

## GoK/UNFPA 9<sup>th</sup> Country Programme Performance Summary

The presented summary will be reviewed periodically to include information that will be generated up to the last quarter of the end year of implementation.

A. Country Information		
Country name: Kenya		
Category per decision 2017/23:	Current programme period: 2018 - 2022	Cycle of assistance: 9th

B. Country Programme Outputs Achievement			
Output 1.1: National and county governments have improved capacities to provide high-quality, integrated sexual and reproductive health services			
Indicators	Baseline	Target	(End-line) data as at 31/12/2021
1) Number of health facilities that provide high-quality services in 12 counties in:			
(a) Basic emergency obstetric and newborn care	(a) 404	(a) 664	(a) 496
(b) Adolescent and youth-friendly services	(b) 137	(b) 280	(b) 265
2) Number of women and girls living with obstetric fistula receiving UNFPA-supported treatment	1,041	2,241	1,416
3) Percentage of girls and women in all humanitarian settings receiving sexual and reproductive health services	7%	20%	60%
4) Number of female sex workers receiving integrated sexual reproductive health services	2,700	12,000	9,898
5) Number of medical schools providing direct entry to midwifery training	1	8	5
<u>Key Achievements</u>			
<ul style="list-style-type: none"> <li>● Government commitment to progressively increase health sector financing to 15 percent of total budget, as per the Abuja Declaration, by 2030. In the same breadth, the six focus counties of the integrated RMNCAH interventions have since 2017 been allocating at least 23 % of the county expenditure on health with Lamu County having reached 35% by 2019.</li> <li>● A pre-ICPD consultative forum on the sexual and reproductive health rights of women with disabilities, which resulted in a CALL TO ACTION on SRHR and disability – a 10-point agenda to accelerate the Sexual and Reproductive Health and Rights (SRHR) of Women and Girls with Disabilities launched on December 3, 2019 as part of the commemoration of the International Day for Persons with Disabilities.</li> <li>● Development of a National Nursing and Midwifery Policy and the National Maternal and Newborn Health Quality of Care Guidelines.</li> <li>● Improving the capacity of 23 midwifery training schools by equipping their skills labs using birth models.</li> <li>● Finalization of the National Fistula Framework which was launched by the First Lady, Her Excellency Margaret Kenyatta, during the 2019 International Day to End Obstetric Fistula.</li> <li>● Extensive focused capacity building of health workers supported by health facility infrastructure improvement and procurement of assorted lifesaving MNH equipment to support the referral system contributed to, for example:             <ul style="list-style-type: none"> <li>- Increase in the proportion of health facilities providing high quality services in BEmONC in counties such as Isiolo from 54% to 59%, and in Lamu from 63% to 85% between 2018 and 2019.</li> </ul> </li> </ul>			

- Proportion of pregnant women attending at least 4 ANC visits and use of skilled birth attendants increased significantly in counties such as Mandera (12% to 24% and 29% to 69% respectively); Marsabit (37% to 46% and 46% to 76% respectively) and Migori (36% to 68% and 60% to 85% respectively) between 2016 and July 2020.
- Development and rollout of the National Covid-19 Reproductive, Maternal and Neonatal Health (RMNH) Guidelines, and the country's Home Based Care programme to orient health care providers on continuity of RMNCAH services amid the pandemic. This ensured that 92 % of the county referral facilities maintained the pre-Covid level of institutional deliveries.
- Enhanced partnerships to employ innovative blood donation drive (Damu Sasa platform) and emergency referral for emergency obstetric and newborn care (Wheels for Life) during the early phase of the COVID-19 pandemic, which supported over 3,000 pregnant women.

