

Kenya

Executive summary

Although Kenya is a middle-income country with a robust economy, millions of Kenyan children live in poverty. In 2017 UNICEF Kenya, together with Kenya Bureau of Statistics, conducted a study 'Child Poverty in Kenya', which found that 45 per cent of children under 18 (9.5 million children), experience poverty.

Poverty rates also revealed pronounced geographic inequity: for example, 85 per cent of children live in poverty in Turkana county (North), compared to 7 per cent in Nairobi, the capital.

In 2017, many Kenyan children did not have enough to eat, lacked access to safe drinking water, and went without basic education and health services. Many girls were exposed to harmful and negative practices, including female genital mutilation (FGM) and child marriage, and consequently lacked the same education and development opportunities as boys. Increasing numbers of children in rapidly expanding urban informal settlements had limited access to quality services.

Several events negatively impacted the situation of women and children in 2017. A severe drought affected almost half of the country's 47 counties, driving up child malnutrition rates to very high levels. By March, some 2.7 million drought-affected people required water, sanitation and hygiene assistance and 1.6 million children did not have enough to eat. By September, due to continued lack of rainfall, 370,000 children were assessed to need treatment for acute malnutrition.

Kenya also experienced multiple disease outbreaks in 2017, including dengue, measles, malaria and cholera. A prolonged presidential election compromised programmatic activity. Both doctors and nurses went on months-long strikes, severely reducing access to health care, especially for the poorest.

UNICEF Kenya responded to these challenges by targeting interventions to geographic areas of greatest need. UNICEF Kenya also effectively raised additional funds of US\$31 million from an expanded donor base to support emergency programming.

As part of its multi-sectoral response to the drought, UNICEF Kenya distributed sufficient therapeutic food to provide treatment for more than 77,586 severely malnourished children; provided nine county governments with assistance to rehabilitate 161 non-functioning boreholes, and provided 111,800 households with water purification commodities, soap and jerrycans.

UNICEF Kenya worked to fill service gaps caused by the protracted nurses' strike, through a partnership with Kenya Red Cross Society. In response to the sharp decline in the percentage of pregnant women attending ante-natal care and receiving skilled attendance during birth; along with the decline in the number of children who were fully vaccinated, UNICEF Kenya provided a package of primary health care interventions to approximately 328,000 beneficiaries

in vulnerable communities.

More than 87,000 out-of-school children were enrolled in school in nine drought-affected counties (50.4 per cent of them girls), and close to 78,000 children received various forms of child protection support.

UNICEF Kenya also supported the initiation of a new county law in Kakamega (west), under which three per cent of the county health budget was earmarked for conditional cash transfers to help improve women and children's access to healthcare.

UNICEF Kenya's launch video for a multi-media advocacy campaign, designed to raise awareness about child marriage, was viewed by more than one million people

Despite significant investment in 'catch up campaigns', UNICEF Kenya was unable to reach its annual targets for the full vaccination of children due to the impact of the protracted doctors and nurses strike, which resulted in many public health facilities being closed for up to eight months. Skilled birth attendance targets also were not met.

The extended drought is likely to impact the overall improvements gained over the last few years in the national reduction of under-nutrition.

Although UNICEF Kenya's response to the drought was robust, it was slow to take off in some sectors due to initial lack of funding and lack of existing partners in some of the hardest hit counties.

In 2017 UNICEF Kenya further developed partnerships with national and county government and other development and humanitarian actors to achieve results for children. For example, as part of UNICEF Kenya's partnership with the Kenya Medical Supplies Authority (KEMSA), UNICEF Kenya strengthened the national nutrition supply chain by integrating the delivery of therapeutic food, which resulted in significant cost efficiencies. In collaboration with the Kenya Private Sector Alliance, a non-profit, private sector group that engages in public policy dialogue, UNICEF Kenya advocated for a new law requiring companies with more than 30 employees to provide appropriate support for breastfeeding mothers who bring their infants to work.

Humanitarian assistance

Kenya experienced several emergencies in 2017, including drought, health worker strikes, disease outbreak, resource-based conflict, increasing volumes of refugees and the potential humanitarian impact of the presidential election.

UNICEF Kenya's humanitarian strategy was designed to strengthen national and county disaster preparedness and response systems to deal with fluctuations in criticality and to contribute to longer-term resilience and provide lifesaving interventions through humanitarian partners when the Government was unable to adequately respond.

Assistance provided by UNICEF Kenya and its partners through investment in emergency preparedness and humanitarian response saved lives.

UNICEF Kenya received US\$31 million under its Humanitarian Action for Children (HAC) appeal, a 180 per cent increase since 2016.

In response to the drought, as a direct result of UNICEF Kenya support:

- 420,000 children under five years of age were screened for malnutrition and provided with basic health care, through 4,200 outreach activities;
- 77,586 severely malnourished children and 145,565 moderately malnourished children were admitted for treatment;
- 704,470 drought-affected women, men, girls and boys received information to prevent diarrhoeal diseases, including cholera;
- 5,397 health outreaches were carried out, reaching 387,206 boys and girls under the age of 5 and 67,495 women who were pregnant or lactating; and
- 599,594 people gained access to a safe permanent water supply and 532,616 people accessed temporary safe water supplies.

UNICEF Kenya started a real-time evaluation whose initial findings highlighted the relevance and sustainability of UNICEF Kenya's drought response interventions, particularly in the nutrition and WASH sectors.

The 2017 protracted health workers' strike compounded the impact of the drought on women and children. In response, UNICEF Kenya, through its partners, deployed integrated health and nutrition outreach teams to provide women and children in the worst drought affected areas continued access to health services. Through UNICEF support, 124,764 children were vaccinated against measles, 213,431 were reached with messaging to prevent cholera and more than 700,000 women and children received integrated packages of health interventions, including on management of pneumonia, diarrhoea and malaria.

UNICEF Kenya worked with the Government and partners to develop a humanitarian election preparedness plan, in the event of election violence. UNICEF Kenya led two regional humanitarian coordination hubs and ensured the prepositioning of nutrition, non-food items (NFIs) and health and education emergency materials in all high-risk areas. UNICEF Kenya supported the Ministry of East African Community, Labour and Social Protection in the production of 'Child Protection in Emergencies' messages (CPiE). This included guidance on protection of children from election violence, disseminated in 23 counties and reaching 1.5 million children and caregivers. UNICEF Kenya also supported education partners in the development of radio and television messages on safety and security of children, and supported parent teacher associations and head teachers in interpersonal communication before, during and after the 2017 election.

In response to a malaria outbreak, UNICEF Kenya supported the Ministry of Health (MoH) to provide 58,501 people in 10,583 homes with indoor residual spraying (IRS) and 58,000 people with 29,000 long-lasting insecticidal nets (LLINs)

UNICEF Kenya support enabled a total of 152,604 children to be reached with integrated cholera interventions in Nairobi County, contributing to control of the outbreak. UNICEF Kenya procured and distributed health supplies to other cholera-affected counties and 85,757 school children were reached with hygiene messages, with more than half of those children accessing safe water within the school environment. UNICEF Kenya supported the development of four county cholera communication plans, and developed and disseminated messages on various diseases (cholera, marburg viral disease, malaria, kaalazar) through radio and television, reaching more than 20 million people. UNICEF Kenya initiated an innovative partnership with Kenya Matatu Owners Association for the dissemination of cholera messages in buses. UNICEF Kenya also supported coordination, advocacy, technical and financial support to the emergency and disaster interagency coordination committee, health and nutrition drought task

force and the emergency operations centre.

UNICEF Kenya responded to refugee influx in Kakuma, Kalobeyei and Dadaab camps. Education supplies were procured for 116,838 refugee children (41 per cent of them females). UNICEF Kenya also supported the renovation of 12 classrooms in three secondary schools in Dadaab refugee camps, benefiting 3,940 children (1,291 girls). A total of 1,211 primary teachers (214 female), 246 secondary teachers (39 female) and 315 school boards of management members (125 female) from eight national teacher training institutions were trained in EiE, including child friendly pedagogy and peace education.

To expedite reunification with families UNICEF Kenya, with UNHCR and Lutheran World Federation, developed a Child Protection Information Management System to enable better support to refugee children at risk throughout Kenya.

Equity in practice

Kenya is a country of stark inequities. Kakamega County (Western) has some of the worst reproductive maternal, neonatal, child and adolescent health statistics in the country. In 2014, the maternal mortality rate was at 316 deaths per 100,000 livebirths, and newborn deaths were 19 out of every 1,000 births. According to the Kenya Demographic and Health Survey of 2014, 64 children out of every 1,000 born in Kakamega died before their fifth birthday. This was largely attributed to a poverty rate of 49.6 per cent, and more than 33,000 mothers living on less than a dollar a day. Utilization of quality ante-natal and child health services and knowledge of health seeking practices were low.

To address multiple overlapping deprivations experienced by children in Kakamega, and improve the county's maternal and newborn health and survival rates, UNICEF Kenya invested in improving the quality and availability of maternal and child health services, by providing medical equipment and supplies, training and capacity development to improve the quality and availability of basic obstetric and neonatal care country-wide.

To improve utilization of these services UNICEF Kenya supported the county government's 'Imarisha afya ya Mama na Mtoto' (Improve the Health of Mother and Child) Kakamega cash transfer programme targeting the poorest and most disadvantaged pregnant and lactating women, to increase their use of maternal and child health services. The programme provided a small cash subsidy to cover hidden costs, such as transportation to health facilities, which was a primary bottleneck preventing poor women from attending ante natal health, delivery and newborn services. The cash also enabled mothers to buy food and other necessities for their children.

A cash payment equivalent to US\$20 was made to a beneficiary mother each time she attended one of the six key appointments: at pregnancy; upon delivery at the health facility and when attending four post-natal appointments (at 2- 4 weeks; 6 months, 9 months and 18 months). During this 1,000-day cycle, a beneficiary received a maximum payment equivalent to US\$120. Payments were made utilizing an innovative mobile payment system, unique to Kenya, called M-PESA. The programme is supported by a Management Information System that includes a biometric registration monitoring module.

In 2014 UNICEF Kenya provided technical support to the design and implementation of "Imarisha Afya ya Mama na Mtoto", and has since been supporting the county health department with ongoing technical assistance in the areas of improving the quality of basic

obstetric and neonatal care, social cash transfer, child health and nutrition and communication for behaviour change. UNICEF Kenya advocated to ensure related strategies for children were featured within the county development plans, and to ensure equitable resource allocation for the programme in the county development budget.

Commendable results have been achieved after four years of the programme implementation. According to data from the District Health Information System (DHIS), the percentage of women in Kakamega county choosing to deliver their babies in health facilities increased from 33.3 per cent in 2013 to 69 per cent in 2016. The percentage of mothers who attended at least four Ante Natal Care visits rose from 35 per cent in 2013/14 to 54 per cent in 2016. The number of fully immunized children in Kakamega increased from 63 per cent in 2014 to 82.8 per cent in 2017.

Despite challenges in 2017, including implementation capacity of Ministry of Health staff and a protracted nurses' strike in 2017, which resulted in many health facilities being closed for more than four months, the programme registered 44,173 poor and vulnerable women, and 30,745 of them received at least one cash transfer payment.

In 2017 The Kakamega county assembly passed the Maternal and Neonatal Child Health and Family Planning Act (MNCH/FP Act 2017). The drafting and launching of the bill was technically and financially supported by UNICEF Kenya. The Act establishes a fund to support the 'Imarisha afya ya Mama na Mtoto' programme through earmarking 3 per cent of the county's annual health budget for cash transfers, and at least 1.5 per cent to pay stipends for community health volunteers. In the context of devolution, this is the first innovative law passed with the specific aim of reducing child and maternal mortality.

To support future advocacy efforts for scaling up of this model in other counties, UNICEF Kenya initiated a rigorous impact evaluation of the programme, which will be finalized in 2018.

Strategic Plan 2018-2021

In 2017 UNICEF Kenya drafted its new country programme document (CPD) for July 2018-June 2022, along with supporting programme strategy notes, in consultation with the Government, implementing and development partners, and in alignment to the new Global Strategic Plan (SP) 2018-2021, 2018-2022 UNDAF for Kenya, and UNICEF ESARO Regional Priorities.

The 2018-2022 CPD is based upon a comprehensive 'Situational Analysis of Women and Children in Kenya 2017', which was completed in August 2017 and was pending Government approval before final publication in 2018.

The draft UNICEF Kenya CPD recognizes key objective of the Global Strategic Plan 2018-2021 is to align the work of different parts of UNICEF around common goals and strategies, and is organized around four key integrated programme outcomes for children, aligned to the Global Strategic Plan (SP) 2018-2021 goals, and reflecting the areas of greatest need in Kenya:

Outcome 1 of the UNICEF Kenya CPD 2018-2022 seeks to reduce mortality and stunting, through increasing the proportion of vulnerable children, pregnant and lactating women accessing and using quality water and sanitation, nutrition, health and HIV/AIDS services. This contributes to SP goals¹ (Every Child Thrives and Survives), and 4 (Every Child Lives in a Safe and Clean Environment).

Outcome 2 of the UNICEF Kenya CPD 2018-2022 seeks to improve early learning and basic education through increasing the percentage of children aged 0-18 accessing quality and gender sensitive ECD and primary education services, especially girls in disadvantaged counties, informal settlements and those affected by humanitarian crisis. WASH and protection programming are integrated under this outcome, contributing to SP goals 2 (Every Child Learns), 3 (Every Child is Protected from Violence and Exploitation) and 4 (Every Child Lives in a Safe and Clean Environment).

Outcome 3 of the UNICEF Kenya CPD 2018-2022 seeks to enhance child and adolescent protection and HIV prevention through increasing children's and adolescents' protection from exposure to HIV and AIDS, violence, abuse, exploitation and harmful cultural practices. It also seeks to increase access to prevention, care, treatment, support, justice and other services needed to ensure physical mental and social wellbeing. This contributes to SP goals 1 (Every child thrives and survives), 3 (Every child is protected from violence and exploitation) and 5 (Every child has an equitable chance in life).

Outcome 4 of the UNICEF Kenya CPD 2018-2022 seeks to improve social protection, inclusion and resilience building by increasing the number of children from the poorest and most vulnerable households who benefit from shock-responsive and integrated social protection interventions, as well as from child-specific policies. This outcome directly relates to SP goal 5 (Every child has an equitable chance in life).

The two cross-cutting priorities of the Global Strategic Plan (Gender Equality and Humanitarian Response) are key components of UNICEF Kenya's new CPD. Recognizing that many girls in Kenya are unable to enjoy their basic human rights because of harmful traditional practices and discriminatory gender norms, UNICEF Kenya will implement evidence-informed programmes to improve girl's access and utilization of gender-appropriate health, nutrition, education, water and sanitation, HIV, protection services. Given that Kenya is subject to acute shocks and stresses, including recurrent droughts, insecurity along the border with Somalia; and increasing numbers of refugees, UNICEF Kenya prioritized supporting Government and non-government partners with the adoption of risk-informed approaches to emergency preparedness, planning and response across all sectors, as part of the new CPD.

Although Kenya was devolved in 2013, the capacity of county governments to manage development portfolios varies, impacting children's access to quality services. This provides UNICEF Kenya opportunity for a sharpened focus to address geographic inequities, in line with the strategic plan's aim of leaving no one behind. The new CPD aims to target children in 10 deprived counties and rapidly growing informal settlements with integrated programmes that seek to strengthen delivery platforms such as government health, education or social services systems, and the community itself. UNICEF Kenya will balance its support to up-stream national advocacy with county-level technical assistance. This will require investment in county-level data and monitoring systems, as well as differentiated county-level advocacy to ensure that budgets sufficiently provide for children's services.

UNICEF Kenya's new CPD results framework is fully aligned to the Strategic Plan and ESARO Regional Priorities at outcome and output level, allowing for direct contribution to the frequent monitoring of the SP's key results. Building from the current Country Programme, targets will be monitored biannually, at midterm and year-end.

Emerging areas of importance

Refugee and migrant children. UNICEF Kenya's current CPD prioritizes investment in geographic areas of high deprivation, such as Kenya's rapidly growing urban informal settlements where health, nutrition, education, and protection outcomes for children are disproportionately low. In 2017 UNICEF Kenya supported the upgrade of 10 primary health facilities and two Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities in Nairobi settlements. As a result, skilled birth attendance increased by 113 per cent in Embakasi and by 143 per cent in Kamukunji.

UNICEF Kenya provided support to the Ministry of Education's Operation Come Back to School programme, through which 32,000 children living in informal settlements were enrolled in school.

UNICEF Kenya advocated to ensure that education in informal settlements was reflected in the new National Education Sector Plan (2018-2022), enabling the provision and regulation of alternative basic education in informal settlements.

UNICEF Kenya's current CPD (2014-2018) includes specific provisions to support the protection and education of children fleeing conflict and insecurity in neighbouring South Sudan and Somalia. In 2017, together with UNHCR and partners in Dadaab (North East) and Kakuma (North West) refugee camps, UNICEF Kenya provided technical support to strengthen case management and child protection information management systems, to improve the effective delivery of services to unaccompanied and separated minors and refugee children and to strengthen their protection from abuse, violence and exploitation.

UNICEF Kenya provided upstream technical support to the Ministry of Education in developing a refugee education policy to enable refugee and migrant children to have access to quality education in Kenya. To improve the quality of learning in Dadaab, Kalobeyei (northwest) and Kakuma refugee camps, UNICEF Kenya supported the training of teachers and the provision of education supplies and learning materials. To ensure a protective learning environment, UNICEF Kenya also trained 200 teachers in Kakuma and Dadaab on child protection. A total of 147,196 refugee children (40 per cent of them girls) were reached through interventions supported by UNICEF, which resulted in increased retention of primary school children from by 20 per cent in Dadaab refugee camp.

Integrated early childhood development (ECD). To accelerate integrated ECD, UNICEF Kenya delivered upstream technical support in the drafting of the Integrated Early Childhood Development (IECD) Policy. In partnership with the Office of the First Lady of the Republic of Kenya, UNICEF Kenya supported the launch of the Lancet (2016) Special Series on Early Childhood Development 'Advancing Early Childhood Development: From Science to Scale', which promoted the importance of investing in early childhood development.

In a partnership with the Hilton Foundation, UNICEF Kenya improved capacity on ECD at the county level. Fifty three officials were trained from nine counties, and a high-level advocacy and dialogue meeting was convened with all 47 counties and national government to strengthen collaboration to deliver quality ECD programmes. As a result, Kisumu (West) budgeted for a county ECD policy and legislation to streamline the provision of quality ECD services and development of child day care guidelines.

Focus on the second decade. UNICEF Kenya's HIV/AIDS Programme has a strategic focus on the second decade of life. In 2017, in partnership with the campaign 'Kula Life na Adabu' (Live life responsibly), through social media platforms UNICEF Kenya increased awareness of HIV among 1 million adolescents. UNICEF Kenya supported 'Sauti Skika', (Amplify voices)

Kenya's largest network of adolescents living with HIV, to increase its membership by 50 per cent and expand its presence to 13 counties (up from 6 counties in 2016).

In 2017 UNICEF Kenya designed and began implementing a social protection cash transfer programme linking adolescents at risk of HIV with HIV prevention and treatment services.

UNICEF Kenya conducted a 'deep dive' on adolescents in 2017 to define a strategic approach for addressing the Second Decade of life in the 2018-2022 Country Programme. It was attended by key partners, including the Government. UNICEF Kenya supported national and county governments in coordinating multi-sectoral working groups aimed at strengthening programming for adolescents.

UNICEF Kenya intensified social media engagement through campaigns to grow an online movement of digital champions for child rights. In 2017, the End Child Marriage Campaign reached more than 3 million people on Facebook and 500,000 impressions on Twitter. Several other social media campaigns were trending topics in Kenya, including #WorldChildrensDay and #Generation2030.

UNICEF Kenya engaged with schools, communities and youth groups to mobilize children and young people and empower them to champion their rights. UNICEF Kenya engaged children from informal settlements and schools in Nairobi, Garissa (North East) and Turkana (North West) for World Children's Day. Close to 400 children took part in child-led activities in their counties.

Summary notes and acronyms

AIDS -	Acquired Immune Deficiency Syndrome
AFP -	Agence France-Presse
BEmONC -	basic emergency obstetric and newborn care
CEmONC -	comprehensive emergency obstetric and newborn care
CPIM -	Child Protection Information Management
CPD -	Country Programme Document
CHV -	community health volunteer
CMT -	country management team
CT OVC -	Cash Transfers for Orphans and Vulnerable Children
DCT -	direct cash transfer
ECD -	early childhood development
ESARO -	Eastern and Southern Africa Regional Office (UNICEF)
EU -	European Union
FC -	Football Club
FGM -	female genital mutilation
GSS -	Global Staff Survey
HAC -	Humanitarian Action for Children
HACT -	harmonized approach to cash transfer
HIV -	human immuno-deficiency virus
ICT -	information communication technology
JCC -	joint consultative committee
KEMSA -	Kenya Medical Supplies Authority
LTA -	long-term arrangements/agreements
MoU -	memorandum of understanding
NGO -	non-governmental organization

NICHE -	National Improvement through Cash and Health Education
PRIME -	plan for research and impact monitoring and evaluation
RTE -	real time evaluation
UN -	United Nations
UNHCR -	United Nations High Commissioner for Refugees
UNICEF -	United Nations Children's Fund
UNDSS -	United Nations Department of Safety and Security
VISION -	Virtual Information Space Intelligence and Operations Network
WASH -	water, sanitation and hygiene

Capacity development

Capacity development of county and national institutions was a core strategy and programming approach for UNICEF Kenya in 2017. UNICEF Kenya's capacity development of national and county level Ministry of Health systems enabled a timely, effective and systematic response to rising malnutrition rates in drought-affected areas, through a 'surge' approach. This approach is now being used by the Government in four additional counties to reinforce county nutrition sector coordination, evidence-based planning, resource mobilization and response. The approach was highlighted in UNICEF Kenya's real time evaluation initial findings as highly effective and sustainable.

UNICEF Kenya supported the Ministry of Health to develop a new pneumonia treatment guideline for community health volunteers (CHVs), which resulted in an additional 108,099 children from 18 counties being referred to and treated at health facilities for pneumonia.

UNICEF Kenya also trained 1,019 water management committees on the operation and maintenance of newly refurbished water points, and 100 county government staff on WASH information management in emergencies.

UNICEF Kenya supported capacity development of 2,577 teachers and head teachers in 520 schools with training on multi grade teaching pedagogy, Child Friendly Schools, hygiene promotion, and community sensitization. Another 1,565 teachers benefited from training on conflict sensitive education and disaster risk reduction.

To build solid national and county skills on public finance for children, and to sustain prioritization and leveraging of resources for child rights, UNICEF Kenya supported the National Treasury, Kenya Institute of Public Policy Resource and Analysis (KIPPRA) and Kenya School of Governance to develop national training materials and undertake trainings for key staff at national and county levels.

Evidence generation, policy dialogue and advocacy

In 2017, UNICEF Kenya partnered with academic and private institutions, government and individuals, to generate evidence to support policy dialogue and advocacy on children's rights.

UNICEF Kenya completed a wide range of studies that provide key indicators for child responsive budgeting and advocacy, including: The Multi-Dimensional Child Poverty study; the Public Expenditure Review in health and WASH sectors; Kenya Investments in Social Sectors' Kenya Fiscal Space Study; Social Sector Budget Briefs in 10 counties; Analysis of Kenya's Expenditure in Education; and the Nutrition Budget and Expenditure Tracking Report. The study findings will be used to strengthen government finance systems and will provide baselines for child poverty disaggregated data at both national and county levels.

In 2017 UNICEF Kenya began a review on alternative forms of basic education outside the formal system. The review findings will address factors supporting or hindering education among disadvantaged children and young people and inform programming for refugee and nomadic populations.

To ensure existing cash transfer programmes are designed to reach the neediest children, UNICEF Kenya and Kimetrica consulting firm conducted a study mapping social protection programmes in all 47 counties, to identify service gaps.

To monitor the prevalence of female genital mutilation (FGM) and child marriage among five tribal communities, UNICEF Kenya supported a baseline and prevalence study that will inform future public awareness campaigns and policy work designed to reduce harmful practices.

UNICEF Kenya supported the Government to track progress on 10 child well-being indicators within the Sustainable Development Goals, using tracking tools including the Education Management Information System, District Health Information Systems, Child Protection Management Information System and the Standard Monitoring and Assessment of Relief and Transition Surveys. As a result, UNICEF and the Government have credible and reliable data on child indicators on health, education, nutrition and poverty.

Partnerships

UNICEF Kenya strengthened its existing partnerships with government and NGO partners through numerous collaborations and joint ventures.

UNICEF Kenya also developed new and innovative partnerships to achieve results for children. For example, in partnership with Kenya's first lady, UNICEF Kenya supported the landmark launch of a series of Lancet articles on the importance of early childhood development (ECD). With more than 1,000 attendees, including first ladies from all 47 counties, officials from the ministries of health and education, the National AIDS Control Council, UN agencies, the Hilton Foundation and NGOs, the event promoted increased investment in ECD.

Through a public private partnership arrangement with the Phillips Foundation and the Dutch National Committee, UNICEF Kenya supported the establishment of the largest medical oxygen generation plant in Kenya, which will serve health facilities in Nairobi and the neighbouring counties. The Philips Foundation and UNICEF Kenya's partnership also included the ongoing design and prototyping of medical devices to improve service delivery in maternal and newborn health facilities.

In partnership with the Council of Governors, a non-partisan group of governors from all 47 counties, UNICEF Kenya successfully advocated for endorsement of community health policy, a framework for development and implementation of community health services by county governments.

UNICEF Kenya partnered with the Bill and Melinda Gates Foundation and county governments to operationalise Real-Time Monitoring (RTM) systems for the health system. As a result, RTM data can now be uploaded into the national demographic health system, analysed, and compiled into dashboards for improved management and decision-making.

UNICEF Kenya developed a new partnership with Nokia to support the education for

underprivileged girls through mobile technologies, which will roll out fully in 2018, as well as a partnership with the Matatu Driver's Association, which will enable public health messaging to be transmitted within public transport vehicles.

External communication and public advocacy

UNICEF Kenya's communication interventions created broad media content and generated extensive coverage of programmatic areas, aligned to key programme priorities.

UNICEF Kenya's communication and advocacy efforts focused on raising the profile of the drought emergency and its impact on children and their families in order to maintain public concern nationally and internationally as well as to solicit additional donor support. UNICEF leveraged the reach of local media through five op-eds in newspapers and six press releases across social media. UNICEF also organized four media visits for local journalists to drought affected areas. International media organizations engaged included AFP, Reuters and the Associated Press, and material was provided to support journalists from Holland, Germany, China and Argentina.

High quality multimedia products increased UNICEF's voice and reach and enhanced social media engagement and followers. In 2017, UNICEF Kenya's Twitter followers increased by 30 per cent, and Facebook followers grew by 76 per cent, to a total of 32,683. UNICEF social media campaigns directed at a Kenyan audience centred around the hashtags #ENDChildMarriage, #WorldChildrensDay, #GlobalHandwashingDay, #DroughtKE, #EndFGM and #Generation2030. The End Child Marriage campaign reached more than 3 million people on Facebook and 500,000 impressions on Twitter. #WorldChildrensDay and #Generation2030 were trending topics in Kenya.

