

## Annex 1: Summary Results Matrix

Summary Results Matrix: Government of Kenya– UNICEF Country Programme, 2014 – 2018			
Millennium Development Goal 3. Promote Gender Equality and Empower Women; / CRC Article(s): Global partnership for development / CRC Articles 3, 4, 7, 3, 12,19, 40, 42			
National Development Priorities: Kenya Vision 2030 Second Medium Term Plan, 2013-2017 – Transforming Kenya: Pathway to devolution, socio-economic development equity and national unity			
UNDAF Strategic Result 1: <i>Governance: By 2030, Kenya enjoys a state of good governance anchored in the Rule of Law that guarantees Human Rights and equitable access to justice, underpinned by a democratic culture that is open, participatory, effective, inclusive, credible and transparent, with Institutions and Systems that are fully devolved, responsive, accountable and results oriented.</i>			
UNDAF Outcomes: <b>1.3: Devolution and Accountability</b> - By 2017, Kenya enjoys a participatory devolution process that is well understood by stakeholders, adequately coordinated and equitably resourced for the delivery of accessible and quality services; devolved institutions are legally, financially and technically empowered, well managed, effective, accountable; and resource management is transparent, equitable, effective and efficient at all levels; <b>1.4 Evidence-based Decision Making</b> - By 2018, development planning and decision making are evidence and rights-based, supported by a well-established and strong research, monitoring and evaluation culture at national and devolved levels, that guarantees the independence, credibility, timeliness and disaggregation of data, which are accessible to the intended audience.,			
SP Outcomes and Programme Area	Outcomes	Key Progress Indicators, Baselines and Targets	Major Partners, Partnership Frameworks and Cooperation Programmes
	<b>I. Inclusive environment</b>		
<b>Social Inclusion</b> [Data and evidence; Birth Registration; Public finance and local governance; Policy advocacy-urban, civil society, parliament, environment]	<b>Outcome 1:</b> 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	<ol style="list-style-type: none"> <li>1. % of caregivers, households and communities that report having participated in decision on child protection, development and survival; <b>Baseline:</b> TBD; <b>Target</b> TBD; <b>MoV:</b> HH Survey</li> <li>2. № of communities in selected counties or intervention locations who enact by law against specific child harmful practices; <b>Baseline:</b> TBD; <b>Target</b> 10</li> <li>3. % increase in caregivers practicing specific key child survival development and protective behaviors.</li> <li>4. % increase in under-five birth registration. <b>Baseline:</b> 60% (SOWC 2013); <b>Target:</b> 100%, <b>MoV:</b> Administrative Data – CRD, SOWC</li> </ol>	Ministries and Departments of Health; Education; Environment, water and Natural Resources; Sports, Culture and Arts; Planning and Devolution; Labor and Social Security national CSOs and CBOs.
	<b>Outcome 2:</b> 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.	<ol style="list-style-type: none"> <li>1. % of selected counties that are fully implementing their County Integrated Development Plans; <b>Baseline:</b> 0 (2013); <b>Target:</b> 100% of selected counties (2018); <b>MoV:</b> County performance management reports and reports of inter-governmental institutions</li> <li>2. % of selected counties’ budgets developed in line with social budgeting guidelines; <b>Baseline</b> 0 (2013); <b>Target</b> 100% of selected counties (2016)</li> <li>3. № of select county governments producing regular reports on expenditures for social services; <b>Baseline</b> 0 (2013); <b>Target</b> 6 counties (2016); <b>MoV:</b> MDP Social Intelligence Reports</li> </ol>	<p>The Ministry of Devolution and Planning, Commission on Revenue Allocation, Council of Governors and other intergovernmental mechanisms; County governments in high deprivation counties; civil society organisations.</p> <p>Operating through the UN Devolution Strategy framework with UNDP and UNFPA.</p>

