



COUNTRY PROGRAMME ACTION PLAN

2009-2013

THE GOVERNMENT OF KENYA

AND

**UNITED NATIONS POPULATION
FUND**

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List of Abbreviations	
7CP	7 th Country Programme

AIDS	Acquired Immunodeficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
AWPMT	Annual Work Plan Monitoring Tool
AWPs	Annual Work Plans
BCC	Behaviour Change Communication
BEOC	Basic Emergency Obstetric Care
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEOC	Comprehensive Emergency Obstetric Care
CMU	Contraceptive Management Unit
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CSOs	Civil Society Organizations
CSW	Commission on the Status of Women
DEDM	Division of Emergency and Disaster Mitigation
DfID	Department for International Development (UK)
DRH	Division of Reproductive Health
EM	Early Marriage
ERS	Economic Recovery Strategy
FACE	Funding Authorization and Certificate of Expenditure
FBOs	Faith Based Organizations
FGC	Female Genital Cutting
FGM/C	Female Genital Mutilation/Cutting
FMVs	Field Monitoring Visits
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GE	Gender Equality
GOK	Government of Kenya
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
ICPD	International Conference on Population and Development
IDP	Internally Displaced Person
IEC	Information Education and Communication
IMIS	Integrated Multisectoral Information System
IOM	International Organization for Migration
IPs	Implementing Partners
IT	Information Technology
KAIS	Kenya AIDS Indicator Survey
KDHS	Kenya Demographic and Health Survey
KEMEP	Kenya Media Network for Population and Development
KEMSA	Kenya Medical Supplies Agency
KEWOPA	Kenya Women Parliamentary Association
KIHBS	Kenya Integrated Household Budget Survey
KJAS	Kenya Joint Assistance Strategy
KNAO	Kenya National Audit Office
KNBS	Kenya National Bureau of Statistics
KNPPD	Kenya Network of Parliamentarians on Population and Development
LMIS	Logistics Management Information System

M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MGCSD	Ministry of Gender, Children and Social Development
MoF	Ministry of Finance
MOMS	Ministry of Medical Services
MORSS	Minimum Operating Residential Security Standards
MOSS	Minimum Operating Security Standards
MOPH&S	Ministry of Public Health and Sanitation
MOSPND&	
V2030	Ministry of State for Planning, National Development and Vision 2030
MTEFs	Medium Term Expenditure Frameworks
MTP I	First Medium Term Plan
MTP II	Second Medium Term Plan
MTP	Medium Term Plan
MTR	Mid Term Review
NACC	National AIDS Control Council
NASCOP	National AIDS and STDs Control Programme
NCAPD	National Coordinating Agency for Population and Development
NCGD	National Commission on Gender and Development
NEMA	National Environmental Management Authority
NGOs	Non Governmental Organizations
NHSSP II	Second National Health Sector Strategic Plan
PAK	Population Association of Kenya
PCM	Programme Component Manager
PD	Population and Development
PHE	Population, Health and Environment
PoA	Programme of Action
PSRI	Population Studies and Research Institute
RBM	Results Based Management
RH	Reproductive Health
RH&R	Reproductive Health and Rights
RPCs	Regional Population Coordinators
SBAA	Standard Basic Assistance Agreement
SGBV	Sexual and Gender Based Violence
SPRs	Standard Progress Reports
SRH&R	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWAPs	Sector Wide Approaches
SWOT	Strengths, Weaknesses, Opportunities, Threats
TBD	To Be Determined
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA CO	United Nations Population Fund Country Office
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNS	United Nations System
WHO	World Health Organization
YFCs	Youth Friendly Centres
YFS	Youth Friendly Services

THE FRAMEWORK

The Government of Kenya, herein referred to as “the Government” and the United Nations Population Fund, herein referred to as “UNFPA” are in mutual agreement on the content of this Country Programme Action Plan (CPAP), and on their respective roles and responsibilities in the implementation of the country programme; and

Furthering their mutual agreement and cooperation for the fulfilment of the Programme of Action of the International Conference on Population and Development (ICPD), ICPD +5, other related conferences, and the Millennium Development Goals (MDGs);

Building upon the experience gained and progress made during the implementation of the 6th Country Programme of UNFPA support to the Government of Kenya (2004 -2008);

Entering into a new period of cooperation, which is based on the 2009-2013 Country Programme Document, the United Nations Development Assistance Framework (UNDAF) developed to contribute to the Vision 2030, within the context of the Kenya Joint Assistance Strategy (KJAS);

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

PART I: BASIS OF RELATIONSHIP

The relationship between the Government of Kenya and the United Nations Population Fund is governed by the Standard Basic Assistance Agreement (SBAA) signed by Government and the United Nations Development Programme (UNDP) on 17th January 1991, which, *mutatis mutandis*, also holds true for UNFPA, as expressly stated in the letter dated 4th January 2005 from the Ministry of Foreign Affairs. This follows institutional arrangements contained in the letter of the UNFPA Executive Director of 22nd February 1996 to the Ministry of Foreign Affairs. This Country Programme Action Plan (CPAP) covering the period from 1 January 2009 to 31 December 2013 is to be interpreted and implemented in conformity with these provisions. The CPAP consists of ten (10) parts wherein the general policies, priorities, objectives, strategies, management, responsibilities and commitments of the Government and UNFPA are described, and three annexes, namely a CPAP Results and Resources Framework, the CPAP Planning and Tracking Tool and a Monitoring and Evaluation Calendar.

PART II: SITUATION ANALYSIS

1. As a response to past economic and social challenges, Kenya successfully implemented economic and structural reforms as elaborated in the Economic Recovery Strategy (ERS) for the 2003-2007 period. The real gross domestic product growth increased from 2.8 per cent in 2003 to 7 per cent in 2007. In line with the positive growth, the percentage under the poverty line declined from 56 per cent to 46 per cent in the same period. Within this period, the country adopted a policy orientation to accelerate the achievement of MDGs by requiring government ministries to mainstream MDGs in their development programs. In this regard district based MDG-based planning was introduced coupled with devolved funds at local levels, free primary schooling was introduced and the government budget for reproductive health commodities increased by about 70%. However, the momentum for economic growth was lost as a result of post-election violence, increase in global food prices and the escalating global oil prices so that the real GDP growth rate is expected to decline to 4.5 per cent by end of 2008.

2. The population, which grew by 2.9 per cent between 1989 and 1999, is currently estimated as 37.4 million and projected to reach 42.4 million by 2012. The continued high growth rate has contributed to a youthful population. About 48 per cent of Kenya's population is under the age of 18 years while only 4 per cent is above 64 years. Between 1989 and 2003, the total fertility rate declined from 6.7 to 4.8 children per woman. However, available evidence from Kenya Demographic and Health Survey 2003 indicates that the expected further declines in fertility rate stalled at a high level with Total Fertility Rate (TFR) remaining at 4.8 between 1998 and 2003. The contraceptive prevalence rate for all methods rose from 27 in 1989 to 39 per cent in 2003. However, the CPR has stalled at 39 percent since 1998 with wide regional differentials. The unmet need for family planning, which is still considered high, has remained at 24 percent since 1998. This has largely been attributed to inadequate service provision, poor access due to persistent family planning commodity insecurity and limited resource allocation.

3. Kenya experienced rapid declines in the mortality among the under fives in the period between 1970 and 1990. However, since 1990, Kenya has experienced a continued upsurge in infant and child mortality. The infant mortality rate increased from 63 in 1993 to 77 deaths per 1,000 live births in 2003 while the under-5 mortality rate increased from 93 to 115 deaths per 1,000 live births in the same period. According to the 2005/6 household budget survey, infant mortality has decreased to 70, while under-5 mortality has increased to 116 per 1000 live births. The mortality rates continue to be higher in rural than in urban areas, but this rural-urban gap seems to be narrowing. The life expectancy at birth declined from 58 years to 54 years for males and 61 years to 57 years for females in the last decade. Further, adult mortality rates have been observed to be increasing since the 1990s, a result of the effects of the HIV and AIDS pandemic. In addition, the maternal mortality ratio, which was estimated at about 365 deaths per 100,000 live births in 1995, increased to about 414 deaths per 100,000 live births in 2003. According to the 2007 annual MDG monitoring report, the country is unlikely to achieve the targets on MDG 4 and 5. It is therefore imperative that efforts must be enhanced with assistance of partners to reverse the adverse trends on childhood mortality as well as maternal mortality.

4. The Kenya AIDS Indicator Survey 2007 shows 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) compared to 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. Unfortunately, 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 were tested positive. HIV and AIDS have been considered as one of the key factors responsible for the upsurge in mortality in the recent past.

5. The government has given high level attention to combating HIV/AIDS that has resulted in a decline in HIV/AIDS prevalence from a high of 13% in the year 2000 to 7.8 % by the year 2007. Despite this achievement over the past decade, funding for other reproductive health services, such as family planning has plummeted. Several recent international agreements such as the New York Call to Commitment 2004 and Glion Call to Action 2004, and the National Health Sector Strategic Plan II of 2005-2010 recognize that both sexual and reproductive health (SRH) and HIV/AIDS initiatives must reinforce each other. For more relevant and cost-effective programmes to have a greater impact, there is need for integration of RH and HIV services.

6. Although there has been increasing government commitment to the promotion and provision of adequate reproductive health services, several factors, such as social and cultural beliefs and practices, lack of women's empowerment, inadequate male involvement, poverty, and weak health management systems, impede the demand for and utilization of reproductive health care according to the First Medium Plan 2008-2012 of Vision 2030. For example, the proportion of women making the recommended number of antenatal care visits of 4 and above declined from 64 per cent in 1993 to only 52 per cent in 2003, while the proportion receiving skilled care during delivery declined from 45 per cent in 1998 to 42 per cent in 2003.