UNICEF Kenya shared photographs, web and human interest stories on digital media platforms, including the UNICEF global website, ICON, UNICEF Connect Blog and UNICEF Kenya's website, amplifying key advocacy messages of sectoral interventions. UNICEF sponsored two young people to participate in the global launch of the Generation 2030 report in South Africa, kick-starting enhanced youth engagement and advocacy. UNICEF engaged children from informal settlements and schools in Nairobi, Garissa (North East) and Turkana (North West) for World Children's Day. Close to 400 children took part in child-led activities in their counties.

South-South cooperation and triangular cooperation

UNICEF Kenya supported a delegation from the Government's National Treasury to travel to Mexico to experience best practice public financing for disadvantaged children. As a result, the Kenyan National Treasury agreed to revise the standard chart of accounts 2018 and improve budgeting and expenditure reporting for children.

UNICEF Kenya supported a delegation of Kenyan health officials with travel to South Africa for a meeting on improving post-natal care for HIV positive mothers. UNICEF also supported the participation of a young Kenyan mother living with HIV in the delegation. As a result, lessons learned on implementation of point-of-care testing have been incorporated into national policy.

UNICEF Kenya hosted a fact-finding visit from the Ethiopia Government to learn about a UNICEF-supported public/private partnership on oxygen production for medical purposes. Ethiopia has since replicated this model.

UNICEF Kenya also supported government officials from Eritrea and Lesotho travelling to Kenya to participate in the workshop on UNICEF's ECD programme, Care for Child Development.

UNICEF Kenya facilitated the Malawi Government's visit to Kenya to learn about the UNICEF-supported national system for nutrition commodity supply chain integration.

A delegation from the Kenya Government was invited to South Africa by UNICEF Kenya to learn about the human milk banks and baby-friendly communities, which informed the development of a draft national guideline on breast milk banks.

UNICEF Kenya facilitated governors and deputy governors from Kisumu (west), Vihiga (west) and Siaya (west) to attend the launch of a new law in Kakamega (west), on maternal and neonatal child health. The visiting governors learned from their neighbours' experiences. Vihiga's governor has since made a commitment to implement a similar initiative.

Identification and promotion of innovation

In 2017 UNICEF Kenya supported the implementation of several interventions that utilize new and innovative technologies and processes.

To expedite reunification of separated and unaccompanied refugee children, UNICEF Kenya, in collaboration with UNHCR and Lutheran World Federation, developed an innovative Child Protection Information Management System that utilizes biographic data and records protection information on a mobile platform, giving social workers across Kenya access to information about the whereabouts of children deemed to be extremely vulnerable.

UNICEF Kenya, in partnership with the Ministry of Education and the University of Nairobi Computing for Development Lab, developed a digital application to monitor and evaluate the new Operation Come Back to School program, which aims to enrol 300,000 students. The growing digital monitoring system now covers more than 50,000 newly enrolled students in 400 schools in nine counties.

UNICEF Kenya introduced a mobile-based reporting tool to improve data capture and quality from frontline community health volunteers. Siaya (west) and Homa Bay (west) counties began using the tool, which provides day-by-day, county-to-county snapshots of data, highlighting areas in real time where additional resources are needed.

In 2017 UNICEF Kenya's 'Innovation and technology for development community of practice' was constituted to oversee the potential application and adoption of new technologies, processes and partnerships within the office.

Support to integration and cross-sectoral linkages

During 2017, UNICEF Kenya designed its new country programme based on four integrated outcomes for children. This was based on best practices of the current country programme document, under which cross-sectoral programmes targeting common service delivery systems were delivered to address children's multiple overlapping deprivations.

Integrating social protection programmes into nutrition, health and HIV/AIDS to stimulate demand creation from target beneficiaries was a key focus area for UNICEF Kenya. One

example of this is the 'Improve the Health of Mother and Child' Kakamega cash transfer programme, which has been supported by UNICEF Kenya since 2014. In 2017, with UNICEF support, 30,745 poor and vulnerable women received a cash transfer payment upon attending health services.

Two empirical studies were initiated by UNICEF Kenya in 2017 to generate evidence on the impact of integrated programming. The 'Nutrition Improvement through Cash and Health Education' (NICHE) study assessed the impact of integrated cash transfer and nutrition counselling on malnutrition rates among children under two years and pregnant and lactating women. The results of this study will inform UNICEF Kenya's future integrated approach. The joint sanitation and nutrition 'SANNUT Research Initiative' programme assessed whether positive nutrition practices are more prevalent when incorporated into Community Led Total Sanitation programming. The trial found modest improvements on some indicators, including sanitation and nutrition knowledge, disposal of child faeces, and handwashing.

UNICEF initiated a social protection, health and education 'Cash Plus Energy Pilot Programme' aimed at providing the poorest and most vulnerable households with energy they need to power their homes, enabling children to do their homework at night. The pilot is intended to determine how cash transfers improve children's education performance and health care.

Service delivery

UNICEF Kenya used reliable and nationally owned data sources generated through government systems to monitor performance and progress across the social sectors such as District Health Information System (DHIS) for Health and Nutrition, Education Management Information System (EMIS) for Education and the Child Protection Management Information System (CPMIS) for child protection services. UNICEF Kenya supported enhancing the quality of these national reporting systems to build not only the quality of the data itself, but also its use in analysis for planning, budgeting and performance monitoring. In 2017 the education and child protection teams delivered specific systems strengthening initiatives to bolster their respective government systems, enabling better monitoring of service delivery by the Government.

UNICEF Kenya supported the development and utilization of benchmarks and tools such as the reproductive maternal neonatal child and adolescent health (RMNCH) scorecard to assess progress.

UNICEF Kenya closely monitored the capacity and service quality of NGO partners. Quarterly monitoring of process indicators was conducted for 13 NGO partners against the three results areas of the nutrition programme: Community Resilience, Health Systems Strengthening and Advocacy. The consolidated results were shared regularly with the Government and partners through a variety of fora, including quarterly regional meetings to generate competition between partners in terms of achieving service delivery targets and share ideas and learning across counties and partners. UNICEF Kenya, together with the Kenya Red Cross Society, began utilizing Rapid Pro, a free messaging platform where the community can identify barriers to implementation while allowing UNICEF to ensure that delivery of quality nutrition services is adaptive to the changing context.

Human rights-based approach to cooperation

In 2017, UNICEF Kenya advocated for reform at national and county levels to bring Kenya's laws and policies in line with the Convention on the Rights of the Child. UNICEF also supported implementation and accountability mechanisms on child rights across programmatic areas.

UNICEF Kenya supported the Government to develop the final draft of the Children Bill, replacing the current Children Act, following a recommendation by the UN's Committee on Rights of the Child in Geneva. The new bill includes measures to divert children involved in the justice system away from jail, more options for alternative family-based care over traditional institution-based care and clarity in roles and mandates for child protection agencies.

To strengthen the Government's ability to ensure all children's basic rights are realized, UNICEF Kenya supported a government review to identify social policy areas requiring more attention in terms of resource allocation, equitable access and utilization of services.

UNICEF Kenya also supported the introduction of social accountability mechanisms through a community scorecard for health services, which provides a feedback-loop for rights holders, including the most marginalized.

UNICEF Kenya developed a comprehensive situation analysis of women and children (SITAN) in Kenya 2017, which highlights immediate and structural causes of rights violation. The SITAN informed the design of the new Country Programme Document.

Gender equality

In 2017 UNICEF Kenya continued its efforts to mainstream gender equality throughout all of its programming. Programme interventions were designed and implemented to address girls' and boys' different needs, and were monitored through the collection of gender disaggregated data.

UNICEF Kenya ensured that capacity development for teachers and school boards of management included both male and female teachers. The training in education in emergencies (EiE) was designed to address different protection issues relating to girls and boys. To improve gender parity, the number of women and men attending the trainings was tracked and monitored. UNICEF Kenya also monitored the gender breakdown of the community health volunteers cadre, to ensure that both men and women were recruited.

All project targets in UNICEF Kenya's partnership agreements with NGOs are disaggregated by gender.

UNICEF Kenya also delivered targeted interventions aimed at addressing girls' low access and utilization of services. To address girls' low retention rates at primary schools, UNICEF Kenya supported the construction of 196 gender sensitive toilets. Because many girls do not attend school when menstruating due to lack of sanitary products, UNICEF Kenya supported the distribution of 2,500 sets of disposable sanitary towels to girls in 40 schools in seven counties and provided menstrual hygiene education to 39,000 girls in five counties. UNICEF Kenya supported the national Ministry of Education's mentorship programme to support girls at risk of dropping out of school. To date, the programme has benefited a total of 200 girls in 20 target schools.

Mindful of the 50 per cent prevalence rate for child marriage in Northern Kenya, UNICEF Kenya launched a robust social media campaign #endchildmarriage. UNICEF Kenya also worked with communities in nine counties on the abandonment of female genital mutilation through community dialogue, empowering girls and women, men and boys to reject the practice.

Environmental sustainability

UNICEF Kenya contributed to the Government's efforts to fulfil commitments toward environment sustainability. This included development of programmes, production of knowledge products to inform and protect children from the impacts of climate change and strengthening engagement of young people in climate change actions.

To assist with defining its environmental sustainability approach for the next country programme document, UNICEF Kenya hosted a climate change specialist on stretch assignment who drafted a climate landscape analysis for children (CLAC).

To further push for inclusion and engagement of children in issues of climate change, UNICEF Kenya supported the integration of environmental sustainability practices into the child-friendly school approach, focusing on changing behaviour to safeguard the environment, such as recycling, and enabling students to become change makers in their communities through activities such as the planting of indigenous nutritious fruit trees. In collaboration with other UN agencies, UNICEF Kenya ensured that children who were delegates to the annual National Children Government Conference were taught about environmental sustainability in the context of the UN Sustainable Development Goals.

In 2017, UNICEF Kenya, in collaboration with the Government, supported 149 health facilities in focus counties to conduct energy audits with the purpose of documenting their energy consumption and needs. As a result, counties have information on climate smart strategies and other measures to reduce their carbon footprints. Energy efficient lighting and equipment was installed in health facilities to ensure continuous provision of health services.

UNICEF Kenya supported the establishment of three urban health facilities as bio-gas demonstration centres to showcase how human waste can be renewed to provide energy for institutions or homes.

UNICEF Kenya helped maximize scarce water resources for improved drought resilience. Two rock catchments were rehabilitated to increase water supply in Kitui County. Rainwater harvesting was also promoted, adding the benefit of not requiring chemical treatment for purification. Tanks, gutters and downpipes were installed in some 38 health facilities in Nairobi, Homabay, Kakamega, Turkana and Garissa counties. A total of 2,071 people from two communities in Marsabit benefited from the rainwater harvesting project.

Effective leadership

UNICEF Kenya continued to monitor key performance indicators in 2017 through the country management team's (CMT) mandatory monthly meetings.

UNICEF Kenya achieved more than 90 per cent of its targets on all key performance indicators, including budget utilization, status of direct cash transfers (DCT), expiring grants, emergency preparedness, recruitment status, gender parity, learning plan implementation, audit compliance status, harmonized approach to cash transfer (HACT), supply plan implementation and status of inventory and enterprise risk management. Quarterly reviews were conducted with zonal offices to address operational issues, and monthly calls between the Representative's Office and zonal offices were held. UNICEF Kenya prepared an action plan to address the recommendations that came from the external audit. The responses to the recommendations were sent to Headquarters for review and closure.

UNICEF Kenya prioritized work to strengthen staff competencies to deliver the best possible

results for children. Group trainings were held on results-based management, competency-based interviewing skills and performance for results. The UNICEF Kenya risk profile was updated and the status of mitigating actions was monitored quarterly by the country management team.

UNICEF Kenya continued to help implementing partners build their capacity. A HACT assurance plan was developed and implemented. Micro-assessments of partners were conducted and resulting recommendations were followed to ensure compliance.

Financial resources management

The country management team and the programme and operations coordination group systematically reviewed budget utilization and donor contributions, including the monitoring of DCT liquidations. As of December 2017, only 0.03 per cent of DCTs were in the over 9 months category.

UNICEF Kenya met all monthly bank reconciliations, payroll processing and accounts closure timelines and put in place standard operating procedures to ensure smooth transactions and processing.

HACT implementing partners' assessments and assurance activities were carried, including programme visits, spot checks and scheduled audits. Recommendations from assessments and assurance activities were followed up, and more than 90 per cent of recommendations were closed by partners. UNICEF Kenya conducted 19 audits and 59 spot checks. Services of third party audit firms were also utilized to ensure full implementation of assurance activities.

UNICEF Kenya successfully rolled out EZHACT, effective 1 November 2017. This required preparatory work, training of staff members and realignment of work distribution and role assignments in VISION.

To speed up payments for partners and vendors, UNICEF Kenya moved to electronic payment processing. The majority of the transactions, including payroll, were processed electronically.

With rigorous follow up, UNICEF Kenya was able to clear old accounts receivable and payables.

Fundraising and donor relations

UNICEF Kenya continued to apply effective quality assurance processes on donor reports. In 2017, 52 out of 54 donor reports were submitted on time. A total of 31 proposals were sent out at a total value of US\$55,819,070. Of these, 15 were successful, for a total value of US\$21,230,233.

UNICEF Kenya's fundraising sources were increasingly being diversified. In 2017, approximately US\$6.7 million was accessed from the GAVI Vaccine Alliance. For the drought emergency response, US\$3 million was accessed from the German Government, and the Australian Government contributed US\$1.9 million. UNICEF Kenya also received private sector funding through the UNICEF National Committees, from the IKEA Foundation, the Leo Messi Foundation and the Philips Foundation.

The Representative made several high-level engagements with key resource partners, including briefings and field visits with the head of cooperation of the EU delegation to Kenya, the Canadian High Commissioner, and the Israeli, Norwegian and German Ambassadors. He

undertook an important trip to remote counties to meet with governors, and he accompanied the Swedish Ambassador in Kenya to Garissa, Wajir, Kilifi and Kakamega counties to assess the impact of social and child protection programmes that have received significant Swedish investment.

In Kakamega, UNICEF and the Swedish Government provided technical support to develop the Imarisha Afya ya Mama Na Mtoto Programme that led to a groundbreaking legal framework that guarantees access to health services by vulnerable mothers.

High level meetings were also held with members of the EU Parliament, European Union development partners, the Belgian National Committee and the private sector in Brussels, where the Representative presented an overview of the humanitarian situation in Kenya, discussed funding gaps and advocated for related assistance for UNICEF Kenya.

Evaluation and research

UNICEF Kenya evaluations articulated in the 2014-2018 Plan for Research, Impact Monitoring and Evaluation (PRIME) aim to highlight programme success, risks and limitations for scaling-up, and increased accountability. In 2017 the PRIME listed 39 activities, including 4 evaluations, 4 researches and 31 studies. A total of 10 of the 39 activities were dropped due to time constraints, lack of funds and reprioritization of research within programme sections.

To improve operational decision-making and to inform its ongoing humanitarian response, UNICEF Kenya partnered with the Global Emergency Group and the Centre for Humanitarian Change to undertake a Real-Time Evaluation RTE of its Nutrition, WASH and Health response to the drought. UNICEF also collaborated with Kimetrica Consulting Firm on the Nutritional Improvements through Cash and Health Education (NICHE) evaluation to assess the effectiveness of cash transfers and nutritional counselling in improving nutritional outcomes during children's first 1,000 days of life. Both evaluations were ongoing and will be finalized by June 2018.

The child-friendly schools evaluation and the Dutch-funded WASH evaluation were completed, and 100 per cent of the management response recommendations were implemented. The child-friendly schools evaluation was used in the Government's ongoing education sector reform to improve the quality of education of children in the Arid and Semi-Arid regions. The WASH evaluation identified the need to strengthen sector coordination at county level through technical support to quarterly WASH forums in six countries where UNICEF is present. The WASH evaluation also documented lessons learned and best practices to improve the design, implementation, management and monitoring and evaluation of future WASH programmes.

Efficiency gains and cost savings

UNICEF Kenya implemented efforts to strengthen the quality of services provided to Kenya and the UNICEF Regional Office. UNICEF Kenya implemented recommendations from the Business Process Review conducted in 2016, resulting in standardization of standard operating procedures and simplification of business processes, with a focus on operational functions. Long-term arrangements (LTAs) contributed to quick turnaround time for the procurement of goods and services. UNICEF Kenya played a leading role among the UN Country Team agencies, contributing some 67 LTAs.

A UNICEF Kenya-led review of the memorandum of understanding with KEMSA for distribution of nutrition supplies was expected to result in cost savings. The sharing by UNICEF Kenya of

office space and other premises across UN agencies at the Garissa and Lodwar offices reduced operational costs. Upgrades of services in the Nairobi and zonal offices helped improve internet performance. Increased use of electronic payment processing resulted in expediting payments for partners and vendors.

Supply management

UNICEF Kenya continued its efforts to ensure timely delivery of supplies for programme implementation. The implementation rate of the 2017 Supply Plan was 144 per cent as of December, (US\$17 million planned, sales orders issued for US\$24 million). The increase was due to a new partnership with the World Bank.

UNICEF Kenya issued purchase orders for goods (excluding services) worth US\$19 million, including US\$ 6.7 million locally sourced, and US\$12.3 million purchased internationally.

Description	Value of all supply input (goods & services) received
Programme supplies	\$18,762,423
Operational supplies	\$716,002
Services	\$6,736,659
Construction	\$0
Total US\$	\$26,215,084

As part of the procurement strategy to reduce transactional costs, increase efficiency and improve service delivery, UNICEF Kenya established more than 70 long-term agreements (LTAs), including relief items that benefited neighbouring country offices in the Democratic Republic of Congo, Somalia, South Sudan, and Uganda, as well as other UN agencies in Kenya.

To support programme delivery, UNICEF Kenya raised 295 service contracts at a total value of US\$ 6.7 million.

Throughout 2017, UNICEF Kenya maintained inventory at an average of US\$1.4 million, including regular and prepositioned supplies held in three warehouses in Nairobi, Garissa (North East) and Kisumu (West). UNICEF Kenya delivered programme supplies directly to implementing partners and through third party logistics service providers.

UNICEF Kenya conducted a total of 25 end-user monitoring visits to ensure UNICEF supplies reached the intended beneficiaries.

In 2017, UNICEF Kenya received in-kind donations valued at US\$3.75 million. Procurement Services reached US\$27 million as of November 2017, of which 70 per cent were related to GAVI-financed vaccines.

	2017
GAVI	19,316,345
Ministry of Health (VII)	4,864,978
Clinton Health Access Initiative	38,800
International Organisation for Migration	91,825
WHO	44,352
Save the Children	18,404
Grand Total	27,040,999

UNICEF Kenya, in collaboration with national and county governments, started to integrate the nutrition supply chain with the Kenya Medical Supplies Authority (KEMSA) to increase operations' efficiencies and effectiveness. By December 2017, 17 counties had fully integrated their supply chain, with an additional 7 counties expected to adopt the integration by end of 2018.

As part of the UN Business Operations Strategy, the UNICEF supply manager chaired the 2017 UN Procurement Working Group, leading on initiatives to achieve efficiencies and effectiveness across UN agencies' procurements, including sharing of LTAs, as well as cost savings calculations based on a newly designed methodology.

Security for staff and premises

Kenya experienced heightened insecurity resulting from protracted political stalemate during the election period, which lasted through most of the second half of the year. The political situation presented elevated security risks to staff and compromised program delivery due to access restrictions in the field. UNICEF Kenya ensured safety of staff through regular and ad-hoc security advisories, text messages, and quarterly all staff security meetings. UNICEF Kenya, in collaboration with UNDSS, deployed a security officer to Kisumu to support UNICEF operations during the election period.

UNICEF Kenya strengthened measures to enhance safety and security of its premises and to support programme delivery. Armoured vehicles were used to transport staff supporting the Dadaab office. UNICEF Kenya procured another armoured vehicle to support operations in the Garissa office. UNICEF Kenya began setting up safe rooms in the two remaining zonal offices. The Lodwar office was completed and the Kisumu will be completed in 2018.

UNICEF Kenya enhanced emergency preparedness through security trainings, monthly radio checks and quarterly communication tree drills. The business continuity plan was updated and effectively tested through two simulation exercises where areas of improvement were addressed. First aid and fire safety trainings were held in Nairobi and all zonal offices, in which 103 staff, dependents and domestic staff participated.

More than 50 houses occupied by international staff were inspected and recommendations on enhancing residential security were implemented. Safe and secure applications in field environment (SSAFE) trainings and refresher courses for all UNICEF field drivers were conducted. The courses included classroom work and practical training scenarios such as being taken hostage, moving through checkpoints, being under fire and driving through mine fields.

Human resources

UNICEF Kenya ensured timely and quality recruitment of staff, staff maintenance and capacity development.

UNICEF Kenya's average recruitment time in 2017 was 80 days. A staff vacancy rate of less than four per cent was maintained. A total of 108 consultants were recruited for UNICEF Kenya and the UNICEF Regional Office in 2017.

UNICEF Kenya ensured 47 per cent of all staff recruited were female and the ratio of international professional staff from industrial countries to programme countries was 52:48.

UNICEF Kenya completed 96 per cent of performance evaluations by the deadline of 28 February 2017. Performance planning for 2017 was 100 per cent. Elections for the new executive committee of the staff association were held and management worked closely with the association. The joint consultative committee (JCC) comprised of management and staff association representatives met three times and discussed issues concerning staff welfare.

As part of the UN inter-agency HR working group, UNICEF Kenya supported the development of a project on harmonization of local recruitment.

UNICEF Kenya prioritized team building and skills development in 2017. The learning and development plan was approved and the terms of reference for the staff development committee was aligned to the regional office guidance.

In addition to UNICEF mandatory courses, the learning and development plan included 13 group activities and 7 individual activities. A staff retreat was organized in Naivasha in May to discuss both the roadmap for the new country programme and the country programme management plan. The retreat was also used to provide ethics training and to conduct team building activities.

The Global Staff Survey (GSS) 2017 results were shared with staff and a roadmap for addressing areas of concern was developed by the staff association and management. Results of the GSS 2017 showed improvement on many components over the 2014 survey.

Effective use of information and communication technology

In 2017, UNICEF Kenya focused on operational effectiveness and efficiency to ensure productive, responsive, resilient and secured communication and technology access for UNICEF staff. To accommodate increased use of applications, internet capacity was upgraded in the Nairobi office by 17 per cent and in zone offices by 200 per cent.

UNICEF Kenya continued using cloud-based services including Office 365 tools, SharePoint and OneDrive to assist the office in effective collaboration and enhanced business continuity. UNICEF Kenya setup a LIGHT service centre in Nairobi to enable end users to access all corporate services, including VISION, Intranet, and Shared drives over any normal Wi-Fi Internet from a UNICEF laptop. UNICEF Kenya maintained the minimum required ICT footprint based on office size as suggested by ICTD guidelines.

UNICEF Kenya and partners implemented several open source and mobile tools to strengthen data management systems for child indicators. To improve service provision and follow-up of child protection cases in emergencies, UNICEF Kenya launched a case management system in

Kakuma refugee camp using Primero. UNICEF Kenya provided technical support to the Government to upgrade its Child Help Line and integrate it with the Child Protection Information Management System (CPIMS) for easy escalation of child cases, including a real-time feedback mechanism. UNICEF Kenya, in collaboration with the University of Nairobi Computing for Development lab, developed and tested a tracking system that was piloted in three counties to enable the Ministry of Education to track out-of-school children.

To enhance donor visibility and advocate for more resource leveraging toward the protection of rights of children in emergencies, UNICEF Kenya developed multi-media products such as video packages, B-roll video, human interest stories and photographs for display on social media platforms.

Programme components from RAM

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2018, children and adolescents and their families participate in processes affecting them; and caregivers, households and communities, in high-deprivation counties and urban locations, adopt positive child-sensitive social norms and key practices in development, and emergency contexts.

Analytical statement of progress

UNICEF worked in partnership with the Government and civil society partners to implement a variety of social and behaviour change communication interventions in both development and emergency contexts.

As a result of UNICEF technical and financial support to the Government and implementing partners at national and county levels, the quality of social and behaviour change planning to address care practices such as breastfeeding, pneumonia and diarrhoea care-seeking improved. This progress was possible through capacity strengthening, application of guidelines to regulate C4D practice, advocacy and evidence generation and application.

Evidence-informed communication planning was becoming the norm of practice by programme implementing partners. Findings of the Secondary Data Analysis of Knowledge, Attitude and Beliefs on 10 key behaviours conducted in 2015/16 laid the basis for the 2017 ongoing knowledge, attitudes and practices (KAP) survey of maternal, infant and young child nutrition (MIYCN), and the completed survey on FGM/C and child marriage. Findings of the KAP survey on maternal and child health practices in Homa Bay, Turkana and Kakamega counties, conducted in 2015 by UNICEF in collaboration with Ministry of Health (MoH), influenced maternity protocol of health providers in Turkana County. Those findings also informed the communication strategy for the maternal and child health cash transfer initiative in Kakamega County.

UNICEF Kenya provided technical support to the Ministry of Health to conduct formative research on immunisation communication in Nairobi, Narok, Kisii and Uasin Gishu. Findings of this research informed development of communication plans that were facilitating the uptake of routine immunisation in those counties. A formative study on maternal and young child feeding practices in the UNILEVER Tea Estates, conducted in collaboration with Kericho County, was completed in the first quarter of 2017, and influenced the development of a MIYCN communication strategy and implementation plan for the breastfeeding friendly workplace

initiative.

UNICEF Kenya provided technical and financial support for the development and implementation of County MIYCN strategies for Nairobi, Isiolo, Baringo, Turkana, Tana River, West Pokot and Samburu Counties. In implementing the C4D multi-year/multi-tier capacity development plan developed in 2015, UNICEF supported the training of 1,062 C4D practitioners from the Health, Nutrition, WASH, Education and Child Protection sectors at national and county levels on strategic communication planning, implementation and monitoring at various levels.

In the spirit of human rights-based approach to social and behaviour change communication, UNICEF continued to support engagement and participation of children, caregivers and emergency affected populations in programme planning and implementation. In 2017, school children and parents participated in the development and pretesting of behaviour change messages on election preparedness disseminated on radio. Child representatives from 47 counties participated at the 4th Annual Devolution Conference.

The finalisation of the National Community Dialogue Guideline, to be validated and disseminated in the first quarter of 2018, provides a framework for regulating the quality of community engagement. Opportunities for communities to participate in health care-related decision-making increased in 2017, with more than 8,340 community dialogue sessions conducted, representing more than 93 per cent of the planned community sessions between January and September 2017. A total of 23,500 copies of the National Guideline for Communicating Health Risks in Emergencies, developed with UNICEF support in 2016, were reprinted and distributed across 47 counties.

