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Country programme outline for Kenya

Proposed UNFPA assistance: \$12 million: \$9.5 million from regular resources and \$2.5 million through co-financing modalities and/or other, including regular, resources

Programme period: 5 years (2004-2008)

Cycle of assistance: Sixth

Category per decision 2000/19: A

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

	Regular resources	Other	Total
Reproductive health	5.00	1.5	6.50
Population and development strategies	3.05	1.0	4.05
Programme coordination and assistance	1.45	--	1.45
Total	9.50	2.5	12.00



I. Situation analysis

1. Kenya's economic performance has followed a downward trend over the years. The average annual growth rate of real gross domestic product declined from 4 per cent in the 1980s to 2.4 per cent between 1994 and 2000, with the first ever negative growth rate of 0.2 per cent recorded in 1999/2000. Poverty levels have increased, with 56 per cent of the population living below the poverty line in 2002, up from 52 per cent in 1997. A higher proportion of the poverty occurs in female-headed households, which accounted for 37 per cent of total households in 1999.

2. Kenya's population was 28.7 million in 1999 and is projected to reach 37.4 million by 2010. The annual population growth rate declined from 3.8 per cent in 1979 to 2.6 per cent in 1999. The total fertility rate declined from 6.7 children per woman in 1989 to 4.7 in 1998. This decline has been partly attributed to an increase in the contraceptive prevalence rate (CPR), which rose from 27 per cent in 1989 to 39 per cent in 1998 for all methods.

3. Access to reproductive health services is poor: only 44 per cent of births are attended by skilled personnel; only 15 per cent of facilities provide basic, essential obstetric care; and there is 24 per cent unmet need for family planning among married women. Other indices showed a number of worsening trends: the infant mortality rate rose from 62 per 1,000 live births in 1993 to 74 per 1,000 in 1998; the under-5 mortality rate rose from 96 per 1,000 live births in 1993 to 112 per 1,000 in 1998; and the maternal mortality ratio rose from 365 deaths per 100,000 live births in 1995 to 590 per 100,000 in 1998. Life expectancy at birth also deteriorated in the 1989-1999 period: from 58 to 54 years for males and from 61 to 57 years for females.

4. The HIV/AIDS national prevalence rate is 13.5 per cent. There are 2.2 million infected people and AIDS orphans are estimated at 730,000. The highest rate of HIV infection is among youth aged 15 to 29 years. Females are most vulnerable, with 22 per cent of females aged 15-19 years

infected, compared to 4 per cent of males of the same age group. Thirty-seven per cent of females aged 20-24 years are infected, compared to 11 per cent of males of the same age group.

5. Significant gender disparities exist: 55 per cent of female heads of household are illiterate compared to 23 per cent of male heads of household. Only 7.7 per cent of parliamentarians are women. The median age at first marriage is 19.2 years for females. Female genital cutting affected 38 per cent of all women in 1998 and domestic violence has been on the rise.

6. Young people aged 10-24 years constitute 36 per cent of the total population. Sexual relations begin early and often go unprotected, with the median age at first sex at 16.8 years. Thirty per cent of relationships involve multiple partners. By age 19, 45 per cent of adolescents have begun childbearing with serious socio-economic and health-related consequences.

7. The Government is committed to the national development goal of reducing the proportion of people living in extreme poverty by 50 per cent by 2015, and has adopted a poverty reduction strategy paper that incorporates the Millennium Development Goals. Through the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), the United Nations has outlined major areas of intervention to support government efforts. Kenya has endorsed the recommendations of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the United Nations General Assembly Special Session on HIV/AIDS. It has also developed and adopted several sectoral development frameworks, such as the 1996 national reproductive health strategy, the 1997 sessional paper on AIDS, the 1997 national platform for action and the 2000 national population policy for sustainable development. A gender and development policy is also being developed.

II. Past cooperation and lessons learned

8. UNFPA assistance to Kenya during the previous two country programmes focused on the formulation and adoption of national population and reproductive health policies, family planning, institutional and technical capacity-building, data collection and analysis, advocacy and service provision.

9. In the area of population and development strategies, the fifth UNFPA country programme supported the Government in formulating and adopting the national population policy for sustainable development, the national plan of action and 51 district strategic plans. UNFPA also supported activities related to the 1999 population census, including in-depth analyses of key issues such as gender. Support has also been provided for the 2003 demographic and health survey.

10. In reproductive health, the programme supported policy development, capacity-building and service delivery by providing equipment and by training service providers and district health management teams in nine districts and in urban slums in Nairobi. The sites, selected on the basis of indicators demonstrating poor performance, targeted poor, marginalized and vulnerable groups. Nearly 2,000 people were trained in various aspects of reproductive health service provision. Eleven youth centres, nine of which were located in the Nairobi slums, were established. The programme also procured contraceptives and introduced female condoms into the public sector.