**Output 1.2: National and county governments have improved capacities to provide high-quality family planning services**

Indicators	Baseline	Target	(End-line) data as at 31/12/2021
1) Number of new users of modern contraceptives, disaggregated by age, in 12 counties (a) All Women  (b) Women of age group 10-24 years	(a) 337,201  (b) 104,532	(a) 580,510  (b) 179,958	(a) 237,479  (b) 186,269
2) Number of counties with functional electronic logistics management information system in place	0	12	12
3) Total couple years of protection for contraceptives procured by UNFPA in programme cycle	506,586	557, 224	630,030

**Key Achievements**

- Government commitment to include family planning in the "Strategic Commodity" category - a necessary component of UHC - and gradually shifting to 100% domestic financing of contraceptives.
- Development of the Reproductive Health Commodity Security Strategy and Total Market Approach (TMA) implementation framework that are providing guidance to ensure commodity security and access to FP services in the country
- Adoption of the Coca-Cola Company's supply chain model through a public-private partnership (PPP) between the Kenya Medical Supplies Authority (KEMSA) and Coca-Cola Beverage Africa. This led to the development of a web based warehouse management system that links to KEMSA's Logistics Management Information System (LMIS) and the country's health information system (KHIS) improving efficiency by enabling greater stock visibility at regional warehouses.
- Development of an electronic proof of delivery (e-POD), through KEMSA and Coca-Cola partnership, to enhance the last mile assurance for distribution of RH commodities
- Rolling out of Qualipharm - a mobile-based digital reporting tool – in 573 healthcare facilities in six counties of Homa Bay, Migori, Kilifi, Isiolo, Marsabit and Nairobi, in partnership with Health Strat, through international Centre for Reproductive Health (ICRH). The Tool is very useful in tracking consumption of family planning commodities at county and sub-county levels ensuring uninterrupted supply of family planning commodities, with quantities ordered reflecting actual needs, hence reducing wastage while averting stock outs and loss through expiries.
- Attainment of 820,754 new family planning acceptors of modern contraceptives in the 12 UNFPA Programme-focus Counties in 2019 while the promotion of Voluntary Surgical Contraceptives (VSC) realized a total of 195 vasectomies and 1,776 BTLs.

**Output 2.1: Adolescents, in particular adolescent girls, and youth are better able to make informed choices and participate in relevant decision-making about their sexual and reproductive health and reproductive rights**

Indicators	Baseline	Target	(End-line) data as at 31/12/2021
1) Number of adolescents and youth receiving integrated sexual and reproductive health information	403,868	1,203,868	1,282,890

2) Number of national and county institutions that effectively engage adolescents and youth in planning and decision-making, as per agreed procedures	0	15	8
3) Number of sectors (other than health) that have strategies on adolescent and youth-friendly sexual and reproductive health issues in their sectoral plans	2	7	7

### **Key Achievements**

- Development of the National School Health strategy to operationalize the National School Health Policy and Guidelines (2018), and the National Framework for Meaningful Youth Engagement and Participation in the Health Sector.
- Finalization and dissemination of the National School Re-entry guidelines that will guide re-admission of learners who drop out of school due to:
  - Pregnancy related reasons or having undergone harmful traditional practices like child marriages and FGM
  - Living with HIV and AIDS as well as drugs and substance use
  - Having been affected by humanitarian situations
- Finalization of the Kenya Youth Development Policy that spells out strategies for holistic empowerment of the youth including their meaningful engagement in development processes.
- Finalization of the National Guidelines for non-formal programmes that will guide the implementation of health and life skills education by State and non-State actors in schools.
- Development of SRHR content for young people with visual impairment. The content which was developed under the guidance of young people and teachers with visual impairment focuses on key topical issues such as menstrual health; early pregnancies; Gender Based Violence (GBV); HIV and AIDS/Sexually Transmitted Infections (STIs) – including related prevention measures; relationships, life skills; alcohol, drugs and substance abuse; and reproductive tract cancers.
- Capacity building of young people and incubation of their SRHR innovations including:
  - Genesis, a dignity kits production and incineration innovation which attracted partnership from Safaricom (a leading telecom Company in Kenya), Parapet (a cleaning and waste disposal company) and the Kenya Red Cross Society;
  - Inteco Ari, a digital sanitary pads dispensing innovation with biometric capabilities;
  - Sophie Bot, an artificial intelligence application that automatically answers SRHR questions;
  - Imara TV, an online TV platform that crowdsources videos with creative and educative SRHR information from young people for dissemination to larger (youth and adult) populations.
  - Production of a documentary by a teenage girl advocate (aged 15 years) to highlight the plight of teenage mothers in the country which was aired on Citizen (a national coverage) TV, reaching an audience of over four million viewers.