The Kenya Government, through the First Medium Term Plan of 2008-2012, is now committed to reversing these negative trends in the uptake of maternal and newborn care services.

7. Internal migration in Kenya, stimulated by the economic disparities among geographical areas in the country and driven primarily by the search for employment and resettlement, has resulted in rapid urbanization. The proportion of urban population which increased from 15 per cent in 1979 to 19 per cent in 1999 is expected to rise due to declining employment opportunities in the agricultural sector coupled with declines in agricultural productivity. Young school leavers in search of employment and other opportunities in the urban centres are now the most dominant rural to urban migrants. The high population growth rate in urban areas has posed serious challenges leading to development of informal urban structures devoid of many social amenities with a high incidence of poverty among the population in these areas. There is increasing need to provide social services, including health, to this vulnerable urban population group.

8. A number of social and cultural practices still continue to have direct harmful effects on the health status of young people particularly women in Kenya. The critical harmful practices include female genital mutilation/cutting (FGM/C), early and arranged/forced marriages, sexual exploitation and abuse, and gender based violence. One of the consequences of early childbearing is the incidence of fistula. It is currently estimated that approximately 3000 new cases occur annually. Poverty and the stigma associated with their condition make most women living with fistula remain invisible to policy makers. FGM/C, which mainly targets young women, declined from 38 per cent in 1998 to 32 per cent in 2003. However, there is a worrying trend towards medicalization of FGM/C and the current strategies on elimination have not been very effective. The government is in the process of coming up with a code of ethics for medical staff in regard to FGM and a stronger legislation to outlaw the practice at any stage in a woman's lifecycle has been proposed. The existing Children's Act (2001) only outlaws FGM up to the age of 18 years.

9. Teenage childbearing, associated with higher risk of adverse maternal and newborn health outcomes, has been on the increase. The proportion of women in the age group 15-19 who were mothers increased from 17 per cent in 1993 to 19 per cent in 2003. It is also noted that sexual relations begin early, and 30 per cent of relationships involve multiple partners. The 1999 review of the ICPD implementation and the subsequent review of ICPD at 10 of 2004 found that young people's reproductive rights and health needs still remained largely neglected, and were of increasing concern in the face of rising HIV infection rates. Although young people aged 10-24 years constitute 34 per cent of the population, they still remain a marginalized group in the national political, socio-economic and development processes. Although, the country has developed the Adolescent Reproductive Health and Development Policy and plan of action, its full implementation is yet to be fully realized. For example only 12 percent of the public health facilities are youth friendly, according to the Kenya Service Provision Assessment Survey of 2004. The Ministry of State for Youth Affairs and Sports launched the Plan of Action for implementation of the health component of the National Youth Policy in mid 2008 to guide the implementation of the interventions to address the youth health needs.

10. It is recognized that achieving social equity and justice, including gender equality, remain a challenge. Gender disparities are evident in virtually all sectors of the economy. There are widespread gender disparities in education, employment, poverty, sexual and reproductive health and rights and decision making. According to the Kenya Integrated Household Budget Survey (KIHBS) of 2005/06, 54 per cent of rural and 63 per cent of the urban women and girls are estimated to live below the poverty line. About 55 per cent of females heading households are illiterate, compared to 23 per cent of male heads of households. Although remarkable progress has been made with respect to education at all levels, with gross enrollment at primary schooling increasing from about 87 per cent in 2006 to 92 per cent in 2007, regional and gender disparities still exist. Currently, gross enrollment rates at secondary school for boys is 40 per cent compared to 33 per cent for girls, with girls only accounting for one third of total student

enrollment in universities. A number of factors also inhibit girl's education, such as early and forced marriages among certain communities, and poverty, especially in the urban slums and other marginalized areas. The HIV scourge has also turned a number of young girls into caregivers at the expense of their education. The school retention and completion rates are therefore lower for girls as compared to boys.

11. Gender-based violence both reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. In Kenya, gender-based violence occurs across all socio-economic and cultural backgrounds to the extent that in most societies, women are socialized to accept, tolerate, and even rationalize domestic violence and to remain silent about such experiences. The Kenya Demographic and Health Survey (KDHS) of 2003 indicated that half of all women had experienced violence since they were 15 while one in four experienced violence in the last 12 months preceding the survey. In particular, the post-election violence aggravated existing gender inequalities and contributed to gender-based violence and sexual exploitation. The fact that most survivors of gender-based violence are more often than not reluctant to disclose their experiences for fear of retaliation or shame is a challenge and therefore hides the true extent of the incidence among men and women.

12. Kenya is rich in biodiversity and is home to a variety of habitats and ecosystems. However, over time some of the well known biodiversity resources have been lost due to a number of factors. The current forest cover is estimated at less than 2 per cent. The continued high population growth rate has led to high demand for agriculture, settlement and forest product consumption, which continues to threaten the sustainability of these crucial resources. The management of natural resources has worsened since the 1990s, partly due to continued population pressure and in part due to poor policies and inadequate management practices. The First Medium Term Plan (2008-2012) recognizes the importance of integrated environmental planning and has called for increased environment education and improved stakeholder involvement in the implementation of the integrated environment plans at all levels.

13. The 2007 MDG status report for Kenya shows that the country is on track for the achievement of only two MDGs: MDG2 on universal primary education and MDG 6, on combating HIV/AIDS, Malaria and Other Diseases. The prevailing global financial crises may affect the ICPD Programme of Action in Kenya, which depends on government's core funding. It will be imperative to support the country in bridging gaps brought about by this eventuality.

14. In the past programmes, monitoring of MDG and ICPD indicators have been reported as weak. In addition, the current Health Management Information System (HMIS) does not provide timely and comprehensive data. The increased demand for data indicates the inherent weaknesses of the national systems for data generation and as a result many agencies involved in the monitoring of the ICPD and MDG indicators continue to rely on national surveys. Despite devolving implementation of development programmes to district levels, the planning departments at these levels do not have the capacity to generate and utilize data for monitoring and evaluation of such programmes. There is need to build and strengthen the capacities of the relevant departments to put in place appropriate monitoring and evaluation systems and to utilize the information generated by these systems for programme improvement, advocacy and policy review/formulation at all levels. Secondly, social, bio-demographic and biomedical research is needed to enable programmes to provide appropriate quality services to beneficiaries, especially vulnerable groups. Research outcomes must also be translated and utilized appropriately for the welfare of the people, hence the need for improvements in the knowledge value chain across the different organizations providing services to the people.

15. The Government is committed to achievement of ICPD goals and MDGs as articulated in the first Medium Term Plan of the Vision 2030. In addition, the Kenyan RH Policy aims to operationalize the ICPD Programme of Action (PoA) and the Maputo Plan of Action on Sexual and Reproductive Health and Rights in joint partnerships under the Sector-Wide Approach process. The sector wide approach has

assumed the “Three Ones” partnership principle on strategy, budget and Monitoring and Evaluation. The Partners have signed on to a code of conduct.

PART III: PAST COOPERATION AND LESSONS LEARNED

16. In the past, UNFPA assistance enabled Kenya to: (a) formulate and adopt national population, gender, youth and reproductive health policies and legislation; (b) reposition family planning in the development agenda; (c) build technical and institutional capacity for integration of population, gender and environment into development planning and data management; (d) carry out advocacy activities and (e) provide services. UNFPA has supported the government in dealing with emergency situations such as the post-election violence, especially in relation to sexual and gender based violence. The country has now adopted the Paris Declaration on Aid Effectiveness with development partners having developed a joint assistance strategy. Provision of direct budget support to government is planned once there is improved capacity in financial management and governance.

17. In the area of reproductive health, the 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.

18. 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) promoting the integration of population and environmental issues into ministerial policies and programmes; (c) developing an integrated multisectoral information system to track progress made in achieving the Millennium Development Goals and (d) strengthening of partnerships and coalitions among parliamentarians and media workers.

19. 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 survivors of rape and other forms of sexual violence; and a situation analysis on female genital mutilation/cutting.

20. 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 for increased government resources to procure reproductive health commodities; (d) the ability to ensure the prioritization of reproductive health in the health sector-wide approach programme; (e) timely response to emergency situations; (f) timely incorporation of additional institutions into the programme especially the Ministry of Youth Affairs and Sports, and (g) the ability to partner with other development partners to mobilise additional resources

21. Major challenges included: (a) delays in the flow of funds due to internal procedures and the differing fiscal years of UNFPA and the Government; (b) inadequate technical and managerial capacity of implementing partners; (c) limited utilization of long-term and permanent methods of contraception; and (d) inadequate preparedness in dealing with emergency situations.

22. Lessons learned under the programme included: (a) results are attainable 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 when well implemented.

PART IV: PROPOSED PROGRAMME

23. The Country Programme Action Plan (CPAP) builds on the Country Programme Document for Kenya (DP/FPA/DCP/KEN/7) approved by the Executive Board of the United Nations Development Programme and the United Nations Population Fund. The CPAP also builds on the concepts and commitments outlined in the United Nations Development Assistance Framework (UNDAF) jointly determined by UN partners in Kenya in close partnership and with full leadership of the Government of Kenya

24. The programme responds to selected national priorities in the social and political pillars of Kenya Vision 2030, which is the country's blueprint covering the period 2008 to 2030. The United Nations System (UNS) articulated these areas of cooperation under three priority areas namely: (i) Improving governance and the realization of human rights; (ii) Empowering people who are poor and reducing disparities and vulnerabilities; and (iii) Promoting sustainable and equitable economic growth for poverty and hunger reduction with a focus on vulnerable groups. The UNDAF further articulated these areas of cooperation under six outcomes namely: (1) Democratic governance and human rights including gender equality progressively enhanced; (2) Increased equitable access and use of quality essential social services and protection services with a focus on marginal and vulnerable groups; (3) Humanitarian impact and risk of natural and human made disasters reduced; (4) Evidence-based and harmonized national HIV response delivering sustained reduction in new infections, scaled up treatment, care, support and effective impact mitigation; (5) Equitable livelihood opportunities and food security for vulnerable groups enhanced and sustained; and (6) Enhanced environmental management for economic growth with equitable access to energy services and response to climate change.

