



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Final country programme document for Kenya

Proposed indicative UNFPA assistance:	\$32.5 million: \$25.5 million from regular resources and \$7 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2009-2013)
Cycle of assistance:	Seventh
Category per decision 2007/42:	A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	11.4	3.5	14.9
Population and development	3.9	2.5	6.4
Gender	3.9	1.0	4.9
Programme coordination and assistance	6.3	-	6.3
Total	25.5	7.0	32.5

I. Situation analysis

1. The economy of Kenya has improved in recent years, as the percentage of Kenyans living below the poverty line declined from 56 per cent in 2002 to 46 per cent in 2006. The real gross domestic product growth rate was 6.1 per cent in 2006. However, violence following the 2007 general election negatively impacted the economy, and the annual gross domestic product growth rate is projected to decline by 3 to 4 per cent. Political stability will depend on resolving the problems of inequality that contributed to the crisis.

2. The population, which grew by 2.8 per cent in 1999, is projected to reach 35.7 million by 2009. Between 1989 and 2003, the total fertility rate declined from 6.7 to 4.8 children per woman, while the contraceptive prevalence rate for all methods rose from 27 to 39 per cent. The unmet need for family planning is estimated at 25 per cent, largely due to inadequate service provision and poor access to family planning commodities. The percentage of teenage girls giving birth increased from 21 to 23 per cent in the same period.

3. Health indices show that health services, particularly reproductive health services, are inadequate. According to the 2003 demographic and health survey, skilled attendance at birth has remained at 42 per cent since 1998. Unwanted and unplanned births were 20 per cent and 25 per cent, respectively. The infant mortality rate was 77 deaths per 1,000 live births; the under-5 mortality rate was 115 deaths per 1,000 live births; and the maternal mortality ratio was 414 deaths per 100,000 live births.

4. The 2007 Kenya AIDS Indicator Survey shows that 7.8 per cent of adults aged 15-49 are infected with HIV, compared to 6.7 per cent in the 2003 demographic and health survey. More women are infected with HIV (8.7 per cent) than men (5.6 per cent). It is estimated that 1.4 million Kenyans are living with HIV, but only 16 per cent have accurate knowledge of their HIV status. Up to 83 per cent of HIV infected participants did not know their HIV status, while 26 per cent of those who reported themselves uninfected tested positive.

5. The prevalence of female genital mutilation/cutting declined from 38 per cent in 1998 to 32 per cent in 2003. Fifty per cent of women report having experienced violence since the age of 15. About 55 per cent of female heads of household are illiterate, compared to 23 per cent of male heads of household. The post-election violence aggravated existing gender inequalities and contributed to gender-based violence and sexual exploitation.

6. Young people aged 10-24 years constitute 34 per cent of the population. Sexual relations begin early, and 30 per cent of relationships involve multiple partners. Nevertheless, only 5 per cent of all health facilities provide youth-friendly services. There are approximately 3,000 new cases of obstetric fistula each year.

7. The Government, which is committed to reducing the percentage of people living in extreme poverty by 50 per cent by 2015, has adopted a poverty reduction strategy paper that incorporates the Millennium Development Goals. The Government also has a long-term development framework, which is to be implemented through a series of medium-term plans.

II. Past cooperation and lessons learned

8. UNFPA assistance helped Kenya to: (a) formulate and adopt national population, gender and reproductive health policies; (b) reposition family planning in the development agenda; (c) build capacity; (d) manage data; (e) carry out advocacy activities; and (f) provide services. In the post-election crisis period, UNFPA provided support to the emergency humanitarian response in the areas of reproductive health and gender-based violence.

9. In the area of reproductive health, the previous (sixth) country programme supported the strengthening of the institutional and technical capacity of implementing partners to provide a range of reproductive health and HIV/AIDS prevention services, including a referral system for emergency obstetric care; reproductive health commodity procurement and security; and capacity development for service providers in behaviour change communication. Achievements included:

(a) increased availability and utilization of comprehensive and basic emergency obstetric care services; (b) integrated basic and youth-friendly adolescent reproductive health services; (c) improved prevention and management of harmful traditional practices and gender-based violence; (d) increased budgetary allocations for family planning; (e) increased capacity for obstetric fistula repair; and (f) increased participation by community midwives in the provision of skilled attendance at deliveries.

10. In the area of population and development, the programme focused on: (a) building the institutional and technical capacity of coordinating and implementing partners in programme management; (b) integrating population and environmental issues into ministerial policies and programmes; and (c) developing an integrated multisectoral information system to track progress made in achieving the Millennium Development Goals.