UNICEF Kenya continued to support community engagement through its programme cooperation agreements with health, nutrition, WASH and education implementing partners. A total of 116,560 people in 11 focus counties (Baringo, Garissa, Isiolo, Lamu, Mandera, Marsabit, Samburu, Tana River, Turkana, Wajir, and West Pokot) were reached with demand generation and awareness messages on maternal, newborn and child health through UNICEF's response to a protracted nurses' strike.

UNICEF Kenya provided technical and financial support for the development and dissemination of multimedia, evidence-informed cholera, malaria, kala-azar, marburg and anthrax prevention and control messages on national and community-based radio. UNICEF also provided technical leadership to the Ministry of Health for the development of marburg viral disease (MVD) communication messages and materials for health workers and communities/households in the five affected counties. This ongoing support significantly contributed to controlling disease outbreaks. Child protection messages on abuse, sexual violence and neglect during drought reached school teachers, children, caregivers and communities in 23 counties.

Challenges under this outcome included limited capacity for communication planning and implementation and frequent staff changes among implementing partners, resulting in loss of organisational capacity. Gaps persisted between knowledge and child care practices, especially as practice of specific behaviours depend on commodities and facilities which are not always available. Limited coordination and fragmentation of communication interventions, especially at the household level, resulted in duplication with potential for confusion by caregivers. Lack of a behaviour change comprehensive monitoring and evaluation framework and absence of county disaggregated data on behaviour change continued to challenge monitoring of behaviour change intervention outcomes at all levels.

In 2018 work will focus on using evidence to influence strategic communication planning and seek greater alignment of behaviour and social change communication (BSCC) to programmatic requirements. Focus will continue to be placed on C4D capacity development of implementing partners at national and sub-national levels, support for the development, dissemination and contextualization of behaviour change communication messages and on community engagement.

OUTPUT 1 By 2018, UNICEF programme staff and boundary partners at national level and in selected counties have increased capacity to systematically generate and use evidence to inform strategic communication planning implementation and monitoring for social and behaviour change.

Analytical statement of progress

UNICEF technical support to implementing partners and counties resulted in the development of five county communication strategies (one for maternal and young child nutrition and four for immunisation). These strategies guided the development of implementation plans, message revision, coordination of BSCC interventions and enhanced advocacy at county level for resource allocation for social and behavioural change.

To address gaps in capacity and emerging needs from the implementation of C4D Multi-Year Capacity Development Plan, an orientation on social norms and practicum on strategic communication matrix analysis for 15 C4D national trainers was conducted in October 2017. The trainers, drawn from health, nutrition, WASH, child protection and education sectors at national and county levels, enhanced C4D training and interventions in their sectors with the knowledge acquired from the orientation.

A joint cholera outbreak assessment and support missions to Dadaab and Kakuma refugee camps resulted in the development of inter-agency communications strategies and implementation plans that contributed to case reduction. In response to cholera outbreaks, a 90-day cross-sectoral C4D cholera response plan was developed. As part of the implementation of the 90 day plan, with UNICEF technical and financial support, a one-day pre-deployment orientation for the Ministry of Health National Diseases Outbreak Communication Rapid Response Team was conducted for 13 health promotion officers. The team was deployed for a seven-day mission to four cholera active counties (Nairobi, Daadab, (Garissa), Kilifi and Kajiado) to support identification of practices and social norms that pose significant risk for cholera. Newly-identified risky practices such as feeding children water which adults had washed their hands in after eating and open defecation by adults at night as a result of myths related to toilet use in the night were addressed through communication interventions.

A knowledge attitude and beliefs study on FGM/C conducted in six counties (Garissa, Kajiado, Marsabit, Wajir, Samburu and West Pokot) established linkages between FGM/C and child marriage and informed the re-packaging of communication responses for addressing social norms around these behaviours in Samburu, West Pokot and Kajiado counties. A Knowledge Attitudes and Practice (KAP) study on nutrition behaviours in nine counties (Kitui, Kilifi, Kwale, Isiolo, Mandera, Tana River, Turkana, Samburu and Wajir) will provide county-specific evidence on child feeding practices and address gaps identified by the Secondary Data Analysis of 10 Key Behaviours conducted in 2016.

Training of 70 adolescent peer educators from Nairobi and Mombasa County informal settlements enhanced their knowledge on HIV prevention, treatment and care and equipped them to champion HIV prevention education among their peers.

OUTPUT 2 By 2018 Mechanisms and structures to facilitate meaningful participation of children and adolescent in decision making and for parents, caregivers and community engagement for social and behaviour change for child survival, development and protection established/strengthened

Analytical statement of progress

UNICEF provided technical and financial support to the Ministry of Health (MoH) and implementing partners for the revision of the teachers' handbook on hygiene promotion in schools and menstrual hygiene management. UNICEF technical support in the development of WASH and nutrition behaviour change communication (BCC) materials contributed to the successful commemoration of the Global Handwashing and World Toilet Days held in Kajiado and Nakuru counties, respectively.

UNICEF technical support to the Ministry of East Africa Community, Labour and Social Protection Children's Department assured quality selection of a creative communication agency to conduct national and county-specific multi-media violence against children (VAC) campaigns, which will commence in the first quarter of 2018.

UNICEF Kenya supported the revision of the VAC information booklet developed in 2015 to incorporate emerging issues, including online child abuse. Some 20,000 revised copies were being printed, to be distributed through child protection implementing partners (IPs) in 47 Counties. Technical support was provided to partners for development of child protection messages in Somali language in Dadaab refugee camps during the drought emergency, which were aired throughout the month of October, during Eid holiday period.

UNICEF contributed to election preparedness and planning through its technical support to the education sector in Kisumu County to develop radio and TV messages and an interpersonal communication guide for parent teachers associations (PTAs) and head teachers on safety and security of children before, during and after the election.

UNICEF Kenya contributed significantly to behaviour change communication (BCC) preparedness and response to disease outbreaks through its technical and financial support. More than 1 million assorted (cholera and marburg) BCC materials were produced, printed, prepositioned and distributed at national and county levels. Communication plans were developed and implemented for a cholera and marburg integrated catch up campaign including airing of messages on national and regional radios, with an estimated reach of more than 15 million people daily. During Eid celebrations, UNHCR transmitted UNICEF-developed Eid messages for Dadaab refugee camps. A cholera flipchart developed for community health volunteers will further support improved cholera messaging at household level.

UNICEF Kenya supported interpersonal communication and malaria radio messaging through partnership with MENTOR in two counties (Marsabit and Turkana). UNICEF, through a partnership with ECHO Mobile, reached 40,000 primary school head teachers with seven key malaria messages for school children, and produced a complementary video clip. Through a partnership with Kenya Red Cross Society (KRCS) for an integrated maternal and child health

catch up campaign in 11 counties, 116,560 people were reached with BCC messages.

UNICEF's technical support to the MoH ensured development of a national Marburg preparedness and prevention communication plan, including radio messages in six local dialects disseminated through community radio in the five affected counties. UNICEF also supported the transmission of World Health Organisation-developed guinea worm disease (GWD) eradication messages on national radio and television.

OUTPUT 3 By 2018 mechanisms and structures to facilitate meaningful participation of children and adolescent in decision making and for parents, caregivers and community engagement for social and behaviour change for child survival, development and protection established/strengthened

Analytical statement of progress

Community engagement continued to be prioritised across all programme sectors. A comprehensive community health volunteers (CHVs) job aid was developed with UNICEF technical and financial support and was disseminated in seven counties (Homa bay, Isiolo, Siaya, Nakuru, Kericho, Narok and Turkana) to enhance the quality and comprehensiveness of BCC at household level. The volunteer job aid was leveraged by UNICEF partners and was printed and disseminated in five additional counties by Kenya Red Cross Society, CONCERN, World Vision and AMREF.

Between January and June 2017, 3,891 community dialogue sessions were held, representing 82 per cent of community units in Kenya. From July to September, 94 per cent of community units (4,457) held dialogue sessions, indicating a progressive increase in opportunities for communities to engage. These sessions were guided by the National Community Health Strategy standards, which include mechanisms for channelling issues and receiving feedback.

The National Community Dialogue Guideline, developed by the Ministry of Health in consultation with 47 Counties and civil society partners, including CONCERN WORLDWIDE, World Vision, Save the Children and AMREF, was finalised and will be validated and disseminated in 2018.

UNICEF, through its partnership with Kenya Red Cross, supported a Catch-Up Campaign that trained 600 community health volunteers in three counties (Marsabit, Isiolo and Wajir). A total of 116,560 people in 11 focus counties (Baringo, Garissa, Isiolo, Lamu, Mandera, Marsabit, Samburu, Tana River Turkana Wajir, and West Pokot) were reached with demand generation and awareness messages on integrated maternal, newborn and child health, including immunization.

To enhance community engagement during emergencies and disease outbreaks, UNICEF supported the orientation of 13 health promotion officers (HPOs) who provided technical support on community engagement in four counties with active cholera. This technical support enabled the identification of previously unknown social practices that have the potential to fuel cholera spread. A total of 23,500 copies of the National Guideline for Communicating Health Risks in Emergencies, developed with UNICEF support in 2016, were disseminated in 47 counties in response to various disease outbreaks in 2017.

UNICEF contributed to the fulfilment of the rights of children to participation through children's involvement in the development of messages on safety and security of children before, during

and after the election and dissemination of those messages on radio and television. Children also participated in the commemoration of the Day of the African Child, World Menstrual Health Day, World Toilet Day, Global Handwashing Day and World's Children's Day.

Fragmented implementation of community engagement across programme sectors, weak capacity of government and implementing partners on community engagement and lack of real time data to measure progress challenged achievement of this output. Lessons in the realisation of this output include greater relevance and effectiveness of cholera messages disseminated through more than 30 community radiostations.

Going forward, effort under this output will be aimed at enhancing community engagement through greater cross sectoral integration of social and behaviour change communication at community and household levels and strengthening capacity and systems for greater capacity and reporting.

OUTCOME 2 By 2018, national and county actors plan, budget, track expenditures, and leverage resources to scale-up evidence-based and risk-informed approaches to fulfil children's and adolescents' rights.

Analytical statement of progress

UNICEF continued to strengthen collaboration with national and county governments to further leverage resources for children. The major strategies used were evidence generation, strategic partnership, capacity development and policy and advocacy to position children's rights.

To promote child sensitive policies and programmes, UNICEF maintained and reinforced its strategic collaboration with national and county-level institutions. At policy level, this elevated UNICEF's position in key national decision-making platforms to better position children's priorities. As co-chair of the UNSDG group, UNICEF played a strong leadership role in the MTPIII process by contributing to children's rights being aptly reflected in the MTPIII. At the county level, UNICEF's partnership with UN WOMEN and UNDP led to the revision of the County Integrated Development (CIDP) Guidelines, used by all 47 counties. UNICEF provided technical support to more than 20 counties to position key children's priorities on health, nutrition, WASH, child protection, HIV/AIDS in the design and formulation of second generation of CIDP.

UNICEF completed a wide range of studies that were instrumental in providing key indicators for child responsive budgeting and thus enhanced advocacy for children rights. The studies include the Multi-Dimensional Child Poverty study, the Public Expenditure Review in Health and WASH, Budget Analysis (Kenya Investment) in social sectors, Education Financing Study, Nutrition Sector Expenditure study and, the Fiscal Space and Political Economy study. These studies and Budget Briefs provided reliable baselines and information on the amount of public resources spent on children's sectors (41 per cent), disaggregated by sectors and counties. They also provide the Government with a baseline on monetary and non-monetary child poverty disaggregated in the 47 counties.

The findings of above studies were used in the ongoing national and county government planning and budget processes. The child poverty study was used in the MTP III consultations with UNICEF and will be used in the CIDP formulation in 20 counties. The PER findings for health and WASH were key to engaging the National Treasury in the revision of the standard Chart of Account (SCOA), which will improve reporting for social sector, and in initiating

capacity building on PFM4C to all counties. Wider dissemination of the study findings is planned for early 2018.

To build solid national and county skills on public finance for children, and to sustain prioritization and leveraging of resources for child rights, UNICEF supported the National Treasury, Kenya Institute of Public Policy Resource and Analysis (KIPPRA) and KSG through Oxford Policy Management to develop national training materials and undertake trainings for key staff at national and county levels. The development of guidelines and modules was completed, but the Government delayed the trainings until the first quarter of 2018.

UNICEF also supported a study tour to Mexico for officials of the National Treasury and the Office of the Controller of Budget to draw best practices on child responsive budgeting. The study tour provided an opportunity for Kenya to draw lessons and engage on several aspects, including budget performance monitoring and programme effectiveness in the social sectors, national and county budget transparency and accountability initiatives to link budgets to CIDP/ADPs and prioritization and promotion of social sectors and the revision of the Standard Chart of Accounts (SCOA) where a committee is set by the National Treasury.

UNICEF supported six innovative initiatives focused on generating evidence for informed decision-making for children and improved service delivery. This included a partnership with the Ministry of ICT to initiate a unique identification system for children in Kenya, which aims to boost access to birth registration. UNICEF conducted a SWOT assessment of existing registration systems to appropriately engage all ministries in this initiative in a coordinated way.

Capacities on child responsive planning and budgeting in counties remained a challenge. The transition within the counties following the 2017 General Elections exacerbated the situation because new officials brought on board in half of the counties have even lower capacities.

Priorities for 2018 include capacity building on public finance for children across the 47 counties and line ministries, engagement with county assemblies and executives to leverage resources, finalization of the SCOA review and support to Treasury to improve the SCOA and support for the county CIDP and annual workplan. UNICEF will also initiate new innovations such as the unique identifier for children and integration of cash transfers with energy for the most deprived people.

OUTPUT 1 National and County development planning processes strengthened through assessment and review of development plans and promotion of child responsive guidelines

Analytical statement of progress

Child sensitive tools developed: At the national level UNICEF strategically engaged the Ministry of Devolution and Planning directly and through sector consultations to position children priorities in the MTP III formulation. At the county level, UNICEF collaborated with UN agencies (UNDP and UN WOMEN) to support the revision of the County Integrated Development (CIDP) Guidelines to ensure that social sectors in county plans prioritize children investments. In the first half of 2018, UNICEF will continue to provide technical support in development of CIDP for more than 20 select counties and position key child deprivations such as nutrition, health, sanitation and ECD.

Analytical products to support prioritization of children: UNICEF's partnership with Kenya National Bureau of Statistics facilitated the completion of a multidimensional analysis of child

deprivation in Kenya covering all 47 counties. The Child Poverty Report was published by the Kenya National Bureau of Statistics. Ten county profiles were prepared and will be utilized in formulating child sensitive CIDPs. The child poverty study indicated that overall child poverty (incidence of deprivations) was 45 per cent of all children, which translates to 9.5 million children who are severely deprived in at least three or more basic needs for their wellbeing. The findings were shared with partners. UNICEF also used the findings to develop the new Situation Analysis for Children. The study also contributed to the baseline values of SDG1 and SDG 10. UNICEF also supported the Kenya National Bureau of Statistics (KNBS) to generate monetary child poverty estimates using the 2015/2016 Kenya Integrated Household Budget Survey (KIHBSII-2016). Both monetary and non-monetary child poverty studies will be launched in 2018.

Advocacy events to mainstream child rights: UNICEF supported the Council of Governors to organize, in February 2017, the first-ever devolution conference for children. The Conference yielded a communique where governors committed to achieve children rights in health, education, child protection, peace and environment. UNICEF advocacy during the National Devolution Conference resulted in the governors committing to spend at least 25 per cent of their county resources on Health.

OUTPUT 2 National and county actors' capacities developed to participate, analyse budgets and track investments and expenditures for children and adolescents

Analytical statement of progress

Studies and analytical reports completed: The Public Expenditure on WASH and Health, the Budget Analysis and budget briefs in ten counties and the Fiscal Space Analysis/Political Economy study were all completed. These studies provided substantive evidence on expenditures for children and on the bottleneck to prioritizing children at national and subnational levels. The dissemination of the studies was delayed due to the political situation. UNICEF also partnered with KIPPRA to conduct additional budget briefs in three additional counties of Kisumu, Nairobi and West Pokot.

National and county officers trained on child-friendly public finance: UNICEF partnered with the National Treasury to contract Oxford Policy Management to develop national training materials on child responsive budgeting to enable national and county government staffs involved in budgeting and expenditure to achieve relevant skills on prioritizing children in national and county budgets. The trainings will begin during the first quarter of 2018 and are expected to reach more than 100 staff. To ensure sustainability, a team of trainers from the National Treasury KSG and KIPPRA will be trained to handle the county-level training.

Tools developed for tracking of child expenditure: Based on the findings of the PER and budget briefs on low expenditure on nutrition, sanitation and child protection, UNICEF and the National Treasury began the process of reviewing the current Standard Chart of Accounts (SCOA). A technical committee on SCOA was put in place to lead the process, develop TORs and hire a firm to conduct the review in 2018. UNICEF supported a study tour to Mexico for committee members to draw best practices on child responsive budgeting. UNICEF will also use the lessons learned from the Mexico study tour to engage the Government on budget performance monitoring and programme effectiveness in the social sectors at national and the county levels and national and county budget transparency and accountability initiatives to link budgets to CIDP/ADPs and prioritization and promotion of social sectors.

UNICEF and the World Bank supported the National Treasury to develop the BOOST initiative to facilitate access to budget data by all programmers and promote effective use for improved decision-making processes, transparency and accountability. The current BOOST only shows national and line Ministry budgets and expenditures. Plans are underway to make it reflect sub-national and sector-specific project budgets and expenditures. UNICEF, in collaboration with the Regional Office and International Budget Partnership, plans to support the National Treasury to increase Kenya's open budget transparency index from the current 46 to above 60 by 2019.

Child friendly budget advocacy: UNICEF utilised the findings from the PER and budget study to advocate with senior county health officials in Turkana, Kakamega and Homa-Bay in the development of their health financing strategies and sustain financing of the health sector.

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

Analytical statement of progress

To mainstream innovation in Kenya, UNICEF institutionalized an Innovation and Technology for Development community of practice (CoP) group and developed a strategy that aims to promote child sensitive innovations using technology and process innovations to accelerate results for children. The CoP conducted three coordination meetings and mappings which showed that UNICEF Kenya was implementing six innovations and innovative processes. The majority of the initiatives are either 'Made in Kenya' or incubated with local partners in Kenya.

To promote Kenya-based child sensitive innovations, UNICEF partnered with the Ministry of ICT (MoICT) to support the development of a unique identifier system for children in Kenya. The purpose of the unique identifier is to strengthen birth registration and create conditions for integrated basic social service in Kenya. UNICEF provided technical assistance to the MoICT to conduct a SWOT analysis to identify the bottlenecks and opportunities for such system.

UNICEF also pursued several initiatives focused on evidence generation and monitoring of children's indicators. With the Ministry of Health, UNICEF successfully launched national scale-up of a Real-Time Monitoring System for Community-Led Total Sanitation that will help to monitor Kenya's progress in achieving Open Defecation Free status by 2020.

UNICEF, in collaboration with the Computing for Development Lab, developed and tested the out-of-school children tracking system. The system aims to identify and reduce the number of out-of-school children in Kenya by 300,000 by 2018. The system was piloted in three counties.

To improve service provision and follow-up of child protection cases in emergencies, UNICEF launched a case management system in Kakuma refugee camp. UNICEF Kenya also partnered with UNICEF Uganda and UNICEF Tanzania to develop a generic open source upgraded version of a child helpline system. UNICEF Kenya also provided technical support to the Government to upgrade its Child Help Line and integrate it with the Child Protection Information Management System for easy escalation of child cases and a real time feedback mechanism.

With the Ministry of Devolution and Planning, UNICEF Kenya supported development of the E-SIR system that will improve data collection of feedback from rights holders to enhance service delivery in devolved counties. UNICEF also organized a training of trainers from five counties on the platform,

UNICEF in partnership with the University of Nairobi, convened the Third Annual Innovation Week, designed to mainstream innovations for children.

The major challenges were that different line ministries are leading different innovative initiatives in silos creating the potential for duplication of effort and resources.

OUTCOME 3 By 2018, equitable child- and adolescent-responsive standards and systems for data generation, information management, policy analysis, monitoring and evaluation are developed and used.

Analytical statement of progress

This outcome contributes to the UNDAF, 2014-2018, Outcome 1.4 under Transformative Governance. It aims to strengthen monitoring and evaluation systems at both the national and county levels, including evidence generation to inform policy decisions, programme design and advocacy.

To ensure availability of reliable data to inform the design of the new Country Programme (2018-2022), UNICEF Kenya supported the development of the situation analysis of children in Kenya to identify bottlenecks and barriers hindering the realisation of children's rights. UNICEF partnered with Global Emergency Group and the Centre for Humanitarian Change to conduct a Real-Time Evaluation of UNICEF's response to drought in the ASAL regions in Kilifi, Mandera, Turkana, Marsabit, Tana River and Garissa. The evidence from the evaluation provided operational decision-making and lessons for UNICEF during drought response.

As part of an ongoing commitment to improve the empirical evidence base upon which policy and programming decisions are made, UNICEF convened a research and knowledge workshop in March, attended by section chiefs, M&E and programme staff and chaired by the Country Representative. Recommendations from the meeting guided development of PRIME for the new Country Programme Document (CPD) (2018-2022) to ensure prioritization of research that has an impact on policy and influences decision-making.

UNICEF continued to strengthen evidence generation through the reference group that performed quality assurance of PRIME's terms of reference, inception and draft reports to ensure the relevance, quality and utilisation of evidence generated. In 2017, seven PRIME activities were completed: N-MODA, Female Genital Mutilation/Cutting, WASH Dutch-funded evaluation, Budget Analysis, Public Expenditure Review, County Mapping and Coordination on Social Protection and the Fiscal Space and Political Economy Analysis.

UNICEF, together with the Kenya National Bureau of Statistics (KNBS), and other stakeholders, provided technical support and guidance on the implementation of the 2019 Kenya National Census. The census will provide information on the size, distribution and characteristics of the population at both the national and county levels that will be used for planning purposes.

To strengthen the county integrated monitoring and evaluation system (CIMES), UNICEF collaborated with the Monitoring and Evaluation Department (MED) to roll out a training on results-based monitoring and evaluation in the targeted counties (Kakamega, Siaya, Homabay, Turkana, Kisumu and Migori). During 2017, UNICEF provided financial support to MED to enhance the capacity of 64 county officers in results-based management.

The protracted procurement process for consultants and the ethical review process delayed the completion of some PRIME activities. The lengthy election period compromised the ability of Government counterparts to conduct some of the planned activities, leading to postponement of the results based management training for Mombasa County to 2018 and the cancellation of the secondary data analysis of the Kenya Demographic and Health Survey (KDHS). Changes in financial management staff further slowed the rate of implementation of planned activities with the Monitoring and Evaluation Department and KNBS.

In 2018, UNICEF will continue to provide technical and financial support to KNBS on census activities and advocate for the finalisation of the M&E policy. UNICEF Kenya also will continue to monitor the finalisation and dissemination of PRIME activities .

UNICEF supported the Civil Registration Department (CRD) and Ministry of Health to improve birth registration coverage in underserved counties (Marsabit, Turkana and Siaya) through implementation of the Mother and Child Health (MCH) integration strategy. , UNICEF provided technical assistance in preparing the 2016 Civil Registration and Vital Statistics (CRVS) report and the TOR of the evaluation of the Civil Registration Strategy (2013-2017). UNICEF continued to advocate to enhance the uptake of the MCH strategy by the county governments. This resulted in Kakamega County committing to scale up the MCH strategy. The launch and implementation of MCH activities in Kakamega is planned in the first quarter of 2018.

UNICEF Kenya continued to advocate for birth registration for all children at the early childhood development (ECD) centres because it enhances the right of a child to access services and facilitates counties having accurate population data for use in budgeting for ECD services. UNICEF promoted an integrated ECD model, which includes provision of children's services, including health, nutrition, early learning and child protection. UNICEF collaborated with county officials from MoH, education and civil registration to register children without birth certificates. In 2017, the education section in Garissa facilitated 746 children (346 girls, 400 boys) to receive birth certificates.

UNICEF advocated for inclusion of civil registration in technical working committees for ECD to strengthen support for birth registration. Thus, the department is facilitated through County Education Office to visit ECDE centres and provide birth certificates. In 2018, UNICEF will continue to support birth registration activities. UNICEF will support the Department of Civil Registration to participate in the Fourth African Conference of Ministers on Civil Registration, which will address progress made and develop roadmaps to achieve accelerated birth registration.

OUTPUT 1 Systems for disaggregated data collection and real-time monitoring of barriers and bottlenecks faced by the most disadvantaged strengthened

Analytical statement of progress

To improve operational decision-making and provide learning, UNICEF partnered with the Global Emergency Group and the Centre for Humanitarian Change to undertake a real-time evaluation (RTE) of the ongoing drought response in affected areas in Mandera, Tana River, Garissa, Kilifi, Marsabit and Turkana. The evaluation focused on WASH, nutrition and health needs of children and caregivers, including role of UNICEF as an implementing agency. The preliminary findings showed that although the community feedback on UNICEF's response was positive, there were some constraints noted, including delayed response (3 to 6 months) to the

drought, and sub-optimal quality of rehabilitated water points. The evaluation also noted the negative impact of the protracted nurses' strike on nutrition gains, a lack of clarity on the roles between national and county governments and the silo approach to drought response vis-a-viz resilience programming. The evaluation findings will be disseminated in 2018 to inform national and county level stakeholders and to position UNICEF in future responses to drought.

UNICEF continued its collaboration with the Government to validate the situation analysis (SitAn) of children in Kenya, which provides information on key factors contributing to and hindering the realisation of rights by children and women in Kenya. Evidence from the SitAn informed the development of the new Country Programme Document (2018-2022).

UNICEF was a member of the Technical Working Group and the 2019 National Census Steering Committee.

To ensure the quality and utilisation of studies, research and evaluations, UNICEF, under the guidance of the chief of planning, monitoring and evaluation and the Deputy Representative, continued to review terms of reference, inception and draft reports. At least 10 quality review meetings were conducted in 2017 through the reference group, chaired by the chief, planning monitoring and evaluation and by the Deputy Representative - for SitAn and the RTE only.

To strengthen monitoring and evaluation systems at the national and county levels, UNICEF continued to provide financial and technical support to the Monitoring and Evaluation Department during the National M&E week in November 2017. The meeting was attended by stakeholders including the Government and provided a platform to learn, share and exchange knowledge on M&E.

The Kenyan elections and the subsequent re-run led to the cancellation of the CIMES in Mombasa and the secondary data analysis by Kenya National Bureau of Statistics. No legal framework existed to provide guidance on monitoring and evaluation standards in the country due to delays by the Cabinet to approve the draft M&E policy.

In 2018, UNICEF will continue to support the Kenya Population and Housing Census, including questionnaire development and preparation for the Census pilot. UNICEF also will continue to engage the Monitoring and Evaluation Department to finalize the M&E policy, which will provide guidance on monitoring and evaluation standards in Kenya. UNICEF also will finalise the SitAn and the Real-Time Evaluation.