25. The GOK/UNFPA 7th Country Programme is designed to contribute to three UNDAF outcomes, while ensuring linkages with the UNFPA Strategic Plan, which is the centerpiece for organizational programming, management and accountability for the period 2008-2011. The goals of the strategic plan in the three interlinked focus areas are as follows: (I) Population and development: Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction; (II) Reproductive health and rights: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life; (III) Gender equality: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

26. The goal of the proposed seventh country programme is to contribute to the improvement of the quality of life of the people of Kenya, which will contribute to the First Medium Term Plan (MTP 1). MTP1 is the Government of Kenya's first operational plan for Vision 2030 for the period 2008-2012. The proposed programme will be delivered through capacity enhancement strategies, build and promote the use of a knowledge base; reinforce advocacy and policy dialogue; expand and strengthen partnerships; as well as develop systems for improving performance.

27. In line with the UNDAF and in the spirit of the "Delivering as One UN" initiative, joint programming is increasingly encouraged. Areas of current and future joint programming with sister UN agencies and

other development partners will include: (a) HIV/AIDS; (b) data collection and development of data bases; (c) gender equality; (d) young people's health and development; (e) monitoring of MDGs; (f) access to reproductive health; (g) FGM/C; (h) SGBV; and (i) humanitarian response.

REPRODUCTIVE HEALTH AND RIGHTS

28. The reproductive health and rights programme component will contribute to two 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. The programme component has 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. The country programme outcomes will contribute to the Vision 2030 MTP 1(2008 to 2012) as well as the Health Sector Strategic Plan II (2005 to 2010). Under this component, three outputs will be delivered as discussed in the next section.

Output 1: Maternal and newborn health services, including services to prevent and manage fistula, are available, especially for young people and vulnerable groups in selected districts

29. The key strategies to be applied in achieving this output will include developing systems for improving performance and quality of service delivery with a major focus on institutional capacity building particularly at the district hospitals; and promoting, strengthening and coordinating partnership with both the Ministries of Public Health & Sanitation and Medical Services in collaboration with selected NGOs and CSOs. The output will be achieved through joint programmes with UNICEF, WHO and IOM, where feasible.

Major Activities

30. ***Strengthen essential obstetric care and community midwifery to improve maternal health:*** The programme will support capacity building of selected health facilities to provide basic essential obstetric care (BEOC) at the dispensaries and health centers and comprehensive essential obstetric care (CEOC) at the district/sub-district hospitals with focus on provision of these services in a youth friendly manner. This will include training of health facility staff, equipping health care facilities and operationalizing the RH policy and other reproductive health strategies and guidelines. In order to strengthen the community strategy for health service delivery, the programme will support the scaling up of skilled midwifery at community level while ensuring its sustainability. This will include identification, training and provision of equipment to retired/unemployed midwives, creating community awareness on the roles and limits of community midwives and establishment of a referral system.

31. ***Prevention and Management of Obstetric fistula:*** In partnership with other stakeholders, the programme will support the capacity building of provincial hospitals to act as training and referral hospitals to provide quality services for the treatment of fistula. Such activities will include: training of surgical teams, provision of equipment and minor renovation of facilities. Other interventions will include prevention at community level by supporting relevant civil society organizations targeting to create awareness on the incidence, treatment and integration of fistula survivors in communities. Increasing skilled attendance at birth through community midwifery will be supported to reduce incidences of obstetric fistula.

32. ***Strengthening Reproductive Health Commodity Security (RHCS):*** The programme, in partnership with other stakeholders, will strengthen family planning services by operationalizing the Contraceptive Commodity Security Strategy, Contraceptive Management Unit (CMU) and Logistics

Management Information Systems (LMIS). The programme will support advocacy efforts aimed at ensuring Reproductive Health commodity security through the Reproductive Health Interagency Coordinating Committee and Family Planning logistics working group. The key strategy envisaged is to build the capacity of the Division of Reproductive Health, KEMSA and other key stakeholders to plan, procure and distribute contraceptive commodities and other RH equipment and supplies. The programme will also strengthen the health service providers to provide friendly family planning services to women, men and young people in targeted districts.

33. *Supporting reproductive health needs in humanitarian response situations:-* The programme will, in partnerships with relevant partners, build the capacity of the Division of Emergency and Disaster Mitigation (DEDM) to be able to respond to and coordinate provision of reproductive health services to vulnerable populations during and after humanitarian response situations. This will include development and dissemination of guidelines; procurement and distribution of emergency RH commodities/supplies in collaboration with DRH, KEMSA and Kenya Red Cross, monitoring and supervision and overall coordination in close collaboration with the Ministry of State for Special Programmes.

34. *Improve the access of young people to integrated sexual and reproductive health and HIV prevention services:* The programme will support implementation of the ASRH&D and National Plan of Action for the Health Component of the National Youth Policy as well as integration of ASRH services into relevant national development plans. This will entail the scaling up of young people responsive health and information services. The key strategy envisaged will be capacity building of Ministry of Youth Affairs & Sports and selected FBOs and NGOs, as well as other key players such as the Ministry of Public Health & Sanitation and Ministry of Medical Services.

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

35. The key strategies to be applied in achieving this output will include advocacy and policy dialogue to engage both stakeholders and communities for enhanced utilization of services as well as advocating for elimination of practices that have adverse outcomes on the reproductive health of men and women. It will also involve building capacities of practitioners, programme implementers, communities and young people to develop appropriate culturally sensitive materials for advocacy activities.

Major Activities

36. *Engaging Communities to change negative socio-cultural norms and practices affecting SRH and transmission of HIV:* The programme will support advocacy efforts, and information, education and communication activities in order to create demand for family planning services, deliveries by skilled attendants and prevention of obstetric fistula, especially among the young people. It will also support the engagement of communities to advocate for the elimination of harmful social and cultural practices, such as FGM/C and early marriages; educate communities on the myths and misconceptions regarding reproductive health and encourage continued male involvement in prevention of adverse reproductive health outcomes. The programme will support the training of programme implementers to provide quality information and counseling services and to be able to design and implement behaviour change communication programmes that take into account the religious and socio-cultural norms and values of the communities; and support relevant CSOs to design and develop appropriate information, education and communication materials on reproductive health and their dissemination.

37. *Advocacy for the prevention and management of obstetric fistula:* The programme will enlist the support of selected FBOs and NGOs as well as other key players such as the Ministry of Public Health & Sanitation to mobilize communities in a bid to advocate for focused ante-natal care, deliveries by skilled attendants, essential obstetric care and prevention of obstetric fistula, as well as the effective management

of obstetric fistula clients. The key strategy for this activity will be advocacy and policy dialogue, which will also aim at preventing obstetric fistula thus reducing demand for obstetric fistula services.

38. ***Revitalization of Family Planning:*** The programme will work with partners to mobilize communities so as to create demand and address unmet need for family planning services in selected districts. The key strategy will be through advocacy and policy dialogue to ensure that women, men and young people demand for relevant and appropriate information on family planning as well as contraceptives of their choice, including permanent methods to enable them to postpone, space and limit pregnancies as desired. The programme will ensure effective community mobilization for family planning information and services in selected districts.

Output 3: Increased availability of high-quality services to prevent HIV and sexually transmitted infections, especially for women, young people and other vulnerable groups

39. The key strategy to be applied in achieving this output will be capacity strengthening for improved utilization of HIV and STI prevention services, especially among the vulnerable groups.

Major Activities

40. ***Comprehensive Condom Programming:*** The programme will support the development of a national condom programme that takes the view of condom programming as being much more than a supply operation or a social marketing exercise. It will support the development of tools to determine the cost effectiveness of the female condom and support NASCOP and DRH to develop environmentally friendly condom disposal messages. The programme will also support the scaling up of the procurement of female and male condoms based on the NASCOP and DRH's CMU forecast, and enhance their technical capacity to implement the national condom procurement and distribution plan.

41. ***Scaling up HIV and STI prevention skills and services:*** The programme will support the Ministry of Public Health & Sanitation, Ministry of Medical Services, Ministry of Youth Affairs & Sports, FBOs and CBOs to implement activities aimed at increasing HIV and STI prevention skills and services with an emphasis on those targeting women, young people and other vulnerable groups. In collaboration with other stakeholders, it will explore possibilities of social marketing of the female condom.

42. ***Reducing HIV vulnerability in the context of Sex Work:*** The programme will support selected FBOs and NGOs to implement innovative approaches aimed at vulnerable populations, especially those involved in sex work and their clients. It will also support capacity building of selected partners to scale up the provision of integrated youth-friendly services and ensure youth participation in the provision of community SRH services.

43. ***HIV prevention information, skills and services for young people:*** The programme will provide technical support to NACC, NASCOP, DRH and other implementing partners (NGOs and FBOs) to scale up integration of youth friendly FP/STI/HIV&AIDS/GBV services and information through youth friendly centres. The programme will particularly target young people under 24 years, as well as married and discordant couples.

44. ***Behaviour Change Communication for HIV Prevention:*** The programme will work with other stakeholders to support the National AIDS Control Council and the Youth Technical Working group and other key stakeholders to implement the Kenya National HIV and AIDS Communication Strategy for Youth. In particular it will support the capacity building of Regional BCC consortia, FBOs and NGOs to ensure the dissemination and implementation of the already developed behaviour change communication for HIV prevention strategy; support the scale up of voluntary clinical male circumcision through community awareness creation; train health facility staff; ensure provision of supplies and provide technical

support to the Condom Technical Working Group on quality assurance and promotion of both male and female condoms.