11. In the area of gender equality, the programme promoted the integration of gender issues into policies and programmes by national and local institutions, and increased the availability of gender-sensitive data. Other achievements included the development of a national gender and development policy and action plan; national guidelines for treating victims of rape and other forms of sexual violence; and a situation analysis on female genital mutilation/cutting.

12. The strengths of the sixth country programme included: (a) the use of coordination mechanisms; (b) the application of a culturally sensitive approach to programming; (c) the ability to advocate increased government resources to procure reproductive health commodities; and (d) the ability to ensure the prioritization of reproductive health in the health sector-wide approach programme.

13. Major challenges included: (a) delays in the flow of funds from the treasury to government agencies, due to internal procedures and the differing fiscal years of UNFPA and the Government; (b) inadequate technical and managerial capacity; (c) limited utilization of long-term and permanent methods of contraception; and

(d) a lack of preparedness for the post-election political and humanitarian crises.

14. Lessons learned included: (a) results are attained more quickly with effective programme coordination; (b) networking is enhanced by joint monitoring visits and regular information-sharing meetings; (c) the systematic collection and analysis of programme data improves results-based management; (d) skills training is useful to the extent that such skills are applied and a follow-up plan is in place to ensure desired impact; and (e) joint United Nations programmes are more effective.

III. Proposed programme

15. The proposed programme responds to national priorities as articulated in the United Nations Development Assistance Framework (UNDAF), which has identified three areas of cooperation and developed six outcomes. The proposed country programme responds to four of those outcomes. The programme will be guided by the external resources policy of the Government, which specifies its relationship with development partners.

16. In conformity with the UNFPA strategic plan, 2008-2011, the proposed programme will address three programme components: (a) reproductive health and rights; (b) population and development; and (c) gender equality. It will adopt a rights-based approach to programming and will address the following crosscutting issues: (a) mainstreaming young people's concerns; (b) focusing on marginalized and excluded populations; and (c) responding to emergencies and providing humanitarian assistance.

17. The goal of the seventh country programme is to contribute to the improvement of the quality of life of the people of Kenya. Using capacity-building strategies, the proposed programme will build and promote the use of a knowledge base; reinforce advocacy and policy dialogue; expand and strengthen partnerships; and develop systems for improving performance.

18. In line with the UNDAF and the 'delivering as one' initiative, UNFPA is increasing joint programming. Areas of joint programming with other United Nations agencies and development partners will include: (a) HIV/AIDS; (b) data

collection and the development of databases; (c) gender equality; (d) young people's health and development; (e) monitoring of the Millennium Development Goals; (f) access to reproductive health; (g) female genital mutilation/cutting; and (h) humanitarian response.

Reproductive health and rights component

19. The reproductive health component contributes to the following UNDAF outcomes: (a) increased equitable access to and use of high-quality, essential social and protection services, with a focus on vulnerable groups; and (b) evidence-informed and harmonized national HIV response to reduce new infections; scale up treatment, care and support; and mitigate the impact of the disease. It also contributes to two country programme outcomes: (a) increased utilization of equitable, efficient and effective health services, especially for vulnerable populations; and (b) equitable and universal access to high-quality prevention, treatment, care and support services for HIV, including the protection of human rights. This component has three outputs.

20. Output 1: Maternal health services, including services to prevent and manage fistula, are available, especially for young people and vulnerable groups in selected districts. The programme will: (a) strengthen emergency obstetric care and community midwifery to improve maternal health; (b) improve the access of young people to integrated sexual and reproductive health and HIV prevention services; (c) revitalize family planning information and services in order to address the unmet need for family planning, as well as teenage pregnancy; (d) strengthen reproductive health commodity security; (e) strengthen the prevention and management of fistula; and (f) address reproductive health needs, emphasizing maternal health in humanitarian response, transition and recovery efforts.

21. Output 2: Increased gender-sensitive and culturally sensitive behaviour change interventions for maternal health, including family planning, fistula management, and services to prevent female genital mutilation/cutting. The programme will: (a) support community mobilization to create awareness and demand for services; (b) strengthen the capacity of health workers to provide

information and counselling services; (c) strengthen the institutional capacity of implementing partners to take into account sociocultural norms and values when designing behaviour change communication programmes; (d) support the design and development of information, education and communication materials; and (e) work with the mass media to disseminate information related to reproductive health and population and development.

22. Output 3: Increased availability of high-quality services to prevent HIV and sexually transmitted infections, especially for women, young people and other vulnerable groups. The programme will support: (a) comprehensive condom programming; (b) HIV prevention skills and services for young people, especially under 24 years, and for married and discordant couples; (c) behaviour change communication for HIV prevention; and (d) the reduction of HIV vulnerability in sex work.

Population and development component

23. The population and development component contributes to the following UNDAF outcome: democratic governance and human rights, including gender equality, are progressively enhanced. It also contributes to the country programme outcome on population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks. The programme has two outputs under this component.

