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Draft country programme document**

Kenya

Summary

The draft country programme document (CPD) for Kenya is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$45,596,000 from regular resources, subject to the availability of funds, and \$188,280,000 in other resources, subject to the availability of specific-purpose contributions, for the period July 2022 to June 2026.

* E/ICEF/2022/9.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 22 March to 11 April 2022. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2022 annual session and in the other designated languages four weeks in advance.

Programme rationale

1. Kenya is a lower-middle-income country with an estimated population of 47.6 million people, the majority living in rural areas. Some 21.9 million people – 46 per cent of the population – are under the age of 18 years.¹
2. Kenya has been hosting refugees since the 1960s. There were more than 540,000 registered refugees and asylum seekers as of November 2021, the majority of them women and children.² The country adopted a road map for the identification of durable solutions for different groups of refugees in April 2021.
3. Climate-related events have significant impact across Kenya, with recurring floods and drought, particularly in arid and semi-arid lands (ASAL), contributing to food insecurity, high levels of malnutrition and illness, and disruption of livelihoods.
4. Unemployment rates are highest among youth aged between 15 and 19 years and 20 and 24 years (15 per cent and 19 per cent, respectively), compared with the national rate of 7.4 per cent. Modest economic growth throughout the past decade has not created adequate employment opportunities for the estimated 800,000 young people entering the job market every year.³ The economy has shown resilience, with output in 2021 rising above levels prior to the coronavirus disease 2019 (COVID-19 pandemic) and gross domestic product estimated to have grown by 5 per cent in 2021.
5. Estimates prior to the COVID-19 pandemic indicated that 52.5 per cent of children lived in multidimensionally poor households – meaning that they lacked necessities as basic as nutrition or clean water – and 42 per cent were monetary poor. The most severe levels of child poverty are found in ASAL counties. Nutrition, housing, sanitation and water are the main drivers of child poverty.⁴
6. The Kenya National Safety Net Programme covers 1.4 million households, or 12 per cent of the vulnerable population. Budgetary allocations to social protection are limited, and a reliance on development partners challenges sustainability.
7. In accordance with a devolved system established in 2013, county governments are responsible for delivering effective public and social services in some sectors. Fully devolved functions include health, nutrition, early childhood development, and water, sanitation and hygiene (WASH). Education is a partially devolved function, while child protection and social protection remain centrally managed. Counties receive a share of national revenues and while they are expected to mobilize revenue from other sources locally, few have been able to generate significant funding.
8. Between 1990 and 2020, the under-five mortality rate fell by 57 per cent, from 101 to 43 deaths per 1,000 live births. Neonatal mortality decreased 37 per cent during the same period, from 33 to 21 deaths per 1,000 live births, accounting for nearly half of all under-five deaths.
9. The estimated maternal mortality rate declined from 708 to 342 deaths per 100,000 deliveries between 2000 and 2017. However, the improving trends in child and maternal mortality mask significant disparities, with ASAL and western counties having the highest rates.
10. Diarrhoea, upper respiratory tract infections, malaria and skin diseases continue to account for a large share of disease burden in children and adults.⁵ Despite the

¹ Kenya National Bureau of Statistics (KNBS), Population and Housing Census 2019.

² Data from the Office of the United Nations High Commissioner for Refugees.

³ KNBS, Labour Force Basic Report 2018; Kenya Integrated Household Budget Survey 2015/16.

⁴ KNBS, Comprehensive Poverty Report 2020.

⁵ Kenya, Ministry of Health (MOH), Kenya Health Sector Strategic Plan 2018–2023: Mid-term review synthesis report, 2021.

proportion of fully vaccinated children under 1 year of age rising from 76 per cent to 86.4 per cent between 2014 and 2020, large numbers of partially immunized and unimmunized children remain, which has resulted in outbreaks of vaccine-preventable diseases such as measles and vaccine-derived polio. Most unreached children live in ASAL regions and urban informal settlements.

11. Kenya has made some progress towards achieving universal health coverage. The coverage of essential health services increased from 54.3 per cent in 2015 to 57.2 per cent in 2019, although short of the target of 85 per cent,⁶ with variances within and between counties.