### **Output 3.1: Accountability mechanisms for national and county governments are strengthened for coordination and implementation of prevention and response programmes to end gender-based violence, female genital mutilation and child marriage**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>(End-line) data as at 31/12/2021</b>
1) Percentage of focus counties that adopt the national accountability framework	0	100	18
2) Percentage of identified most-at-risk women and girls who receive integrated gender-based violence prevention, protection and care services	5	25	60
3) Number of girls and women who have received social and legal services as part of the Joint Programme on Female Genital Mutilation	11,130	70,130	42,869

### **Key Achievements**

- Strengthened cross-border coordination and cooperation culminating in the signing of a declaration, which established of a taskforce made up of relevant government ministries, UN and CSOs whose mandate is to develop and oversee - reporting on progress every 6 months – the implementation of strategies to accelerate the implementation of the President’s commitment to end FGM by 2022.

- Committed to eliminate Female Genital Mutilation by neighbouring countries of the Federal Democratic Republic of Ethiopia, Republic of Kenya, Federal Republic of Somalia, United Republic of Tanzania and Republic of Uganda, among other issues.
- Public declarations renouncing FGM by some communities e.g.:
  - Pronouncement by the Borana Council of Elders at the 41st Gummi Gayo (community elders’ assembly) that declared FGM as an outlawed and forbidden practice within the community. The declaration also outlawed rape, child, and early marriage, and called for the equal access to education for both boys and girls.
  - Signing of the Loita Declaration – during the 2019 International Day of Zero Tolerance to FGM - that saw Maasai elders from the Loita clans of Kenya and Tanzania declare to end FGM in their communities and lift the curse that had been placed on women and girls who have not undergone FGM.
- Development of the National Policy on the Eradication of FGM in Kenya. The policy was subsequently launched by the President of Kenya in November 2019.
- Development and launching of a county specific policy by Kajiado County which creates accountability structures of governance from ward to county level to eliminate FGM and other harmful cultural practices including child marriage.
- The signing - by religious leaders and cultural elders drawn from 22 counties with a high prevalence of FGM – of commitments affirming their support towards the implementation of the vision of the President to end FGM by 2022 in a ceremony that was graced by the President of the Republic of Kenya.
- A marked improvement in the “quality” of media coverage and analysis on FGM issues especially in print and TV documentaries. With the situation created by Covid-19, the media, including radio, TV, and social media, played critical roles to raise awareness on FGM, GBV and child marriage which had escalated due to confinement occasioned by the lockdown.
- Launch of the innovative MobApp, a mobile application that is being used by the Sexual Violence Survivors Kenya Network to collect and analyze data on sexual violence to ensure that those affected receive the requisite help and support.
- Development of a training curriculum of judicial officers on prevention and response to GBV and FGM as well as an e-course for the National Police Service which is being used to train police officers on response procedures to GBV and FGM cases
- Establishment of community-based teacher lobby groups and a social media platform to identify and report on FGM, child marriage and teenage pregnancy cases
- Utilization of Toll-Free Helplines data collection and management systems (in emergencies such as COVID-19) – as a result of the support provided to Healthcare Assistance Kenya (HAK) and This-Ability Trust (a women-led organization working with women and girls with disabilities) - provided evidence based insights that informed GBV response and programming by the Government and other stakeholders. The initiative enabled responders to offer psychosocial first aid services to survivors, before linking them to additional services such as nearby facilities that provide medical treatment, local police, as well as legal aid and rescue shelters.
- Implementation of women and girls empowerment initiatives such as the Johari Beads Initiative that aims at economically empowering women and girls through commercialization of beads (previously a cultural women beautification activity) as an alternative source of livelihood towards abandonment of FGM.
- Increase of Women Enterprise Fund loan disbursement from accumulative Kshs.10.4 billion to 25.7 billion targeting 2,157,653 beneficiaries and National Government Affirmative Action Fund (NGAAF) for economic empowerment of women aimed at contributing to the reduction on their vulnerability to various forms of GBV.
- Establishment and support of 27 County Gender Sector Working Groups in line with the Inter-Governmental Framework for coordination of GBV related activities at the county level.
- Formation and operationalization of the 21 Anti-FGM Steering Committees in line with the National Policy for Eradication of FGM Sessional Paper No. 3 of 2019.
- Coordinated response to FGM cases during COVID-19 by stakeholders and increased ownership of the drive to end FGM/ by community members such as elders, women and men.