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

Analytical statement of progress

The vital statistics data published by Civil Registration Department (CRD) showed an improvement in the birth registration coverage from 65.9 per cent in 2015 to 68.1 per cent in 2016. (Full 2017 data were not available at year end.) The three counties (Marsabit, Siaya and Turkana) that had rolled out a mother and child health (MCH) strategy through UNICEF's support increased birth registration coverage, respectively, from 77 per cent, 64.5 per cent and 18.2 per cent in 2015 to 82 per cent, 62.6 per cent and 24.5 per cent 2016.

In 2017 UNICEF provided technical assistance to CRD and the Ministry of Health (MoH) in preparing the 2017 CRVS report and the terms of reference for the evaluation of the Civil

Registration Strategy (2013-2017). To continue integration of maternal and child health (MCH) and CRVS services, Kakamega County agreed to scale up MCH strategy due to its very low birth registration coverage (20 per cent). Preparatory meetings including the inception workshop were organised in the second quarter of 2017 with the participation of the County Health Management Team, MoH and CRS. The health workers' strikes that began in June, coupled with prolonged elections and termination of the MoU with DFID, impeded the organisation of the launch in Kakamega County. UNICEF resumed discussions with the county when the nurses' strike ended in early November.

In collaboration with the CRVS TWG members, UNICEF helped prepare the National CRVS Report, which includes registration status of births, registration status of deaths and causes of deaths for the country and decentralised counties. Support was also provided to CRD in preparing the terms of reference for the evaluation of the CRVS strategy (2013-2017).

Major challenges to birth registration coverage included high staff turnover, limited budget, limited forms, registers and templates, and limited inter-ministerial coordination between MoH and CRD at different levels.

To ensure access to early childhood development (ECD) programmes, 746 children aged 3-6 years (346 girls, 400 boys) obtained birth certificates at the ECD centres. A birth certificate is a prerequisite for entry to school. UNICEF collaborated with Garissa County Civil Registration Department to identify children without birth certificates and partnered with the communities to ensure that the children receive them. Delays were experienced for the children who were orphaned and for those without birth notification due to delivery at home or failure to notify the Chief in a timely manner. Continued sensitization of communities on the importance of birth registration is expected to increase the demand for the service. In 2018, UNICEF will roll out birth registration in ECD centres in Isiolo and Samburu Counties to increase the access to ECD.

OUTCOME 4 By 2018, children, families and communities utilize child protection services, underscored by a functional child protection system that prevents and responds to violence, family separation, and harmful practices in regular and emergency situations at national and county levels, including in vulnerable urban areas.

Analytical statement of progress

Child protection system components were strengthened, including legislation and the policy framework. The national steering committee finalized the draft of the Children's Bill. Once the Bill is enacted, the new law will address emerging issues such as child online abuse and exploitation. It will also provide additional protection measures for children in need of special care and protection. The National Policy for the Eradication of Female Genital Mutilation (FGM) was also finalised and was awaiting Cabinet approval at year end. The policy will provide a road map to address female genital mutilation in key sectors such as health, education, security, and access to justice and public information.

A Child Protection Information Management System (CPIMS) was implemented in 15 counties. To operationalise the CPIMS, 385 Department Children Services (DCS) staff and 110 non-governmental staff were trained on the use of CPIMS. The CPIMS data entry system captured 43,197 children's cases (22,354 boys, 20,843 girls) by the end of October. There is a plan to rollout the system to the 32 remaining counties by the end of 2018. CPIMS will significantly

enhance administrative data gaps in the area of child protection and help in planning and advocacy for increased child protection resources.

In the area of child protection research, UNICEF and an independent research agency, in collaboration with the Anti-FGM Board, completed a baseline Survey on FGM and Child Marriage among the Maasai, Rendille, Pokot, Samburu and Somali communities in Kenya. The key findings showed progress made to date and identified gaps to be addressed in the upcoming Joint Programme on FGM 2018-2021 to make impactful gains against FGM and child marriage. The final report, including a child friendly version, will be officially launched and disseminated in 2018.

UNICEF partnered with the Kenya Bureau of Statistics and the Street Families Rehabilitation Trust Fund of the Ministry of Devolution and Planning to carry out a survey on children and families in street situations in Kenya. This was the first time a national survey was carried out in relation to children and families in street situations. Though progress was made in piloting of survey tools and training research assistants, this survey was not completed as planned due to prolonged elections in the country.

In 2017, a significant number of children were reached with direct child protection services, including counselling, legal aid, medical support, rescue, reconciliation and reintegration, referral to courts and other care facilities as appropriate. A total of 29,468 children (13,620 girls, 15,848 boys) accessed child protection services, of whom 16,716 children (8,412 girls, 8,304 boys) accessed services through the child protection centres in Garissa, Kilifi, Nairobi and Nakuru.

Refugee children continued to receive essential child protection services. A total of 3,694 unaccompanied and separated children (2,310 boys and 1,384 girls) in Dadaab and Kakuma Refugee Camps received vulnerability assessment, psychosocial support, family tracing and reintegration and placement of unaccompanied minors in alternative family care, facilitated through a comprehensive individual case management process and community based child protection system.

A total of 24,235 children (11,535 girls, 12,700 boys) in six drought affected counties of Baringo, Garissa, Marsabit, Turkana, Wajir and West Pokot were identified and helped to access protective care and support. Dignity kits containing personal hygiene items, solar lights and clothing were distributed to 945 children (500 girls, 445 boys) as part of a reunification package.

A total of 12,666 calls were received through Child Helpline 116, including 4,757 calls related to incidences of violence against children, and 3,806 calls seeking information on various child rights issues. The 24/7 call centre, based in Nairobi, was supported by 22 well trained telephone counsellors who referred cases that required actions to the Children Officers and other service providers across the country as appropriate. The helpline system was being expanded and modernized and will be integrated with CPIMS by mid-2018.

Capacity building and raising awareness continued to be important pillars on child protection among girls, boys, women and men, including policy makers, community leaders and members, teachers and former FGM practitioners. During 2017, 97,477 children (47,963 girls, 49,514 boys) and 126,956 adults (64,109 women, 62,847 men) were reached through Child Protection Centre-related community outreach activities in Garissa, Wajir, Tana River, Kisii, Migori, West Pokot, Samburu, Kajiado Malindi, Nairobi and Nakuru counties.

The capacity of government and non-state actors on child protection in emergencies (CPiE) was strengthened, reaching 3,287 adults (1,892 women, 1,395 men) from Baringo, Garissa, Isiolo, Marsabit, Mandera, Samburu, Tana River, Turkana and Wajir Counties, and Dadaab and Kakuma Refugee camps. UNICEF partners also used public forums to sensitise the community on CPiE. More than 50,000 listeners were reached through broadcasts and talk shows on local radio stations in Baringo, Marsabit, Turkana and West Pokot.

Challenges included delayed implementation of a number of activities due to the prolonged election period in Kenya, and the drought that afflicted UNICEF focus counties including Baringo, Garissa, Marsabit Turkana, Wajir and West Pokot. Despite these challenges, essential child protection services were minimally disrupted. Child protection costing was underway to address issues of government allocations. One of the major lesson learned in 2017 was that the Government taking up more ownership for the critical components of child protection system.

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

Analytical statement of progress

During 2017, UNICEF, with key partners such as the National Council on Administration of Justice and civil society organizations, advocated with the Ministry of East African Community, Labour and Social Protection to develop a new Children Bill. With UNICEF advocacy with the Principal Secretary, a multi-sectoral National Steering Committee was formed, co-chaired by the National Council for Children Services and the Special Taskforce on Matters Related to Children. UNICEF and the International Development Law Organisation supported the engagement of legal experts to support the development of the Children Bill. More than 10 regional consultative forums, which included children and legal and child protection experts, were held. Views from children with disabilities and children in street situations were considered. At the end of 2017, an advanced draft was awaiting final validation by stakeholders.

The proposed Children Bill is in line with the 2010 Constitution, relevant national legislation, the 2016 Committee on the Rights of the Child's Concluding Observations on Kenya State report, international juvenile justice standards and the UN Guidelines on Alternative Care of Children. The new bill provides for increased protection measures for children, including diversion for children who come into contact with the law, and encourages family-based care for children. The Bill clearly stipulates overriding objectives to: promote the preservation and strengthening of families; give effect to equality and freedom from discrimination, fair administrative action, access to justice, and basic rights; give effect to state obligations concerning the welfare of children, in accordance with general rules of international law, treaties and conventions ratified by Kenya, and generally promote the protection, development and wellbeing of children. The Children Bill also recognizes emerging concerns such as online child online abuse and exploitation and modern day slavery.

In 2018, UNICEF will focus on advocating for the enactment of the Bill and will support the process of developing the required regulations, procedures and rules required for the implementation of the new law once enacted. UNICEF will intensify its advocacy for ratification of Optional Protocol II on Sale of Children, child prostitution and child pornography.

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

Analytical statement of progress

The child protection information management system (CPIMS) was implemented in 15 counties with UNICEF support. A total of 385 Department of Children Services (DCS) staff and 110 non-governmental staff were trained on the use of CPIMS. The system will significantly enhance capacity to generate child protection information that will be core to planning and budgeting for the sector as well as to reaching the most vulnerable children.

A survey on the prevalence of FGM and Child Marriage in five counties was completed. The findings of the study informed the development of the UNICEF and UNFPA Joint Programme documents, including the theory of change, results framework, situational analysis and work plan for 2017-2021.

Kenya's first national survey on children and families in street situations was undertaken by the Kenya Bureau of Statistic (KNBS) and the Street Families Rehabilitation Trust Fund (SFRTF) with technical and financial support from UNICEF. The findings of the survey will be used to inform policy and programmes on measures to prevent children and their families from moving into the streets.

UNICEF engaged Maestral International to undertake a costing and budget tracking study for child protection systems and services. The main objective of this study is to create the necessary evidence for DCS and other government agencies and civil society organizations to advocate for increased budget allocations for child protection systems and services. A technical working group from relevant stakeholders was established to guide the process.

UNICEF supported the DCS to develop forms, tools and registers required for the implementation of the National Guidelines on Alternative Care of Children in Kenya. Stakeholders such as SOS started using these tools as they changed their strategy from institutional-based care to family-based care of children for five villages in Kenya.

Child protection case management response to violence against children (VAC) was strengthened. The National Guidelines on Case Management and accompanying training manual were developed and will be rolled out in June 2018. The documents guide all duty bearers in taking up their roles in response to violence against children and improve referral pathways. Stakeholders in six counties were trained on the draft guidelines and were implementing them on a pilot basis.

In collaboration with the Kenya National Music Festival, UNICEF conveyed messages related to violence against children and education to 1.2 million child participants, parents, teachers and community members. A total of 450 adjudicators and teachers were trained on issues related to violence against children.

UNICEF provided support to DCS and partners in Baringo, Garissa, Marsabit, Turkana, Wajir and West Pokot Counties that resulted in strengthened coordination and capacity to protect children affected by drought. The reconstitution of the national technical working group on CPiE enhanced inter-agency coordination on CPiE.

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

Analytical statement of progress

A total of 20,410 children (9,796 girls, 10,614 boys) accessed child protection services through UNICEF supported child protection centres and other service delivery mechanisms in Garissa, Kilifi, Nairobi and Nakuru counties. Services accessed include child and family counselling, provision of legal aid, medical support, rescue, reconciliation and family reintegration, referrals to court and other care facilities as appropriate. A total of 41,965 adults (21,821 women, 20,144 men) were reached with child protection messages through awareness raising activities. An additional 1,161 adults (603 women, 558 men) were trained on child protection issues in the same counties.

A total 46,399 children (22,163 girls, 24,236 boys) from 126 schools participated in Violence against Children programmes in Garissa, Kajiado, Kisii, Migori, Pokot, Samburu, Tana River, Wajir, Nairobi, Kilifi, Nakuru and West Pokot counties.

The Turkana County Child Protection Strategy was completed in 2017. The strategy will provide relevant actions needed to address child protection deprivations. The strategy was not yet officially endorsed.

A total of 3,694 unaccompanied, separated and other vulnerable children (1,384 girls, 2,310 boys) in Dadaab and Kakuma refugee camps received child protection services through an enhanced case management system.

UNICEF provided technical and financial support to county-level DCS offices in nine counties of Baringo, Garissa, Isiolo, Marsabit, Samburu, Tana River, Turkana, Wajir and West Pokot to take leadership and coordination roles in drought emergency response. A total of 24,235 vulnerable children (11,535 girls, 12,700 boys) affected by the drought were identified, and family tracing and reunification of separated children with caregivers was facilitated. As part of the response, messages to keep children safe from harm during the drought were disseminated to more than 50,000 listeners of local radio stations in Garissa Marsabit, Turkana, Wajir and West Pokot Counties.

In 2018, UNICEF will focus on advocating for endorsement and implementation of the Turkana County Child Protection Strategy as well as for improving the service provisions in schools and at community levels.

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

Analytical statement of progress

UNICEF supported community declarations on the abandonment of female genital mutilation (FGM) in Kisii, Kuria, West Pokot, Samburu, Tana River, Wajir, Garissa, Marsabit and Kajiado. A total of 7,478 people (4,328 women and 3,150 men) participated in the declarations. A total of 3,000 girls went through alternative rites of passage ceremonies following community dialogue sessions. The programme benefitted from community role models/champions who are seen as change makers to end FGM in their own communities. These role models/champions facilitated sessions during community dialogues on FGM. The stories of these role models/champions have been documented through a joint publication with UNFPA Kenya. The publication is expected to be used to amplify the stories of role models championing change and abandonment of FGM as well as to mobilise the critical mass who reject FGM.

In 2017, 84,991 adults (45,323 women, 39,668 men) were reached with awareness raising sessions on the negative impacts of FGM and child marriage on girls and women. The stakeholders reached included women, men, youth, teachers, former circumcisers, Chiefs, religious leaders, health workers and police. A total of 97,477 children (47,963 girls, 49,514 boys), in- and out-of-school were directly reached through training and community dialogue sessions on FGM and child marriage. These interventions will strengthen the ability of community members to prevent, report and adequately respond to FGM and child marriage cases.

An additional 7,000 children (2,766 girls, 4,234 boys) were reached through training, peer to peer review and child to child dialogue sessions on FGM and child marriage and other VAC-related issues through 60 school-based programmes in Garissa, Kajiado, Kisii, Marsabit, Migori, Samburu, Tana River, Wajir and West Pokot.

In 2017, 15 public statements on the abandonment of FGM were made by policy makers, politicians and traditional leaders at county and national levels. The statements were echoed by influential individuals and entities in order to change social norms in the FGM-practising communities and to influence decision-makers from county and national government.

UNICEF completed a baseline survey on female genital mutilation and child marriage among the Maasai, Rendille, Pokot, Samburu and Somali communities in Kenya. The key findings of the report informed the development of the Joint Programme documents, including the theory of change, results framework, situation analysis and workplan for 2017-2021. The final report, including a child-friendly version, will be officially launched and disseminated in 2018.

The drought and the prolonged election period hampered further progress under this outcome. .

OUTCOME 5 By 2018, there is improved and equitable use of proven HIV prevention, treatment and care interventions by children, pregnant women and adolescents in selected high-prevalence counties including in emergencies and vulnerable urban contexts.

Analytical statement of progress

UNICEF maintained upstream work at national level and midstream work with county governments in six priority counties, three of which had the highest HIV prevalence rates in the country (Kisumu, Siaya and Homabay). The response included identification, linkage and treatment of children, adolescents, pregnant and breastfeeding women at both national level and individual county level, resulting in increased access to HIV diagnostics for this sub-population and timely initiation of antiretroviral therapy (ART). This contributed to the national 97.5 per cent coverage of ART among children and adolescents.

UNICEF Kenya contributed to reaching the 90-90-90 global targets (by 2020, 90 per cent of all people living with HIV will know their status, 90 per cent of those diagnosed with HIV will receive sustained ART and 90 per cent of all people receiving ART will have viral suppression) for children and adolescents. In Kenya, approximately 80,000 children under 15 years of age (93 per cent) know their HIV status and 77,407 (97.5 per cent) of those who know their status are receiving ART. Some 50,000 children and adolescents (65 per cent) are virally suppressed.

UNICEF contributed to those achievements through direct technical and financial support to the Ministry of Health (MoH) at national and county levels and by contributing to development and implementation of the National Plan for Accelerating HIV Care and Treatment 2015-2017. UNICEF Kenya was a key partner in supporting the Government in the development of strategic plans and frameworks such as the second National Framework for Elimination of Mother-To-Child Transmission of HIV and Syphilis 2016-2021, which outlines the roadmap toward virtual elimination of HIV and syphilis in children and prevention of new infections among adolescent girls and young women. The launch of the strategic framework, supported by UNICEF, by the First Lady of the Republic of Kenya, galvanized multisectoral stakeholders at national and county levels in renewing their commitment to eliminating new HIV and syphilis infections in infants. More than 250 mother-infant pairs celebrated their achievement of successfully completing the 24 month prevention-of-mother-to-child-transmission (PMTCT) follow up.

Other strategic documents supported by UNICEF that were significant for improving HIV programme results included the implementation plan for point-of-care technology (POCT). The document gives the MoH and stakeholders at national and county levels guidance on implementation of POCT as an innovative solution to improve HIV diagnostics and strengthen the clinical-laboratory interphase. Because of UNICEF's efforts on POCT, laboratory systems are now faster in relaying timely results, reducing turn-around time from close to 21 days to less than 7 days.

UNICEF engaged strategic partners, including civil society organizations such as Sauti Skika (a network of adolescents living with HIV), in amplifying adolescent voices in stigma reduction, increasing comprehensive knowledge and improving health outcomes for adolescents living with HIV. More than 2,500 adolescents living with HIV were connected in a mutually supportive network.

Considerable efforts were made in increasing comprehensive knowledge on HIV and sexual and reproductive health (SRH) among adolescents. Approximately 17,000 adolescents received information through life skills education in Turkana County and another 12,000 adolescents were reached in various other counties through information and counselling services as part of the one-to-one integrated digital platform, a peer-led and evidence-based programme offering quality services and literacy through mobile and web-based platforms and mainstream media. An additional 900 adolescents were trained on HIV and sexual and reproductive health issues during national fora supported by UNICEF.

UNICEF, in collaboration with the World Health Organisation (WHO) and other partners, provided opportunities and technical support to adolescent girls and young women living with HIV and Ministry of Health technical teams to share experiences in South-South learning initiatives. Sixteen African countries met in South Africa in June to address these issues. Outcomes included the strengthening of adolescent-centred MNCH/HIV programs by incorporating a module in the National Post-Natal Guidelines and a POC implementation plan and lessons on testing at birth that informed the National Testing at Birth Protocol.

UNICEF played a key role in supporting the Government to mobilize resources through the Global Fund mechanism. UNICEF served on the independent review team that acted as a quality assurance arm for the identification of principle recipients by the Global Fund Country Coordinating Mechanism, particularly on issues dealing with children and adolescents. As a result, Kenya was awarded US\$247 million for HIV and US\$45 million for TB programming for

2018-2020.

Challenges in 2017 included prolonged industrial strikes by doctors and nurses (more than 200 cumulative days), the prolonged election period and prolonged drought, all of which led to interruptions of services. Based on trend analysis of programmatic data, these shocks and stresses contributed to a 23 to 40 per cent reduction in service provision for HIV prevention, care and treatment services in various counties.

OUTPUT 1 Output 5.1 National and selected sub-national HIV and sectoral development plans, strategies and investment case comprehensively address HIV and children, adolescents and pregnant women, including in humanitarian situations

Analytical statement of progress

In 2017, UNICEF Kenya provided technical and financial support in upstream work with regard to creating an enabling policy environment, greatly contributing to developing strategic plans and investment cases, at national and county government levels, as well as with partners.

UNICEF provided technical leadership in the development and launch of the Second Edition of the National Elimination of Mother to Child Transmission of HIV and Syphilis Strategic Framework 2016-2021 by the First Lady of Kenya. Kenya tracks the mother-to-child transmission (MTCT) rate on a biennial basis and has reduced the MTCT rate by nearly half, from 16 per cent in 2013 to 8.3 per cent in 2015.

UNICEF Kenya's support for the development of the new framework contributed to the creation of 10 county eMTCT business plans intended to guide them in making smart investment and implementation plans to meet pre-validation and validation targets of eMTCT by 2019 and 2021, respectively. The support included capacity building of 1,500 community members in the eMTCT response, which helped contextualize maternal and child health and HIV issues and facilitated targeted planning. Siaya County was the first to launch the business plan and nine others are expected to be launched in early 2018 with UNICEF support.

The President's Emergency Plan for AIDS Relief (PEPFAR) was the largest contributing partner to Kenya's HIV response, with a budget of US\$567 million in 2017. The previous PEPFAR plan only narrowly covered adolescent through its **Determined, Resilient, Empowered, AIDS-free, Mentored, Safe** (DREAMS) programme which focused solely on HIV prevention for adolescent girls and young women. Through advocacy, UNICEF played an important role in ensuring the inclusion of child and adolescent-centred programming during the development of PEPFAR's new Country Operational Plan. The new plan allocated specific funds aimed at broader adolescent programming that includes boys and goes beyond prevention to include care, treatment and psychosocial support.

Planning for the Kenya Population-Based HIV Impact Assessment Survey began in late 2016 and will continue into early 2018. This is a national household survey to provide information on HIV incidence, prevalence and HIV outcomes. UNICEF contributed to this process by providing technical and financial support. .

UNICEF Kenya's contribution to curriculum reforms by MoH and MoE led to the recognition of learners living with HIV as a sub-population with specific needs. A teacher's guide for learners living with HIV was developed and is due to be launched in 2018.

OUTPUT 2 Output 5.2: Increased national and sub national capacity for scaling up integrated HIV prevention, treatment and care interventions for adolescents

Analytical statement of progress

UNICEF continued to support national and selected county governments in coordinating multisectoral working groups aimed at strengthening programming for children and adolescents. Membership in *Sauti Skika*, Kenya's largest network of adolescents living with HIV, increased by more than 50 per cent in 2017, to nearly 2,500, and had a presence in 13 counties (up from 6 counties in 2016). In 2017, with UNICEF support, 12 adolescent members were trained on leadership, governance, management, resource mobilization and running of networks, and 60 were trained on media engagement and advocacy. The newly empowered adolescents engaged at county level in planning and budgeting as well as in advocating for quality, friendlier SRH/HIV services for adolescents.

At county level, UNICEF, in partnership with the International Rescue Committee (IRC) developed a programme to implement evidence-based interventions through life skills education, HIV prevention, care and treatment interventions for adolescents 10-19 years old in Turkana County. These interventions were available to both refugees and the host community. A total of 16,929 adolescents in school (8,987 male, 7,942 female) and 7,563 out-of-school adolescents (3,800 male, 3,760 female) were reached with HIV/SRH and lifeskills education.

Adolescent assessments, including the ALL-IN Adolescent Assessment and Decision-Makers' Tool undertaken in 2016/2017 by UNICEF and partners in six priority counties, were used to inform county HIV Strategic Plans in 2017. UNICEF ensured that the plans considered vulnerable and at-risk youth (those sexually exploited or engaged in sex work, adolescents/young men who have sex with men and injecting drug users).

UNICEF Kenya contributed to increasing awareness of HIV and supported stigma reduction messaging, through the campaign '*Kula Life na Adabu*' (Live Life Responsibly). More than 1 million adolescents and youth were reached through social media platforms.

In partnership with *I Choose Life Africa*, a programme was established that harnesses sports, creative arts and popular culture for HIV prevention among adolescents in Nairobi and Mombasa's informal settlements. The programme utilized the UNICEF Adolescent Kit for Expression and Participation and adopted an innovative programme called dance4life. One key outcome of the partnership was the identification and training of 70 adolescent champions (40 in Nairobi, 30 in Mombasa) who will further be engaged in a 'one for one hundred' model, to reach 7,000 adolescents.

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

Analytical statement of progress

UNICEF supported the nationwide Data Quality Assessments (DQA) carried out by the National AIDS and STI Control Programme (NAS COP) and HIV stakeholders. The DQA was aimed at identifying and correcting data reporting issues, from facility level collection to national level reporting, using the national Health Management Information Systems platform. Shortcomings in overall data collection and reporting were identified at individual county and sub-county levels and recommendations to strengthen the health system and to enhance quality monitoring and

evaluation of HIV programmes were made.

UNICEF supported the Ministry of Health (MoH) in revising HIV data collection and reporting tools by incorporating age and sex disaggregated variables. UNICEF contributed to a capacity building exercise on the use of the new tools in preparation for a nationwide rollout in 2018.

UNICEF continued to provide financial and technical support for data demand and information use to six priority counties through quarterly progress reviews. This continuous quality improvement initiative contributed to identifying sub-optimal achievements of viral load suppression among children and adolescents as one of the main shortcomings in the counties.

A partnership was established with *Investing in Children and their Societies* that utilizes HIV-sensitive social protection programmes aimed at improving quality of life of vulnerable adolescents living in Kisumu County. A partnership was established with World Vision Kenya to reach adolescents with integrated HIV prevention and protection from violence, abuse and exploitation interventions in Migori County.

In 2017, Kenya faced significant shocks and stresses to the health system that affected availability and quality of HIV services. These included nationwide strikes by doctors and nurses, which cumulatively interrupted health services for more than 200 days, and a prolonged election period and political uncertainty. This led to the closure of some facilities, resulting in interruption of critical services and delayed reporting of programmatic data.

In 2017 Kenya was hard-hit by drought in close to 50 per cent of the counties, which required a redirection of health responses to outreach and emergency modes. UNICEF undertook an assessment of the impact of drought on HIV prevention, care and treatment services and on risk taking behaviour, attitudes and practices. Results are expected to inform the national programme with recommendations for coordinating HIV interventions in emergency situations.

OUTCOME 6 Capacity of national and county governments developed for co-ordination, harmonization, and emergency response of social assistance linked to child vulnerability

Analytical statement of progress

Under the leadership of the Government of Kenya and in partnership with World Bank, SIDA, WFP and DFID, UNICEF technically supported the expansion of the four major national cash transfers, contributing to an increase from 832,408 households (2.3 million children) in 2016 to 1,395,868 households (more than 3.5 million children) in 2017. Approximately 450,000 additional households were reached on an exceptional basis by using the social protection system in response to the drought.

At the policy level, UNICEF, in partnership with WFP and SIDA, supported the updating of the sector review and a national investment plan. By the end of November 2017, a draft sector review and investment plan had been submitted to the Principal Secretary and the Cabinet Secretary of the Ministry of East African Community, Labour and Social Protection for strategic direction. The preliminary findings from both documents strengthened evidence-based advocacy that contributed to the adoption a Universal Social Pension, known as the 70+. The 70+ registered 566,000 beneficiaries, who will start receiving their benefits in January 2018. UNICEF advocacy efforts and the expansion of the social protection programmes contributed to an increase in the social protection budget of 34 per cent, enlarging the SP budget share from 1.5% to 2% in 2017/18.

The review of the National Social Protection Policy and the planning for the Second Kenya Social Protection Conference scheduled for March 2018 began in late 2017..