12. Kenya has one of the highest burdens of HIV infections globally, despite recording a gradual decline in adult HIV incidence. According to 2020 estimates, children and young people accounted for 19 per cent of all people living with HIV but 41 per cent of new HIV infections,⁷ indicating shortcomings in the prevention of mother-to-child transmission and targeted HIV prevention. Data from 2013 indicated that females accounted for 72 per cent of the new HIV infections in young people aged 15 to 24 years,⁸ reflecting broader inequities and gaps in sexual and reproductive health programmes.

13. The country has made gains in reducing stunting among children under the age of 5 years, with rates decreasing from 30.7 per cent in 2010 to 26 per cent in 2014. However, stark disparities persist between counties, with rates ranging between 15 per cent and 46 per cent. Wasting declined from 6.9 per cent to 4 per cent between 2010 and 2014,⁹ with ASAL counties reporting critical levels of acute malnutrition during droughts. Additionally, 16.2 per cent of boys and 6.2 per cent of girls aged 5 to 19 years are overweight.¹⁰ Only 61 per cent of children are exclusively breastfed for the first six months of life, and 22 per cent of children aged 6 to 23 months receive a minimum acceptable diet.¹¹ The persisting malnutrition is mainly attributed to chronic food insecurity, poor child feeding practices, childhood diseases, inadequate hygiene practices and poor maternal nutritional status.

14. Limited progress has been made in relation to WASH. In 2020, 62 per cent of the population had access to at least basic water services, up from 58 per cent in 2015; 32.7 per cent had access to at least basic sanitation services, compared with 32.3 per cent in 2015; and 40 per cent did not have a hand-washing facility at home.¹² Open defecation – a mainly rural practice – declined from 11 per cent in 2015 to 9 per cent in 2020.¹³ Pre-COVID pandemic data indicate that 72 per cent of rural schools had access to basic drinking water services, 50 per cent to basic sanitation services and 2 per cent to basic hygiene services.¹⁴ In 2019, 82 per cent of health-care facilities had hand hygiene facilities at points of care, but only 61 per cent of non-hospital health facilities had basic water services and only 4 per cent of non-hospital facilities had basic sanitation services.¹⁵

⁶ Ibid.

⁷ National AIDS Control Council, Kenya HIV Estimates Report 2020.

⁸ Kenya Demographic and Health Survey (KDHS) 2014.

⁹ Ibid.

¹⁰ Global Nutrition Report: Kenya Nutrition Profile 2020.

¹¹ MOH, Maternal Infant and Young Child Nutrition Knowledge, Attitudes, Behaviours and Practices Survey 2018.

¹² World Health Organization (WHO) and UNICEF, Progress on Household Drinking Water, Sanitation and Hygiene 2000–2020: Five years into the SDGs, 2021.

¹³ Ibid.

¹⁴ WHO/UNICEF Joint Monitoring Programme, Data for Kenya, <https://washdata.org/data>.

¹⁵ WHO, Global Progress Report on Water, Sanitation and Hygiene in Health Care Facilities: Fundamentals first, 2020.

15. There has been continual progress in the Kenyan education system, including improved net enrolment rates across all levels, an increase in the number of public primary schools and a decrease in the teacher-pupil ratio. Enrolment in secondary schools increased 8 per cent between 2016 and 2020, with girls constituting half of all secondary school learners.¹⁶ Despite these improvements, in 2019 an estimated 2.5 million children were out of school, primarily children from ASAL counties and urban informal settlements, as well as emergency-affected or refugee children and children with disabilities. The number of children out of school is expected to have increased because of school closures due to the COVID-19 pandemic. Key bottlenecks include insufficient teachers, limited numbers of inclusive facilities, inadequate WASH facilities, the hidden costs of education, adolescent pregnancies, and children being engaged in labour.¹⁷

16. Ensuring adequate learning outcomes remains a concern. The average national score in the Kenya Certificate of Primary Education is below 50 per cent, with significant geographic differences.¹⁸ In an effort to improve learning outcomes and education relevance, since 2019 Kenya has been rolling out a competency-based curriculum. The curriculum consists of seven competencies, one of which is digital learning, which aims to provide students with skills for the twenty-first century. When schools were closed due to the COVID-19 pandemic, some children were reached through the Government's remote teaching initiatives using the internet, radio and television.