**Output 4.1: Policy makers and programme managers have better access to high-quality population data and information for evidence-based decision-making**

Indicators	Baseline	Target	(End-line) data as at 31/12/2021
1) Number of 2019 Kenya population and housing census reports produced	0	15	20

2) Existence of up-to-date data base on humanitarian data	No	Yes	No
3) Number of county annual development plans integrating demographic dynamics	0	36	0
4) Number of counties with established county-level integrated monitoring and evaluation systems	0	12	12
5) Number of counties implementing the national population policy coordination framework	0	47	47

### **Key Achievements**

- Government presentation of 17 national commitments during the ICPD25 meeting towards accelerating the implementation of the ICPD Programme of Action. The commitments included elimination by 2030 of the following: preventable maternal and newborn mortality; mother to child transmission of HIV; teenage pregnancies; and new adolescent and youth HIV infections by 2030.
- Development of an Action Plan for the Implementation of Kenya Commitments with a monitoring plan that provides indicators and annual targets as well as the resources required to implement the actions. This was a collaborative effort between the Government, CSOs, academia and the UN with full support and facilitation by UNFPA. Linked to the Plan was the development of an online module to track and monitor the implementation of the ICPD25 Nairobi Summit commitments - monitoring select indicators from the ICPD25 Acceleration Action Plan thus providing a real-time, on screen reporting system on the performance of key priority programmes and projects linked to the commitments.
- Development and dissemination of the 1st and the 2nd Annual Progress Reports on implementation of the ICPD25 Kenya Country commitments that provides highlights on the progress made in the 1st and 2nd years of implementation of various commitments by stakeholders in Kenya.
- Successful undertaking of the 2019 Kenya Population and Housing Census (KPHC) using Computer-Assisted Personal Interviews (CAPI) for the first time with tablets assembled young innovators from two local universities.
- Timely analysis of the 2019 KPHC and production of four basic reports and 12 monographs by Kenyan nationals drawn from Government institutions and academia. These reports include: Volume I: Distribution of Population by county and sub-county; Volume II: Distribution of Population by Administrative Units; Volume III: Distribution of Population by Age, Sex and County; Volume IV: Distribution of Population by Social Economic Characteristics; Fertility and Nuptiality; Mortality and Health; Migration; Education; Disability; ICT; Housing Conditions and Amenities; Youth and Adolescents; Elderly and the Vulnerable; Urbanization; Household and family Dynamics and Gender Dimensions were developed. Population Dynamics; Labour; Agriculture; and Population projections monographs were drafted. These reports provide critical indicators that will be used in programming, monitoring and reporting on the programmes implemented towards the achievement of the Government's Vision 2033 and the Sustainable Development Goals (SDGs).
- Revision of the previous Population Policy, and development of a new one (nearing completion) utilizing the new data from the 2019 Kenya Population and Housing census, aimed at aligning the population programme with the ICPD25 commitments. Once finalized, the Policy is expected to provide a framework for implementation of the population programme for the next 10 years.
- A revised Kenya Demographic Dividend Road Map that incorporates current population, health and development data sets, including the 2019 KPHC, MTP III targets, Big Four Agenda, SDGs as well as the ICPD25 commitments.
- Development of a harmonized planning guide that addresses integration of demographic dynamics into national and county development plans and roll out of the Demographic Dividend Road Map which will be used in conducting training on integration of demographic dynamics into county development plans. To further strengthen the capacity of the counties, 40 staff drawn from 12 GOK-UNFPA focal counties were trained on integration of population dynamics in development planning.
- The Kenya Monitoring and Evaluation Policy 2021 was finalized and adopted by Cabinet to guide monitoring of the national and sub-national programmes/projects in the national, sectorial and county development plans. In addition, the Kenya Norms and Standards for Monitoring and Evaluation booklet was developed and validated to enhance the quality of monitoring and evaluation of policies, programmes and projects in the public sector at all levels. In some counties such as Migori and Kitui, senior county staff have been equipped with M&E skills to facilitate establishment and operationalization of County Integrated Monitoring and Evaluation Systems (CIMES).
- Development of the Kenya Investment cases for the three transformative results namely: Zero Preventable Maternal Deaths, Zero Unmet need for Family Planning, Zero GBV and Zero Harmful Practices (FGM and Zero Child Marriage).