UNICEF supported the finalization of the mapping of the national and county level social protection coordination mechanisms. This contributed to the development of a roadmap to strengthen the coordination capacity of social protection stakeholders at national and county levels.

To enhance demand creation in social services, UNICEF supported a range of cash plus models to link cash with health, nutrition and HIV.

With financial support from SIDA, UNICEF supported the Kakamega County Department of Health with the design and implementation of the 'Imarisha Afya ya Mama na Mtoto' model, which registered more than 44,173 mothers and 30,745 mothers received at least one cash transfers payment. The 'Imarisha Afya' initiative greatly contributed to these positive changes in Kakamega County. The Kakamega County government launched the Maternal and Neonatal Child Health and Family Planning Act, which established a fund to support the initiative. UNICEF supported the drafting and launching of the Act, which earmarks 3 per cent of the county's annual health budget for cash transfers and at least 1.5 per cent to pay stipends for Community Health Volunteers. In the context of devolution, this is the first innovative law addressing reduction of child and maternal mortality.

The implementation of other models such as the Cash+ nutrition (NICHE) began in Kitui County, covering 700 pregnant and lactating mothers with children under 2 years who received three payments of US\$4.95 each, accompanied by nutrition counselling sessions by Community Health Volunteers. A baseline and mid-line survey were conducted that will help to assess the impact of this model. In 2018, UNICEF will finalise the NICHE model and support the design and implementation of a cash+ HIV and a cash+ energy pilot in three counties (Kisumu, Kilifi and Garissa).

The Government of Kenya asked UNICEF to support a cash top up covering 6,500 households affected by the drought in six ASAL counties using the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) channels

The main challenges faced were the prolonged national nurses' strike, which compromised some of the health achievements made in Kakamega, and delays in interventions caused by the impact of prolonged elections in Kenya between August and November 2017.

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

Analytical statement of progress

This output focuses on the overarching need to put in place a framework for the implementation of the National Social Protection Policy. Specifically, it addresses the critical bottlenecks in the enabling environment for social protection, including bottlenecks related to legislation and regulation, policy and strategic leadership and the financing of social protection.

Through technical assistance, UNICEF provided strategic guidance to the Ministry of East African Community, Labour and Social protection to conduct a comprehensive review of the

social protection sector as well as to formulate a social protection sector review and an Investment Plan in 2017. The draft sector review was validated and the validation of the investment plan was expected in January 2018. The review of the National Social Protection Policy and the organization of the Second Kenya Social Protection Conference week to take place in March 2018 began in 2017 and will be completed in the first quarter of 2018. Both initiatives will be opportunities to advocate for increased and sustainable investment into child sensitive social protection in Kenya.

To facilitate linkages between cash transfers and other basic social services and social protection programmes like NHIF, UNICEF and other development partners will support the Government in expansion of the registry beyond the 5 programmes currently hosted under the registry.

UNICEF partnered with the World Food Programme and International Labour Organisation to enhance the knowledge and skills of national and county staff in social protection systems. UNICEF supported Mombasa County to develop its county-specific social protection strategy, which highlights county needs and priorities for intervention that complement national programmes. Plans are underway to complete the draft strategy by March 2018.

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

Analytical statement of progress

To inform the development of an integrated social protection programme, the Government of Kenya asked UNICEF and partners to generate evidence on the most efficient linkages between cash transfers and basic social services. UNICEF technically and financially supported several counties to model and generate evidence on linking cash transfers to other social sectors.

UNICEF technically and financially supported Kakamega County with the design and implementation of the 'Imarisha Afya ya Mama na Mtoto' model, which delivers six cash payments of US\$19.78 over a period of 18 months to women who are pregnant or lactating and encouraging them to use maternal and child health services. The programme reached 30,745 mothers to date. Since the programme started, the county registered 35,330 skilled deliveries, 108 premature births, 124 special cases and 800 adolescent mothers. Per DHIS1, the proportion of skilled delivery increased from 33.3 per cent in 2013 to 69 per cent in 2016 in Kakamega County; and the percentage of mothers who attended their fourth antenatal care visit rose from 35 per cent in 2013/14 to 54 per cent in 2016. DHIS2 shows that the number of fully immunized children increased from 63 per cent in 2014 to 82.8 per cent in 2017. The 'Imarisha' initiative greatly contributed to these positive changes.

The County Maternal and Neonatal Child Health (MNCH) Bill was passed, securing 3 per cent of its annual health budget for the cash transfers and at least 1.5 per cent of its annual health budget to pay community health volunteers. supported a rigorous impact evaluation of the programme, which will be finalized in 2018.

In Kitui, UNICEF supported the implementation of the NICHE model to improve nutrition outcomes for children from birth to 2 years of age. The model provides a top-up of KES 500 to a selected number of CT-OVC beneficiaries and linked to enhanced counselling to vulnerable pregnant and lactating women with children below the age of 2. A total of 700 women have so far received three payments of US\$4.95 combined with targeted, intense nutrition counselling. A

baseline was completed and the data collection of the midline was finalized.

In Kisumu County, UNICEF supported implementation of an HIV-sensitive social protection initiative with the aim of enhancing the quality of life of vulnerable adolescents. The Cash Plus intervention aims to prevent transmission of HIV and enhance protection of affected populations by promoting school attendance, increasing information on HIV/AIDS risks and reducing bottlenecks to access HIV/AIDS health services among adolescents. The pilot began with HIV counselling in the second half of 2017 and will continue in 2018.

UNICEF will test linkages between cash transfer beneficiaries and off grid energy solutions in Kilifi and Garissa counties with the aim of improving learning and health outcomes of 1,500 children.

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

Analytical statement of progress

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

With UNICEF support, the Government led a study on Social Protection County Coordination Mapping and Capacity Assessment. The county coordination mapping was finalized and validated by officers at the national level and in six counties (Baringo, Kakamega, Kilifi, Kisumu, Mombasa and Turkana). The report highlighted the level of knowledge of 47 county governments on social protection programmes and current gaps in coordination for the social protection system expansion. The report also identified capacity gaps in terms of integration and coordination of social protection interventions and led to a roadmap with concrete actions to be taken by counties to strengthen cross-sectoral collaboration and coordination of social protection interventions. The roadmap will be implemented beginning in 2018 in a selected number of counties with support from UNICEF and the World Food Programme. UNICEF also provided technical assistance to the Ministry to develop a social protection community of practice to enhance coordination, dialogue and experience sharing among all stakeholders.

Consistent and coordinated monitoring and evaluation of ongoing social protection activities was a challenge within the sector. While the National Social Protection Policy mandates that the Government establish a monitoring and evaluation system to track the status of all social protection programmes, the existing structures are donor-driven. The Management Information System and Single Registry play a pivotal role in supporting monitoring of the social protection sector and the strengthening of monitoring systems in place. The single registry does not meet all the stakeholders' needs, as the current platform largely supports the national government-assisted social assistance programs. This limitation is partly the reason why the sector lacks a comprehensive monitoring and evaluation system including all relevant social protection stakeholders and a comprehensive list of all interventions in the social protection sector.

UNICEF supported the development of an integrated monitoring and evaluation framework that highlights and measures the progress of all activities related to growth, coverage and expansion of the sector in line with the Vision 2030. The current framework will be enlarged to all social protection sectors, including the National Hospital Insurance Fund (NHIF) and National Social Security Fund (NSSF).

The long-term evaluation of the CT-OVC programme was constrained by the lack of funding and the change of priority from the Ministry to complete the social protection strategy.

OUTCOME 7 By 2018, newborns, children, adolescents and women have increased access to and utilise quality, equitable and affordable, integrated high-impact health services, especially in counties with high mortality burden and vulnerable urban communities and in emergencies.

Analytical statement of progress

Declines in the health outcome indicators were mainly a result of the three-month doctors' strike in early 2017, followed by the five month nurses' strike, and closure of more than half the public health facilities nationwide, all of which were exacerbated by the continued drought affecting large parts of northern Kenya. To mitigate these detrimental effects, UNICEF supported integrated outreach services, immunization campaigns as catch-up strategies and increased services at health facilities for children and women.

Through effective policy advocacy, UNICEF supported reviews of a number of guidelines at national level, including community MNH guidelines, kangaroo mother care, training curriculum and postnatal care guidelines. UNICEF supported the development of strategies and action plans on human resources, referral systems and health systems strengthening in five counties: Garisaa, Turkana, Homabay, Kakamega and Nairobi. Public Expenditure Reviews were conducted in Turkana, Kakamega and Garissa counties. Action plans were incorporated into the county annual work plans for implementation. The independent assessment of health systems performance in five focus counties revealed improvement in the health systems pillars supported by UNICEF.

To ensure quality MNH services, UNICEF supported the rollout of high impact MNH interventions such as kangaroo mother care, Kenya Quality Model for Health (KQMH), and the uterine balloon tamponade technique. To increase access to emergency obstetric and newborn care, UNICEF trained health workers and provided more equipment at health facilities in the focus counties. UNICEF's advocacy efforts resulted in the endorsement of the Community Health Policy by the Council of Governors. Two focus counties, Turkana and Kakamega, approved bills to support community health services out of the county budget, which ensures ownership and sustainability of these services by the county.

UNICEF supported five counties to complete annual work plans as per the planning timeframe of the county governments. Use of the RMNCAH scorecard as a management and accountability tool was institutionalized in the counties. The national level rollout is planned in December 2017. Other activities included strengthening of the Maternal and Perinatal Death Surveillance and Response (MPDSR) systems, which has resulted in improved reporting and auditing of maternal deaths.

County referral systems were reviewed and improved with development of capacity enhancement strategies and procurement of six ambulances. To improve management and accountability within the health sector, county and sub-county health management teams were trained on leadership and governance. Under the real-time programme monitoring and response initiative, Siaya and Homa-Bay counties improved reporting harmonized and integrated and the RMNCAH scorecard was institutionalised as part of the county planning process.

UNICEF supported the Ministry of Health (MOH) to strengthen immunisation coverages via development of real time monitoring tools, improving vaccine stock volumetric analysis and

procurement of nearly all vaccines for immunization of more than 6 million children nationally. Special emphasis was placed on rolling out cold chain equipment through equity focused strategies covering a total of 20 counties with the lowest immunization rates. To tackle childhood major communicable diseases, UNICEF supported the MOH to develop the pneumonia treatment guidelines and train health managers and health care workers from 18 counties. Amoxicillin DT was introduced into Kenya and UNICEF supported trainings, procurement and distribution of the drug to focus counties, which resulted in referrals of 37,621 children by community health volunteers (CHVs) and treatment of 108,099 children at health facility level. Amoxicillin DT will now be scaled up nationally. Community health volunteers and community health assistants were trained as malaria champions to raise awareness in the malaria endemic four sub-counties in the coastal region, resulting in improved community demands and mitigation of barriers affecting utilization of malaria interventions.

UNICEF responded to disease outbreaks, including cholera, measles, malaria, dengue, kalaazar and to the threat of marburg. To fill gaps left by the nurses strike, UNICEF partnered with Kenya Red Cross to vaccinate 124,764 children against measles and rubella and provide child health interventions to 704,153 children via emergency response teams. In response to the drought, UNICEF accelerated maternal newborn and child health services in 10 Arid and Semi-Arid counties by operationalizing outreach services for the hard-to-reach communities and referral of complicated cases for specialized management. In response to a malaria outbreak, UNICEF provided emergency health kits to affected areas within 72 hours and rapidly implemented malaria control measures through MENTOR. UNICEF strengthened strategic partnerships with KRCS, GAVI, World Bank, and PHILIPS to boost the implementation of a range of MNCH interventions in coming years.

OUTPUT 1 Health System: By 2018, capacity of MOH and partners in selected vulnerable counties have improved capacity including through South-South cooperation to plan and operationalize models of innovative, effective, efficient equitably accessible and quality health system.

Analytical statement of progress

An independent assessment of the county health systems' performance demonstrated that five focus counties made good progress on health systems pillars supported by UNICEF. Based on the findings, action plans to address health systems shortcomings were developed and endorsed by the respective counties. County referral strategies were developed, capacity of key professionals was enhanced, and ambulances, equipment, and commodities were procured. This led to improved management in emergency referral of complicated pregnancies. Homa Bay and Turkana Counties were supported by UNICEF to implement leadership and governance through capacity enhancement and coaching of county and sub-county health management teams, strengthening linkages between community and health facilities.

UNICEF supported quarterly reviews and annual work planning processes in the five focus counties with institutionalization of the RMNCAH scorecard as an accountability tool. In Siaya and Garissa Counties, use of the scorecard reinforced advocacy of CHMT, resulting in additional funding allotted from the County Assembly. UNICEF strengthened County Health Information Management Systems through targeted trainings and mentorship support to health workers to improve their skills and knowledge in using DHIS2, data quality audit and basic M&E. Maternal and Perinatal Death Surveillance and Response (MPDSR) systems were strengthened with UNICEF's support, resulting in improved reporting and auditing of maternal and perinatal deaths in focus counties.

UNICEF provided technical and financial support to the Emergency and Disaster Interagency Coordination Committee, Health and Nutrition Drought Task Force, Emergency Operations Centre and Marburg and Cholera taskforces. With UNICEF's advocacy, the Ministry of Health activated the Marburg Contingency Plan and Task Force and dispatched Personal Protective Equipment suits to Uasin Gishu County for response readiness. UNICEF enhanced emergency outreach health services in the drought affected counties to ensure continued provision of essential health care services in emergencies. As a result, a total of 704,153 under-five children have accessed an integrated package of interventions including management of diarrheal diseases.

In response to the health workers industrial action, UNICEF's strategic partnership with Kenya Red Cross Society accelerated maternal newborn and child health services in 10 ASAL counties, which led to vaccination of 124,764 children against measles and rubella. Supplies, training, trace tracking and support for cholera treatment centres helped reduce the cholera outbreak in Nairobi. UNICEF, in collaboration with the Minister of Health, partnered with MENTOR to rapidly implement malaria control measures through mapping of malaria hotspots, indoor residual spraying, and provision of long-lasting insecticidal nets.

Major challenges in 2017 included the health workers' industrial actions, Kenya's general election and the shortage of human resources. In 2018 UNICEF Kenya will advocate with counties to continue supporting implementation of the Leadership Development Programme, Referral Systems and Human Resources for Health as part of ownership and sustainability of key best practices. UNICEF also will continue advocating with the counties to develop contingency plans and allocate funds to improve child health indicators.

OUTPUT 2 Innovative models for health behaviour for optimal health service delivery: By 2018, MOH and selected counties with high maternal, newborn and child mortality have adequate technical and financial capacity to design, implement, monitor and evaluate models of positive health behaviour change at household, community and health facility levels.

Analytical statement of progress

UNICEF's support to improve coverage and functionality of community health services (CHS) continued in 2017. Coverage of community units reached 100 per cent in three out of five focus counties, and the other two counties demonstrated a steady rise in coverage. The Ministry of Health was finalising the Kenya Community Health Policy, which was expected to be approved by the Cabinet in the first quarter of 2018. With ongoing intensive advocacy, executive committees of two focus counties (Kakamega and Turkana), approved payment of yearly incentives to community health volunteers (CHVs) to prevent staff attrition.

To improve early detection and management of childhood illnesses, UNICEF supported the training of 1,720 community health volunteers (CHVs) from Kakamega and Turkana counties on community health services. An additional 662 of these volunteers and their support facility workers were trained on integrated community case management of common childhood illnesses. This resulted in approximately 860,000 additional people residing in hard-to-reach locations having improved access to health systems and receiving health education, treatment and referral services through trained community health volunteers. In Kakamega County, as a result of UNICEF support, the percentage of these volunteers who are competent in counselling on safe pregnancy and newborn care reached 100 per cent in November 2017, up from 7.5 per cent in 2016. In the same county, the volunteers counselled more than 10,076 new mothers on

exclusive breastfeeding and visited 8,055 newborns at home within 48 hours of birth. More than 20,000 of the volunteers were provided with service provision books, data collections registers, CHV bags and visibility jackets.

A total of 11,628 community health volunteers, extension workers and public health officers were supported to hold community dialogues reaching 32,453 community members from 930 community units in five focus counties. Community dialogues were organized in 150 communities in Turkana and 235 community dialogues and 328 community action days were organized in Garissa. The dialogue days brought together communities to discuss key health issues affecting them, including availability of services, and provided an opportunity for the communities to discuss challenges in accessing and utilizing health services in facilities.

UNICEF supported the Ministry of Health to scale up interventions to address social accountability and respectful maternity care in Homabay and Turkana counties. Community members were empowered to provide feedback on how services could be improved. As part of this process, facility healthcare providers reactivated customer service desks and suggestion boxes, client exit interviews, the community scorecard and complaints and compliments book. All facilities in the focus counties were mandated, through the county Directors of Health office to adopt a people-centred approach.

The prolonged election process was a challenge for the community health development process. In 2018, efforts focus on ensuring the policy is launched and disseminated and on supporting county governments in resource mobilization for community health services.

OUTPUT 3 Maternal, newborn, child and adolescent health: By 2018, selected counties with high maternal and child mortality rates and vulnerable populations will have increased access to and use of quality, integrated maternal and newborn health services (including HIV).

Analytical statement of progress

Nationally, skilled birth attendance coverage was reduced from 56.4 per cent in 2016 to 45.1 per cent in 2017. The percentage of pregnant women receiving four antenatal care visits dropped from 37.8 per cent in 2016 to 28.3 per cent in 2017, which can be attributed to the industrial actions, which resulted in closure of half of the public health facilities.

Despite the challenges, UNICEF supported the rollout of high impact MNH interventions such as kangaroo mother care (KMC), uterine balloon technique, community maternal newborn care and Kenya quality models for health. Six focus counties were supported with more than 100 KMC beds and digital weighing scales coupled with intensive training to health workers, resulting in 370 preterm babies saved through the KMC technique. As part of the respectful maternity care (RMC) programme in two focus counties, UNICEF supported the rollout of interpersonal communication and the 'Heshima' initiative, which improved the attitude of health workers providing dignity and respect to women during delivery.

At national level, UNICEF Kenya supported review and finalisation of MNH guidelines such as Maternal Perinatal Death Surveillance and Response (MPDSR) guidelines, Community MNH guidelines, KMC training curriculum and National Guidelines on Postnatal Care (PNC). The implementation of the 'Every Woman, Every Newborn' action plan was reviewed and progress achieved was documented.

Upstream advocacy efforts in focus counties brought about the endorsement of the health financing bill for MNCH in Kakamega County, allocation of county resources to incentivise CHVs in Homabay, Turkana and Kakamega counties, and county budget allocation for key MNCH interventions in Kakamega County.

UNICEF contracted UNOPS to undertake infrastructure upgrades of health facilities in the five focus counties, ensuring that required standards were met in providing maternal and newborn care services. A catchment population of more than one million in Nairobi urban informal settlements had improved access to two new maternities and four refurbished health centres. UNICEF, through a public private partnership, expanded availability of oxygen through establishment of the largest oxygen generation plant in Kenya to serve Nairobi and the neighbouring counties. This essential commodity will reduce neonatal and childhood mortality from pneumonia and other related conditions. UNICEF supported six additional high burden maternal mortality counties (Mandera, Wajir, Isiolo, Marsabit, Lamu and Migori) to improve their skilled birth attendance through a demand side initiative using Mama Packs, transport vouchers, and engagement of traditional birth attendants.

Challenges included the health workers' strikes, which hampered service delivery, and the termination of the MOU with DFID one year earlier than expected, which resulted in funding shortage and disruption of planned activities.

OUTPUT 4 Communicable and non-communicable conditions: By 2018, MOH and selected counties will have improved delivery of child health services, with particular focus on the major causes of under-five mortality, vaccine preventable and communicable diseases;

Analytical statement of progress

The percentage of children under the age of one year receiving all vaccines declined from 78 per cent in 2016 to 54.8 per cent in 2017. Only three counties achieved more than 80 per cent coverage for DPT3. Despite these challenges, UNICEF's partnership with the Kenya Red Cross continued vaccination of children against measles and rubella, mitigating the risks of disease outbreaks. A total of 4.7 million children in 12 high risk counties were vaccinated against polio.

With UNICEF's advocacy efforts, the MOH-UNICEF VII credit facility was finalized and signed, increasing credit availability to the Government from US\$1.7 million to US\$ 4.5 million, mitigating funds flow challenges and ensuring no stock-outs of vaccines. With UNICEF support, 291 sub-counties and 9 regional and central vaccine stores were equipped with a web-based vaccine stock monitoring and ordering tool, enabling visibility of stocks, which ensured 96 per cent stock availability in all subcounties.

UNICEF procured and installed 24 solar direct drive fridges and 8,000 temperature monitoring devices (TMD) to support effective vaccine management through self-assessment. A national level consultative meeting was convened with 47 counties reviewing programme performance, identifying critical bottlenecks and adjusting strategies to ensure increased coverage. UNICEF also finalized the Cold Chain Deployment Plan and developed plans to procure US\$12 million worth of equipment through GAVI and World Bank funding. An additional 45 cold chain technicians were trained on cold chain maintenance, bringing the total to 95 trained since 2016 against a target of 300. This contributed to ensuring sustained quality vaccines and reduction of non-functional equipment from 17 per cent in 2011 to 8 per cent in 2017.

UNICEF supported development of the pneumonia guidelines and the training of 40 health managers and 1,260 health care workers from 18 counties on the new treatment guidelines. UNICEF also supported procurement and distribution of 400,000 doses of amoxicillin DT to Siaya, Homabay and Turkana counties. This resulted in 37,621 children referred by community health workers and 108,099 children managed at health facility level.

The integrated management of childhood illness training guidelines were revised and the Care for Child Development section (CCD) was incorporated into the guidelines. In Marsabit County, 10 facilitators were trained on ICCM, which resulted in training of 300 community health volunteers. A total of 844 community health volunteers and 36 health extension workers were trained as malaria champions, reaching 10,447 households with messages on malaria interventions. Support was provided to households to hang up nets for use in four sub-counties in the coast region.

UNICEF Kenya supported the Ministry of Health in reviewing the Afro Reach Every Child (REC) Equity tools for immunization and trained 300 health workers on the REC strategy in four priority counties with high burden of unvaccinated children. Following resumption of duty by nurses and with support from UNICEF, WHO and other partners, UNICEF plans to undertake intensified immunization activities to regain the gains lost in the year.

OUTCOME 8 By 2018, increased proportions of girls, boys and women have equitable access to and use an essential package of high-impact quality nutrition interventions to reduce stunting, especially among high burden counties, vulnerable urban populations and refugees including in emergency settings

Analytical statement of progress

UNICEF supported the Ministry of Health (MoH) and the National Drought Management Authority (NDMA) to ensure an effective and timely response to the 2017 drought. UNICEF Kenya invested in strategic partnerships, capacity building of national and county systems, using embedded staff, timely evidence generation and advocacy for leveraging of international and domestic resources. UNICEF's partnerships with the MoH, NDMA, WFP, Kenya Red Cross Society, 13 implementing partners and donors, mitigated the loss of life during the worst drought since 2011. By 30 November 2017, 70,065 severely malnourished children had been admitted for treatment, exceeding 2015 and 2016 annual figures by 152 per cent and 120 per cent, respectively, with indicators for quality care meeting Sphere standards. A total of 120,400 cartons of RUTF (valued at US\$5.6million) were procured, securing the pipeline for 2017 and for the first half of 2018.

At national level, UNICEF provided financial and technical support which led to the availability of timely nutrition information in the most affected counties. The results of the Long Rains Assessment (LRA) in August 2017 indicated a fivefold increase in the population requiring food assistance from February 2016 to August 2017. Thirteen of the 17 nutrition surveys conducted in the LRA were funded by UNICEF. They recorded global acute malnutrition levels above 15 percent, with four recording levels above 30 percent. This led to a 63 per cent increase in the annual caseload of acutely malnourished children from 266,100 in February 2016 to 420,754 by August 2017.

UNICEF's advocacy resulted in securing US\$500,000 in Government Drought Contingency Funds (DCF) from the NDMA for 12 counties for screening and referral of malnourished children, as well as outreach activities and an additional US\$4 million for commodity

procurement. An additional US\$18 million was secured through fundraising, exceeding the HAC target of US\$15.5 million. UNICEF's frequent interaction with national institutions through embedded staff also influenced national and local level planning processes.

As the drought situation continued to deteriorate, coupled with the nurses strike, UNICEF strengthened its support with surge staff to ensure the delivery of quality lifesaving nutrition services, including identification, screening and treatment of acutely malnourished children, provision of an updated analysis of the nutrition situation through surveys and monitoring of programme data and ensuring a solid pipeline of life-saving therapeutic commodities. By 30 November 2017, 420,400 children had been screened at 4,200 outreach activities.

The first phase of a real-time evaluation of UNICEF's emergency response to the drought revealed that the nutrition response was effective and provided key lessons, including: SMART surveys and surge response were fundamental to the relevance and appropriateness of the response; integrated health and nutrition outreach was essential for the response; and the nutrition response was highly appreciated by the communities. The evaluation also indicated that investing in the capacity development of national and county systems using embedded staff was perceived positively by both donors and the MoH, resulting in evidence-based planning, response, monitoring, and resource leveraging.

UNICEF continued to scale up delivery of high impact nutrition interventions across target counties. UNICEF continued to implement a series of studies to develop evidence-based nutrition sensitive programmes for the prevention of stunting. Studies included: Nutrition Improvement through Cash and Health Education (NICHE) to deliver nutrition education and counselling to women enrolled in the cash transfer programme (findings due in October 2018); SANNUT, researching nutrition messaging in community-lead total sanitation, which revealed a positive impact of knowledge on some sanitation practices and breastfeeding knowledge at the community level, especially on early initiation of breastfeeding; and the Cost of Diet Study in Turkana, which demonstrated that the current cash transfer value met only 10 per cent of food needs and needed to be increased during the drought. The evidence generated by these ongoing studies will be used to inform national and county level programming and support advocacy on the importance of investing in nutrition sensitive approaches to reduce stunting.

Rates of early initiation of breastfeeding varied from 60 per cent to 90 per cent across counties. Findings from the Baby-Friendly Community Initiative (BFCl) pilot in Baringo in increasing early breastfeeding were leveraged to see that it was included within the broader Community Health Strategy. In 2017 the BFCl model was supported by UNICEF across the 13 most vulnerable counties, with World Breastfeeding Week celebrations certifying a community as baby friendly in Kisumu.

Vitamin A supplementation coverage was reported at 50-75 per cent, with 42 per cent reported through the routine health system for semester one. No campaigns were held that included vitamin A supplementation. With UNICEF's support, a new policy was created for vitamin A supplementation delivery through community health volunteers and early childhood development centres, which will lead to further increases in coverage.

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

Analytical statement of progress

Inadequate complementary feeding behaviours and practices remained key bottlenecks to achieving optimal nutrition outcomes in the ASAL counties. UNICEF focused efforts to develop, implement, and monitor community-based strategies to improve practices and increase demand for nutrition services. Minimum acceptable diet, a key complementary feeding indicator, demonstrated limited improvements in drought-affected counties, with levels ranging from 7 per cent to 12 per cent. Rates of acutely malnourished women also varied across these counties, ranging from 0.3 per cent to 24 per cent.