17. Kenya has begun to operationalize a framework for strengthening the child protection workforce in line with international standards and has instituted the use of a child protection information management system. Physical and psychological violence against children remains a significant concern. Some 45.9 per cent of females and 56.1 per cent of males aged 13 to 17 years have experienced at least one form of childhood violence.¹⁹ In a recent study of adolescents, more than half of the respondents stated that violence had increased during the COVID-19 pandemic.²⁰

18. The COVID-19 pandemic has highlighted that mental health-related stigmatization remains high in Kenya, which hampers opportunities for self-care and early interventions. Nearly half of all adolescents reported experiencing symptoms of depression during the nine months that schools were closed due to the pandemic.²¹

19. The national prevalence of female genital mutilation/cutting fell from 37.6 per cent in 1998 to 21 per cent in 2014, with rates above 80 per cent in some communities. The national prevalence of child marriage among girls decreased from 26.4 per cent in 2008 to 23 per cent in 2014, with geographic differences.²² Dowry in some communities with high child marriage rates is considered a coping mechanism in the face of shocks, and harmful social and cultural beliefs remain prominent.

20. The civil registration service in the country is inadequately funded, has insufficient human resources and physical infrastructure, and relies on manual data. Only 113 of the 345 sub-counties have civil registration offices. Despite these challenges, birth registrations increased from 65.9 per cent in 2015 to 71.5 per cent

¹⁶ KNBS, Economic Survey 2021.

¹⁷ UNESCO, Kenya National Study Report on Out of School Children, 2021.

¹⁸ Ministry of Education, Basic Education Statistical Booklet, 2019.

¹⁹ Ministry of Labour and Social Protection, Violence against Children in Kenya: Findings from a national survey, 2019.

²⁰ Presidential Policy and Strategy Unit (Kenya) and Population Council, Promises to Keep: Impact of COVID-19 on adolescents in Kenya, 2021.

²¹ Ibid.

²² KDHS, 2008–2009 and 2014.

in 2020²³ due to efforts by the Government to link such registrations to other vital statistics mechanisms.

21. Most social sectors share similar bottlenecks, including inadequate financing and subsector resource allocation, suboptimal coordination across stakeholders as well as between national and county levels, and periodic commodity gaps. Full implementation of policies adopted in various social sectors remains a challenge. Beliefs and norms – whether gender-related or rooted in sociocultural or religious beliefs – also underpin shortfalls in child outcomes.

22. The new country programme is informed by a key lesson learned, including during the response to the COVID-19 pandemic, regarding the importance of strengthening county-level social service systems in line with the Government's devolution policy by strategically supporting the institutional capacities of county governments to do more and better for children. In addition, the diversification of strategic partners has led to greater effectiveness, innovation and efficiencies in reaching children.

Programme priorities and partnerships

23. The vision of the country programme is that all children in Kenya, including adolescents, and especially the most excluded, survive, thrive, learn, are protected and develop to their full potential, free from poverty and in a safe and sustainable climate and environment. It is aligned with Kenya Vision 2030 and the Government's Fourth Medium-Term Plan 2023–2027, the African Union's Agenda 2063: The Africa We Want, and the 2030 Agenda for Sustainable Development and its Sustainable Development Goals. The country programme is derived from the theory of change of the United Nations Sustainable Development Cooperation Framework 2022–2026 (UNSDCF), under which UNICEF will contribute to all outcomes, enhancing its joint and complementary work with other United Nations entities.

24. In support of the Government's devolution policy, the country programme will be implemented at both the national and subnational levels. At the national level, UNICEF will work under the UNSDCF with line ministries and partners to develop child-friendly policies and programmes and multisectoral approaches. UNICEF will advocate for increased child-friendly budget allocation and spending at all levels. Technical and financial support will focus on national priorities for children, including neonatal health, the prevention of stunting and other forms of malnutrition, improving sanitation and hygiene, transforming the quality of education and learning, and reducing violence and harmful practices.