11. In the area of advocacy, the programme promoted dialogue among key stakeholders and used the media to create and sustain an enabling environment for population and reproductive health issues. Lobbying parliamentarians to formulate, enforce and implement policies and legislation that promote empowerment and protect women's and children's rights was emphasized. These activities, coupled with inputs from other stakeholders, resulted in the formulation of a national plan of action against female genital cutting, a children's act, a draft youth policy, a gender policy and an adolescent reproductive health policy.

12. Among the strengths of the fifth country programme was the establishment of a monitoring mechanism, through joint field visits by implementing agencies and systematic quarterly and annual review meetings. Non-governmental organizations (NGOs) and community-based organizations were critical partners in implementing the programme. Close cooperation with faith-based organizations, particularly the Catholic Church and the Imam Association, helped to expand access to adolescent reproductive health information and counselling.

13. The following factors hampered implementation of the fifth country programme: (a) insufficient baseline data for project design and monitoring; (b) insufficient gender mainstreaming at all levels; (c) delays in the flow of funds from the treasury to the districts; and (d) late submission of audit reports from executing ministries.

14. Lessons learned during the fifth country programme include the following: (a) strengthening coordination at national and district levels facilitated effective programme implementation and management; (b) sociocultural factors should be factored into programming; (c) successful advocacy against harmful practices must incorporate safety net mechanisms for victims; (d) awareness creation must be linked to service delivery; (e) decentralization and community involvement and participation were important factors in programme implementation; and (f) capacity-building in all programme operations maximized results and promoted ownership among partners.

III. Proposed programme

15. Following the finalization of the CCA, four areas of cooperation were defined in the 2004-2008 UNDAF for Kenya: (a) governance and rights; (b) HIV/AIDS, tuberculosis and malaria; (c) emergency preparedness; and (d) sustainable livelihoods and the environment.

16. The goal of the sixth country programme is to contribute to the improvement of the quality of life of the people of Kenya by supporting population and reproductive health policies and programmes. The proposed programme focuses on two subprogrammes: reproductive health, and population and development strategies, with advocacy and gender as cross-cutting issues. It responds to four UNDAF areas of cooperation, as indicated in paragraph 15, and to five outcomes: (a) increased access to basic social services; (b) enhanced capacities of key national governance institutions; (c) reduced prevalence of HIV/AIDS and tuberculosis; (d) strengthened response to and management of refugees' and internally displaced persons' needs and rights; and (e) increased availability, access and utilization of high-quality, disaggregated data by age and sex, and information for planning, monitoring and evaluation.

Reproductive health subprogramme

17. The reproductive health subprogramme will adopt a rights-based approach to programming in order to empower males, females and adolescents, particularly girls, to exercise their sexual and reproductive rights.

18. The first output under the reproductive health subprogramme is improved access to integrated, high-quality, reproductive health services. The strategies that will be employed to achieve this output include: (a) strengthening the institutional and technical capacities of implementing agencies to design, formulate, implement, coordinate, monitor and evaluate population and reproductive health policies and programmes; (b) strengthening the technical capacity of service providers in behaviour change communication to support reproductive health and HIV/AIDS programmes; and (c) expanding the range of reproductive health services and the procurement and distribution of commodities.

19. The second output – an improved legal, policy and sociocultural environment for the development and implementation of gender-

sensitive population, reproductive health and HIV/AIDS programmes – will be achieved through the following strategies: (a) advocating gender issues, reproductive and sexual rights, legislation, policies and programmes; and (b) promoting community participation to improve the legal and policy environment for the implementation of reproductive health programmes.

20. The third output is improved access to sexual and reproductive health information and youth friendly services. The following strategies will be employed: (a) strengthening the institutional and technical capacities of implementing and executing agencies to design, formulate, implement, coordinate, monitor and evaluate adolescent reproductive health policies and programmes; (b) strengthening the technical capacities of service providers in behaviour change communication to support adolescent reproductive health and HIV/AIDS programmes; and (c) promoting youth and community participation in population, adolescent reproductive health and development programmes. A special focus of the subprogramme will be to support the strengthening and establishment of user-friendly service outlets providing adolescent reproductive health information and to support outreach programmes for both in-school and out-of-school youth aged 10-14.

21. The fourth output is improved access to integrated, high-quality, reproductive health services and rights, including HIV/AIDS prevention, for internally displaced persons, especially women and young people. The strategies will be to: (a) strengthen the capacity of service providers to respond to internally displaced persons' special reproductive health needs and rights, including gender violence and coercion; (b) expand the range of reproductive health services to cover their special needs; (c) promote male involvement in reproductive health services and rights, particularly HIV/AIDS prevention; and (d) strengthen data collection, analysis, dissemination and utilization for the reproductive health needs and rights of internally displaced persons.

Population and development strategies subprogramme

22. The first output under this subprogramme is an improved capacity to coordinate population and reproductive health policies and programmes at all levels. Three strategies will be employed: (a) promoting intersectoral collaboration, knowledge-sharing and partnerships among stakeholders; (b) advocating population issues as a priority issue for coordinating ministries; and (c) supporting mechanisms to establish legal frameworks to ensure effective programme coordination.