POPULATION AND DEVELOPMENT

45. The population and development component will contribute to one UNDAF outcome, namely: Democratic governance and human rights including gender equality progressively enhanced. The CP outcome of this component is: Population dynamics issues and their inter-linkages with gender equality, sexual and reproductive health and rights, HIV/AIDS and vulnerable groups incorporated in public policies and programmes, poverty reduction plans and strategies and expenditure frameworks. The programme component is aligned to the political pillar of the Kenya Vision 2030 as well as selected national priorities outlined in the First Medium Term Plan (MTP I), 2008-2012. The programme component also contributes to one UNFPA Strategic Plan outcome: (i) Population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks. Under this component, two outputs will be delivered as discussed in the following section.

Output 1: Improved coordination, monitoring implementation and evaluation of gender-responsive population and reproductive health policies and programmes

46. In order to achieve the stated result, the programme will focus on developing systems for improved performance in monitoring and reporting of relevant MDGs, and advocacy and policy dialogue to ensure integration of population issues into sectoral policies and programmes, as the key strategies.

Major Activities:

47. **Monitoring and reporting of relevant MDG targets:** The key strategy envisaged here is to develop systems for improved performance by supporting the establishment of an efficient results-based monitoring and evaluation system. The programme will support coordination mechanisms through joint review meetings at national and sub-national levels on a regular basis and through the midterm and final evaluation reviews. It will also involve revitalizing the vital registration system in the programme districts, to identify gaps and opportunities for strengthening Reproductive Health and Gender Equality service monitoring and management. Strengthening the district planning and management unit in the programme focus districts to generate, access and utilize relevant data bases and developing periodic reports on population and development, reproductive health and gender equality to inform both national government as well as international fora on the progress towards the achievement of relevant MDGs.

48. **Integration of population issues into sectoral policies and programmes:** One of the key actions within the population and development arena is to continue urging all key stakeholders to fully integrate population concerns into the development process at all levels. The key strategy will be continued policy dialogue and evidence supported advocacy campaigns. Such actions will entail the engagement of policy makers and planners, both at national and sub-national levels, to promote greater understanding of the critical linkages between population and development processes. The engagement process will include: sensitization of key players in the strategic sectors to ensure appropriate budgetary allocations for population, reproductive health and gender equality issues in the planning process; undertaking training in integration of population, RH and gender issue in development planning; and establishment of a functional documentation centre for knowledge sharing. In order to ensure that the youth are adequately catered for in the development process, the programme will also support the development of the Kenya Youth Dialogue tool to advocate with policy makers on the need to address young people's needs and participation in development and advocate for the ratification and popularization of the African Youth Charter and establishment of a nationally recognized affiliate of the African Youth and Adolescent Network.

49. ***Integration of population variables in environmental planning and management:*** Population dynamics, poverty and environmental change are linked in many ways and through multiple social and economic mechanisms. However, there is still limited understanding of these critical linkages. The key strategic focus will be to enhance the advocacy campaigns and continued policy dialogue among key stakeholders at all levels. Such actions shall include: conducting training/orientation workshops among policy makers and planners both at national and sub-national levels to promote greater understanding of the critical linkages between population, health and environment (PHE); conducting sensitization workshops for key players in the strategic sectors to ensure appropriate integration of PHE issues; undertaking training in integration of PHE in development planning; developing appropriate indicators to monitor PHE linkages at all levels; and engaging communities and other key stakeholders in understanding the importance of PHE linkages.

50. ***Incorporating gender equality, reproductive health and HIV/AIDS in contingency plans for emergencies:*** The programme will build the capacity of national systems to conduct gender sensitive micro-census and rapid assessment surveys among the affected and displaced persons in humanitarian and emergency contexts in order to strengthen the preparedness of the relevant institutions for appropriate response.

Output 2: Improved systematic collection, analysis and dissemination of quality gender-sensitive population and reproductive health data

51. The key strategies for achieving this output will include building a knowledge base and developing systems at the Kenya National Bureau of Statistics and other selected partners for improved performance. The programme will focus on the 2009 Population and Housing Census, socio-demographic surveys, socio-cultural, population and demographic research and development of databases for monitoring and evaluation of policies and programmes.

Major Activities:

52. ***Collection, analysis and dissemination of data from the 2009 Population and Housing Census:*** The programme will play a catalytic role, in view of the resource requirement, to conduct the population and housing census. The key strategy envisaged here is to build a knowledge base on population and development issues, using the 2009 Population and Housing Census data. The programme will focus on providing technical assistance for advocacy and publicity campaigns, census management, and selected training of technical staff. It will also provide support for the production of analytical reports, including the 2009 Population and Housing Census Popular Report and dissemination of the same. In addition the programme will support the post enumeration survey to evaluate the census.

53. ***Providing support for conducting socio-demographic surveys:*** In order to gain better understanding of the policy and programme environment, the programme shall contribute to undertaking of socio-demographic surveys in order to continue building the knowledge base on population dynamics, reproductive health, HIV/AIDS, and gender equality, especially in the programme areas. The programme will also support further analysis of selected modules of selected socio-demographic surveys such as the KDHS, among others. In addition, the programme will continue to work with existing networks, such as KEMEP, KEWOPA, KNPPD, to advocate, train and to disseminate population and development information.

54. ***Supporting socio-cultural, population and demographic research:*** The programme will support the undertaking of socio-cultural, demographic and health research to support programme planning and implementation and policy dialogues in programme areas. It will also support the participation of relevant programme partners in regional and international research networks.

55. ***Developing databases for monitoring and evaluation of policies and programmes:*** The programme will support the continuous updating and decentralization of IMIS to sub-national levels in order to improve access and utilization of quality reproductive health and gender equality data. The programme will also support updating and dissemination of the NGO database hosted at NCPD in order to improve coordination, monitoring and evaluation of the civil society sector contribution to both national and international development programmes. In addition, the programme will collaborate with other UN agencies to develop the Kenya Human Development Information Management Network (KHIMS).

GENDER EQUALITY

56. The gender equality component will contribute to one UNDAF outcome, namely: Democratic governance and human rights including gender equality progressively enhanced. The CP outcome of this component is: gender equality, the empowerment of women, and realization of human rights enhanced. The programme component is aligned to the political pillar of the Kenya Vision 2030 as well as selected national priorities outlined in the First Medium Term Plan (MTP I), 2008-2012. The programme component also contributes to one UNFPA Strategic Plan outcome: (i) Gender Equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling socio-cultural environment that is conducive to male participation and the elimination of harmful practices. The programme component has three deliverable outputs, which are discussed in the next section.

Output 1: Increased access to accurate and appropriate information and services on sexual and gender-based violence including in emergency and post-emergency situations

57. The key strategies that will be applied to achieve this output include: (a) Capacity building for implementation of gender responsive policies and programmes, (b) Advocacy and policy dialogue for implementation of gender responsive policies and strategies (c) Networking and partnerships with key stakeholders including UN Agencies, Government, Media, and CSOs including FBOs, and (d) Building and using a knowledge base to address specific gaps in SGBV programming in selected districts including in emergency situations. The output will be achieved through implementation of the following major activities.

Major activities:

58. ***Support the promotion of gender equality through advocacy and community involvement including participation of males:*** The programme will support implementing partners to conduct situational analysis, research on the relationship between GBV and HIV/AIDS and establish a database on SGBV. It will also support IPs to build capacity of community leaders and various groups (men, youth, and women) to enable them to create awareness on women's rights for women's empowerment and gender equality, including SGBV and trafficking in persons, in selected districts. Selected national and community networks will be strengthened to advocate against gender inequalities, including SGBV. The IPs will also develop culturally sensitive BCC strategies on SGBV and support the establishment of information centres at the community level.

59. ***Lobby for the enactment of gender responsive legislation:*** The programme will support selected agencies and partners to lobby parliamentarians and other interest groups for the enactment of gender responsive legislation in line with government obligations under international and regional human rights instruments. In addition, the programme will support the development, publication and dissemination and implementation of a national coordination strategy for gender mainstreaming and a National GBV framework and GBV policy. The key strategy envisaged is advocacy and policy dialogue for enactment of appropriate gender legislation.

60. ***Sensitize community leaders:*** The programme will support selected agencies and partners to engage with District Gender and Social Development Committees and community leaders (chiefs, women group leaders, youth group leaders etc) in order to enhance their knowledge on women's rights and SGBV and mobilize them to respond to SGBV in selected districts. An advocacy and policy dialogue strategy will be deployed.

61. ***Enlisting the support and participation of faith-based organizations in promoting gender equality:*** The programme will build the capacity of selected Faith-Based Organizations (FBOs) to enable them to promote gender equality. The programme will support the selected FBOs and other culturally sensitive institutions to create awareness on women's rights and gender equality as well as sexual and gender based violence. In addition, FBO Networks and Partnerships will be supported to develop appropriate IEC and BCC Strategies.

Output 2: Enhanced institutional mechanisms to reduce and respond to gender-based violence and discrimination, particularly among marginalized populations and during humanitarian crisis

62. The key strategies that will be applied to achieve this output include capacity building for selected implementing partners, such as those in the judicial system, to enable them to enforce gender laws and implement gender policies; and advocacy and policy dialogue for implementation of gender responsive policies and strategies. The output will be achieved through implementation of the following major activities.

Major activities:

63. ***Providing supportive services to survivors of Gender-Based Violence:*** The programme will support the mapping of the existing service providers in selected districts (social support networks, law enforcement agents, legal and medical services) and carry out a SWOT analysis in order to identify gaps. The key strategy envisaged is capacity building of selected implementing partners to enable them to support service providers in scaling up provision of SGBV services in selected health facilities. It will also support the strengthening of the networks in order to establish a coordinated SGBV response, particularly during humanitarian crisis. The programme will support an assessment of institutional challenges faced by law enforcement agents in enforcing justice to survivors of SGBV and conduct a baseline survey on SGBV in selected districts. The law enforcement agents, including the police and the judiciary, will be sensitised so as to enhance their capacity to enforce gender responsive legislation.