25. At the subnational level, in line with the UNSDCF, UNICEF will prioritize the most deprived and emergency-prone areas, including the ASAL counties, as well as rural remote and poor urban areas with the hardest-to-reach children.

26. The primary strategies will be to leverage the influencing, advocacy and convening roles of UNICEF at national and county levels and expand partnerships to address key barriers to universal coverage of quality essential social services and the realization of children's rights, aiming to:

(a) Encourage stronger linkages between government policies and programmes and their effective implementation at county levels, in line with the devolution policy;

²³ KNBS, Statistical Abstract 2020, and Economic Survey 2021.

(b) Maximize opportunities for promoting multisectoral coordination and integrated delivery platforms to more holistically address the needs of children, adolescents and women;

(c) Generate evidence on high-impact, value-for-money interventions and pathways for scale in partnership with the Government;

(d) Strengthen the use of sex- and age-disaggregated data and high-quality analyses to inform evidence-based programming and advocacy;

(e) Promote innovative solutions, including the use of digital technologies and climate-smart options, for rapid scale-up and coverage;

(f) Advocate for the universal coverage of relevant services and benefits as a proven strategy for reaching the most disadvantaged as well as for a high return on investment;

(g) Engage with children, adolescents, parents and communities to encourage behaviour change and positive social and gender norms; and

(h) Address structural impediments for gender equity and discriminatory norms across the life cycle through gender-transformative programming.

27. The country programme will be risk-informed and systematically apply the principles of accountability to affected populations in all contexts. There will be a focus on enhancing emergency preparedness and response and strengthening the resilience of systems and communities in line with the UNICEF Core Commitments for Children in Humanitarian Action. In emergencies, UNICEF will support direct assistance to affected children and their families, including internally displaced persons and refugees, as a provider of last resort.

28. UNICEF will continue to engage with adolescents, empowering them to express their views and act as agents of change in their communities, including through the use of innovations, the U-Report platform and social media. Strategic partnerships, including with capacity-building institutions, the private sector, civil society, media and think tanks, will be deepened to deliver on the country programme aims.

Survive and thrive

29. UNICEF will contribute to the multisectoral collaborative efforts of key United Nations agencies to reduce the high levels of neonatal, child, adolescent and maternal mortality, morbidity and malnutrition. Emphasis will be placed on transitioning UNICEF programming support to a survive and also thrive agenda, including expansion of integrated early childhood development interventions.

30. UNICEF will provide technical and strategic support for systems strengthening towards universal coverage of inclusive and quality child, adolescent and women's health, as well as HIV, nutrition and WASH services that are appropriate, safe, affordable and accessible to all, especially the most vulnerable. In recognition of the interrelationship between health, nutrition and WASH to achieve results at scale for children, UNICEF will promote the benefits of multisectoral, climate-smart and disaster-resilient systems. Risk-informed health, nutrition and WASH planning, budgeting, coordination and action, particularly at county and community levels, will be key to strengthen resilience, and support will be provided to enhance governance and accountability.

31. UNICEF will support improvement of the quality of primary health care relating to immunization, early childhood development, prevention of mother-to-child transmission of HIV, paediatric and adolescent HIV care, along with prenatal, delivery and post-natal care within facilities and at the community level, particularly for

underserved areas, such as the ASAL counties, as well as in emergency situations. Community-based social and behavioural change approaches will be employed to strengthen demand for neonatal, child, adolescent and maternal health and for the use of healthy practices.

32. Towards reducing child, adolescent and maternal malnutrition, UNICEF will support the integration of innovative, high-impact nutrition interventions within health, food, WASH, education and social protection systems, complemented by aligning nutrition actions within primary and community-based health-care interventions. Promotion of diets, practices and services that support optimal nutrition, growth and development for children, adolescents and women will be a focus, along with improving the delivery and adequate coverage of micronutrient supplementation for adolescent girls, pregnant women and lactating mothers. The strengthening of the capacities of service providers for early detection, prevention and treatment of wasting will continue. UNICEF will also support the Government to enhance institutional frameworks for quality and sustainable multisectoral nutrition programmes.