23. The second output is an enhanced technical capacity for gender analysis and mainstreaming for population, reproductive health and HIV/AIDS policy development and programming. The strategy will be to improve the skills of personnel in the executing and implementing agencies in gender analysis and mainstreaming.

24. The third output is an improved capacity for decentralized population and reproductive health programme development and management at all levels. The strategies include: (a) strengthening the decentralized system to facilitate data collection, analysis, dissemination and use at all levels; and (b) supporting institutional capacity-building and skills development at all levels.

25. The fourth output is improved gender-sensitive data collection, research, analysis, dissemination and utilization for the planning, implementation, monitoring and evaluation of population and reproductive health programmes. The strategies will be to: (a) support institutional and technical capacity for gender-sensitive data collection, research, analysis, presentation, dissemination, accessibility and utilization; and (b) support the management, dissemination and utilization of reproductive health service data disaggregated by age and sex.

IV. Programme management, monitoring and evaluation

26. The programme will be nationally executed and coordinated by the Ministry of Planning and National Development, through the National Council for Population and Development, in collaboration with the Ministry of Health. Government ministries, NGOs, religious organizations, community-based organizations and civil society organizations will implement the programme. Decentralized implementation, monitoring and evaluation will be emphasized. National experts, the UNFPA country office, UNFPA headquarters and the UNFPA Country Technical Services Team in Addis Ababa, Ethiopia will provide technical backstopping.

27. Monitoring and evaluation mechanisms will be based on the principles of results-based management and will be guided by UNFPA procedures and guidelines. Monitoring activities will include quarterly reports and meetings, annual subprogramme and project reports, field visits by UNFPA staff and the coordinating bodies, and joint monitoring with UNDAF partners.

28. A midterm review will be conducted in 2006 and an end-of-programme evaluation in 2008 to gauge programme impact and provide direction for future programmes. If necessary, thematic evaluations will be conducted.

29. UNFPA will intensify resource mobilization efforts, building on the positive experience of resource mobilization efforts for the 1999 Kenya census. Private sector and local community participation in supporting population and reproductive health activities will be intensified.

30. The UNFPA office in Kenya consists of a Representative, a Deputy Representative, two national programme officers, one junior professional officer and seven administrative support staff. The office will employ the newly approved country office typology to strengthen its competency in the design, implementation, monitoring and evaluation of the programme.

UNDAF area of cooperation 2: To contribute to the reduction of the incidence of and mitigation of the psychosocial and economic impact of the HIV/AIDS epidemic, malaria and tuberculosis				
UNFPA Goal	Outcome	Indicators	Outputs and Key Indicators	Resources
[Reproductive health subprogramme]	Reduced prevalence of HIV/AIDS and tuberculosis	<ul style="list-style-type: none"> By 2008, HIV prevalence in young men and women aged 15-24 reduced by 20-30 per cent 	<p>Output 3 (reproductive health): Improved access to sexual and reproductive health information and youth friendly services</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> By 2008, percentage increase in facilities offering youth friendly services in the project sites By 2008, increase in proportion of young people by sex and age seeking reproductive health information and services, including voluntary counselling and testing, in project sites 	\$2 million from regular resources and \$1million from other resources
UNDAF area of cooperation 3: To contribute to the strengthening of national and local systems for emergency preparedness, prevention, response and mitigation				
[Reproductive health subprogramme]	Strengthened response to and management of refugees' and internally displaced persons' needs and rights	<ul style="list-style-type: none"> By 2008, CPR increased in camps for internally displaced persons and refugees By 2008, reduced teenage birth rate among internally displaced persons and refugees 	<p>Output 4 (reproductive health): Improved access to integrated, high-quality reproductive health services and rights, including HIV/AIDS prevention for internally displaced persons, especially women and young people</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Proportion of paralegal personnel and service providers trained in sexual and reproductive health issues and rights serving internally displaced persons Percentage increase in deliveries attended by skilled personnel in internally displaced persons' camps By 2008, up-to-date needs assessment data available to respond to reproductive health needs and rights in emerging situations of internally displaced persons Number of service delivery points offering at least three modern methods of contraception, including emergency contraception 	\$0.5 million from regular resources and \$0.5 million from other resources
UNDAF area of cooperation 4: To contribute to sustainable livelihoods and the environment				
[Population and development strategies subprogramme]	Increased availability, access and utilization of high-quality, disaggregated data by age and sex, and information for planning, monitoring and evaluation	<ul style="list-style-type: none"> By 2008, increased number of government institutions and staff, NGOs and the private sector using data and information 	<p>Output 4 (population and development strategies): Improved gender-sensitive data collection, research, analysis, dissemination and utilization for the planning, implementation, monitoring and evaluation of population and reproductive health programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> By 2008, functional, gender-sensitive IMIS in place By 2008, increased number of users and organizations accessing data for planning, implementing, monitoring and evaluating programmes 	<p>\$1.5 million from regular resources and \$0.7 from other resources</p> <hr/> <p>\$1.45 million for programme coordination and assistance</p>