	<p><b>Outcome 3:</b> By 2018, equitable child- and adolescent-responsive standards and systems for data generation, information management, policy analysis, monitoring and evaluation are developed and used.</p>	<ol style="list-style-type: none"> <li>No. of counties using evidence and data on barriers and bottlenecks affecting the most disadvantaged children in policy making and planning processes; Baseline 0 (2014); Target 6 (2018); MoV: Programme reporting</li> <li>No. of MDA and CG budget policy statements that utilize gender and other disaggregated data; Baseline: 2 (2013); Target: x No MDAs and x No CG (2015); MoV: KNBS, MDA and county government reports</li> <li>No. of counties with free and universal birth registration. Baseline 0 (2014); Target 2 (2016); 47 (2018) MoV National Civil Registration System</li> </ol>	<p>The Ministry of Devolution and Planning-MED; Kenya National Bureau of Statistics KNBS; County Governments in high deprivation counties; civil society organisations. UNFPA and other UN agencies</p>
<p><b>Millennium Development Goals / CRC Article(s): 1. Eradicate Extreme poverty and Hunger; 6. Combat HIV/AIDS, Malaria and other Diseases, / CRC Articles 6, 24,28,29</b></p>			
<p><b>National Development Priorities: Kenya Vision 2030 Second Medium Term Plan, 2013-2017 – Transforming Kenya: Pathway to devolution, socio-economic development equity and national unity; Education:</b> Actualizing the right to free and compulsory basic education, Enhancing quality and relevance of E&amp;T, Integrating ICT into teaching and learning, Governance of E&amp;T sector, Enhancing post-basic education, Financing E&amp;T, Enhancing education in ASALs; <b>Health:</b> Provide equitable, affordable and quality health care to citizens; <b>WASH:</b> Enhancing a clean, safe and sustainable environment to access water and sanitation services ;Nutrition: Accelerating nutrition High Impact Interventions (HiNIs); <b>HIV and AIDS:</b> Reduce the prevalence of HIV and AIDs, morbidity and mortality associated with HIV and AIDS</p>			
<p><b>UNDAF Strategic Result 2 – Human Capital:</b> By 2030, Kenya’s development is led and driven by a healthy, highly skilled, innovative, resourceful, and motivated human capital, in an empowered, resilient and inclusive society that is reconciled, peaceful, cohesive, gender responsive, and infused with integrity  <b>UNDAF Outcomes: 1.1: Policy and Institutional Framework -</b> By 2016, the constitutionally mandated policy and institutional framework is fully operationalized: National laws meet international standards, particularly with regard to the protection of Human Rights; The Judiciary and justice systems are responsive, effective accessible and Independent; and the law enforcement system is reformed, people-oriented and anchored on integrity; <b>1.2: Democratic Participation and Human Rights -</b> By 2017, Kenya enjoys a democracy in which Human Rights and gender equality are respected; elected officials are responsive and accountable; citizens and civil society are empowered, responsible and politically/socially engaged; equitable representation is achieved through affirmative action; and the electoral processes are free, fair, transparent and peaceful; <b>2.3: Multi-sectoral HIV&amp;AIDS Response -</b> By 2018, Kenya has reduced socio-economic impact of HIV and societal vulnerability to HIV, realized by a well-coordinated, equitable, effective, efficient and adequately resourced multi-sectoral response; <b>2.4: Social Protection - By 2018,</b> Kenya’s Social Protection policy and strategies ensure government’s effective leadership role, sustainability of achievements, and promotion of innovation and learning; and the social protection systems are integrated, adequately resourced, well-coordinated, effective, efficient and sustainable at national and county levels</p>			
<p><b>II. Protective environment</b></p>			
<p><b>Child Protection</b> [Data and child protection; Child protection systems; Violence, exploitation and abuse; Justice for children; Child protection and emergencies]</p>	<p><b>Outcome 4:</b> 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.</p>	<ol style="list-style-type: none"> <li>Proportion of all children &lt; 15 years living in registered residential care leaving it for a family placement, within a 12 month period Target: 30% yearly in 2017 Baseline: Baseline to be established with DCS. Currently 43,000 children live in 591 CCIs. Means of Verification: Department of Children Services Monthly Reports</li> <li>% of girls aged 15-19 who have undergone female genital mutilation/cutting; Baseline: 14.6% national prevalence; Target: 9.6% national prevalence; Means of Verification: KDHS, Survey in target counties</li> <li>% of reported cases of sexual violence that have received services. Target: 20% Baseline: 7.9% of girls and 2.2% of boys 13-17 years. (VAC Survey 2010). Means of Verification: National Child Protection Database</li> <li>% of child offenders who receive non-custodial sentences: Baseline: 10,292 children<sup>1</sup> (Judiciary data gathering on sentencing recently started). Target: 50%</li> </ol>	<p>Ministry of Labor, Social Security and Services, Attorney General’s Office and the Department of Justice, the Judiciary, the Police, County Governments, ILO, UNFPA, UN-HABITAT, UN WOMEN, UNDP, CSOs and CBOs, private sector, and Development partners</p>