33. UNICEF will provide technical support and demonstrate innovative approaches to build stronger and resilient systems for increasing the use of safe WASH practices. The focus will be on using catalytic resources to demonstrate the scalability of interventions aimed at eliminating open defecation in high-burden counties, including improved access to basic sanitation services in rural and poor urban settings; the promotion of faecal sludge management services in low-income areas; and improved water sector financing and governance.

Education and learning

34. The programme component will contribute to the multisectoral collaborative efforts of key United Nations agencies in system strengthening at national and subnational levels to ensure that more children – particularly the most vulnerable – are prepared for school and acquire knowledge and foundational and transferable skills for continued education and for a better future. UNICEF will support the Ministry of Education to strengthen the enabling environment, capacity, investments and equitable allocation of resources to address long-standing equity issues and poor student learning outcomes.

35. To overcome barriers in school access and challenges in retention, UNICEF will continue to work with the Ministry of Education to enrol all children and provide targeted support for the transition and retention in secondary school of children, and girls in particular. Institutional capacity development to expand inclusive education to ensure the enrolment and retention of children with disabilities will be supported. UNICEF will continue to provide education for refugee children and integrate them within the national education system. UNICEF will collaborate with partners to strengthen the resilience of the education system and build government capacities at national and county levels to plan and respond to emergencies. Support for pre-primary education will be expanded, building on existing work with the Ministry of Education, the Council of Governors and county governments, as well as with other relevant ministries.

36. Within the formal education system, UNICEF will focus on enhanced learning outcomes, including transferable skills. This will complement assistance from other development partners investing in foundational skills. Technical support will be provided for the implementation of a competency-based curriculum, including mentoring and community service learning. Building on the COVID-19 response,

UNICEF will promote innovative solutions for enhanced learning, facility connectivity and digital learning for students, teachers and education managers.

Child protection

37. The component will contribute to the multisectoral collaborative efforts of key United Nations agencies to support Kenya to build a rights-based and integrated protective environment that both prevents and responds to violence, abuse, exploitation and harmful practices against children, including adolescents, as well as reduces the likelihood of children being separated from their parents and primary caregivers, and promotes access to birth registration for all.

38. UNICEF will continue to adopt a complementary approach in the development of a more comprehensive child protection system, with three major interlinked pillars: a child-friendly justice system; child-focused social welfare system; and individual and family strengthening with an emphasis on reducing risk and preventing harmful practices by promoting positive norms and behaviours. UNICEF will prioritize increased professionalization and regularization of the social service workforce, with greater emphasis on advocating for increased public financing for child protection.

39. System-strengthening efforts will focus on prevention and response to all forms of violence against children, female genital mutilation/cutting and child marriage, including in humanitarian settings. An informed understanding of social norms and gender inequality that result in violence, increased levels of HIV, harm and abuse of children will be pursued, by promoting positive norms that bring about an end to harmful practices. There will be a strong focus on adolescent girls.

Social policy

40. The component will contribute to collaborative efforts of key United Nations agencies to reduce multidimensional child poverty and strengthen households' resilience to shocks. UNICEF will apply a system strengthening approach framed around four integrated objectives: (a) enhancing the quality, integrity and use of disaggregated data and evidence on children at the national and subnational levels; (b) promoting a more child-centred and strengthened public financial management system; (c) building a more coordinated, inclusive and shock-responsive social protection system with children at the centre; and (d) strengthening integrated child-focused social sector development planning and implementation, particularly at county levels, in line with the Constitution of Kenya and the 2017 policy on the devolved system of government.

41. UNICEF will invest technical support to assist national and county governments to expand coverage of social protection measures. This will include the piloting of a universal child benefit system, innovating on cash-plus models, and supporting an enhanced single registry and existing programme information systems to ensure timely data availability and harmonization.

42. To further support the country's devolved governance model, in collaboration with other United Nations agencies and development partners, assistance will be provided to build the capacities of national and targeted county authorities to develop child-sensitive strategies, policies and budgets that enable better delivery of social sector services. Efforts will be made to improve transparency, including the use of e-governance mechanisms for local-level accountability, and for enhanced engagement with citizens, particularly children and adolescents.