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
<b>Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access</b>					
Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list	51%	Kenya Service Provision Assessment 2010	70%	2018	Kenya Harmonized Health Facility Assessment report.
Number of women, adolescents and youth who have utilized integrated sexual and reproductive health services	403,868	2018	2,093,648	2021	KHIS 2021
Contraceptive prevalence rate (total)	58%	2014	62%	2021 (MoH Estimates)	FP2030 Report
Proportion of demand for contraception satisfied (total) ; <i>Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods</i>	75.6% (married women)	2020 estimates	75.6% (married women)	2021	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months.  <i>Country reported no contraceptive stockouts in at least 60 percent of service delivery points during the last three months</i>	70%	Kenya Service Provision Assessment 2010 - (On day of survey)	83%	2018	Mean availability FP commodities. Kenya Harmonized Health Facility Assessment report.
Unmet need for family planning	25%	2014	16%	2021	KHIS 2021
Proportion of births attended by skilled health personnel	61.2%	2014	70%	2021	KHIS 2021
Percentage in which at least 80% of live births in the country are attended by skilled health personnel					
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	2	2018	2	2021	FP guidelines; Medical Eligibility criteria
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	40% -Female 44% - Male	2014	Not available		The next KDHS will be carried out in 2022
Has the country increased the national budget for sexual and	No	2014	Yes	2021	

reproductive health by at least 5 per cent?					
<b>Summary of National Progress</b>					
<p>The end term evaluation of the RMNCAH programme; for example, showed significant results towards improved access to and utilization of quality integrated services, capacity building of healthcare workers, improved infrastructure and equipment as well as a strengthened referral system in the target counties. Despite the challenges brought about by the COVID-19 pandemic, 10 additional health facilities were upgraded to BEmONC status through provision of basic life-saving equipment and focused training of health care providers.</p> <p><b>UNFPA's Contributions:</b> By providing financial and technical support to the MOH to develop and roll out the National COVID-19 RMNH guidelines and the COVID-19 Home-Based Care programme with an integrated focus on RMNH needs, UNFPA played an important role in ensuring the continuity of essential SRHR services amid the pandemic strains. Through extensive capacity-building using cost-effective approaches, including job training and mentorship and enhancing healthcare workers' leadership, UNFPA mitigated the risk of a high turnover of trained staff, which often pose a challenge for sustaining programme gains. For example, midwives were trained in obstetric ultrasonography and mobile obstetric monitoring to prevent complications during delivery.</p> <p>UNFPA similarly coordinated high-level dialogues on increased domestic financing of FP commodities with parliamentarians and senior Government officers, including cabinet secretaries, principal secretaries from key institutions, and county chief executives in addition to coordinating the donors and development partners' commodity security dialogue. These efforts resulted in Government commitment to make FP a strategic commodity while key FP donors and development partners (DFID, BMGF, USAID, and Clinton Health Access Initiative (CHAI)) drafted an MOU outlining the long-term cost-share financing of FP commodities, with the Government gradually shifting to 100% domestic financing of contraceptives.</p>					
<b>Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health</b>					
Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male).	Baseline Boys: 15-19 years; [57.7%]; Baseline Boys: 20-24 years[ 70.9%]; Baseline Girls: 15-19 years:[51.7%]; Baseline Girls: 20-24 years[61.6%];	2014	Not available		The next KDHS will be carried out in 2022
Country engaged adolescents and youth, including marginalized adolescents and youth, in the formulation of national sexual and reproductive health policies	Yes	2017	Yes	2021	Country has engaged adolescents and youth, including marginalized adolescents and youth through various networks and forums in the formulation of national sexual and reproductive health policies
Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	National Adolescent Sexual and Reproductive Health Policy	2015	National Guidelines for provision of adolescent and youth-friendly services	2016	National ASRH Policy; ASRH Policy Implementation Framework;
<b>Summary of National Progress</b>					
<p>Based on the various Policy documents and guidelines developed, the Ministry of Health has outlined four service delivery models for ASRH interventions in order to have a wider outreach for adolescent and youth SRH needs. These are: (a) community based</p>					