<sup>1</sup> Children deprived of their liberty including any form of detention, imprisonment or placement in custodial settings. This may include children living with their mothers. 3RD, 4TH AND 5TH STATE PARTY REPORT TO THE UNCRC COMMITTEE –GENEVA

		of children given non-custodial sentences MOV: State of the Judiciary Report, Prison Department Reports, and Department of Children Services Reports. <sup>2</sup> 1. and and	
<b>HIV&amp;AIDS</b> [First Decade: PMTCT and infant male circumcision; Care and treatment of children affected by HIV&AIDS Second Decade: Adolescents and HIV; Protection, care and support of children and families affected by HIV&AIDS]	<b>Outcome 5:</b> 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.	1. % of HIV-positive pregnant women who receive antiretroviral medicines to reduce the risk of mother-to-child transmission in six counties; Baseline: 73 % (national average; Estimates 2013) Target: 100% for six counties (2018). MoV: DHIS 2. % of children 0-14 years with HIV on ART: Baseline: 38% (national average 2012); Target: 80% in six counties (2018), MoV: DHIS 3. % of male and female adolescents 15-19 with comprehensive knowledge about HIV and AIDS: Baseline: 52% male; 42% female (national average/KDHS 2009); Target: 80% in six counties (2018), MoV: MICS/DHS 4. % of eligible adolescents (15-19 years) on ART, Baseline: TBD, Target: 80% (2018); MoV: DHIS 5. Among never-married adolescents girls and boys aged 15-19 in the past 12 months, percentage who used a condom at last sexual intercourse: 42 % females, 55% males (National average/KDHS 2009); Target 25 % increase by 2018; MoV: KDHS	MoH (NACC/NASCOP/DRH), MoEST; MoLSS, MoDP; UN Joint Programme on HIV and AIDS; USG; GFATM; Private Sector, CSOs, Media, Academic Institutions; National Strategic Plan on AIDS; Global Plan towards EMTCT and KMA/AIDS Free Generation; A Promised Renewed.
<b>Social Inclusion</b> [Data and evidence; Social protection and child poverty; Public finance and local governance; Policy advocacy-urban, civil society, parliament, environment]	<b>Outcome 6:</b> By 2018, social protection mechanisms and systems for vulnerable children and adolescents are integrated, adequately resourced, coordinated and sustainable in regular and emergency situations.	1. Existence of Social protection legislation and Social Protection Strategy; <b>Target</b> Social Protection Act and Social Protection Strategy (2015); <b>MoV:</b> Kenya Gazette; Social Protection Sector Reports 2. % of poor households accessing social protection; Baseline: Social transfers 14% (2010); Target : Social transfer 50% (2018); MoV: Household budget survey KIHBS; Social Protection Sector Reports 3. Response time of social protection interventions during and following emergencies; <b>Baseline:</b> 3 months (2011); <b>Target</b> (year): 1 month; <b>MoV: NDMA</b> Reports.	Ministry of Labour, Social Security and Services (MoLSS); MDP (NDMA); MoH; NSSF; NHIF; Kenya Platform for Social Protection; Help Age; County governments (Kitui, Makueni, Kakamega and other to be agreed); NACC. World Bank, DFID, SIDA (National Safety Net Programme) ILO; UNDP; WFP
<b>Millennium Development Goals / CRC Article(s): 4. Reduce Child mortality; 5. Improve Maternal Mortality; 7. Ensure environmental sustainability, / CRC Articles 6, 24,28,29</b>			
<b>National Development Priorities: Kenya Vision 2030 Second Medium Term Plan, 2013-2017 – Transforming Kenya: Pathway to devolution, socio-economic development equity and national unity; Education:</b> Actualizing the right to free and compulsory basic education, Enhancing quality and relevance of E&T, Integrating ICT into teaching and learning, Governance of E&T sector, Enhancing post-basic education, Financing E&T, Enhancing education in ASALs; <b>Health:</b> Provide equitable, affordable and quality health care to citizens; <b>WASH:</b> Enhancing a clean, safe and sustainable environment to access water and sanitation services ;Nutrition: Accelerating nutrition High Impact Interventions (HiNIs); <b>HIV&amp;AIDS:</b> Reduce the prevalence of HIV&AIDS, morbidity and mortality associated with HIV&AIDS			

<sup>2</sup> The collection of the data for measurement of all indicators for this outcome require strengthened administrative data systems, why the office need to continue and increase the investment in the issue of information management systems for child protection.