43. UNICEF will support national surveys on the status of children and adolescents and strengthen research networks to generate, analyse and share evidence to improve

the situation of children, including multidimensional child poverty trends and analysis of the impact of policies and financial expenditures on children.

Programme effectiveness

44. The component aims to ensure that the country programme is effectively managed, monitored, evaluated and supported to meet quality programming standards in achieving results for children, including through operational support. It facilitates systematic coordination, including for risk-informed programming, emergency preparedness and response, social and behavioural change, gender-transformative approaches, child rights advocacy and communication. Cross-cutting issues including early childhood development, adolescence, climate change, disability inclusion, and child and youth engagement, along with private sector partnerships, will also be managed within this component.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources*</i>	<i>Total</i>
Survive and thrive**			
Health	5 700	61 936	67 636
Nutrition	6 839	43 200	50 039
Water, sanitation and hygiene	5 700	18 900	24 600
Education and learning	5 244	34 200	39 444
Child protection**	5 243	15 464	20 707
Social policy	7 295	8 280	15 575
Programme effectiveness	9 575	6 300	15 875
Total	45 596	188 280	233 876

* Other resources-emergency may be mobilized, as required, through the emergency appeal process.

** The resources for HIV are included within the 'survive and thrive' and 'child protection' outcomes.

Programme and risk management

45. The country programme will be coordinated as part of the UNSDCF and implemented and monitored in cooperation with the Government under the leadership of Ministry of National Treasury and Planning. UNICEF will play a leadership role in and contribute to various United Nations country team working groups, including leading the UN Legal Identity Agenda Task Force, to advance UNSDCF implementation.

46. The country's vulnerability to natural disasters and epidemics poses threats to the lives of children and to the achievement of results, as experienced during the COVID-19 pandemic. UNICEF will mitigate this by strengthening its technical assistance to support the Government in response and recovery, investing further efforts as part of the United Nations system on building resilient systems and enhancing community-level mechanisms. Additional risks include limited government funding for some social sectors and the uncertainty of development aid

to the country. Embedding the considerations for sustainability and scalability in programming will safeguard critical initiatives. UNICEF will regularly monitor the situation to reassess planning assumptions and risk profiles and adjust accordingly. Risks of sexual exploitation and abuse will be mitigated through implementation of annual prevention and response plans for staff and partners.

47. This country programme document outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are described in the organization's programme and operations policies and procedures.

Monitoring and evaluation

48. The results and resources framework and the costed evaluation plan, along with the UNSDCF joint workplans, will form the basis for outcome and output monitoring and reporting and programme adjustments, and are aligned with the UNSDCF. Annual reviews with the Ministry of National Treasury and Planning, sectoral ministries and partners will assess progress and identify opportunities and risks and contribute to appropriate programming adjustments. Real-time field monitoring will allow for early action and operational adjustments.

49. UNICEF will work with other United Nations agencies to strengthen and support routine monitoring systems, aiming to ensure systematic collection and analysis of data on children and their families. UNICEF will support county administrations to track and analyse age- and gender-disaggregated social indicators, enabling programming for children that is responsive to specific vulnerabilities.