(outreach services): services and information are offered to adolescents within the community/non-medical settings; (b) clinic based: services and information are offered to adolescent within/based in health facilities (c) school based: services and information are offered to adolescents within the school setting; and (d) virtual based: services and information are offered to adolescents within the virtual space or on digital platforms.

**UNFPA's Contributions:** The country office has made great strides during the implementation of the 9 CP in creating an enabling policy and social environment for Adolescent and Youth Sexual Reproductive Health and Rights (AYSRHR) through both financial and technical support to strategic policy development and advocacy actions at national level and county level. Key milestones in this regard include: the development of the National School Health Strategy aimed at operationalizing the National School Health Policy and Guidelines (2018); and the validation of the National School Re-entry Guidelines that will guide re-admission of learners who drop out of school due to various reasons including pregnancy, and those affected by harmful traditional practices like child marriages and FGM as well as those affected by drugs and substance use.

Access to integrated SRHR information by adolescents and youth was one of the critical focus areas of the 9th CP. In this regard, the Country Office employed multiple platforms to reach 337,462 adolescents and youth with this critical lifesaving information. Specifically, 207,250 were reached by way of short films disseminated through various social media platforms (Facebook, Instagram, Twitter and YouTube); 58,194 were youth in the National Youth Service (NYS) platforms which were reached digitally through bulk Short Message Service (SMS) and physically through short films; 71,418 were reached through organized live Facebook virtual sessions organized by the UNFPA Youth Advisory Panel on topical SRHR issues that were emerging during the COVID19 pandemic period, and 600 were reached through various advocacy events.

**Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth**

Country has rolled out intervention models or strategies that empower marginalized and excluded groups to exercise their reproductive rights, and that enable their rights to be protected from gender-based violence and harmful practices, with support from UNFPA.	Indicator not achieved, but in progress. Some elements of an intervention model or strategies are in place.	2018	Yes	2021	Community surveillance framework developed and rolled out.
Completion of the social norm assessment/mapping with the support of UNFPA	Not achieved	2018	In progress	2021	Social norm study in progress
Number of communities that developed advocacy platforms, with support from UNFPA, to eliminate discriminatory gender and sociocultural norms that affect women and girls (ONLY count communities with advocacy platforms that address AT LEAST ONE of the issues listed in 10.3a, and BOTH use evidence-based messaging and engage multiple stakeholders as listed in 10.3b and 10.3c)	8	2018	22	2021	KCO continues to build capacity of the community advocacy platforms (Anti-FGM steering committee, gender WG)
Existence of a national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence	None	2018	Yes	2021	Anti-FGM steering committees and Gender WG in line with inter-agency coordination framework for gender
Existence of national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence	Yes	2018	Yes	2021	GBVIMS
Number of women and girls subjected to violence that have accessed the essential	Not documented	2018	Yes	2020	CMR was provided to



services package					120,351 women in 2020.
Application of minimum standards for the prevention of and response to gender-based violence in emergencies	Yes	2018	Yes	2020	16 GBViE minimum standards were implemented.
Country affected by a humanitarian crisis has a functioning inter-agency gender-based violence coordination body as a result of UNFPA guidance and leadership	Yes		No		National GBV Working Group covers humanitarian issues.
Availability of a costed national action plan to address harmful practices	No	2018	Yes	2020	The costed presidential acceleration plan
Number of girls at risk of or affected by child marriage who receive, with support from UNFPA, prevention and/or protection services and care related to child, early and forced marriage	Not documented	2018	10,198	2020	
Number of girls and women who receive, with support from UNFPA, prevention and/or protection services and care related to female genital mutilation	Not documented	2018	15,581	2020	
Number of communities that made public declarations to eliminate harmful practices, including child, early and forced marriage and female genital mutilation, with support from UNFPA	Not documented	2018	10	2020	