UNICEF ensured policy level support and commitment to enhancing nutrition knowledge and practices, including technical and financial support to develop the Breast Milk Substitutes Act Implementation Framework, as well as Complementary Feeding Guidelines, BFCI Training Packages, and Breastfeeding at the Workplace Guidelines. UNICEF's advocacy and evidence generation efforts, in partnership with the Kenya Private Sector Alliance, also yielded positive results, with the Breastfeeding Mothers Act 2017. Implementation of these guidelines and policies at the county level was accelerated by the emergency through the development of county-specific social behaviour change communication (SBCC) strategies in 100 per cent of target counties, in collaboration with county governments and implementing partners. The rollout of SBCC strategies included the production and distribution of 9,200 counselling cards for use in emergency outreach and screening activities to optimize nutrition counselling at facility and community levels and influence the adoption of the desired infant feeding behaviours.

Lifeline radio messages were developed for the most affected counties and reinforced through partner activities at the community level. The '*Shika Tano*' media campaign focused on the adoption of five key behaviours and promoted exclusive breastfeeding, complementary feeding, diarrhoea treatment with zinc/ORS, vitamin A supplementation and iron folic acid supplementation (IFAS). This led to improved demand for nutrition services at the facility level, as demonstrated by improvements in IFAS coverage in affected counties, with rates of 48 per cent to 90 per cent, in line with national level targets.

Nutrition-sensitive cross-sectoral initiatives through BFCI aimed at addressing behaviours negatively affecting maternal, infant and young child nutrition (MIYCN) practices were rolled out in 14 counties. The capacities of 47 managers and 55 health workers were enhanced. To strengthen linkages with the community health services, UNICEF supported trainings for 49 community health units on nutrition. This included trainings for 334 health workers, 667 community health workers, 152 community health extension workers, and 120 community leaders on improved MIYCN practices. This capacity development effort led to the establishment of more than 530 active mother support groups in the ASAL counties. Key messages aimed at influencing behaviours of caregivers and opinion leaders to adopt appropriate MIYCN and care practices were also subsequently delivered through more than 536 community dialogues in Garissa, Wajir, Mandera, Tana River, Isiolo, and Marsabit. As a result, the number of mothers with newborns counselled on exclusive breastfeeding increased from 35,195 in 2016 to 81,380 in 2017..

OUTPUT 2 By 2018, high impact nutrition services are available and utilized by families with the most vulnerable children under 5 years of age in the most deprived counties, urban settlements and refugee settings, which are responsive in times of shock and stress.

Analytical statement of progress

Kenya experienced a severe drought in 2017, which demonstrated the relevance of investments by UNICEF in systems strengthening by enabling a rapid scale-up and response in the most affected counties. The response was informed by the UNICEF-supported, bi-annual nutrition assessments that led to the immediate mobilization of existing partnerships at the county level to scale up response efforts, with a focus on outreach screening and treatment. The extensive network of UNICEF county-level nutritionists supported the development of evidence-informed, county-specific nutrition response plans, including strategies to address post-election risks as political uncertainty further complicated the drought response. The unanticipated nurses' strike from June to October 2017 was a major bottleneck to service delivery at facility level. UNICEF, in collaboration with implementing partners, addressed these barriers by engaging with county leadership, providing surge staff and generating evidence regarding the effect of the strike in further worsening inequities.

Priority emergency actions included the scale up of integrated nutrition and health outreach, an uninterrupted nutrition therapeutic commodity pipeline, enhanced nutrition surveillance and monitoring, sub-national level coordination and enhanced nutrition counselling among cash programme beneficiaries. Integrated outreach services included screening for and management of acute malnutrition, management of common illnesses, provision of vaccinations, Vitamin A supplementation, deworming, reproductive health services, and health messaging reaching 384,202 women and children from January to September 2017. Outreach services were complemented by UNICEF's scale-up of the surge approach, which strengthened the health system's adaptability in the continuum of managing emergency and normal caseloads of acutely malnourished children. A total of 152 health facilities implemented the surge approach in the targeted counties.

UNICEF Kenya's surge response included mass screening, priority reassignment of staff, and the recruitment of staff to bridge gaps. UNICEF's existing partnership with the Kenya Red Cross Society proved invaluable in this regard, enabling the rapid mobilization of human resources and services in affected counties. UNICEF supported capacity gap assessments for informed systematic analysis of county technical, organizational and systemic capacities, with action plans developed to address human resource gaps at facility and community levels.

UNICEF continued to scale up the integration of delivery of nutrition supplies through the national supply system, KEMSA, which enabled the direct delivery of RUTF and therapeutic milks to facilities. The number of counties integrated increased from 5 to 15 in 2017. These approaches ensured the delivery of uninterrupted life-saving interventions despite increased demand in affected counties, enabling the provision of severe acute malnutrition treatment services in at least 80 per cent of health facilities across 8 of the 13 ASAL counties and the treatment of 60,166 severely malnourished children (0-59 months), exceeding 2015 and 2016 admission figures despite the nurses' strike. The increased potential for surge and supply chain integration to provide integrated health services formed a key component of the new country programme.

OUTPUT 3 By 2018 multi sectoral coordination structures and programmes are established in 8 counties linking nutrition sensitive and specific programming

Analytical statement of progress

UNICEF supported a variety of strategies to enhance the enabling environment for nutrition in Kenya. At the policy level, this included the incorporation of nutrition in key national strategic

planning efforts, including the third Medium Term Plan (MTP III) of Kenya's Vision 2030. This resulted in nutrition being clearly articulated in the MTP III document, including being listed as one of the seven Ministry of Health flagship programmes. Cross-sectoral collaboration was further developed under the flagship programme on community high impact interventions, where nutrition was also articulated under scaling-up of community level WASH and nutrition interventions. In collaboration with the Ministry of Education, UNICEF also ensured the inclusion of nutrition practices and behaviours in the revised national school curricula.

Improving allocations for nutrition programming was further enhanced at the county level through UNICEF's support for the development of County Nutrition Action Plans, which utilized the UNICEF-supported nutrition costing tool. This resulted in various counties assigning budget lines or allocating resources for nutrition programming, as well as the recruitment of a significant number of additional nutritionists (up to 40 extra in some counties). The nutrition financial tracking tool supported by UNICEF was finalized and rolled out in six counties, enabling them to better prioritize specific and sensitive nutrition funding.

UNICEF's advocacy facilitated the release of US\$4.5 million by the Government for the emergency nutrition response in 2017.

Implementation of these action plans and utilization of the budgets will be guided by the Food and Nutrition Security Policy Implementation Framework (FNISP-IF), a multisectoral framework developed in 2017 based on the 2012 policy. This framework was developed in consultation with The Council of Governors and five ministries, including the Ministry of Health, Ministry of Agriculture, Livestock and Fisheries, Ministry of Devolution and Planning, Ministry of Education, and Ministry of Water and Irrigation. UNICEF played a large role in the finalisation and sensitisation of this framework to stakeholders in 2017. The framework also outlines the coordination structures to be established to foster multi-stakeholder engagement at national and county level. UNICEF supported the establishment of six such multi-stakeholder platforms in the same number of counties in 2017.

The implementation of the Scaling Up Nutrition(SUN) principles continued in 2017, with all five SUN networks strengthened. The annual SUN Country Assessment, supported by UNICEF, allowed for an objective review of SUN progress in Kenya.

OUTCOME 9 By 2018, an increased proportion of households access and use safe water and improved sanitation, an increased proportion of schools and health centres have adequate WASH facilities and hygiene practices, and the resilience and sustainability of water services have increased, especially in high burden counties and emergency settings

Analytical statement of progress

The Joint Monitoring Programme baseline launched during 2017 for the SDG era established that Kenya had 58 per cent basic water coverage, 30 per cent sanitation coverage and 14 per cent hygiene coverage. There is still limited monitoring to address the new 'safely managed' category.

Emergencies during 2017 included severe drought affecting many counties and disease outbreaks, including cholera. UNICEF's intervention supported more than 599,594 drought-affected people, including 75,269 school children in 243 schools in nine counties, to access safe water from 161 rehabilitated boreholes. The same water systems also served 24 health facilities. The average distances to water were reduced from 10/15 kilometres to less than 2

kilometres for targeted populations.

Kenya continued to move ahead on the open defecation free (ODF) roadmap to 2020, with 2,508 villages achieving certified ODF status in 2017 through UNICEF direct support. The pace to achieve ODF picked up as a result of advocacy efforts by UNICEF and other partners, but it was still not at the level that can assure achieving Kenya country ODF by 2020. Progress during 2017 was held back due to the severe drought.

To strengthen the enabling environment for accelerating implementation of Kenya's ODF roadmap 2020, UNICEF, along with other stakeholders, supported the Ministry of Health (MoH) in organizing the Second National Sanitation Conference, held from February 7-9, 2017 and attended by 46 out of 47 counties and sector partners. The conference culminated in counties committing their timeline to achieve ODF status. The MoH officially launched the real time monitoring for sanitation for tracking progress of Kenya ODF roadmap during the conference. At year end, 39 counties were reporting through the monitoring system.

The Kenya Environmental Sanitation and Hygiene Bill was drafted and will be presented to the legislative body. Once the Bill is finalized and adopted, it will strengthen the compliance to policy that was developed in 2016. During the Environmental Sanitation and Hygiene Promotion Interagency meeting, held in Uasin Gichu County, it was agreed to conduct dissemination workshops for the Kenya Environmental Sanitation Hygiene (KESH) policy and the KESH strategic framework. County sanitation benchmarking profiles were produced for all 47 counties and will be launched in early 2018. The National Guideline for Verification and Certification of ODF communities in Kenya was finalized. Global Handwashing Day was celebrated in Kajiado County, with the local message of integrated WASH and Nutrition for greater impact.

The percentage of primary schools and early childhood education (ECD) centres with basic water services improved marginally from 43 per cent in 2014 to 46.2 per cent in 2017. Sanitation services improved from 69 per cent in 2014 to 73 per cent in 2017. (Source of data: MoEST statistical booklet 2015). In 2017, 574 schools had their WASH facilities improved with UNICEF direct support, reaching a total of 295,344 children (149,533 girls and 145,811 boys) with improved knowledge and hygiene practices.

The main challenges to improving access to WASH in schools were: limited government leadership to ensure that schools must be provided with WASH facilities, inadequate coordination across three ministries (education, water, health), different degrees of devolution between national and county governments, WASH in schools is not prioritized, and a very limited budget is allocated for infrastructure in schools leaving the burden to parents. The 2017 elections affected the pace of implementation of WASH in schools interventions and budget availability from county governments for leveraging of WASH in schools activities. UNICEF provided support for the development of a menstrual hygiene management (MHM) policy, which was at approval stage. The school health policy was also reviewed to align to devolution and address gaps such as MHM. The Ministry of Education was supported in development of designs and standards for WASH infrastructure in schools, hygiene promotion handbook for teachers and MHM handbook for teachers. Hygiene education (including menstrual hygiene) was included in the new education curriculum as part of life skills promotion.

A total of 71 health facilities were supported with WASH services in five counties under the green energy project.

UNICEF completed a WASH Budget Expenditure Review in 10 focus counties. The findings of this study were instrumental in providing key indicators for child responsive budgeting and

enhancing advocacy for children rights.

Public private partnerships were increasingly important to strengthening sustainability of rural water supplies. The 'FundiFix' model was tested in Kitui County to inform rural water service delivery in partnership with the REACH programme of Oxford University and Kitui County. The model was expanded to include complex water supplies with eight new complex schemes signing contracts for maintenance services. Another 30 were negotiating terms of service with FundiFix.

National WASH coordination remained a challenge. Several counties adopted quarterly coordination meetings funded through county resources to review and monitor WASH sector activities and strengthen partnerships.

OUTPUT 1 Sanitation and Hygiene/CATS: Community approaches to sanitation scaled up, nation-wide with increased capacity at national level and in 5 counties to plan, budget and monitor sanitation programmes, informed by innovative approaches to promote hygiene and sanitation.

Analytical statement of progress

UNICEF Kenya support, in joint implementation with county governments, resulted in 2,508 villages in the counties of Kitui, Siaya, Isiolo, Garissa, Kakamega and Turkana (against a target of 1,000 villages) achieving open defecation free (ODF) status . This is the equivalent of 3.68 per cent of Kenyan villages, representing approximately 752,400 people.

Following the launch of the UNICEF-supported national web-based monitoring system in February 2017 (www.health.go.ke), 45 counties were trained on uploading data into the system. Sanitation benchmarking profiles were produced for all 47 counties in partnership with the Ministry of Health and the World Bank, launched during World Toilet Day.

UNICEF Kenya also supported the Second National Sanitation and Hygiene Conference in Kenya in February 2017. The conference led to each county committing to timelines for ODF. Thirty public health officers (PHOs) (15 in Turkana, in 15 Garissa) were trained on ODF certification; 57 PHOs from Turkana, Garissa and Kaka mega counties were trained on MIS; and 355 community health volunteers, (300 in Garissa and 55 in Turkana), 65 HEWs and 30 PHOs (in Garissa) were trained on CLTS facilitation.

To strengthen sector coordination, the Environmental Sanitation and Hygiene Inter-Agency meeting was held from 6-9 June in Eldora, UsainGisha County. The Kenya Environmental Sanitation and Hygiene Policy, Kenya National Sanitation and Hygiene Strategic Framework, the County Environmental Health and Sanitation Bill and Kenya ODF Road Map were finalized for dissemination. These documents were developed with support from UNICEF and World Bank.

UNICEF supported national celebrations for Global Handwashing Day in Kajiado County and World Toilet Day in Nakuru County. The messages for both events reflected integration of WASH and nutrition for improved child health.

To address stunting through the adoption of safe baby and toddler sanitation and nutrition practices, an innovative approach, SanNut, was initiated in a study supported by UNICEF in Kitui County in partnership with IDInsight. This involved training 30 public health officers and

317 community health volunteers on developing specific tools for behaviour change communication and monitoring change in practices: 317 villages were treatment, against 287 controls. The results of an impact evaluations conducted by IDInsight indicated modest but statistically significant improvements in sanitation knowledge, practice of hand washing after contact with child faeces, and correct disposal of child faeces.

UNICEF worked with private sector partner Lixil, resulting in 800 families upgrading their toilets through purchase of Safe Toilet (SaTo) plastic pans in Kitui County.

Due to lack of clear budgets for sanitation at county level it is difficult to advocate for allocating resources and where resources were allocated the funds were not disbursed due to limited accountability. UNICEF leveraged matching funds from county governments for sanitation. The drought, cholera emergency, and prolonged election period hampered programme implementation.

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

Analytical statement of progress

With support from UNICEF Kenya, the Ministries of Health, Education and Water, and non-governmental organizations, 16 counties implemented WASH in Schools programmes, comprised of safe water supply, gender sensitive sanitary facilities, handwashing, hygiene promotion and capacity development for WASH services. A total of 574 schools received improved access to WASH services, benefiting 295,344 children. Support was provided in the development of handwashing facilities in 78 schools to foster sustainability and ensure good health. School children played a central role in WASH outreach activities to promote hygiene and sanitation practices. A total of 5,800 households were reached with messages on appropriate hygiene practices. UNICEF Kenya provided WASH services in 71 health facilities, including Biogas projects in three of the health facilities, as part of the 71 facilities in Garissa, Turkana, Nairobi, Homabay and Kakamega counties.

The WASH in Schools programme supported menstrual hygiene management (MHM) initiatives benefitting 39,400 girls in 197 schools through the provision of gender sensitive toilets, bathrooms, sanitary towels, training on MHM and development of peer support groups. Menstrual Hygiene Day (28 May) was organized in Makueni, Kericho and Trans-Nzoia counties. To raise awareness on the importance of safe menstrual hygiene for women and girls, UNICEF supported the Ministry of Health to publish a news supplement and air TV shots in the Daily Nation and KTN TV.

The skills of 27 government officials and 3 football partners were enhanced on hygiene promotion, behaviour change communication and the 3-star approach for schools. A total of 1,148 teachers received training on hygiene promotion in schools and 2,870 Board of Management members were trained on operation and maintenance and sustainability of WASH facilities. The Ministry of Health prepared a National Action Plan for 2018 with the support of UNICEF. The MHM skills of 85 government staff from 24 counties were enhanced.

UNICEF supported the Ministry of Health to develop a Menstrual Hygiene Management Policy, which was awaiting approval at year end. The School Health Policy was reviewed to align to

devolution and address gaps such as MHM. The Ministry of Education was supported in development of designs and standards for WASH in Schools infrastructure, hygiene promotion and MHM handbooks for teachers. Hygiene education (including MHM) was included in the new education curriculum as part of life skills promotion.

The main challenge to improving access to WinS is limited government leadership, compounded by the challenge of inadequate coordination across three ministries and different degrees of devolution. UNICEF Kenya advocated with county and national governments to set up coordination mechanisms and allocation of budgets for WASH in Schools. As a result, the County Governments of Kisumu, Migori and Trans-Nzoia committed US\$KES 60 million for WASH in Schools.

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

Analytical statement of progress

In partnership with Kitui County Government and Oxford University's REACH Programme, UNICEF continued to build on the innovative public-private partnership model, FundiFix, to provide maintenance services to rural water supplies. During 2017, the model was scaled up to include service contracts for rural piped schemes (the early pilot phase only included hand pump systems). UNICEF supported the rehabilitation of eight borehole schemes that have since signed a maintenance contract with FundiFix. Another 30 schemes were negotiating maintenance terms with FundiFix following a sensitisation workshop supported by UNICEF.

UNICEF and the Kitui County Government completed the rehabilitation of 10 borehole schemes and two rock dams out of 20 facilities assessed in 2017. As a result, more than 45,100 people (26,610 women, 10,750 men and 7,740 school children) accessed safe water from the rehabilitated sources, reducing both distance and time taken to fetch water and increasing quantity accessed by households.

UNICEF supported improving the advocacy skills of 42 county ward and village administrators (36 men and 6 women) and 5 sub-county water officers through sensitization on the FundiFix model to increase efforts with communities and WASH Committees for sustainable water supplies.

Advocacy with county governments improved sector coordination through County WASH Forums in six counties (Kitui, Turkana, Homabay, Kisumu, Kajiado and Siaya). The forums were critical to bring together key actors in public, private and civil society organizations, aligning sector activities to the County Integrated Development Plans (CIDP) and enhancing overall sector objectives and budget allocation. Budget allocation for capacity building to strengthen sustainability of water services in Turkana County increased to US\$430,000 from US\$270,000 the previous year. More than 32,000 women, girls, boys and men in Kitui County accessed safe water from 16 out of 17 uncompleted boreholes. These boreholes from the previous UNICEF Country Programme have been completed and equipped under partnerships with stakeholders including Safaricom, Tanathi WSB, faith-based organizations and county government.

Six counties adopted quarterly coordination meetings funded through county resources to review and monitor WASH sector activities and strengthen partnerships. For example, Migori County allocated US\$2,700 for such meetings in the county budget in the last fiscal year.

Prioritization of funding capacity development for sustainable management of rural water supplies remained a challenge in many counties. County funding remained oriented toward provision of hardware and development of additional sources, even as sustainability of community management schemes remained a challenge, with down times of up to one to three months in some cases.

OUTPUT 4 Resilient WASH Development - The MoWI and selected counties have strengthened capacity to implement climate resilient WASH programmes, and deliver timely and effective emergency responses during humanitarian crises.

Analytical statement of progress

UNICEF Kenya, in collaboration with the county governments, supported the rehabilitation of 161 boreholes, enabling more than 599,594 drought-affected people, including 75,269 children in 243 schools in nine counties (Baringo, Garissa, Isiolo, Mandera, Marsabit, Samburu, Tana River, Turkana and Wajir), to access safe water at 7.5 - 15 litres per person per day. This improved water access for drought-affected populations by reducing distance to water sources and time taken to fetch water, particularly for women and girls, who bear the burden of household water collection responsibilities. The average distances to water were reduced from as much as 10-15 kilometres in some areas to less than 2 kilometres for targeted populations. The rehabilitated facilities also served 24 health facilities.

More than half of the school children reached accessed water for drinking and hand washing within the school premises. Other children used community facilities to obtain water for use in the schools.

More than 1.7 million head of livestock used the rehabilitated water points, ensuring survival of populations dependent on livestock for their livelihoods.

The emergency response by UNICEF, in collaboration with other stakeholders, promoted household water treatment and safe storage for populations using unsafe water sources such as pans, open wells and water from vendors. At least 111,800 households (532,616 people) practiced HHWTS to improve quality of water and accessed 7.5 - 15 litres of water per person per day. UNICEF supported distribution of aqua tabs, PUR and chlorine powder to affected populations and facilities. A total of 1,270,055 people received critical WASH-related information for the prevention of childhood illnesses.

Approximately 1,500 water management committee members responsible for the 161 rehabilitated boreholes received refresher training in the management, operation and maintenance of their water facilities.

UNICEF Kenya improved skills in WASH sector information management and coordination for 100 county government, national government and NGO staff from eight counties (West Pokot, Turkana, Baringo, Garissa, Wajir, Marsabit, Samburu and Tana River). All eight counties conducted monthly coordination meetings for better response to the emergency. Another 50 county water and public health staff in Garissa and Tana River Counties enhanced their skills to strengthen county-level Water and Environmental Sanitation Coordination Mechanisms (WESCOORD).

UNICEF partnered with 12 NGOs (Kenya Red Cross Society, Caritas, World Vision, Samaritan's Purse, German Agro Action, ACTED, PLAN International, Norwegian Refugee Council, Finn

Church Aid, Save The Children, Diocese of Lodwar and OXFAM) to scale up humanitarian interventions in the eight drought-affected counties.

The limited capacity of government partners required UNICEF to source additional technical support through short term consultancies, including an emergency WASH advisor and information management officers.

OUTCOME 10 By 2018, children and adolescents in Kenya receive child-centred quality teaching learning with improved learning outcomes through evidence-based basic education plans and Child Friendly School standards that are implemented with full participation of parents, communities and county governments, including in emergencies, disadvantaged and vulnerable urban contexts

Analytical statement of progress

Kenya's education system registered progress in bringing children, especially girls, back to school. Gross enrolment rate for girls at primary level continued to improve, recording a one per cent increase between 2015 and 2016, from 101.5 per cent to 102.1 per cent. Similarly, the retention rate at primary level increased by 1 per cent, from 83 to 84 per cent from 2015 to 2016, and transition from primary to secondary was stable at 85 per cent (EMIS, 2016). Completion rates at primary level increased steadily over the past four years, reflecting improvements in the quality of education. The net enrolment rate increased from 47.8 per cent to 49.5 per cent from 2015 to 2016 at secondary level. UNICEF Kenya, working with Ministry of Education (MoE), Educate A Child, DFID, EU, USAID and the Global Affairs Canada, among others, supported this positive trend in Kenya.

UNICEF Kenya, as the chair of the Education Development Partner Coordination Group (EDPCG) and member of national steering committee for curriculum reform, facilitated convening education stakeholders to actively support the piloting of the curriculum reform for improved learning outcomes. UNICEF also supported the review of the National Special Needs Education Policy Framework and development of Refugee Education and Mentorship Policies, and contributed to making the Medium-Term Plan (MTP) III child-centred and rights-based. UNICEF collaborated with the Ministry of Education, county governments and other partners to strengthen the Education Management Information System (EMIS) for evidence-based decision-making and planning.

UNICEF provided technical and financial support to enrol 87,241 out-of-school children (50.4 per cent girls) to schools in nine counties. This led to a decrease in out-of-school children from 517,479 to 430,238 children, representing a 16.9 per cent reduction in those counties. To ensure sustainability and improve retention in school, 2,577 teachers (43 per cent females), 422 members of board of schools management (25 per cent females) were trained. A total of 95 classrooms were rehabilitated in 55 schools, contributing to retention of 3,800 newly enrolled formerly out-of-school children (49.8 per cent girls) who were at risk of dropping out. Under the guidance of the UNICEF, 47 gender sensitive latrines were rehabilitated and 62 water points were constructed, benefiting 45,571 children (32 per cent girls) in 55 schools, leading to an increase in attendance and retention of out-of-school children.

The Annual Conference of Children Government was co-hosted with 460 elected delegates to advocate for peace and resilience ahead of the national elections and a resolution advocating for improving the learning environment for children within the premise of child- friendly school framework.

With UNICEF support, through the Kenya Music Festival, an estimated 1.2 million students (50 per cent of them female) were sensitized and awareness was raised on national cohesion, out-of-school children enrolment and prevention of violence against children.

UNICEF, as co-chair with Save the Children, provided financial and technical support to the education in emergency (EiE) cluster and contributed to an improved coordination and response mechanism for the ongoing drought and the refugee crisis. Together with education cluster members, UNICEF strengthened the capacity of the Ministry of Education on emergency preparedness and response, resulting in an increased awareness and contributing to the limited impact of the election-related violence on education facilities.

A total of 198,404 children (41 per cent of them girls) in refugee camps benefited from increased access to quality formal and non-formal education opportunities, through supply of 4,170 units of education supplies. Together with the World Food Programme, UNICEF Kenya advocated with the Ministry of Education for the continuation of the school feeding programme to mitigate the shortfall in provision of school meals in the first school term.

Despite good progress in the first half of the year, Kenya faced recurrent emergencies such as the drought, refugee crisis and tribal conflict, which affected school attendance and participation. Disease outbreaks also affected school attendance, particularly in 13 disaster-prone counties. A break in the supply chain for the School Meal Programme had a negative impact on school attendance in the first quarter of the year, especially in the Arid and Semi-Arid Lands (ASAL) counties. Violence in border areas of Somalia, led to closure of 10 schools.

As a prevention measure, UNICEF reached out with awareness messages to 15,000 head teachers via SMS to reduce the impact of the crisis. UNICEF promoted peace and cohesion through peace clubs in schools, especially in Western Kenya. Political instability and related outbreaks of violence due to elections in the second half of the year negatively affected advocacy and policy efforts and the overall implementation of education in emergency programmes, particularly development of the Refugee Education Policy.

In 2018, UNICEF Kenya's focus will be to support the Ministry of Education to implement the new curriculum and to support monitoring and evaluation of the new curriculum to generate evidence for further reforms. UNICEF also will focus on the development of the new NESP to include provision of equitable quality education to all children in Kenya. UNICEF will continue to target the most vulnerable girls in ASAL and informal settlements to address inequities in education. To decrease the number of out-of-school children, UNICEF will ensure children are benefiting from child-friendly schools and amplify their voices in policy engagement. UNICEF will strengthen its focus on children with disabilities, nomadic children and those living in informal urban settlements. UNICEF will continue working on strengthening the resilience, disaster preparedness and response mechanisms.