**UNDAF Strategic Result 2 – Human Capital:** By 2030, Kenya’s **development** is led and driven by a healthy, highly skilled, innovative, resourceful, and motivated **human capital**, in an empowered, resilient and inclusive **society** that is reconciled, peaceful, cohesive, gender responsive, and infused with integrity

**UNDAF Outcome 2.2: Health, Water, Sanitation and Hygiene (WASH), Nutrition -** By 2018, morbidity and mortality in Kenya are substantially reduced, with improved maternal, neonatal and child survival, reduced malnutrition and incidence of major endemic and epidemic diseases (malaria, tuberculosis) and stabilized population growth; underpinned by a universally accessible, quality and responsive health system.

**Strategic Result 4. Environmental Sustainability, Land Management and Human Security.** By 2030, Kenya is prosperous, underpinned by efficient management of natural resources and equitable access of Kenyans to development assets, including land water and other renewable resources, and achievement and sustainability of national cohesion and resilience that guarantees long term peace and prosperity.

**UNDAF Outcome 4.2: Systems for Community Security and Resilience -** By 2018, counties and communities are able to anticipate, prevent and respond effectively to disasters and emergencies.

III. Healthy Environment			
<p><b>Health</b> [Child health (Pneumonia, Diarrhoea and Malaria); Maternal and newborn health (perinatal, neonatal and antenatal); Immunization; Polio; Health systems strengthening; Health and emergencies; Knowledge management and implementation research]</p>	<p><b>Outcome 7:</b> 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</p>	<ol style="list-style-type: none"> <li>1. % of births attended by a skilled health personnel in target counties; Baselines: Homa Bay: 50% Turkana: 31% Garissa: 27% Kakamega: 41% Targets: 75%; MoV:DHIS</li> <li>2. % of HIV-positive pregnant women receiving ARVs to prevent mother-to child HIV transmission (EMTCT coverage), in target counties. Baselines: Homa Bay: Turkana: Garissa: Kakamega: Nairobi: Targets: 100%; MoV; DHIS</li> <li>3. % of counties nation-wide with over 80% fully immunized children by age 18 months; Baseline: Target: 100%; DHIS; MoV: DHIS, MICS.</li> <li>4. % of children with diarrhea receiving ORS and zinc. Baselines: Homa Bay: 16% Siaya: 13% Turkana: TBD following MICS Garissa: No data Kakamega: No data; Targets: 60%. Data source: MICS and UNICEF cluster surveys.</li> </ol>	<p>Ministry of Health and its respective Divisions and Units, County Governments, KEMRI, WHO , World Bank, DFID, CIDA, FBOs, Save the Children UK, International CSOs and CBOs, Academic Institutions</p>
<p><b>Nutrition</b> [Infant and young child feeding; Micronutrients; Nutrition and HIV; Community-based management of acute malnutrition; Nutrition in emergencies]</p>	<p><b>Outcome 8:</b> 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</p>	<ol style="list-style-type: none"> <li>1. Prevalence of stunting among under-five children: Baseline 35% Target 20%; MoV: KDHS/MICS/SMART Surveys</li> <li>2. % of national health budget assigned to nutrition services; Baseline 2% Target 3%; MoV: GoK budgetary reviews</li> <li>3. % of pregnant women receiving Iron/Folate supplementation; Baseline 30%, Target 50%; MoV: DHIS, MICS and SMART Surveys</li> </ol>	<p>Ministries and Departments of Health, WFP, WHO, FAO and international and national CSOs and CBOs</p>
<p><b>WASH</b> [Water supply; Sanitation; Hygiene; WASH in schools and ECD centers; WASH and emergencies]</p>	<p><b>Outcome 9:</b> 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.</p>	<ol style="list-style-type: none"> <li>4. % of the government budget allocated to Water and Sanitation sectors. Baseline; Target; MoV: National and county government budget estimates</li> <li>5. № of households in select counties that use sustainable water supply and sanitation system; Baseline TBD; Target TBD; MoV: MICS</li> <li>6. Number/percentage of ODF communities; Baseline 31%; Target TBD; MoV 3<sup>rd</sup> party certification</li> <li>7. % of schools and health facilities that use improved water supply, sanitation and hygienic environment; Baseline TBD; Target TBD; MoV: Project report/site survey.</li> </ol>	<p>Ministry of Environment, Water and natural Resources, Ministry of Health, Ministry of Education, UNICEF, WESCOORD, County Governments, NGOs, WSBs, WSPs</p>

**Millennium Development Goals / CRC Article(s): 2. Achieve Universal Primary Education; 3. Promote Gender Equality and Empower Women / CRC Articles 6, 24,28,29**