64. ***Strengthening the capacity of institutions, such as the national gender machinery, police and the judicial system, for the implementation and enforcement of gender responsive laws and policies:*** The programme will support the capacity building of key institutions for promotion of women's rights and gender equality upon assessment of challenges they face in this mandate. In collaboration with selected implementing partners, the programme will strengthen the capacity for the implementation of the Sexual Offences Act, the Action Plan on the National Policy on Gender and Development and related policies.

65. ***Supporting protective services or social safety nets to reduce Gender-Based Violence:*** This programme will support selected agencies and partners in selected districts to sensitise communities to enable them to strengthen existing structures to address SGBV issues. The key strategy envisaged to realize this is advocacy and policy dialogue for implementation of gender responsive policies and strategies.

66. ***Mainstreaming women's rights and gender equality into national legislation, policies, programmes and budgets:*** The programme will support advocacy for the enactment and implementation of gender responsive legislation and policies commensurate with international and regional human rights commitments and obligations. The programme will support an analysis of key national policies and

programmes (health, education, finance, land, youth etc) to determine gender responsiveness and recommend appropriate interventions. The programme will support the development of national guidelines on gender responsive budgeting and support capacity building of key stakeholders in gender responsive budgeting. In collaboration with other partners, the programme will support the development of an M&E Framework to measure progress in gender equality and support preparation of country and shadow reports to international and regional treaty bodies (CEDAW, AU, ESCR, ICCPR and CSW). It will further support the collection and analysis of gender disaggregated data. The MGCSD/NCGD will be supported to initiate modalities to recognize the best performing public institutions on gender responsive programmes. In addition, the programme, in collaboration with other partners, will support the MGCSD to prepare country reports specifically to CEDAW and CSW. Permanent Secretaries, senior government officers and gender officers in public institutions will be sensitized on gender analysis and mainstreaming.

Output 3: Improved advocacy for women and adolescent girl's reproductive rights, male participation in reproductive health and elimination of harmful practices, particularly FGM/C

67. The key strategies that will be applied to achieve this output will include advocacy and policy dialogue to reduce harmful practices, particularly FGM/C; capacity building for selected implementing partners; and building and strengthening partnerships to promote a gender-friendly socio-cultural environment. The major activities to be implemented will be as follows:

Major activities:

68. ***Supporting activities aimed at enactment of laws that address harmful practices, particularly FGM/C and early marriage:*** The programme will support selected agencies and partners to undertake an analysis of existing gender-related policies and laws in order to identify gaps on FGM/C and early marriage issues, hold consultative meetings with interest groups to highlight identified gaps and develop and implement action plans/strategies including the amendment and enactment of relevant legislation. IPs will be supported to lobby policy makers, including parliamentarians, to facilitate provision of safety nets for girls who reject FGM/C and early marriage (EM). The key strategies envisaged are advocacy and policy dialogue.

69. ***Scaling up sensitization of community leaders on the need to abandon FGM/C and early marriage:*** The programme will facilitate selected agencies and partners to scale up sensitization of community leaders and identify additional FGM/C stakeholders. In addition, the programme will support the capacity building of selected agencies and partners to enable them to re-design mechanisms that use culturally sensitive approaches that promote the abandonment of FGM/C and early marriages. In addition, the programme will support advocacy for SRHR of women and adolescent girls including on HIV/AIDS and initiatives that facilitate male involvement in SRHR issues.

70. ***Support alternative rites of passage and appropriate safety nets in selected districts:*** The programme will support IPs' efforts in selected districts to scale up activities leading to Alternative Rites of Passage (ARP). It will deploy role models and create awareness on alternative sources of income to reformed traditional practitioners of FGM/C. The programme will evaluate the existing safety nets and follow up on existing ARPs so as to assess their effectiveness and document the best practices.

71. ***Promote gender-friendly socio-cultural environments through Media Campaigns:*** The programme will, through media campaigns and behaviour change communication, promote a gender-friendly socio-cultural environment. This will be realized through support for the development and operationalization of a media strategy to guide media campaigns against FGM/C and other harmful practices. It will also support implementation of selected activities in the media strategy aimed at eliminating FGM/C and other harmful practices, including early marriage, sexual exploitation and GBV.

The programme will also strengthen coordination and partnerships in line with the FGM/C National Action Plan (1999-2010) to disseminate information and accelerate abandonment of FGM/C practice.

PART V: PARTNERSHIP STRATEGY

72. The United Nations System in Kenya is committed to work together to support Government's efforts to deliver on the goals and targets embodied in the Kenya Vision 2030 and the first Medium Term Plan (2008-2012), using the Kenya Joint Assistance Strategy (KJAS). The KJAS defines the partnership between the government and its development partners and represents an intensified collaboration to significantly improve the prospects for sustained growth and poverty reduction. The KJAS requires the establishment of a more effective division of labor among development partners, to better align assistance with government programmes, and to coordinate assistance more effectively.

73. Successful programme implementation will depend on the coordinated action of the Ministries of Finance, Ministry of State for Planning, National Development and Vision 2030, Ministry of Public Health and Sanitation and the Ministry of Gender, Children and Social Development. Other important national partners include the Ministry of Medical Services, Ministry of Youth Affairs and Sports, the National Coordinating Agency for Population and Development (NCAPD), the Kenya National Bureau of Statistics (KNBS), the National Commission on Gender and Development, and the National AIDS Control Council. Other key partners will include the Kenya Women Parliamentary Association (KEWOPA), Kenya Parliamentary Network on Population and Development, the Parliamentary Committee on Health, other Semi-Autonomous Government Agencies, Non-Governmental Organizations, Faith Based Institutions, Research Institutions, Universities and Professional Associations.

74. UNFPA will work closely with the Ministry of State for Planning, National Development and Vision 2030 in order to strengthen the partnerships between the implementing agencies as well as better coordinate with the Government and Donors. At the district level, UNFPA cooperation will be coordinated through the decentralized government structures, among them the district planning units, stakeholders' forums and regional population offices.

75. UNFPA will, together with other partners, participate in SWAps and other sector reforms. Working with NACC, UNFPA will implement components of the National HIV/AIDS Strategic Plan, including advocacy for HIV/AIDS prevention, care and support. The Fund will be actively involved in HIV/AIDS joint programming as a co-sponsor of UNAIDS.

76. The MOPH&S and MOMS will develop and promote the operationalisation of Reproductive Health policy and other regulatory policies; provide technical assistance and services through its service delivery network; set health service delivery standards; and coordinate, supervise, monitor and evaluate the Reproductive Health component of the programme. MOPH&S and MOMS will also mobilize resources, build capacity, undertake research, and supervise and monitor the RH component. Through the Health Promotion Department, MOPH&S will take the lead in coordinating SRH&R, IEC and BCC activities in collaboration with key ministries (Youth Affairs and Sports, Gender, Children and Social Development, etc.), National Commission for Gender and Development and CSOs. Through the Division for Emergencies and Disaster Management, MOPH&S will strengthen capacity and infrastructure in humanitarian service response and delivery.

77. The Ministry of Youth Affairs and Sports will develop and promote the operationalisation of policies in its area of mandate. The Ministry of Youth Affairs and Sports will partner with key ministries, CSOs, Youth Groups and the Youth Development Fund to build technical capacity and improve infrastructure in

ASRH&R, coordinate the design and development of information, education and communication materials, as well as work with the mass media to disseminate information on ASRH&R.

78. The Ministry of State for Planning, National Development and Vision 2030 will coordinate the entire country programme and, through NCAPD, promote the development and operationalization of appropriate policies and strategies in the population and development arena. UNFPA will work closely with other development partners to support the Kenya National Bureau of Statistics to conduct the 2009 Population and Housing Census and disseminate the findings.

79. The Ministry of Gender, Children and Social Development (MGC&SD), in collaboration with the National Commission on Gender and Development (NCGD), will partner with key Ministries and CSOs to promote gender equality, women's empowerment and human rights. Through MGC&SD and NCGD, UNFPA will build capacity for implementation of gender responsive programmes, advocacy and policy dialogue for implementation of gender responsive policies and strategies, building and using a knowledge base to address specific gaps in SGBV programming in selected districts, including in emergency situations.

80. Faith Based Organizations, NGOs, CBOs and cultural institutions will be key partners in increased availability of gender and culturally sensitive BCC and IEC for sexual and reproductive health, including HIV prevention. FBOs and NGOs will complement MOPH&S and MOMS in providing services through their infrastructure, information and service delivery networks. They will also collaborate with partners in the advocacy process to eradicate cultural practices that promote SGBV.

81. The Media will play a key role in the delivery of population and development, sexual and reproductive health, and gender equality information and messages through various media channels.

82. UNFPA will partner with UN agencies, such as UNICEF, WHO, UNIFEM, ILO, UNIDO and UNAIDS, and development partners such as DfID, among others, in line with the UNDAF and the 'delivering as one' initiative. This partnership will particularly be important in areas of joint programming, which will include HIV/AIDS; data collection and the development of databases; gender equality; young people's health and development; monitoring of the Millennium Development Goals; access to reproductive health and rights; female genital mutilation/cutting; and humanitarian response.

PART VI PROGRAMME MANAGEMENT

Execution/Implementation arrangements

83. The Ministry of Finance will oversee the national execution of the programme as Government Coordinating Authority while the Ministry of State for Planning, National Development and Vision 2030, in collaboration with the Ministry of Public Health and Sanitation and the Ministry of Gender, Children and Social Development, will coordinate the implementation of the programme and act as Programme Component Managers. Other key players and Implementing Partners will be the Ministry of Medical Services, Ministry of Youth Affairs and Sports, Non-Governmental Organizations, Faith-Based Organizations, Community-Based Organizations, and Parastatals. The activities will be carried out at the national level and in selected districts.