OUTPUT 1 Output 1: By 2018, evidence based equity focus policies, strategies and plans developed and implemented by the education sector at national, county and community level focusing on Nomadic, Peace Education/DRR, CFS and children with special needs, girls and children affected by conflict within NESSP framework

Analytical statement of progress

UNICEF Kenya continued to support the Ministry of Education (MoE) in strengthening the Education Management Information System (EMIS). As a result, the 2016 Education Statistical Yearbook is available for evidence-based decision-making and child-focused budgeting. UNICEF supported capacity building of more than 400 MoE staff (22 per cent of them female) from 47 counties to strengthen EMIS dissemination and improve data quality. Due to the envisioned digitization of the EMIS by MoE, the paper-based data collection for 2017 was delayed.

UNICEF Kenya continued to support the Kenya Institute of Curriculum Development (KICD) in the curriculum reform processes through capacity building of experts tasked in facilitating the piloting of new curriculum in 470 schools (one per county is a special school) in 47 counties. The piloting process aimed to specifically identify the gaps in the new curriculum and solutions to address them prior to the full implementation in 2018.

UNICEF supported the 91st Kenya Music Festival and raised awareness of more than 1.2 million children (50 per cent of them girls) and 450 teachers on peace and cohesion, out-of-school children and violence against children.

UNICEF Kenya supported the Ministry of Education in reviewing the 2009 Special Needs Education National Policy Framework, providing technical expertise, capacity building, development of Implementing Guidelines, and validation of the policy. The policy aims to ensure that every child with a disability has access to inclusive education through assessment and early intervention, curriculum differentiation, and teacher training. UNICEF collaborated with the Learning and Training Technical Committee to draft the MTPIII Education chapter and provided technical support to incorporate issues around quality, inclusiveness, gender and equity.

UNICEF provided technical and financial support focused on sustained capacity-building and systems-strengthening, enabling MoE to take on an effective leadership and management role in implementing the National Education Sector Plan (2014-18). UNICEF, as chair of EDPCG and of UNDAF SRA 2.1, facilitated effective coordination of players in the education sector, strengthening partnerships with national institutions, civil society organisations, and the private sector and broadening MoE capacity for programme delivery.

UNICEF provided technical and financial support to MoE to review Mentorship Policy and partnered with UNHCR in the development of Refugee Education Policy. Political instability due to elections and the ongoing drought delayed the development and review of the policy. In 2018, UNICEF will continue advocacy efforts to ensure implementation of both Mentorship and the Refugee Education Policy.

UNICEF Kenya, as a chair of EDPCG, will continue to play a key role in the ongoing discussions and development of the 2018-2022 NESP, using MTP III as the blueprint. UNICEF will continue to support the development and subsequent dissemination of implementation guidelines of the aforementioned policies and frameworks. UNICEF will provide technical support to monitor and measure the impact of the new curriculum. UNICEF also plans to conduct the financial analysis of expenditure in education and use the findings for evidence-based advocacy to improve the status of quality education for all children.

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

Analytical statement of progress

UNICEF Kenya, in partnership with 13 implementing partners and county governments, successfully enrolled 87,241 out-of-school children (50.4 per cent girls) into schools in Turkana, Garissa, Marsabit, Wajir, West Pokot, Kajiado, Nairobi, Mombasa and Lamu. This was accomplished through enrolment and retention drives, improving learning environment, door-to-door community mobilization, capacity building of communities and Board of School Management as well as cash transfers to the most vulnerable children.

UNICEF Kenya through financial support from the Educate a Child supported partners (Aga Khan Foundation, African Rangelands Trust, Finnish Church Aid, Special Olympics Kenya, Women Educational Researchers of Kenya, World Vision and Norwegian Refugee Council) resulting in a reduction in the number of out-of-school children from 517,479 to 430,238 . (a 16.9 per cent decline in the nine target counties). As a result of this partnership, 1,741 teachers (42 per cent of them female), 1,057 members of Board of Management (35 per cent of them female) and 836 head teachers (46 per cent of them female) increased their capacity on community mobilization, Child Friendly Schools approaches, child-centred pedagogy, multi-grade teaching and school sanitation and hygiene promotion.

A total of 95 classrooms and 47 gender sensitive latrines were rehabilitated, benefiting 11,471 school children (40 per cent girls). The construction of 62 water points benefited 34,000 primary school children (30 per cent girls). To encourage enrolment and improve retention, 4,500 school-in-a-bag kits, 2,380 recreation kits, 5,412 reading materials and individual school bags were distributed to the newly enrolled formerly out-of-school children, benefitting 87,241 primary school children (50.4 per cent girls).

The Digital Attendance application for monitoring enrolment was rolled out in 432 primary schools in partnership with the C4D Lab and University of Nairobi. Real-time attendance data on out-of-school children enrolled in the nine counties was available as a result.

The main challenges affecting programme implementation were political instability due to elections and insecurity in the areas bordering Somalia resulting in closure of 10 schools. The ongoing drought affected the enrolment and retention of children in schools in Arid and Semi-Arid Lands as children migrated in search of food and water. Other challenges faced during 2017 were shortages of textbooks, high pupil teacher ratio and congested classrooms due to the influx of newly enrolled out-of-school children. School levies charged by some schools limited children's access to school, especially for vulnerable children and those belonging to the poorest wealth quintile in informal settlements.

In 2018, UNICEF Kenya will build on the success of the initiatives supported in previous years to further expand the education sector's capacity to provide enhanced access to quality education for all children. UNICEF will focus especially on the enrolment and retention of girls to address the existing gender gap and on risk-informed planning to increase the capacity of the Ministry of Education.

OUTPUT 3 Output 3: By 2018, government and partners have increased capacity to implement inclusive and innovative CFS minimum standards to promote retention, age-appropriate learning outcomes and improved teachers' skills benefitting boys and girls including children with special needs

Analytical statement of progress

The primary completion rate (PCR) increased by one percentage point from 83 per cent to 84 per cent in the last year, gender parity almost was achieved at primary levels and learning outcomes remained constant (EMIS, 2016). With support from Global Affairs Canada, DFID and USAID, UNICEF advocated for the inclusion of gender, inclusive education, climate change, refugee education, WASH, HIV and AIDS, and life skills in the new curriculum framework, contributing to SDG 4 -- inclusive and equitable quality education for all children.

UNICEF provided technical expertise to heads of special schools and teachers in piloting the curriculum for learners with disabilities as part of the curriculum reform pilot process. The process increased the capacities of the stakeholders in differentiating the new curriculum to respond to the needs of learners with disabilities, which supports the move toward realizing inclusive education.

The Fourth Annual National Children's Conference focusing on peace and cohesion was organized with technical support from UNICEF. Participants included 460 children representatives from 46 Counties. The children's government developed resolutions and presented them to the Kenya Primary School Head Teachers Association to improve learning environments for children as per child-friendly schools (CFS) framework. One hundred members of the national parents' association were trained to promote participation and engagement of parents and communities in school activities.

UNICEF facilitated workshops to increase the understanding and capacities of 10,000 teachers in accommodating learners with disabilities in the regular classrooms. Technical support was provided to the newly-established Directorate of Special Needs Education at the Ministry of Education through the secondment of a technical expert to review, develop and implement programs and strategies on inclusive education.

The capacity to demand quality education of 932 (27 per cent female) Boards of Management in Garissa, Wajir and Marsabit Counties was enhanced through training on accountability, school governance and efficient monitoring of enrolled children. Twentymobile school teachers (5 females) were trained on multi-grade teaching methodologies and child friendly schools, benefiting 3,000 children (49 per cent girls).

A total of 2,577 teachers and head teachers (43 per cent females) were trained on multi-grade teaching pedagogy, child friendly schools, hygiene promotion and community sensitization to improve quality of education in 520 primary schools. A total of 1,060 children (94 per cent girls) benefited from mentorship and 7,188 out-of-school children (51 per cent girls) were retained in 300 schools in the Nairobi informal settlements due to provision of school grants. The learning level of 6,172 children (49 per cent girls) was improved through school readiness and e-learning programmes.

There was limited impact on improvement in the learning outcomes due to the lack of trained teachers and inequitable distribution of government teachers leading to disparity, affecting the quality of education.

Moving forward in 2018, UNICEF's focus will be to support the Ministry of Education to implement the new competency-based curriculum to improve learning outcomes at school level. UNICEF will be monitoring the rollout of the curriculum and will evaluate its impact, generating evidence for further reforms. UNICEF Kenya also will pilot a digitally accessible textbook as a tool for inclusive education.

OUTPUT 4 Output 4: By 2018, National and county governments and partners have capacity for adequate preparedness and coordinated response to emergency and children affected by conflict, to access quality lifesaving and peace building education in line with Core Commitment for Children

Analytical statement of progress

UNICEF Kenya provided technical and financial support to coordinate education in emergency (EiE) response activities at national level and in 23 counties. UNICEF partnered with UNHCR and the Ministry of Education to advocate and develop the National Refugee Education Policy Framework. UNICEF also partnered with Windle International, Finn Church Aid, Norwegian Refugee Council, Lutheran World Federation, Teacher College Columbia University and AVSI, among others, to implement EiE strategies benefiting 198,404 children (41 per cent female) in crises and those displaced as refugees in Dadaab, Kakuma and Kalobeyei camps.

To improve access to quality education for children, 660 education bag kits, 460 recreational kits, 20 tents, 200 schools received sanitary pads, 30 plastic water storage tanks and 550 solar lamps benefiting 116,838 learners (41 per cent girls) in Dadaab and Kakuma. A total of 518 learners (39 per cent female) benefited from the accelerated education programme and 210 learners (63 per cent female) benefited from solar lanterns, resulting in retention rates increasing from 65 per cent to 80 per cent in the Dadaab refugee camp.

Eight secondary schools in Dadaab received science laboratory equipment, benefiting 7,609 learners (1,977 girls). A total of 550 learners (45 per cent girls) received school uniforms, 252 schools received girls' sanitary products, leading to improvements in school attendance. An inter-schools competition organised to improve peace and cohesion among secondary schools benefited 7,721 learners (28 per cent of them female).

The renovation of 12 classrooms and 12 gender-sensitive latrines benefited more than 3,940 children (32 per cent girls), Twenty school tents accommodated more than 1,000 learners (41 per cent girls) affected by conflict in Baringo, Kisumu and Garissa Counties.

UNICEF supported knowledge and skills enhancement on conflict sensitive education, pedagogy, disaster risk reduction, child protection, EiE preparedness and response, peace building education and resilience. A total of 1,565 teachers (18 per cent female), 510 Board of Management members and education officers (30 per cent female) and 1,700 secondary school students and council officials (47 per cent female) benefited..

Ten counties (Wajir, Mandera, Kajiado, West Pokot, Tana River, Garissa, Kisumu, Samburu, Baringo and Turkana) developed county-specific emergency response plans to respond to crises and mitigate their impact on education.

More than 6,000 over-age refugee children (42 per cent female) benefited from the alternative education programmes offered in 28 alternative basic education centres by NRC with financial support from UNICEF.

UNICEF, together with the Ministry of Education, disseminated SMS alerts to more than 35,000 head teachers in 23 disaster prone counties to prevent cholera, dengue fever and malaria.

UNICEF also supported the establishment of 40 peace clubs in schools in Kisumu, Migori, Homabay and Siaya Counties to enable children engage with their peers in peace dialogues.

The election period slowed the implementation of activities and the protracted drought negatively affected school attendance. The influx of new refugee children, mainly from South Sudan, overstretched the existing teaching and learning infrastructure in the refugee camps.

UNICEF Kenya will continue to strengthen its partnership with stakeholders to provide Education in Emergencies to all children affected by conflicts and crisis. UNICEF Kenya also will advocate with the Ministry of Education to finalize and implement Refugee Education Policy to improve teaching and learning in refugee contexts (Kakuma and Kalobeyei).

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

Analytical statement of progress

The gross enrolment rate (GER) and net enrolment rate (NER) of early childhood development and education (ECDE) remained at 76.2 per cent (EMIS, 2016). The NER rose 74.6 per cent in 2015 to 74.9 per cent in 2016 (EMIS report for 2017, not yet released). The total number of pupils enrolled in primary education increased by approximately 190,000, representing a growth of 1.9 per cent between 2015 and 2016. This could be attributed to increased transition from pre-primary to primary school. The increase is partly attributed to UNICEF advocacy for ECD at various platforms, strengthening partnerships and capacity building of county officials.

UNICEF Kenya, in partnership with the Ministry of Education, finalized and launched the pre-primary education policy, which provides a blueprint for planning, budgeting, and financing of ECDE. The policy also provides standards for establishing ECDE centres and guidance to teachers on enhancing school readiness.

UNICEF Kenya supported the Council of Governors in the development of Early Childhood Development and Education (ECDE) teachers' scheme of services to ensure that county governments recruit quality teachers and that ECDE centres are managed by well trained, qualified and motivated personnel.

A two week training program enhanced the capacity and knowledge of 53 officials (21 female and 32 male) from the Ministries of Health, Education and Labour and UNICEF implementing partners on care for child development interventions.

UNICEF Kenya in partnership with the Office of the First Lady of the Republic of Kenya, convened a national event and launched the Lancet (2016) Special Series on Early Childhood Development, 'Advancing Early Childhood Development: From Science to Scale'. The summit was attended by 1,000 participants drawn from the national government, county governments, Office of County First Ladies, Ministry of Health, Ministry of Education and Early Childhood Development Directorate, along with international, national and local stakeholders. The event increased momentum in support of advocacy and promoting the importance of investing in early childhood development, specifically in the first 1,000 days. During the launch, the Ministry of Health applauded the evidence provided by the Lancet and expressed its commitment to ensuring that more children thrive.

UNICEF generated further evidence on early childhood development through a baseline study conducted in Samburu and Isiolo counties for 0-5 year olds. The study demonstrated the importance of investing comprehensively to improve health, nutrition, child protection, WASH and early learning indicators. In 2018, UNICEF will use the findings from the study to implement an integrated early childhood development model in the two counties and support replication and scale up of the same in other counties.

To strengthen collaboration, networking and partnership with government, donors and implementing partners, UNICEF continued to collaborate with the Hilton Foundation. In February 2017, UNICEF played a key role to ensure participation in zonal meeting of 14 senior county officials (10 female, 4 male) including county executive committee, members of health and education from Kisumu and Siaya counties and county officials working in health and early childhood development (ECD). This ECD meeting provided an opportunity to advocate with county officials responsible for budget allocation for multi-sectoral collaboration and increased investments in ECD. As a result, Kisumu County budgeted for county ECD policy and legislation to streamline the provision of quality ECD services and develop of child day care guidelines. Siaya County focused on establishing a model to integrate early childhood development education centres.

The ECD sector in Kenya still faced major challenges in the provision of accessible and quality integrated ECD services. The 2017 elections affected the delivery of ECD services. This is because the ECD leadership at county level is aligned to elected leaders and most were engaged in political activities such as attending campaigns and party nominations. The lack of a legal coordination structure for management of ECD continues to negatively impact multi sectoral approach in ECD service delivery compromising holistic child development as services are delivered in silos.

In 2018, UNICEF Kenya will continue to advocate for the formation of national steering committee composed of all child line ministries to oversee the finalization of the Integrated Early Childhood Development policy, development of guidelines and standards and implementation of ECD services in the country. UNICEF will provide support to the Ministry of Education and county governments to ensure the implementation and monitoring of the pre-primary education policy. UNICEF will continue to convene meetings with key stakeholders from children's line ministries (health, education, child protection/labour, agriculture and water) to validate and adopt the integrated ECD policy framework. UNICEF Kenya also will focus on capacity building of the newly-elected and appointed county ECD personnel.

OUTPUT 1 Output1: By 2018, government and partners have the capacity to develop and operationalize ECD policies and strategies to increase equitable access to quality and comprehensive early learning.

Analytical statement of progress

UNICEF, in partnership with the Ministry of Education, facilitated the endorsement of a pre-primary education policy, a legal framework to guide the strengthening of early childhood development (ECD) at county level. The policy is aimed at ensuring provision of accessible quality pre-primary education, benefiting more than 3.2 million pre-school children. As articulated in the policy, county governments are responsible for ECD education implementation. The policy provides a framework for counties to plan, budget and manage ECD. Kisumu, Shaya and Home Bay Counties had comprehensive ECD policies. Continued improvement in the ECD sector has resulted in increased Net Enrolment Rate (NER) in ECD

from 60 per cent in 2014 to 74.9 per cent in 2016.

To operationalize the pre-primary policy, UNICEF supported the Ministry of Education in the development of the Early Childhood Education Service Standard Guidelines. The guidelines aim to ensure provision of quality, accessible and equitable ECD services for all children. The guidelines provide specific standards regarding implementation of health, nutrition, child protection, birth registration, WASH and early learning domains that enhance holistic child development.

UNICEF provided support to the Council of Governors to develop an ECD teachers; scheme of service, a framework that standardized the hiring of pre-primary teachers. The scheme highlights the recruitment process, promotion, training and pay structures of ECD teachers. The finalized scheme will ensure that all 41,250 ECD centres are managed by qualified and well-motivated teachers who are fairly compensated for their service by the county government.

To advocate for increased investment in ECD, UNICEF collaborated with the office of the First Lady of the Republic of Kenya in the launch of the Lancet 2016 series 'Advancing Early Childhood Development: From Science to Scale.' It highlights scientific evidence for early childhood interventions and proposes pathways to scale and stresses the high cost of inaction. Following the launch, the Ministry of Health committed to invest in ECD and a technical working group was formed to spearhead the Integrated Early Childhood Development policy framework by Moe in partnership with Mohr.

Challenges that affected ECD implementation included poor coordination within child line ministries leading to fragmented delivery of services and wastage of resources. Devolution also presented a challenge in terms of how children's services are coordinated and monitored by the national and county governments. Some of the services (health and pre-primary education) are devolved while others (birth registration and policy formulation) are not.

In 2018, UNICEF Kenya will continue to play a convening role and advocate for an Integrated Early Childhood Development policy framework for greater synergy and coordination among various departments in the area of ECD. UNICEF Kenya also will advocate for quality early learning and support the government to establish a coordination mechanism that will improve management of ECD programmes at the national and county levels.

OUTPUT 2 Output 2: By 2018, selected county governments and partners have capacity to develop, strengthen and implement innovative, community based and scalable ECDE models within CFS framework.

Analytical statement of progress

UNICEF continued to play a convening role in coordinating meetings of Hilton Foundation grantees and the county governments of Shaya and Kisumu to strengthen collaboration, networking and partnership among government, donors and implementing partners, including Plan International, Child fund, Path, APHRC and Aga Khan Foundation.

To ensure availability of early childhood development and education (ECDE) data, UNICEF supported the Ministry of Education to include ECDE in the national EMIS data collection. With funding from IKEA, UNICEF initiated the Let's Play Programme in Isiolo and Samburu counties to model integrated ECD initiatives that include health, nutrition, birth registration and early

learning services. Findings from the baseline on management of ECD showed poor mechanisms and structures to coordinate ECD at various levels. Only 20 schools out of 102 schools sampled (19.6 per cent) had quality, effective play spaces. The survey showed that lack of a birth certificate document hindered children from accessing ECD. Only one-quarter of the children sampled (25.4 per cent) received a birth certificate document.

UNICEF supported Garissa County to model IECD in 10 ECDE centres benefiting 1,320 children (624 girls, 696 boys) and 746 children (346 girls, 400 boys) received birth certificates. A total of 77 community health extension workers, head teachers and school board members (22 female, 55 male) were trained on management and promotion of IECD services. UNICEF upgraded the 10 ECDE centres through provision of age appropriate furniture (220 tables and 1,320 chairs), benefiting 1,320 children (624 girls, 696 boys).

In collaboration with UNHCR, UNICEF Kenya strengthened ECDE services in refugee camps through supply of 80 ECDE kits, 2,000 woven mats and 200 skipping ropes, benefiting 4,681 children (2,003 girls, 2,678 boys) in Kakuma and 2,948 children (1,465 girls, 1,483 boys) in Kalobeyei settlement.

In partnership with the Ministry of Health, UNICEF enhanced the capacity of 53 officials (21 female, 32 male) from the government and non-governmental organizations from nine counties (Nairobi, Machakos, Kisumu, Siaya, Homa Bay, Migori, Kakamega, Isiolo and Samburu) on knowledge and skills on the care for child development (CCD). The trained officials rolled out the CCD training in the nine counties with the support of Hilton Foundation implementing partners. In Homa Bay, the trained officials trained three health officials, five nurses, six ECD teachers, three community health extension workers, 23 community health volunteers and 30 caregivers on CCD. They also established mother support groups and created a child friendly space at Wagwe Health Facility to promote early stimulation learning in the play area.

Challenges to provision of ECDE in Kenya included poor infrastructure, inadequate and qualified ECD personnel, lack of school feeding, lack of child friendly play spaces, lack of birth certificates and inadequate capacity of parents to provide holistic support for child development to ensure children have a good start in life.

In 2018, UNICEF will increase modelling of scalable IECD for government uptake and replication. Samburu and Isiolo counties will be supported to improve play spaces at both health facilities and ECDE centres. Parents will be empowered through sensitization and training on child caregiving and demand for ECD services.

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

Analytical statement of progress

This outcome focuses on programme coordination and operations support, especially on strengthening efficiency and effectiveness and advocacy for the delivery of results for children. Under this outcome, the Representative, supported by the Deputy Representative, the chief of operations, the chief of communication and advocacy, the chief of planning, monitoring and evaluation and all outcome leads coordinated UNICEF engagement with external partners to advocate and leverage resources for children and women in Kenya.

Partnerships remained key to achieving equitable and sustainable results for children. UNICEF

Kenya's strategic partnership with the Kenya Red Cross enabled timely and responsive scale up to the drought crisis and the national doctors' and nurses' strikes, which affected service delivery across the country. Partnership with the Kenya Private Sector Alliance supported passage of a new bill in Parliament on workplace support for breastfeeding. UNICEF convened a Joint Partnership Review meeting with World Vision Kenya to review progress made in achieving results for children and review modalities and working relationship with partners. In the context of Delivering as One, UNICEF co-led (with WHO) Strategic Results Area 2 (SRA2) of the UNDAF 2014-18: Human Capital Development, and participated in Strategic Results Area 1: Transformative Governance, as well as in the Programme Oversight and Management Group and the UN Monitoring and Evaluation Technical Working Group. UNICEF, together with the Government, civil society organisations (CSOs) and other UN organizations, participated in drafting the UNDAF 2018-2022, which in turn informed the drafting of the new UNICEF Country Programme Document. As a member of the UN M&E Technical Working Group, UNICEF continued to provide technical support to the UNDAF's monitoring and evaluation activities, which included review of the Common Assessment Report to provide a situational analysis of Kenya, the UNDAF evaluation report to assess the impact of programmes and projects for learning and to inform the strategic direction of the next UNDAF and the Medium-Term Plan (MTP) III draft document.

Through its sector lead role for nutrition, WASH, child protection and education, UNICEF supported the development and launch of the UN Drought Flash Appeal in March and September 2017. UNICEF supported the Government and partners in humanitarian response to drought, water shortage, malnutrition, inter-communal conflict, refugee response and disease outbreaks, reaching more than 600,000 affected children with protective and lifesaving services.

To enhance donor visibility and advocate for more resource leveraging toward the protection of rights of children in emergencies, UNICEF developed multi-media products including video packages, B-roll, human interest stories and photographs. These media products highlighted the negative impact of the drought on children in Marsabit, Turkana and Moyale and resulted in increased funding for WASH activities in Turkana County.

Challenges included localized flash floods and inter-communal conflicts, which resulted in displacement and disruption of service delivery. The protracted doctors' and nurses' strikes and the lengthy electioneering period hampered the Government's and partners' capacity to provide adequate service delivery. Prevention and control of the cholera outbreak in hot spot areas continued due to high risk behaviour and practices related to WASH, food handling and delays to seek medical care. UNICEF will continue to advocate for the development of the Kenya Disaster Management Policy, to provide a framework for disaster management, coordination and response both at national and county levels.

UNICEF Kenya recorded an improvement on the status of direct cash transfers (DCTs) over 9 months. As of the last week of December 2017, the percentage of DCTs over 9 months was 0.03 per cent, compared to 0.3 per cent recorded at the same period in 2016. The Country Management Team will continue to monitor and address some of the reasons for outstanding DCT over 6 months, including delays in implementation of planned activities, delays in the submission of documents after completion, incomplete submissions, delayed remittance of refunds and failure to implement as per budget resulting in lengthy discussions on resolution of issues.

OUTPUT 1 Results teams have accessible and relevant technical leadership and support; programme staff/partners have adequate technical capacity to review and implement planned results and prepare quality reports

Analytical statement of progress

The 2017 mid-year and annual review sessions were conducted as planned to showcase UNICEF Kenya's achievements, challenges, lessons and proposed adjustments. Two monitoring and evaluation (M&E) community of practice meetings were held with UNICEF M&E focal persons to discuss RAM review guidance and checklist for quality assurance. UNICEF Kenya continued to coordinate its plan for research, impact monitoring and evaluation (PRIME) 2014-2018. The implementation rate of management responses to evaluations was 100 per cent. To improve operational decision-making and provide learning, UNICEF partnered with the Global Emergency Group and the Centre for Humanitarian Change to undertake a real-time evaluation (RTE) of the ongoing drought response in affected areas in Mandera, Tana River, Garissa, Kilifi, Marsabit and Turkana. The evaluation findings will be disseminated in 2018 to inform national and county levels to position UNICEF in future responses to drought.

The country management team (CMT) monitored the implementation of PRIME on a quarterly basis to ensure its timely completion. As of December 2017, nearly US\$7million was spent on PRIME. Seven out of 17 PRIME activities planned in 2017 were completed (for a completion rate of 41 per cent).

UNICEF Kenya worked with the Government and other UN agencies to develop the UNDAF, 2018-2022. UNICEF continued to co-chair with the World Health Organisation to provide technical guidance on the UNDAF SRA 2. As a member of the UN M&E TWG, UNICEF continued to provide technical support to its monitoring and evaluation activities, including the review of the Common Assessment Report. Other activities UNICEF coordinated included the review of the draft MTPIII and the validation of the SitAn at a meeting held in Naivasha.

To ensure that activities involving UN personnel were implemented at acceptable levels of risk during the election period, UNICEF and other UN agencies participated in the development of the programme criticality document, which led to temporary suspension, by UNCT, of non-critical missions to ensure safety for staff during the elections.

UNICEF held a Joint Partnership Review with World Vision attended by the Deputy Representative/Head of Programme, UNICEF Kenya Section Chiefs and responsible programme staff from education, child protection, nutrition and health sections. The review meeting was designed to find ways of improving the partnership to achieve equitable and sustainable results for children. More Joint Partnership Review meetings with other key CSO partners and donors are planned for the first quarter of 2018.

OUTPUT 2 Effective & efficient Operations Support and coordination

Analytical statement of progress

UNICEF Kenya continued to ensure effective and efficient functioning of operations and programme management. The country management team (CMT) provided strong leadership and support to ensure regular monitoring of key programme and operations performance indicators (KPIs). Governance structure was revisited to simplify and streamline various mandatory and non-mandatory committees, resulting in saving staff time and cost and

increasing productivity. Statutory committees met regularly, focusing on accountability, partnerships management, transparency and risk management.

