCC - Behaviour-change communication
BCP - Business Continuity Plan
C4D - Communication for Development
CAECS - Country Assessment Essential Commodities and Services
CHERG - Child Health Epidemiology Reference Group
CHEW - Community health extension worker
CHW - Community health worker
CIFA - Community Initiative Facilitation and Assistance
CLTS - Community-Led Total Sanitation
CoK10 - Constitution of Kenya
CPAP - Country Programme Action Plan
CPC - Child Protection Centre
CPD - Country Programme Document
CPRA - Child Protection Rapid Assessment
CRBP - Child Rights and Business Principles
CRC - Convention on the Rights of the Child
CRVS - Civil Registration and Vital Statistics
CT-OVC - Cash Transfer for Orphans and Vulnerable Children
DANIDA - Danish International Development Assistance
DAO - Delivering As One
DCO - District Children’s Officer
DCS - Department of Children’s Services
DDO - District Development Officer
DfID - Department for International Development
DRR - Disaster Risk Reduction
EHRP - Emergency Humanitarian Response Plan
EMIS - Education Management Information System
EMOPS - Emergency Operations
EMOPs - Emergency Operations
EPRP - Emergency Preparedness and Response Plan
ERMP - Enterprise Risk Management Plan
EYP - Education and Young People
F4L - Faith for Life
FONI - Friends of Nomads International
GAM - Global Acute Malnutrition
GAVI - Global Alliance for Vaccines and Immunization
GIS - Geographic Information System
GLUK - Great Lakes University of Kenya
HAP/CAP - Humanitarian Appeal Process/Consolidated Appeal
HiNi - High-Impact Nutrition Interventions
HoA - Horn of Africa
HWTS - Household Water Treatment and Safe Storage
ICCM - Integrated Community Case Management
ICS - International Child Support
IDA - International Development Association
IIIEP - International Institute for Educational Planning
IPs – Implementing partners
IRCK - Inter-Religious Council of Kenya
ITSS - Information Technology Services Section
JMP - Joint Monitoring Programme
KAIS - Kenya Aids Indicator Survey
KDHS - Kenya Demographic and Health Survey
KEPSA - Kenya Private Sector Alliance
KEPSHA - Kenya Primary School Head Teachers Association
KESSHA - Kenya Secondary School Head Teachers Association
KFSSG - Kenya Food Security Steering Group
KIHBS - Kenya Integrated Household Budget Survey
KIRA - Kenya Initial Rapid Assessment
KNBS - Kenya National Bureau of Statistics
KNCHR - Kenya National Commission for Human Rights
KRCS - Kenya Red Cross Society
KWAHO - Kenya Water for Health Organization
LWF - Lutheran World Federation
MICS - Multiple Indicators Cluster Survey
MIS - Management Information System
MIYCN - Maternal, Infant, and Young Child Nutrition
MNCH - Maternal, New-born and Child Health
MNH - Maternal and New-born Health
MOEST - Ministry of Education, Science and Technology
MOH - Ministry of Health
MTPP - Medium Term Plan II
NASCAP - National AIDS and STI Control Programme
NCCS - National Council of Children’s Services
NCPS - National Child Protection System
NESSP - National Education Sector Support Plan
NFI - Non-Food Item
NIMES - National Integrated Monitoring and Evaluation System
NoKET - Northern Kenya Education Trust
NYTA – National Youth Talent Academy
ODF – Open defecation free
PFP - Private Fundraising and Partnership
PLM - Product Line Marketing
PMTCT - Prevention of Mother-to-Child Transmission
PPA - Participatory Poverty Assessment
PSI - Population Services International
RACIDA - Rural Agency for Community Development
RCSA - Risk and Control Self-Assessment
RUSF - Ready-to-Use Supplementary Food
RUTF - Ready-to-Use Therapeutic Food
SB - Social Budgeting
SGBV - Sexual and Gender-Based Violence
SMART - Standardized Monitoring and Assessment of Relief and Transitions
SMC - School Management Committee
UNDAF - United Nations Development Assistance Framework
WESCOORD - WASH Sector Coordination Committee
WISER - Women Institute for Secondary Education and Research
WSTF - Water Services Trust Fund
YLL - Youth Leaders for Life
## Evaluation

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## Lessons Learned

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