Coordination

84. The successful implementation of the 7th Country Programme will depend on the coordinated action of the Government, UN agencies, development partners and CSOs as key partners. The Ministry of Finance will coordinate all programmes supported by the UN System to the Government of Kenya through the External Resources Department.

85. At the operational level, the UNFPA supported programme will be coordinated by the Ministry of State for Planning, National Development and Vision 2030. The Ministries of Public Health and Sanitation will coordinate the Reproductive Health and Rights programme component. The Ministry of State for Planning and Vision 2030, through the National Coordinating Agency for Population and Development, will coordinate the Population and Development component. The Ministry of Gender, Children and Social Development, in collaboration with the National Commission on Gender and Development, will coordinate the Gender Equality component. The managers of each programme component, as identified by each government institution, will ensure consistency of the programmatic approach among all the implementing partners under the component. The managers will be responsible for reviewing of their respective component Annual Work Plans, producing annual programme component reports and convening annual review meetings, which will in turn feed into the annual UNDAF review meetings.

Human Resources

86. To ensure effective implementation of the programme, and based on the approved country office typology, the UNFPA CO in Kenya will consist of a Representative, a Deputy Representative, two Assistant Representatives, an Operations Manager, five National Programme Officers, one Programme Associate, one Finance and Administrative Associate, one Administrative Associate, one IT Associate and several support staff. Technical assistance will be provided, as required, by UNFPA regional and sub-regional offices through national, regional and international modalities. National professional project personnel, Junior Professional Officers, and United Nations Volunteers will also be employed as necessary.

87. UNFPA Kenya Country Office will take steps to ensure required security and safety of staff and the organization's property is provided during the implementation of the 7th Country Programme. In this regard, the Office will implement all requirements of MOSS and MORSS.

Resource Mobilization

88. The proposed indicative assistance from UNFPA amounting to US \$ 25.5 million will be obtained from regular resources and US\$7 million through co-financing modalities and/or other resources. UNFPA will assist government in lobbying for additional resources for the implementation of the country programme and as part of this lobbying the country programme document will be widely circulated among potential donors and the private sector. Through this country programme, implementers will be expected to lobby for an increase in budgetary allocation for population and development, SRH&R and gender equality programmes. In the area of HIV/AIDS, efforts will be made to source funding to support this programme component at various levels. At district and community levels, the implementing agencies will involve the communities in the design, planning, implementation, monitoring and evaluation of the programme. The community contributions will be in form of personnel time, in-kind, cash or cost sharing, which will enhance programme sustainability and ownership.

Cash Transfer Modalities

89. All cash transfers to an Implementing Partner are based on the Annual Work Plans agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWP's can be made by UNFPA using the following modalities: (i) Cash transferred directly to the Implementing Partner and in the case of Government Implementing partners, cash transferred to the Treasury for forwarding to the Implementing Partner prior to the start of activities (direct cash transfer), or after activities have been completed (reimbursement); (ii) Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; and (iii) Direct payments to vendors or third parties for obligations incurred by UNFPA in support

of activities agreed with Implementing Partners. Where cash transfers are made to the Treasury, it shall transfer such cash promptly to the Implementing Partner.

90. Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

91. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

92. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in quarterly instalments. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within one week of the receipt of invoice or the document evidencing the request for payment.

93. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

PART VII: MONITORING AND EVALUATION

94. The programme will emphasize decentralized implementation and joint monitoring and evaluation by the Government, UNFPA, Implementing Partners and other development partners in case of Joint Programmes. Programme management will be based on the principles of results-based management and will be guided by UNFPA and UNDG procedures and guidelines.

95. The programme will support the following mandatory monitoring and evaluation activities: preparation of a Country Programme Action Plan monitoring and evaluation plan; establishment of baseline and end-line indicator data; undertaking of regularly scheduled field visits to monitor programme implementation; utilization of Work Plan Monitoring Tools for each work plan developed; preparation and submission of Standard Progress Reports (SPRs) for each programme component; conducting of Annual UNDAF Reviews to assess results, learn from experiences in implementation, and plan for the following year's programme activities; preparation of Country Office Annual Reports; evaluation of demonstration/pilot projects; and evaluation of major country programme outcomes. The roles of key stakeholders in programme monitoring and evaluation will be in line with the UNFPA Policies and Procedures in Country Programme Monitoring and Evaluation.

96. Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the

administration of cash provided by UNFPA. To that effect, implementing partners agree to the following: (i) Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives, (ii) Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring, and (iii) Special or scheduled audits. UNFPA, in consultation with the Ministry of State for Planning and Vision 2030, will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

97. To facilitate assurance activities, Implementing partners and the UN agency may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The Kenya National Audit Office (KNAO) may undertake the audits of government Implementing Partners. If the KNAO chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services. Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA

PART VIII: COMMITMENTS OF UNFPA

98. The CPD requests the UNFPA Executive Board for a total commitment not exceeding the equivalent of \$32.5 million, that includes \$25.5 million from regular resources and \$7 million through co-financing modalities, subject to the availability of funds. UNFPA will also seek additional funding from other sources, subject to donor interest in the proposed interventions of this CPAP. This support from regular and other resources shall be exclusive of funding received in response to emergency appeals.

99. UNFPA support for the development and implementation of interventions within this Country Programme Action Plan will be in line with four key programme strategies viz. building and using a knowledge base for informed decision making; advocacy and policy dialogue for increased resources and conducive implementation environment; promoting, strengthening and coordinating partnerships for effective implementation; and developing systems of counterpart institutions for improving performance.

100. Support will be provided to national counterparts, including civil society organizations, as agreed within the framework of the individual Annual Work Plans (AWPs). The disbursement of funds by UNFPA to the implementing partner will be subject to satisfactory implementation of planned annual activities as per AWPs, in accordance with guidelines and financial procedures as provided by UNFPA. Specific details on the allocation and annual phasing of UNFPA assistance will be reviewed and further detailed through the preparation of the AWPs.

101. During the review meetings, respective implementing partners will examine with the component coordinating institutions and UNFPA the rate of implementation for each programme component. Subject to the review meetings conclusions, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that will yield results.

102. UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it, which are not used for the purpose specified in the AWPs. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.

PART IX: COMMITMENTS OF THE GOVERNMENT

103. The Government of Kenya will honour its commitments in accordance with the provisions of the Standard Basic Assistance Agreement of 17th January 1991 signed by Government and UNDP, which, *mutatis mutandi*, also holds true for UNFPA. In line with this Agreement, the Government will accord to the UNFPA and its officials, and to other persons performing services on behalf of the UNFPA, such facilities and services as are accorded to officials and consultants of the various funds, programmes and specialized agencies of the United Nations. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations agencies to the UNFPA's property, funds, and assets and to its officials and consultants. UNFPA shall be exempted from Value Added Tax or any other forms of taxation in respect of procurement of supplies and services in support of this CPAP. In addition, the Government will commit counterpart funding to the programme, and will also be committed to support UNFPA in its efforts to raise funds required to meet the additional financial needs of the country programme as may be identified in the course of project implementation.

104. The Implementing Partners will use the standard Fund Authorization and Certificate of Expenditures (FACE) to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure, and they will use it to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

105. Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for only those activities agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within three months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

106. In the case of International Non-Governmental Organizations (INGO) Implementing Partners, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

107. To facilitate scheduled and special audits each Implementing Partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to: all financial records which establish the transactional record of the cash transfers provided by UNFPA and all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

108. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will, furthermore, receive and review the audit report issued by the auditors; provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA; undertake timely actions to address the accepted audit recommendations; and report on the actions taken to implement accepted recommendations to UNFPA.

PART X: OTHER PROVISIONS

109. This Country Programme Action Plan (CPAP) supersedes any previous signed country programme between the Government of Kenya and the United Nations Population Fund (UNFPA). It covers programme assistance from the period 1 January 2009 to 31 December 2013.

110. The Country Programme Action Plan may be modified by mutual consent of both the Government of Kenya and UNFPA based on the recommendations of the annual review meetings, evaluations and assessments and any other compelling circumstances.

111. Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of Kenya is a signatory.

112. IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this....., in Nairobi, Kenya

<p>For the Government of Kenya</p> <p>_____</p> <p>Ministry of Finance Kenya</p> <p>_____</p> <p>Date</p>	<p>For the United Nations Population Fund, Kenya</p> <p>_____</p> <p>UNFPA Representative Kenya</p> <p>_____</p> <p>Date</p>
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ANNEX 1: GOK/UNFPA CPAP RESULTS AND RESOURCES FRAMEWORK

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)

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

Country programme outcome	Country programme output	Output indicators			Implementing Partners	Indicative resources by output (per annum, USUSD)							
						Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total		
<p>Outcome 1: Increased utilization of equitable, efficient and effective health services, especially for vulnerable populations</p> <p><i>Outcome indicators:</i></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><i>Outcome indicators:</i></p>	<p>Output 3: Maternal health services, including prevention and management of fistula, are available especially to young people and vulnerable groups in selected districts.</p>	<p>Output indicators:</p> <p>1) % WRA receiving FP commodities</p>	<p>Baseline:</p> <p>National: 39% Kilifi: 23% Nairobi: West: 26% Naivasha: 35% Migori :15%</p>	<p>Target</p> <p>NHSSF II 60% MDG: 70%</p>	<p>Ministry of Public Health and Sanitation</p> <p>Ministry of Medical Sciences</p> <p>Ministry of Youth Affairs and Sports</p> <p>Community-based organizations</p> <p>Faith-based organizations</p> <p>NGOs</p>	Regular Resources – DISTRIBUTION BY YEAR						\$14.9 million	
		<p>2)% Deliveries by skilled staff</p>	<p>National 42% Kilifi: 22% Nairobi: 55% Naivasha: 42% Migori: 16%</p>	<p>NHSSF II 90% MDG: 90%</p>		\$11.4 million from regular resources							
		<p>3)% sites offering Basic Emergency Obstetric Care (BEOC)</p>	<p>National: NS Kilifi District:: 20% Nairobi West District:: 20 % Naivasha District:12 % Migori District:: 100%</p>	<p>NHSSP II: NS Proposed: 60 %</p>									
		<p>4)% of GOK budget allocated to health</p>	<p>MTP/MTEF 6.9%</p>	<p>NHSSP II: NS MDG: 12%</p>									
						Other Resources DISTRIBUTION BY YEAR							
						\$3.5 million from other resources							