#### **Summary of National Progress**

- Strong policy and legal frameworks are in place for elimination of all forms of harmful practices such as child and forced marriage and female genital mutilation. Such policies include the National Policy on the Eradication of FGM (2019) that has seen the activation of 22 anti-FGM committees at the county level to ensure that the presidential directive to end FGM by 22 is implemented.
- At the National level, with financial and technical support from UNFPA, the costed Presidential Acceleration Action Plan to End FGM was developed and a monitoring and evaluation framework to support the implementation of the same. Twenty-one county draft policies and twenty-three draft county action plans on ending FGM were developed at the county level.
- Enhanced implementation of gender programmes at national and county level through establishment and strengthening of technical working groups which has ensured improved access to GBV services through utilization of strong referral pathways, and establishment of GBVRCs as well as operationalization of shelters through strong partnerships.

**UNFPA's Contributions:** Technical and financial support for capacity building together with partnership with various actors and advocacy at all levels from National to county levels.

#### **Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality**

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2009	Yes	2019	
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and	Yes	2014 Last major survey (Kenya Demographi	No	2020	Some of this information is however estimated in the

reproductive health indicators (in the last 5 years)?		c & Health Survey)			country's overall Economic Survey undertaken annually
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	8 <sup>th</sup> CPE	2017	UN H6 Joint Programme on RMNCAH	2020	Finalized and disseminated in 2021
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	3 <sup>rd</sup> Medium Term Plan of the Vision 2030	2018	TBD for the County Plans	2021	Capacity strengthening of the Counties to integrate population dynamics into their development plans is on-going

#### **Summary of National Progress**

After the successful co-hosting (with the Government of Denmark) of the ICPD25 and subsequent presentation of the 17 commitments enumerated under key achievements above, the Government has followed up with reaffirming the implementation of the commitments at most of the forums commemorating population related events such as such as the World Population Day 2020, the World Contraceptive Day 2020, International Day of the Girl Child 2020, and the World Elder Abuse Awareness Day with representations at cabinet minister level. Following these affirmations, there has been enhanced political good will, public awareness and visible integration of the ICPD25 commitments into programmes implemented by the various partners. The first and the second progress reports on implementation of the ICPD25 Kenya Country commitments that provides highlights on the progress made in the 1st and 2nd years of implementation of various commitments has been produced and disseminated to stakeholders in Kenya.

The availability of population data and information emanating from the 2019 Kenya Population and Housing Census database and subsequent reports (as well as data generated from vital statistics reports and other surveys conducted throughout the programme period) has provided the latest information required for planning, policy formulation, monitoring and evaluation.

**UNFPA's Contributions:** In all the activities related to the hosting of the ICPD25 Summit as well as the preparation, undertaking and finalization of the Census, UNFPA was in the forefront in coordinating advocacy for participation of various stakeholders and resource mobilization. In addition, the Country Office also provided direct technical and financial support for capacity building as well as the required equipment especially for the Census.

<b>D. Country Programme Resources</b>						
<b>SP Outcome</b>  <b>Choose only those relevant to your CP</b>	<b>Regular Resource</b>		<b>Others</b>		<b>Total</b>	
	<b>(Planned and Final Expenditure)</b>		<b>(Planned and Final Expenditure)</b>		<b>(Planned and Final Expenditure)</b>	
Increased availability and use of integrated sexual and reproductive health services	5.0	5.7	10.0	15.9	15.0	21.6
Youth policies and programmes, and increased availability of comprehensive sexuality education	1.6	1.1	3.0	0.7	4.6	1.8
Advanced gender equality, women's and girls' empowerment, and reproductive rights	1.3	1.4	3.5	8.7	4.8	10.1
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	2.2	3.1	6.0	0.6	8.2	3.7
Programme coordination and assistance	1.0	0.8				0.8
<b>Total</b>	<b>11.1</b>	<b>12.1</b>	<b>22.5</b>	<b>25.9</b>	<b>32.6</b>	<b>38.0</b>