Annex

Results and resources framework

Kenya – UNICEF country programme of cooperation, July 2022–June 2026

<p>United Nations Convention on the Rights of the Child: Articles 2–40 National priorities: Kenya Third Medium Term Plan 2018–2022; Kenya Fourth Medium Term Plan 2022–2026</p>		
<p>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</p> <p>1.1 People in Kenya at risk of being left behind – particularly all women and girls, all children and youth, and all people in arid and semi-arid lands (ASAL) and in informal urban settlements – inhabit an inclusive, enabling, socially cohesive and peaceful society where human rights are upheld, and benefit from accountable institutions and participate in transformative governance systems that are gender-responsive and uphold the rule of law.</p> <p>1.2 People in Kenya at risk of being left behind – particularly all women and girls, all children and youth, and all people in the ASAL counties and in informal urban settlements – have improved, inclusive and equitable social and protection services.</p> <p>2.1 People in Kenya at risk of being left behind – particularly all women and girls, all children and youth, and all people in the ASAL counties and in informal urban settlements – derive benefit from inclusive, sustainable, diversified and environmentally/climate-sensitive quality livelihoods with decent work in the sector economies and realize growth that is resilient, green and equitable.</p> <p>2.2 People in Kenya at risk of being left behind – particularly all women and girls, all children and youth, and all people in the ASAL counties and in informal urban settlements – have access to and derive benefit from sustainably managed ecosystems for nature-based solutions in a green transition.</p> <p>3.1 The country’s path to achieving the Sustainable Development Goals benefits from effective multiple stakeholder partnerships to drive a greater amount and diversity of public, private and community collaboration, as well as financing and investments that accelerate sustainable development for people at risk of being left behind – particularly all women and girls, all children and youth, and all people in the ASAL counties and in informal urban settlements.</p>		
<p>Related UNICEF Strategic Plan, 2022–2025 Goal Areas: 1–5</p>		

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
1.2 2.2 3.1	Survive and thrive: By 2026, more newborns, children, adolescents and	Percentage of newborns who receive a check-up within 48 hours of birth B: N/A T: 30%	District Health Information System (DHIS)2	The Ministry of Health (MOH) and its partners at the national level and in targeted counties	National and county MOH and Ministry of Water, National	18 239 Health/HIV: 5 700	124 036 Health/HIV: 61 936	142 275 Health/HIV: 67 636

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
	women, particularly in deprived areas, survive and thrive and live in a safe environment, with better access to and improved use of high-quality and affordable health, HIV, early childhood development, nutrition and water, sanitation and hygiene (WASH) services and practices, including in emergencies.	Percentage of surviving infants who receive (a) first dose and (b) three doses of diphtheria, tetanus and pertussis vaccine B: (a) 90.3%, (b) 86.4% T: (a) 95%, (b) 95%	DHIS2	demonstrate increased capacities to ensure quality primary health care, child health, HIV, community health and early childhood development services and practices.	Drought Management Authority	Nutrition: 6 839 WASH: 5 700	Nutrition: 43 200 WASH: 18 900	Nutrition: 50 039 WASH: 24 600
		Percentage of pregnant adolescent women who receive first antenatal care B: 22.6%, T: 40%	DHIS2	MOH and its partners at the national level and in targeted counties demonstrate strengthened capacities to ensure quality immunization services and practices.				
		Percentage of children and adolescents living with HIV who receive antiretroviral therapy B: 70%, T: 95%	DHIS2					
		Percentage of young children who benefit from vitamin A supplements twice yearly B: 82.1%, T: 85%		MOH and its partners at the national level and in targeted counties demonstrate strengthened capacities to ensure quality maternal, newborn and adolescent health-care services and practices, including prevention of mother-to-child transmission and				
		Percentage of children aged 6 to 23 months who are fed a minimum diverse diet B: 40.9%, T: 50%	KDHS and periodic surveys					
		Percentage of children under 5 years of age with severe wasting and other	DHIS2					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		forms of severe acute malnutrition who are admitted for treatment B: 45%, T: 55%		paediatric HIV/AIDS services. Children, including adolescents, their parents and caregivers, and pregnant women benefit from strengthened abilities of the Government and its partners at the national level and in targeted counties to deliver evidence-informed social and behavioural change approaches to improve nutrition and positive dietary practices.				
		*Percentage of the population using basic drinking-water services B: 61.6%, T: 69.0%	WHO/UNICEF Joint Monitoring Programme (JMP)					
		Percentage of the population practicing open defecation B: 8.5%, T: 5.0%	JMP	Government authorities at the national level and in targeted counties have enhanced institutional and governance frameworks for quality and sustainable multisectoral nutrition programmes. Government authorities and their partners at the				