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)

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

Country programme outcome	Country programme output	Output indicators			Implementing Partners	Indicative resources by output (per annum, USUSD)						
						Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	
<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 		5)% sites offering Basic Emergency Obstetric Care (BEOC)	National: NS Kilifi District:: 20% Nairobi West District:: 20 % Naivasha District:12 % Migori District:: 100%	NHSSP II: NS Proposed: 60%	United Nations System							
		6)Number of Obstetric Fistula clients served.	National: 150 clients	NHSSP II: NS Proposed: 300 annually								
	Output 4: Increased gender and culturally sensitive behaviour change interventions for maternal health including family planning, FGM prevention and fistula management (2.1.4.1).	Output indicators:	Baseline:	Target	Ministry of Public Health and Sanitation Ministry of Medical Sciences Ministry of Youth and Sports Community-based organizations Faith-based organizations NGOs	Regular Resources DISTRIBUTION BY YEAR						
1)# of IPs implementing BCC strategies to promote maternal health including FP and prevention of FGM		National: NS Kilifi District: 0 Nairobi West District:0 Naivasha District: 0 Migori District: 0	National: NS Proposed: 2 IPs annually	\$11.4 million from regular resources								\$14.9 mill
2)# Sites offering GBV services.		NATIONAL 9 Kilifi District: 1 Nairobi West District: 1 Naivasha District: 1 Migori District: 0	National: NS Proposed: 2 sites annually	Other Resources DISTRIBUTION BY YEAR								
			\$3.5 million from other resources									

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)

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

Country programme outcome	Country programme output	Output indicators			Implementing Partners	Indicative resources by output (per annum, USUSD)					
						Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
	Output 5 Increased availability of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups	1)% of pregnant mothers attending ANC counselled and tested for HIV (PMTCT)	NATIONAL: 10 % Kilifi District: 70% Nairobi West District:: 52% Naivasha District:: 20% Migori District:: 43%	KNASP: NS NHSSP II: 50% Proposed: 90 %	United Nations system						
		2)# of young people, persons most at risk (CSW)receiving comprehensive HIV/STI services.	National: NS Kilifi District:: 0 Nairobi West District: 0 Naivasha District: 0 Migori District:: 0	KNASP: NS NHSSP II: NS Proposed: 1,000 annually							

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)

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

Country programme outcome	Country programme output	Output indicators			Implementing Partners	Indicative resources by output (per annum, USUSD)					
						Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
		3)# of Health Facilities providing Youth Friendly services(integrated FP/HIV/GBV services)	National: 15 Kilifi District: 3 Nairobi West District: 1 Naivasha District: 3 Migori District: 0	KNASP: NS NHSSP II: NS Proposed: 10 Health facilities per District.							

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)

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

Country programme outcome	Country programme output	Output indicators			Implementing Partners	Indicative resources by output (per annum, USUSD)					
						Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
<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>											
Country programme outcome	Country programme output	Output indicators			Implementing Partners	Indicative resources by output (per annum, USUSD)					
		Output Indicators	Baseline	Target		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total
<p>Outcome 3: 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><u>Outcome indicators:</u></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 	<p>Output 1: Improved coordination, monitoring, implementation and evaluation of gender-responsive population and reproductive health policies and programmes</p>	<p>1) Percentage of agencies that comply with established coordination mechanisms</p>	<ul style="list-style-type: none"> 30% (2008) Number of joint review meetings on Population and Development held (0-2008) 	<ul style="list-style-type: none"> 70% of agencies compliant At least 2 meetings held 	<p>Ministry of Planning, National Development & Vision 2030</p> <p>Community-based organizations;</p> <p>Faith-based organizations; NGOs; United Nations organizations Ministry of Planning, National Development & Vision 2030</p>	Regular Resources DISTRIBUTION BY YEAR					
		<p>2) Percentage of implementing agencies that comply with the monitoring and evaluation system</p>	<ul style="list-style-type: none"> 30% (2008) Tools developed for mainstreaming ICPD issues – <i>Kenya Youth dialogue tool (none 2008)</i> <i>-A sessional paper for a revised national population policy for sustainable development (none in 2008)</i> <i>-Indicators on PD & environment</i> 	<ul style="list-style-type: none"> 70% of agencies compliant Tools developed 		\$3.9 million from regular resources)					

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)

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

Country programme outcome	Country programme output	Output indicators			Implementing Partners	Indicative resources by output (per annum, USUSD)						
						Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Total	
health ● Number of annual reports on Vision 2030 with gender-sensitive data	Output 2: Improved collection, analysis and dissemination of high-quality, gender-sensitive population and reproductive health data	3) Number of public institutions with the technical capacity to collect, analyze and disseminate high-quality, gender-sensitive population and health data	● 4 key public institutions with technical gaps for collection, analysis and dissemination of data (including data for emergencies) ● 2009 Population and Housing Census undertaken (Preparations in 2008) ● Number of districts with functional vital registration system (none 2008) ● Number of districts able to access and utilise IMIS (0-2008)	● Technical capacity strengthening for NCAPD, KNBS, PSRI, PAK ● Timely production of 2009 Population and Housing Census report ● At least 4 districts ● At least 4 districts	Community-based organizations; Faith-based organizations; NGOs United Nations organizations	Other Resources DISTRIBUTION BY YEAR						
		4) Number of type and reports providing data on ICPD-related issues	● Number of socio-cultural demographic and RH researches/surveys conducted, produced and disseminated	● At least 2 researches/surveys		\$2.5 million from other resources						
		5) % Compliance with dissemination schedule	● Schedule to be developed (2008)	● 100% compliance with the schedule developed								

	Output 8: Improved advocacy for the reproductive rights of women and adolescent girls, male participation in reproductive health, and the elimination of harmful practices, particularly FGM/C	<ul style="list-style-type: none"> ●Number of additional facilities/institutions and frameworks responding to gender based discrimination and GBV in emergency and post-emergency situations 	<ul style="list-style-type: none"> ●Enactment of and implementation of legislation and policies for GBV and Gender Equality-SOA not operationalised, pending equality legislation and policy & constitutional review (2008) 	<ul style="list-style-type: none"> ●Sexual Offences Act operationalised ●Pending equality legislation accelerated 		Other Resources DISTRIBUTION BY YEAR						
		<ul style="list-style-type: none"> ●Existence of an operational strategic framework to address GBV 	<ul style="list-style-type: none"> ●Strategic Framework under development (2008) 	<ul style="list-style-type: none"> ●National GBV Strategic Framework adopted/implemented 		\$1 million from other resources)						
		<ul style="list-style-type: none"> ●Number of social safety nets related to FGM/C by location and type 	<ul style="list-style-type: none"> ●Communities mobilised to respond to GBV/FGM/C in four programme districts (Baseline study to be undertaken) 	<ul style="list-style-type: none"> ●At least one safety net in each of the programme districts 								Total for program coordination and assistance \$26.2 mil
		<ul style="list-style-type: none"> ●Existence of a national strategy to address FGM/C 	<ul style="list-style-type: none"> ●Draft strategy is in place (2008) 	<ul style="list-style-type: none"> ●A national strategy on FGM/C adopted and operationalised 								
		<ul style="list-style-type: none"> ●Number of programme districts with male involvement programmes on SRHR 	<ul style="list-style-type: none"> ●No established male involvement programmes in programme districts for SRHR (Baseline study to be undertaken) 	<ul style="list-style-type: none"> ●100% of programme districts with male involvement programmes on SRHR 								