24. Output 1: Improved coordination, monitoring, implementation and evaluation of gender-responsive population and reproductive health policies and programmes. The programme will support: (a) monitoring and reporting relevant Millennium Development Goal targets; (b) integrating population issues into public policies and national, subnational and sectoral development plans and expenditure frameworks; (c) integrating population factors into environmental planning and management; and (d) strengthening the national capacity to incorporate gender equality, reproductive health and HIV/AIDS into contingency plans for emergencies.

25. Output 2: Improved collection, analysis and dissemination of high-quality, gender-sensitive population and reproductive health data. The programme will support: (a) collecting, analysing and disseminating data from the 2009 population and housing census; (b) building a knowledge base on population dynamics, reproductive health, HIV/AIDS and gender equality; (c) strengthening the national capacity for developing databases for monitoring and evaluating policies and programmes; and (d) supporting sociocultural, population and demographic research.

Gender equality component

26. The gender equality component contributes to the following UNDAF outcome: democratic governance and human rights, including gender equality, are progressively enhanced. It also contributes to the country programme outcome on gender equality, the empowerment of women, and human rights. The programme has three outputs under this component.

27. Output 1: Increased access to accurate information and services on sexual and gender-based violence, including in emergency and post-emergency situations. The programme will: (a) support the promotion of gender equality through advocacy, male participation and community involvement; (b) build the capacity of interest groups to lobby for the enactment of gender legislation; (c) sensitize community leaders; and (d) enlist the support and participation of faith-based organizations in promoting gender equality.

28. Output 2: Enhanced institutional mechanisms to reduce and respond to gender-based violence and discrimination, particularly among marginalized populations and during humanitarian crises. The programme will: (a) provide supportive services to victims of gender-based violence; (b) build the capacity of institutions such as the police and the judicial system to enforce gender laws and implement gender policies; (c) enhance coordination and support protective services or social safety nets to reduce gender-based violence; and (d) mainstream gender equality into national policies and budgets.

29. Output 3: Improved advocacy for the reproductive health and rights of women and adolescent girls, male participation in reproductive

health, and the elimination of harmful practices, particularly female genital mutilation/cutting. The programme will support: (a) the enactment of laws that address female genital mutilation/cutting; (b) the sensitization of community leaders on the physical and social effects of the practice; and (c) alternative rites of passage and appropriate social safety nets. The programme will also support media campaigns and community mobilization efforts to eliminate female genital mutilation/cutting and other harmful practices, including early marriage, sexual exploitation and gender-based violence.

IV. Programme management, monitoring and evaluation

30. The Ministry of Finance will oversee the execution of the programme. The Ministry of State for Planning, National Development and Vision 2030, in collaboration with the Ministries of Public Health and Sanitation, Medical Services, and Gender, Children and Social Development, will coordinate programme implementation. The Ministry of Youth and Sports, non-governmental organizations (NGOs), faith-based organizations, community-based organizations and parastatal institutions will also help to implement the programme at the national level and in selected districts.

31. The programme will emphasize decentralized implementation and joint monitoring and evaluation by the Government and its development partners. Programme management will be based on the principles of results-based management and will be guided by UNFPA and the United Nations Development Operations Coordination Office procedures and guidelines. Monitoring activities will include the preparation of annual workplans, workplan monitoring tools, progress reports, review meetings, field monitoring visits and joint monitoring with UNDAF partners.

32. The UNFPA country office consists of a representative, a deputy representative, two assistant representatives, an operations manager, five national programme officers and several support staff. UNFPA regional and subregional offices will provide technical assistance. UNFPA will also employ the services of national project personnel, junior professional officers and United Nations volunteers.