UNICEF Kenya implemented recommendations from the business process reviews conducted for operations functions in 2016, resulting in updating of standard operating procedures for all operations processes. UNICEF developed an SOP during 2017 to improve communication and coordination between the country office and zone offices, which was being closely monitored for full implementation.

The joint consultative committee (JCC) met three times to address emerging issues and to promote staff well-being. An all staff retreat was held in May 2017 with the objective of briefing staff on the new country programme document and country programme management plan. Human resources management was strengthened to ensure timely and quality recruitment, maintaining vacancy rate of less than 4 per cent. Recruitment time was maintained at less than 90 days. Learning and development activities continued to help strengthen staff skills (programme planning, performance management, results based management, team building). The CMT monitored completion status of mandatory training courses for staff, which resulted in the achievement of a more than 80 per cent completion rate in most of the mandatory training courses.

The 2017 Annual Management Plan (AMP) was prepared to establish programme and management priorities with clear roles and responsibilities. The AMP guided the office to achieve results in priority areas that were monitored through CMT.

UNICEF Kenya underwent an external audit in the first quarter of 2017 and worked to address the resulting recommendations. The Office Risk Profile was updated, with eight high risks identified. Mitigating actions were monitored on a quarterly basis by the CMT. Financial resources were efficiently managed, ensuring bank optimization, reduction in open accounts payables/receivables (more than 90 per cent) and timely disbursements.

The risk-based harmonised approach to cash transfers (HACT) assurance plan was prepared and implemented by more than 90 per cent. The progress of implementation was monitored closely through MMSM, POCG and CMT meetings.

The office premises were efficiently maintained, including sharing UNICEF premises at two of the zonal offices in the spirit of Delivering as One. The supply plan was implemented to the tune of 90 per cent, valued at US\$16 million, out of which purchase orders were issued for US\$15 million.

ICT services were improved to ensure resolution of issues within 24 hours. Additional internet connectivity was provided to both the Nairobi and zonal offices and the latest ICT equipment was maintained. The business continuity plan (BCP) was updated and three simulation exercises were conducted.

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

OUTPUT 3 Programme oversight, field office, management and operations support: Improved accountability for achieving results at field office level; timely, effective and coordinated support is provided in all humanitarian situations, building resilience and reducing vulnerability

Analytical statement of progress

Severe drought affecting the Arid and Semi-Arid Lands (ASAL) counties resulted in the food insecure population in Kenya rising from 1.3 million in August 2016 to 3.4 million by July 2017, with 482,882 children requiring treatment for acute malnutrition (104,614 of whom were suffering from severe acute malnutrition). In February, 2017, the President of Kenya declared the drought a national disaster. Consequently, the UNICEF Executive Director declared a L2 Emergency for UNICEF Kenya and the Emergency Management Team began meeting weekly to coordinate the response. UNICEF Kenya served as sector lead for nutrition, WASH, child protection and education, and supported the development and launch of both the UN Drought Flash Appeal in March 2017 and the revised appeal in September 2017. UNICEF Kenya Humanitarian Action for Children (HAC) 2017 was revised in March and September to enhance resource mobilization for drought response -- 62 per cent funding against the HAC was achieved by October 2017. To address urgent funding gaps, UNICEF used regular resources and the internal Emergency Programme Fund loan. Publication of bi-weekly humanitarian situation reports from March to September 2017, and monthly publications from October 2017 highlighted the worsening drought impacts and the progress made in the drought response

Disease outbreaks continued to challenge child survival. Nationally, there were a total of 3,518 cholera cases, with 66 deaths, and 1,257 Malaria cases, with 25 deaths. A second wave of measles outbreak in Dadaab Refugee Camps was reported in October 2017. Localized flash floods and inter-communal conflicts resulted in displacement and disruption of service delivery. Other challenges included the doctors' and nurses' strikes and the lengthy electioneering period, which compromised Government's capacity and heavily impacted service delivery.

Systems and capacity strengthening for both the Government and NGOs was an integral part of UNICEF Kenya's humanitarian action. Through the zonal offices, UNICEF provided technical support to county governments in developing their County Integrated Development Plans, and led the Garissa and Kisumu humanitarian coordination hubs for election preparedness and response. Focus counties were supported in preparedness and response to key risks through the County Development Committees. At national level, UNICEF supported the Ending Drought Emergencies activities and strategies, and provided Information Management technical support to the National Disaster Operations Centre and the National Drought Management Authority.

The UNICEF Kenya Zonal Offices spearheaded results through programme oversight, humanitarian interventions, coordination and advocacy with county government, especially on capacity building on child sensitive planning and budgeting. UNICEF's support also included strengthening policy and legal frameworks on devolved functions. The Zonal Offices also supported counties in contingency planning, prepositioning essential emergency supplies, and situation reporting for droughts, epidemics and refugee influx.

The participation of the Zonal Offices was strengthened through their contribution to the programme mid-term reviews, CMT (on a quarterly basis), and monthly meetings with the Representative and Chief of Operations.

OUTPUT 4 Capacity-building and Normative Guidance: Evidence-based advocacy material and communication tools developed to strengthen capacity and advocacy for children's rights.

Analytical statement of progress

To support awareness raising and resource mobilization efforts to respond to the drought crisis and other emergencies, specific multi-media assets were produced and distributed to appropriate audiences. These assets showed the devastating impact of the ongoing drought in Kenya as well as UNICEF's comprehensive response activities in collaboration with the Government and other humanitarian partners.

The drought-related multi-media products included focused video packages, B-roll, written articles, News notes, human interest stories and photographs. These portrayed situations in Turkana and Marsabit Counties, including: the drought situation in Moyale (https://www.unicef.org/kenya/reallives_19637.html), How the drought has affected school-going children in Marsabit (https://www.unicef.org/kenya/reallives_20060.html), videos on Nutrition in Turkana (https://youtu.be/d_8nQ4PIDcQ, <https://goo.gl/ry1tJ6>, <https://goo.gl/mVfTPS>), videos on WASH in Turkana (<https://youtu.be/jltd5Xmng-s>, <https://goo.gl/Nes5e2>, <https://goo.gl/JXiqbz>), photographs (<https://goo.gl/52fDjo>), and a news note (<https://goo.gl/XtRZh3>). ICON articles included: 5 Questions on the Drought with Werner Schultink (<http://bit.ly/2knsc3U>) and Strategic partnership with Kenya Red Cross to implement a Catch-up Campaign: (<http://uni.cf/2hE6zHP>).

These products were shared and disseminated on UNICEF Kenya platforms including the website and on social media. The materials were used by the Division of Communication and ICON to create awareness and enhance advocacy.

UNICEF National Committees also utilized the products to great effect. The Dutch NatCom raised funds that were channelled back to UNICEF Kenya for emergency response (<https://goo.gl/94LJm2>).

A media visit by the Swedish National Committee resulted in the production of a compelling video insert that reached a Swedish audience of 1.3 million people. The video insert was produced in Kakuma Refugee Camp and showcased nutrition interventions by UNICEF Kenya. Funds received from this initiative were channelled to support WASH activities in repairing strategic water points in Turkana County (<https://goo.gl/dTDNGQ>).

The Italian National Committee made a field visit to Turkana and Nairobi, producing moving inserts placed in their 2017 fundraising event that was broadcast on Rai 1 in Italy in September (<http://bit.ly/2iTvwpj>).

UNICEF Argentina produced a video insert featuring their National Goodwill Ambassador that was used in their fundraising telethon in July 2017 (<http://bit.ly/2zORScd>).

Multi-media products aligned to regular programmes also were developed to compel audiences to act on behalf of children. These included products focused on: Female Genital Mutilation/Cutting (FGM/C), <https://goo.gl/Ksy2u9> Documentary on Accelerating Abandonment of FGM in Kenya, <http://bit.ly/2ja8OTD> Post-open defecation free WASH programmes in Kitui, <https://youtu.be/1arvajinoA> Children's Devolution Conference, <https://goo.gl/6FNm5p> World Menstrual Day, <https://goo.gl/5H9QNd> and Measles-Rubella and Tetanus Immunization Campaign <https://goo.gl/FsXLd3>. Multi-media products also included Learning Science in Dadaab Refugee Camp, <http://bit.ly/2zX98qt> Sports for Peace in

Dadaab Refugee Camp, <http://bit.ly/2z2FN33> King Kaka visits families in drought-stricken Turkana, <http://bit.ly/2jEAN1D> IEKA Let's Play for Change, <http://bit.ly/2j8Aic9> An End to Stunting: Promoting Good Nutrition in Kitui County, <http://bit.ly/2hO6BjV> #EndChildMarriageCampaign videos, <http://bit.ly/2BCHGnPh> <http://bit.ly/2ipLdhS> Child Protection, <http://bit.ly/2zOGb5y> Temporary learning classrooms in Kalobeyei, <http://bit.ly/2zPsnHY> and Ending stunting -- Promoting good nutrition in Kitui County. <http://bit.ly/2AXQ1X7>
Sectoral fact sheets were updated to enhance UNICEF Kenya's advocacy and visibility.

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

Analytical statement of progress

Strategic partnerships were essential for maintaining service delivery within the complex 2017 political context. Maintaining strategic partnerships with the Kenya Red Cross (KRCS) enabled timely and responsive scale up to the drought crisis and the national doctors' and nurses' strikes. Partnership with the Kenya Private Sector Alliance supported passage of a new bill in Parliament on workplace support to breastfeeding. UNICEF also continued to partner with research institutions for evidence generation on undernutrition to influence policy, specifically, the Centre for Disease Control, Oxford Wellcome Trust, Africa Population Health Research Centre and Johns Hopkins University.

UNICEF Kenya's partnership with the Council of Governors led to endorsement of Community Health Policy by the Counties, which was critical for scaling up of the community health services in hard to reach communities.

Through public private partnership, UNICEF increased availability of oxygen in the country by establishing the largest oxygen generation plant in Kenya to serve Nairobi and the neighbouring counties. This will play a critical role in the reduction of neonatal and childhood mortality from pneumonia and other related conditions.

Through a partnership with Philips, UNICEF facilitated domestic design and manufacturing of medical devices and systems, including online and App software for tracking, maintenance, management and ensuring full functionality of medical equipment in health facilities. Efforts were underway toward a shared value partnership with Nokia focused on the application of specific technology/expertise elements in the education sector.

UNICEF partnered with the Bill & Melinda Gates Foundation and county governments to develop and operationalize near real time monitoring systems, where data is quickly onboarded into the national demographic health system, analysed, and compiled into scorecards and dashboards for use in CHMT quarterly management meetings. The partnership also supports citizen feedback and knowledge exchange between counties for future scale-up for social accountability nationally.

UNICEF partnered with GAVI, the Kenyan Red Cross Society, WHO and county-level ministries of health to scale-up immunization through expansion of cold chain, reduce stock-outs of vaccines through innovative health financing mechanisms and outreach to vaccinate children missed in remote communities and those not vaccinated due to the four month nurses' strike. Part of Universal Health Care (UHC) and implemented in all 47 Counties. UNICEF partnered

with the Kenya Red Cross Society (KRCS) to mitigate the adverse effects of the nurses' strike on essential child health services. More than 12,315 children were vaccinated against measles and rubella and 107,119 children benefited from health services through emergency response teams. ,

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

Analytical statement of progress

An innovative partnership with a known celebrity advocate continued to produce solid results in levels and quality of engagement with adolescents and young people. A music video was used to pass on key HIV and AIDS messages to young people through a media tour and public appearances. <http://bit.ly/2s9wLOS> The celebrity also supported other advocacy initiatives with UNICEF Kenya, including raising awareness on the ongoing drought and Father's Day activities with the Division of Communication. A music video produced from a field visit to drought-stricken Turkana County reached more than 300,000 people on social media and was played on national TV. It took the number one spot the week it was released, reaching an audience of approximately 7 million people. <http://bit.ly/2A8BJ5W>

A campaign to end child marriage was launched in November. The campaign highlighted systemic factors that pose a challenge on reproductive health, human rights and security. The social media campaign used viral videos to increase awareness on the negative impacts child marriages on health, rights and security of girls and to raise awareness among parents and caregivers on the lifetime consequences of this harmful practice. The campaign also supported increased case reporting and enhanced engagement with stakeholders and interest groups on ending child marriage.

In partnership with Kenya Weddings, the largest wedding planning agency in Kenya, UNICEF created videos for distribution on social media and on Kenyan media to initiate discussion and spark a social movement toward ending child marriage. The first video reached more than 1 million people and was watched more than 1 million times on social media. <https://goo.gl/D2SLSF>

The End Child Marriage Campaign also leveraged the reach of social media influencers to maximize reach and sustain engagement.

UNICEF Kenya disseminated updates and alerts on key messages on the ongoing drought on its website, Facebook, Twitter and Instagram accounts. In the last year, the number of Twitter followers increased by 2,576 to a total of 9,849. Facebook fans increased by 14,000, for a total of 32,572, and Instagram followers increased to 1,660.

Virtual reality technology was used to enhance the style and range of storytelling techniques for audiences. A video was produced that provided a virtual tour of a health facility in Garissa County and showcased the cross-sectoral interventions at the facility supported by UNICEF. The video was shown at the 2017 Nairobi Innovation Week to a national audience.

OUTCOME 13 Effective & efficient Operations Support and coordination

Analytical statement of progress

UNICEF Kenya continued its efforts to ensure effective and efficient functioning of operations and programme management. The country management team (CMT) provided strong leadership and support to ensure regular monitoring and achievement of key programme and operations performance indicators (KPIs), with achievement of more than 90 per cent. Governance structures remained effective and statutory committees met regularly, focusing on accountability, partnerships management, transparency and risk management.

Following the business process reviews conducted during 2016, UNICEF Kenya implemented recommendations and streamlined business processes for most of the operations functions, resulting in simplified processes and improved quality.

Common services support was provided to both the Country Office and the Regional Office in the areas of administration, finance and supply. The reporting line of Human Resources Common Services was shifted back to the Country Office. The Joint Contract Review Committee (JCRC) mechanism continued to provide oversight and support to UNICEF Kenya, the Regional Office and UNICEF Somalia. A Common Services Management Body established in 2015 continued to monitor services to ensure smooth functioning and strengthening of common services.

The governance structure was simplified and streamlined to reduce transaction costs and save time to focus on the achievement of results.

Human resources management was strengthened to ensure timely and quality recruitment. Vacancy rate of less than 4 per cent was maintained. Recruitment time was reduced from 174 to 68 days. Special attention was given to achieving the established targets for gender parity and geographic mix. The table of authority and role mapping were revisited and changes were incorporated, keeping in mind staffing changes and segregation of duties.

A Learning and Development Plan was prepared and its implementation was monitored by the CMT. As of December, 100 per cent of individual trainings and 69 per cent of group trainings were completed. UNICEF Kenya also trained staff on ethics and integrity as part of the all-staff retreat held in May 2017. Orientation sessions on performance management were conducted by Headquarters staff.

The Annual Management Plan (AMP) established programme and management priorities and guided the office to achieve results in priority areas.

UNICEF Kenya's Risk Profile was updated quarterly, with eight high risks identified. Mitigating actions were monitored by the CMT. As part of the CMT retreat, a session on risk management was conducted to review the current risk profile and identify emerging risks. The key discussion points will be reviewed as the risk profile for 2018 is prepared.

UNICEF Kenya underwent an external audit in the first quarter of 2017 and submitted responses to the recommendations for review and closure. The Office monitored the sustainability of closed audit recommendations from the previous audits. The UNICEF Regional Office will be carrying out a peer review in early 2018, which will help validate the actions taken to sustain the closed recommendations. Financial resources were efficiently managed, ensuring

bank optimization and a reduction by more than 90 per cent in clearing open accounts payables/receivables.

The business continuity plan (BCP) was updated and three simulations were conducted. The BCP preparedness of the Nairobi and Zonal Offices was enhanced by adding satellite voice and data equipment. All servers were upgraded to help users to access ICT systems. Power backup and reliability was enhanced to strengthen business continuity and productivity. Internet capacity for the three zonal offices was upgraded by 2.5 times. Internet capacity at the Nairobi office was also enhanced by an additional 17 per cent. Support was provided to Technology for Development (T4D) and Innovation initiatives such as the project to upgrade the Child Help Line for Kenya.

A risk-based harmonised approach to cash transfer (HACT) assurance plan was prepared and implemented. Recommendations from capacity assessments were followed up 90 per cent of recommendations were closed.

The office premises were efficiently maintained, including sharing UNICEF premises with other UN agencies at two of the zonal offices in the spirit of Delivering as One (DaO).

The supply plan was implemented to the tune of 144 per cent, valued at US\$15 million, out of which purchase orders were issued for US\$ 19 million. As part of the DaO initiative, UNICEF supported the sensitization of the new Public Procurement law across seven pilot counties in Kenya.

Security advisories and assessments were issued to ensure the safety and security of staff and property. Comprehensive warden training, communication tree testing and continued collaboration with UNDSS ensured safety and security of staff and premises. SSAFE, first aid training for staff, dependents and house staff and defensive driving training for drivers were organised.

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

OUTPUT 1 Effective and efficient governance of human resources and systems

Analytical statement of progress

UNICEF Kenya ensured timely and quality recruitment of staff to ensure effective support to programmes to achieve results for children. A vacancy rate of less than four per cent was maintained. As part of the inter-agency HR working group, a project on harmonisation of local recruitment was launched. Staff were oriented on policies and processes such as selection, talent group and rotation.

The average recruitment time was less than 90 days. Addressing the gender balance remained a challenge.

UNICEF Kenya's Learning and Training Plan was approved and the terms of reference for the Staff Development Committee (SDC) were aligned to the Regional Office guidance. The learning and development plan included 13 group activities, including mandatory office-wide training activities. Priority was placed on team building and skills development. A staff retreat

was organized in May 2017 to discuss the roadmap for the new country programme and the country programme management plan. Ninety four per cent of staff took the mandatory UN Integrity Awareness and Ethics and Integrity courses, 61 per cent of staff completed training on HIV at the workplace and 86 percent completed HACT training online. The implementation rate was 69 per cent for group training and 100 per cent for individual training.

UNICEF Kenya achieved a 100 per cent completion rate of E-PAS for 2016 and for performance planning for 2017.

The Joint Consultative Committee (JCC) met quarterly, which strengthened staff and management relations. The Global Staff Survey (GSS) 2017 results were shared with staff at the all-staff retreat held in May 2017. Results of the GSS 2017 showed improvement on many components. A task force consisting of staff and management representatives was established to review the results of the GSS 2017 and an action plan was prepared to address areas requiring further action. Implementation will be closely monitored by the CMT. Elections were held for the new executive committee of the staff association and management worked closely with the new staff association team to further strengthen staff and management relations and ensure transparency and open communication. UNICEF Kenya had six peer support volunteers (including three from zonal offices) available to provide PSV support to staff.

The ten minimum standards on HIV in the Workplace were in place. Staff participated in UN Cares activities at UN level and mandatory training in HIV/AIDS awareness was enforced through a compliance monitoring tool. Staff had access to the UN Joint Medical Services for consultations and counselling. The One-Stop Clinic also was available to staff for HIV voluntary counselling and testing.

OUTPUT 2 Effective and efficient management and stewardship of financial resources

Analytical statement of progress

Orientation sessions were conducted on internal/financial controls, quality payment processing and supporting documents. All mid-year and end-year financial closure activities were completed within the deadlines set by UNICEF Headquarters. UNICEF Kenya continued to support the GSSC in bank reconciliations. Inputs were provided during the development and testing phase of the EZHACT module. The rollout of EZHACT was supported in November 2017.

To speed up payments for partners and vendors, UNICEF Kenya moved to electronic payment processing. The majority of the transactions emanating from the office, including the payroll (beginning in May 2017) were processed in this way. .

Monthly cash balances were maintained within the 25 per cent allowable level, ensuring optimization of bank balances. Significant efforts were made to clear open accounts older than 1 January 2017, resulting in reducing them by more than 90 per cent.

The table of authority was reviewed on a quarterly basis and reconciled with roles provided in VISION. Segregation of duties conflicts were monitored and necessary actions were taken to mitigate them on a timely basis.

Fifty two of 54 donor reports were submitted on time.

As of December 2017, UNICEF Kenya received US\$85.3 million for programme implementation, US\$19.1 million in Regular Resources (RR), US\$40.9 million Other Resources Regular (ORR), US\$24.6 million Other Resources Emergency (ORE), and US\$ 0.7 million Institutional Budget (IB). Utilisation reached 100 per cent overall and for each of the funding types.

OUTPUT 3 Effective and efficient management of supplies and supply chain

Analytical statement of progress

The UNICEF Kenya 2017 Supply Plan was implemented to 144 per cent as of December 2017 (planned for US\$ 17 million with sales orders issued for US\$24 million). The Supply Plan increased due to a recently-signed World Bank agreement. Purchase orders were issued for US\$19 million. Supplies worth approximately US\$10 million were procured and distributed in support of the East Africa Drought Emergency response. UNICEF Kenya was part of the real time evaluation of the emergency response. Strategic collaboration with the Kenya Medical Supplies Authority continued, and was scaling up the integrating of nutrition supply chains from seven counties to ten more counties. The goal is to cover 24 counties by the end of 2018.

UNICEF Kenya processed institutional contracts with a total value of almost US\$7 million, mainly for programme evaluations, studies, surveys, training, media campaigns, audits, spot checks, and hotel and conference facilities. UNICEF Kenya continued to support other country offices in ESARO, including UNICEF South Sudan, with trans-shipment of vaccines. Procurement services reached US\$ 27 million, mainly for new GAVI-financed vaccines, traditional vaccines, laboratory equipment and nutrition supplies, syringes and injection safety items. UNICEF Kenya provided logistics management for in-kind supplies of ready-to-use therapeutic foods from the USAID Food for Peace programme worth approximately US\$ 400,000.

Mid-year and year-end physical inventories of the three UNICEF Kenya-managed warehouses in Garissa, Kisumu and Nairobi were conducted in July and December. The average stocks held in 2017 were valued at US\$1.4 million, including prepositioned supplies worth US\$700,000. UNICEF Kenya's strategic partnership with the Kenya Medical Supplies Authority (KEMSA) continued, further escalating the Nutrition Supply Chain integration (SCI) project. To date US\$2.7 million worth of nutrition supplies have been warehoused and distributed through KEMSA to 17 counties. A cost-analysis review was carried out to understand efficiency gains through the SCI initiative. A Supply Chain Resilience project in cooperation with HELP Logistics and Kuenhe University looked into the capacity to respond to the ongoing emergency following recommendations from the 2011 emergency. The UNICEF supply manager chaired the 2017 One UN Procurement Working Group, leading on initiatives to achieve efficiencies and effectiveness with other UN agencies, including LTA sharing and derived cost savings calculations based on a newly designed methodology. UNICEF also was part of a UN Supply and Logistics preparedness mechanism in Kenya.

OUTPUT 4 KCO HACT Management and Regional HACT Action Plan Implementation

Analytical statement of progress

Quality assurance support was provided in the areas related to partnership management, risk management and the harmonized approach to cash transfers (HACT), audit preparations, monitoring and implementation of recommendations. This resulted in quality review of

partnership agreements, more than 100 per cent achievement in HACT implementation and timely submission of documents for the external audit. The external audit was conducted in February 2017 and an action plan was prepared to implement the audit recommendations. Responses were submitted to all the recommendations for review and closure. Sustainability of closed recommendations from the previous audits was monitored. The peer review scheduled for early 2018 will validate the sustainability of closed recommendations. Results of the review will feed into the new country programme management plan.

A risk based assurance plan was monitored and reported on in the monthly POCG, CMT and MMSM meetings, helping achieve the targets for HACT implementation. All 20 assessments planned of implementing partners were completed. UNICEF followed up with implementing partners for closure of recommendations and more than 90 per cent of the recommendations were closed. This was primarily due to the efforts made by outcome teams and a special push from the management through different platforms. UNICEF also completed all 19 planned audits of implementing partners. Challenges remained in concluding audits of government partners due to slow response from the government partners. In order to meet the target for spot checks, third party audit firms services were used throughout the year. UNICEF Kenya also engaged audit firms to provide monitoring support for the polio campaigns in February and April 2017. Recommendations from the reports indicated the need to provide capacity building support to the government partners both at national and county levels.

A training plan for orientation of implementing partners on HACT and programme cooperation agreements (PCA) management was prepared. Six batches of training were completed in 2017 covering 28 counties and including 190 participants from implementing partners. Specific orientation sessions were conducted for implementing partners during sector-specific review meetings.

UNICEF continued to chair the inter-agency working group on HACT. Achievements included joint audit of shared partners, use of Long Term Agreements for assessments and assurance activities by the UN agencies, resulting in cost savings and avoiding duplication of efforts.

UNICEF Kenya's risk profile was endorsed by the CMT. Progress of implementation of mitigating actions was reported on a quarterly basis to the CMT. The risk profile was reviewed during the CMT retreat held in September 2017. and emerging risks were identified that will be captured in the risk profile for 2018.

Document centre

Evaluation and research

Title	Sequence Number	Type of Report
Baseline study on early childhood development in Samburu and Isiolo counties	2017/009	Study
A Cost of the Diet Analysis in Turkana County, Kenya: Central Pastoral Livelihood Zone	2017/008	Study
Child Poverty in Kenya: A multidimensional approach	2017/007	Study
Nutrition Sector Expenditure Tracking and Budget Analysis	2017/006	Study

Analysis of Kenya's expenditure in education, future sector cost scenarios and benefits of curriculum reform	2017/005	Study
County Mapping and Coordination on Social Protection	2017/004	Study
County Public Expenditure Review for the Health and WASH Sectors in Kenya	2017/003	Study
Kenya Investments in Social Sectors	2017/002	Study
Female Genital Mutilation/Cutting and Child Marriage among the Rendille, Maasai, Pokot, Samburu and Somali Communities in Kenya	2017/001	Study

Other publications

Title
Mombasa Social Sector Budget Brief (2013-14 to 2015-16)
Migori Social Sector Budget Brief (2013-14 to 2015-16)
Marsabit Social Sector Budget Brief (2013-14 to 2015-16)
Kitui Social Sector Budget Brief (2013-14 to 2015-16)
Wajir Social Sector Budget Brief (2013-14 to 2015-16)
Turkana Social Sector Budget Brief (2013-14 to 2015-16)
Kakamega Social Sector Budget Brief (2013-14 to 2015-16)
Homabay Social Sector Budget Brief (2013-14 to 2015-16)
Garissa Social Sector Budget Brief (2013-14 to 2015-16)
Kilifi Social Sector Budget Brief (2013-14 to 2015-16)
Improving nutrition information systems: lessons from Kenya.
Strengthening capacities for nutrition in Kenya: Developing a new framework.

Lessons learned

Document Type/Category	Title
Lesson Learned	Surge (scalability) Approach for the Integrated Management of Acute Malnutrition (IMAM)

Programme documents

Document Type	Title	Name
Reference Documents	Proceedings of the Strategic Moment of Reflection	KENYA_SMR_2017.docx
Mid-Term Review	2011 KENYA COUNTRY OFFICE MID-TERM REVIEW REPORT	Government of Kenya -UNICEF CP MTR Report 11 Dec 2011 (latest).pdf