**National Development Priorities: Kenya Vision 2030 Second Medium Term Plan, 2013-2017 – Transforming Kenya: Pathway to devolution, socio-economic development equity and national unity; Education:** Actualizing the right to free and compulsory basic education, Enhancing quality and relevance of E&T, Integrating ICT into teaching and learning, Governance of E&T sector, Enhancing post-basic education, Financing E&T, Enhancing education in ASALs; **Health:** Provide equitable, affordable and quality health care to citizens; **WASH:** Enhancing a clean, safe and sustainable environment to access water and sanitation services ;Nutrition: Accelerating nutrition High Impact Interventions (HiNIs); **HIV&AIDS:** Reduce the prevalence of HIV&AIDS, morbidity and mortality associated with HIV&AIDS

**UNDAF Strategic Result 2 – Human Capital:** By 2030, Kenya’s development is led and driven by a healthy, highly skilled, innovative, resourceful, and motivated human capital, in an empowered, resilient and inclusive society that is reconciled, peaceful, cohesive, gender responsive, and infused with integrity

**UNDAF Outcome:** 2.1 Education and learning; By 2018, Kenya has an education sector that equips citizen with knowledge and technical skills, which are relevant and responsive to job market demand and emerging national development needs; an education system that is adequately resourced, effective, efficient, devolved and inclusive; and an education governance and financial management system which is evidence based, transparent, efficient, human rights and gender responsive, participatory.

<b>IV. Learning Environment</b>			
<b>Education</b> [Early learning; Equity – focus on girls’ education and inclusive education; Learning and child-friendly schools; Education in emergencies]	<b>Outcome 10:</b> 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	1. № of relevant laws, policies and costed strategies (a) designed and (b) operationalized Baseline:1; Target: 4; MoV: MoEST-published policies and strategies that meet the criterion <sup>3</sup> 2. № of (a) learning outcome assessments conducted and (b) inform policies and planning at different levels <sup>4</sup> . Baseline: 0; Target 2017: (a) twice per level (2014): and (b) 3; (2014) MoV: Final assessment reports MoEST policies 3. № of counties that have (a) developed and (b) are implementing <sup>5</sup> ; County Education Sector Support Plans; Baseline: 2013: 0; Target: 2013: 47; MoV: County Education Sector Support Plans and Joint Planning and Review reports 4. School based NEMIS established and operationalised in Kenya Baseline: 2013 NEMIS; Target: NEMIS for 2015/2016/2017/ 2018; MoV: NEMIS report 5. Net enrolment rates for primary/Secondary: Baseline:9.2%/33%; Target: 100%/65%; MoV: NEMIS <sup>6</sup> 6. Transition rates from Primary/Secondary/Tertiary Baseline: 6.6%/6.5%; Target: 90%/30%; MoV: NEMIS	Ministry of Education, Science and Technology; County Governments; Ministry of Devolution and Planning; Ministry of Health; Ministry of Sports, Culture and Arts; The National Treasury; CSOs including Elimu Yetu Coalition; Private Sector, Civil Society Organizations; Education Development Partner Coordination Group (EDPCG)
	<b>Outcome 11:</b> By 2018, counties model, budget and implement holistic inclusive quality school readiness programmes for the most deprived young children	1. # of education officials with enhanced capacity to develop, plan, budget and model school readiness and implement ECDE program in 12 counties <b>Baseline:</b> 0 <b>Target:</b> 2000 <b>MoV:</b> MoEST annual report 2. Net enrolment rates for ECDE/primary <b>Baseline:</b> 53%/9.2%/ <b>Target:</b> 80%/100%; <b>MoV:</b> NEMIS <sup>7</sup> 3. Transition rates from ECDE/Primary <b>Baseline:</b> TBD/76.6% <b>Target:</b> 100%/90%; <b>MoV:</b> NEMIS	

<sup>3</sup> That meet the seven criterion (equity focused, rights based, gender responsive, evidence based, competency based, labour market oriented & value promoter)

<sup>4</sup> Primary School Standards 2 & 4, & Secondary School Form 2 – The findings of assessment will lead to changes required in teaching learning to ensure improvement in learning outcome of children. Evidence created in part a will lead to changes required in part b of the indicator

<sup>5</sup> Implementing will be evidenced by the number of county governments where Country Education Boards meet quarterly to jointly plan & review;

<sup>6</sup>Disaggregated by sex & geographical location with particular emphasis on ASAL & urban poor

<sup>7</sup>Disaggregated by sex & geographical location with particular emphasis on ASAL & urban poor