RESULTS AND RESOURCES FRAMEWORK FOR KENYA

<p>National priority: realizing an issue-based, people-centred, results-oriented and accountable democratic system that respects the rule of law and protects the rights and freedoms of every individual in society (Vision 2030)</p> <p>UNDAF outcomes: (a) increased equitable access to and use of high-quality, essential social and protection services, with a focus on vulnerable groups; and (b) evidence-informed and harmonized national HIV response to reduce new infections; scale up treatment, care and support; and mitigate the impact of the disease</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p>Outcome 1: Increased utilization of equitable, efficient and effective health services, especially for vulnerable populations</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ● Increase in the contraceptive prevalence rate, from 39 per cent to 42 per cent ● Increase in deliveries by skilled attendants, from 42 per cent to 80 per cent ● Increase in the budget allocation of the Ministry of Public Health and Sanitation for maternal health services, including those for gender-based violence, from 1.6 per cent to 2.2 per cent <p>Outcome 2: Equitable and universal access to high-quality prevention, treatment, care and support services for HIV, including the protection of human rights</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ● Condom use increased from 77 per cent to 85 per cent ● HIV prevalence rate reduced from 8.3 per cent to 6.3 per cent in urban areas and from 4 per cent to 2 per cent in rural areas 	<p>Output 1: Maternal health services, including services to prevent and manage fistula, are available, especially for young people and vulnerable groups in selected districts</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Number of health facilities providing basic emergency obstetric care ● At least 300 obstetric fistula patients are successfully treated and reintegrated into the community annually at each supported site <p>Output 2: Increased gender-sensitive and culturally sensitive behaviour change interventions for maternal health, including family planning, fistula management, and services to prevent female genital mutilation/cutting</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Percentage of population in programme districts reached with maternal health and family planning messages ● Number of partners implementing behaviour change communication strategies to promote maternal health, including family planning and the prevention of female genital mutilation/cutting <p>Output 3: Increased availability of high-quality services to prevent HIV and sexually transmitted infections, especially for women, young people and other vulnerable groups</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Ten health institutions added to the 73 existing sites providing high-quality, youth-friendly services to prevent HIV and sexually transmitted infections ● Fifteen thousand young people and persons most at risk receiving comprehensive services to prevent HIV and sexually transmitted infections per year ● Ten new youth-friendly centres providing male and female condoms 	<p>Ministry of Public Health and Sanitation; Ministry of Youth and Sports</p> <p>Community-based organizations; Faith-based organizations; NGOs</p> <p>United Nations system</p>	<p>\$14.9 million (\$11.4 million from regular resources and \$3.5 million from other resources)</p>
<p>National priority: realizing an issues-based, people-centred, results-oriented and accountable democratic system that respects the rule of law and protects the rights and freedoms of every individual in society (Vision 2030)</p> <p>UNDAF outcome: democratic governance and human rights, including gender equality, are progressively enhanced</p>				
Population and development	<p>Outcome 1: Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.</p>	<p>Output 1: Improved coordination, monitoring, implementation and evaluation of gender-responsive population and reproductive health policies and programmes</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Percentage of agencies that comply with established coordination mechanisms ● Percentage of implementing agencies that comply with the monitoring and evaluation system 	<p>Ministry of Planning</p> <p>Community-based organizations; Faith-based organizations; NGOs; United Nations organizations</p>	<p>\$6.4 million (\$3.9 million from regular resources and \$2.5 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (cont'd)	<p>Outcome indicators:</p> <ul style="list-style-type: none"> National and sectoral development plans that incorporate population dynamics, reproductive health, HIV/AIDS and gender equality National sectoral plans with data on population, gender and reproductive health Number of annual reports on Vision 2030 with gender-sensitive data 	<p>Output 2: Improved collection, analysis and dissemination of high-quality, gender-sensitive population and reproductive health data</p> <p>Output indicator:</p> <ul style="list-style-type: none"> Number of public institutions with the technical capacity to collect, analyse and disseminate high-quality, gender-sensitive population and health data 	<p>Ministry of Planning</p> <p>Community-based organizations; Faith-based organizations; NGOs</p> <p>United Nations organizations</p>	
Gender	<p>Outcome: Gender equality, the empowerment of women, and the realization of human rights are enhanced</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> The prevalence of gender-based violence is reduced 20 per cent from the current 48.7 per cent The number of parliamentarians advocating gender equality is increased by 30 per cent The national prevalence rate for female genital mutilation/cutting is decreased from 32 per cent to 20 per cent Government budget allocation and expenditure towards gender mainstreaming 	<p>Output 1: Increased access to accurate information and services on sexual and gender-based violence, including in emergency and post-emergency situations</p> <p>Output indicators:</p> <ul style="list-style-type: none"> At least 50 per cent of the gender policy action plan is implemented Existence of a monitoring and evaluation framework for gender <p>Output 2: Enhanced institutional mechanisms to reduce and respond to gender-based violence and discrimination, particularly among marginalized populations and during humanitarian crises</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Ten additional facilities and institutions providing services to victims of gender-based violence Five additional facilities and institutions responding to gender-based violence in emergency and post-emergency situations Existence of a strategic framework to address gender-based violence <p>Output 3: Improved advocacy for the reproductive rights of women and adolescent girls, male participation in reproductive health, and the elimination of harmful practices, particularly female genital mutilation/cutting</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of social safety nets related to female genital mutilation/cutting by type and location Existence of a national strategy to address female genital mutilation/cutting 	<p>Gender Commission; Ministry of Gender and Children's Affairs; Ministry of Youth and Sports</p> <p>United Nations system</p>	<p>\$4.9 million (\$3.9 million from regular resources and \$1 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$6.3 million</p>