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
				<p>national level and in targeted counties demonstrate strengthened capacities to deliver at scale quality, high-impact nutrition services.</p> <p>Government authorities and their partners at the national level and in targeted counties demonstrate strengthened capacities to increase the use of basic sanitation and hygiene services and reduce open defecation.</p> <p>Government authorities and their partners at the national level and in targeted counties demonstrate strengthened capacities to ensure that more schools, early childhood development centres and health-care facilities have inclusive, gender-responsive WASH services.</p>				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
				The Ministry of Water, county water departments and water service providers are better able to provide inclusive, climate change-adaptive and safely managed drinking water in urban and rural communities in targeted counties.				
1.2 2.1 3.1	Education and learning: By 2026, more children, including adolescents, particularly in deprived areas, learn and acquire foundational and transferable skills for the future, including in emergencies.	*Net enrolment rate in pre-primary education, primary and secondary education B: Pre-primary: 77.2% Primary: 92.5% Secondary: 53.3% T: Pre-primary: 100% Primary: 100% Secondary: 86%	National Education Management Information System (NEMIS)	The Ministry of Education (MOE) and its partners at national and county levels have strengthened capacities to provide equitable access to quality and inclusive basic education services and learning. The education system is better able to transform the delivery of quality basic education that rapidly improves learning outcomes.	MOE, Teachers Service Commission, Kenya National Examinations Council	5 244	34 200	39 444
		Transition rate between primary and lower secondary education B:85.5%, T:95%	NEMIS	Children and adolescents affected by emergencies, including refugees and asylum seekers, have equitable				
		Percentage of children in Grade 3 reaching the minimum level of proficiency in reading and mathematics	NEMIS					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
		B: Numeracy: 42.1% Reading: English: 53.1%; Kiswahili: 70.4% T: Numeracy: 50% Reading: English: 60%; Kiswahili: 80%		access to safe and secure, inclusive and quality learning opportunities.				
1.1 1.2 3.1	Child protection: By 2026, more children, including adolescents, particularly in deprived areas, are safer and better protected from violence, exploitation abuse, neglect, harm and HIV, including in emergencies.	Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services B: 18 061, T: 24 000	Child Protection Information Management System	Government authorities have strengthened institutional capacities to improve the quality and coverage of child protection and civil registration services.	Department of Children Services, Department of Civil Registration, Office of the Director of Public Prosecutions, Anti-Female Genital Mutilation Board	5 243	15 464	20 707
Percentage of girls and women aged 15 to 49 years who have undergone female genital mutilation B: 21%, T: 19%		Kenya Demographic and Health Survey (KDHS)	Government and other service providers are better able to deliver quality child protection and HIV prevention and response services in targeted counties.					
Children under 5 years of age whose births are registered B: 71.5% (2020), T: 93%		KDHS	Parents, caregivers and children in targeted counties are better equipped to reduce risks and respond to violence, exploitation and harmful practices.					
1.1 1.2	Social policy:	Number of households reached	Government information	National and select county governments	Ministry of Planning,	7 295	8 280	15 575

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
						RR	OR	Total
2.1 3.1	By 2026, more children and adolescents, particularly in deprived areas, benefit from enabling policies and social protection to live free from poverty, including in emergencies.	by cash transfer programmes B: 894 531 T: 1 137 080	management systems	have increased capacities to expand coverage of gender-transformative, disability-inclusive and shock-responsive social protection measures.	National Treasury, Council of Governors, KNBS, county governments			
		Proportion of total government spending on social services (education, health and social protection) B: 41% county, 27% national T: 45% county, 35% national	Treasury reports	National and select county government authorities have increased capacities for child-inclusive and participatory social policy formulation, planning and budgeting.				
		Multidimensional child poverty rate B: 52.5%, T: 45.0%	Kenya Integrated Household Budget Survey	National and select county governments have strengthened capacities to measure, monitor and use data to reduce multidimensional child poverty and ensure the realization of children's rights.				

<i>UNSDCF outcomes</i>	<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T) *UNSDCF indicator</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)</i>		
						<i>RR</i>	<i>OR</i>	<i>Total</i>
	Programme effectiveness	Percentage of country programme results on track or achieved B: 97%, T: 100%	Insight	Planning, monitoring and reporting Communication and partnerships Cross-sectoral approaches Climate change and disaster risk reduction		9 575	6 300	15 875
	Total resources					45 596	188 280	233 876