ANNEX II: GOK/UNFPA CPAP PLANNING AND TRACKING TOOL

RESULTS	OUTCOME AND OUTPUT INDICATORS	MEANS OF VERIFICATION (MOV)	RESPONSIBLE PARTY	BASELINE AND TARGETS	
				BASELINE (2009)	TARGET (2013)
REPRODUCTIVE HEALTH AND RIGHTS PROGRAMME COMPONENT					
UNDAF OUTCOME 2.1 Increased equitable access and use of quality essential social services and protection services with a focus on vulnerable groups					
UNDAF OUTCOME 2.3 Evidence-informed and Harmonized National HIV Response is Delivering Sustained Reduction in New Infections, Scaled Up Treatment, Care, Support, and Effective Impact Mitigation					
Outcome 1 Increased utilization of equitable, efficient and effective health services particularly for vulnerable population	Contraceptive Prevalence Rate	▪ KDHS	▪ KNBS	▪ 39 per cent	▪ 42 per cent
	Per cent of deliveries by skilled attendants	▪ KDHS	▪ KNBS	▪ 42 per cent	▪ 80 per cent
	Percent of budget allocated to maternal health services including GBV	▪ MTP ▪ MTEFs	▪ MOPH&S ▪ MOMS	▪ 1.6 per cent	▪ 2.2 per cent
Output 1: Maternal health services, including prevention and management of fistula, are available especially to young people and vulnerable groups in selected districts.	Number of health facilities providing Basic and Comprehensive Essential Obstetric Care per population	▪ Programme Reports	▪ UNFPA, IPs	▪ BEOC - 78 per cent ▪ CEOC - TBD	▪ BEOC - 100 per cent ▪ CEOC - 100 per cent
	Number of Obstetric Fistula clients successfully operated and reintegrated back into the community	▪ Programme Reports	▪ UNFPA, IPs	▪ TBD	▪ 300 Obstetric Fistula clients repaired and reintegrated
Output 2: Increased gender and culturally sensitive behaviour change interventions for maternal health including family planning and fistula management.	Per cent of population in programme districts reached with maternal health/family planning messages	▪ Programme Reports	▪ UNFPA, IPs	▪ Inadequate maternal health/FP messages reaching the targeted districts	▪ 100 per cent of targeted population in selected districts reached with maternal health/FP messages
	Number of partners implementing behaviour change communication strategies to promote maternal health, including family planning and the prevention of female genital mutilation/cutting	▪ Programme Reports	▪ UNFPA, IPs	▪ TBD	▪ TBD
Outcome 1 Equitable and universal access to high-quality prevention, treatment, care and support services for HIV, including the protection of human rights	Percent of condom use	▪ KDHS ▪ KAIS	▪ KNBS ▪ NACC	▪ 77 per cent	▪ 85 per cent
	HIV Prevalence Rate in urban and rural areas	▪ KAIS	▪ MOPH&S	▪ 8.9 per cent (Urban) ▪ 7.0 per cent (Rural)	▪ 6.9 per cent (Urban) ▪ 5.0 per cent (Rural)
Increased availability of high-quality services to prevent HIV and sexually transmitted infections, especially for women, young people and other vulnerable groups	Number of health institutions (sites) providing high quality, youth friendly services to prevent HIV and sexually transmitted infections	▪ Annual Reports	▪ MOPH&S ▪ MOMS	▪ TBD	▪ An additional 10 sites providing youth friendly services in target districts
	Number of young people and persons most at risk (married/discordant couples, CSW, MSM) receiving comprehensive services to prevent HIV and STIs per year	▪	▪	▪ TBD	▪ 15,000 young people and persons most at risk receiving comprehensive services to prevent HIV and STIs per year
	Number of new youth friendly centres (YFCs) providing male and female condoms	▪ Annual Reports	▪	▪ Nil	▪ Ten (10) new YFCs providing male and female condoms

DPP/PA/DC/PI/EN/78

POPULATION AND DEVELOPMENT PROGRAMME COMPONENT

UNDAF OUTCOME 1.1

Democratic Governance and Human Rights, including Gender Equality Progressively enhanced

<p>CP Outcome 1: Population dynamics and the linkages with gender equality, SRH, HIV and AIDS and vulnerable groups incorporated in public policies and programmes, poverty reduction plans and strategies and expenditure frameworks</p>	<p>National and sectoral development plans that incorporate population dynamics, RH, HIV/AIDS and gender equality.</p>	<ul style="list-style-type: none"> ▪ MTP II (2013- 2017) ▪ Sectoral development plans ▪ NCAPD & KNBS strategic plans 	<ul style="list-style-type: none"> ▪ MOSPND&V2 030 ▪ MOGCSD ▪ MOPH&S ▪ MOMS ▪ NCAPD ▪ KNBS ▪ NEMA 	<ul style="list-style-type: none"> • One MTP II, 4 sectoral plans, and 3 strategic plans (NCAPD, NEMA & KNBS) not developed 	<ul style="list-style-type: none"> ▪ One MTP II, 4 sectoral plans, and 2 strategic plans (NCAPD, NEMA & KNBS) developed
	<p>Resources allocated to ICPD activities in relevant sectors</p>	<ul style="list-style-type: none"> ▪ Printed estimates by GoK ▪ ICPD Financial Resource Flows survey report 	<ul style="list-style-type: none"> ▪ MoF ▪ KNBS 	<ul style="list-style-type: none"> ▪ TBD – get actual amounts for PD, RH&R and GE 	<ul style="list-style-type: none"> ▪ Projection of printed estimates
	<p>Number of annual reports on Vision 2030 with gender disaggregated / sensitive data.</p>	<ul style="list-style-type: none"> ▪ Annual progress reports of MTP ▪ MTP mid-term report 	<ul style="list-style-type: none"> ▪ MOSPND&V2 030 	<ul style="list-style-type: none"> ▪ Annual and mid-term reports not prepared 	<ul style="list-style-type: none"> ▪ 6 annual reports
<p>Output 1: Improved coordination, monitoring implementation and evaluation of gender-responsive population and reproductive health policies and programmes.</p>	<p>Percentage of agencies that continuously comply with the established coordination mechanisms</p>	<ul style="list-style-type: none"> ▪ NCAPD annual report 	<ul style="list-style-type: none"> ▪ NCAPD 	<ul style="list-style-type: none"> ▪ 30% 	<ul style="list-style-type: none"> ▪ 70 per cent of agencies that are continuously compliant with the established coordination mechanisms
	<p>Percentage of implementing agencies that continuously comply with the monitoring and evaluation system.</p>	<ul style="list-style-type: none"> ▪ NCAPD annual report 	<ul style="list-style-type: none"> ▪ NCAPD 	<ul style="list-style-type: none"> ▪ 30% 	<ul style="list-style-type: none"> ▪ 70 per cent continuously compliant with the monitoring and evaluation system.
<p>Output 2: Improved systematic collection, analysis and dissemination of quality gender-sensitive population and reproductive health data.</p>	<p>Number of public institutions with technical capacity to collect, analyze and disseminate quality gender-sensitive population and health data.</p>	<ul style="list-style-type: none"> ▪ Programme annual reports 	<ul style="list-style-type: none"> ▪ NCAPD ▪ KNBS ▪ PSRI ▪ PAK 	<ul style="list-style-type: none"> ▪ The four public institutions have technical capacity gaps for collection, analysis and dissemination of data 	<ul style="list-style-type: none"> ▪ NCAPD, KNBS, PSRI and PAK strengthened with technical capacity
	<p>Number and type of reports providing data on ICPD related issues</p>	<ul style="list-style-type: none"> ▪ 2009 census reports 	<ul style="list-style-type: none"> ▪ KNBS 	<ul style="list-style-type: none"> ▪ Census not undertaken 	<ul style="list-style-type: none"> ▪ (12) 2009 Population and Housing Census Reports
	<p>Percentage compliance with dissemination schedule</p>	<ul style="list-style-type: none"> ▪ Dissemination reports 	<ul style="list-style-type: none"> ▪ KNBS 	<ul style="list-style-type: none"> ▪ Schedules not yet developed 	<ul style="list-style-type: none"> ▪ 100 per cent compliance with the dissemination schedule

DP/PPA/DCP/KEN/7

GENDER EQUALITY PROGRAMME COMPONENT

UNDAF OUTCOME 1.1

Democratic Governance and Human Rights, including Gender Equality Progressively enhanced

CP OUTCOME 1.1.3 Gender equality and empowerment of women enhanced	Prevalence of Gender-based violence	▪ KDHS	▪ KNBS	▪ 48.7 percent (2003)	▪ 20 per cent
	Number of Parliamentarians /parliamentary associations advocating for gender equality	▪ An Analysis Report	▪ KPNPD/KEW OPA	▪ 2 Associations	▪ 30 per cent increase
	FGM/C prevalence rate	▪ KDHS	▪ KNBS	▪ 32 per cent	▪ 20 per cent
	Percent of GOK budget allocated towards gender mainstreaming	▪ Printed GOK budget Estimates	▪ Min of Gender /NCGD	▪ 0.1% (2008)	▪ 0.2 percent
Output 6: Increased access to accurate and appropriate information and services on sexual and gender-based violence including in emergency and post-emergency situations.	Proportion of the Gender policy/action plan implemented.	▪ MTR and End term Evaluation reports	▪ Ministry of GCSD	▪ 0%	▪ 10 per cent of the action plan implemented
	Frequency of media reportage on Gender issues	▪ Media content analysis reports	▪ KEMEP	▪ (Low media reportage < 10 features per month)	▪ 10 features per month
	Existence of an operational gender M&E framework	▪ M&E Reports	▪ Ministry of GCSD	▪ No M&E framework	▪ GOK/UNFPA 7th CP component reports in the M&E framework
Output 7: Enhanced institutional mechanisms to promote accelerated reduction and response of gender based violence and discrimination, particularly among the marginalized populations and during humanitarian crisis.	Number of facilities and institutions providing services to GBV survivors	▪ Annual Reports ▪ Field visits M&E Reports	▪ NCGD	▪ Low No. <2 providing comprehensive GBV response	▪ At least 5 institutions for comprehensive GBV response
	Number of additional facilities / institutions and frameworks responding to GBV in emergency and post emergency situations	▪ Field visits M&E Reports	▪ NCGD	▪ Pending enactment and implementation of legislation and policies for GBV and gender Equality (eg Sexual Offences Act)	▪ Sexual Offences Act operationalised, Gender Equality legislation accelerated
	Existence of an operational strategic framework to address GBV	▪ Strategic Framework to address GBV	▪ NCGD	▪ Strategic framework to address GBV under development	▪ GBV Strategic framework adopted and implemented
Output 8: Improved advocacy for women and adolescent girl's reproductive rights, male participation in reproductive health and elimination of harmful practices, particularly FGM/C.	Number of social safety nets related to female genital mutilation/cutting by type and location	▪ Programme /baseline survey reports in selected districts	▪ Ministry of GCSD	▪ No baseline data	▪ At least one social safety net in the 4 programme districts
	Existence of a national strategy to address FGM/C	▪ A National FGM/C strategy	▪ Ministry of GCSD	▪ The strategy under development	▪ Strategy adopted implemented
	Number of districts with male involvement programmes on SRHR	▪ Programme reports	▪ NCGD	▪ No baseline	▪ At least 4 districts with male involvement programmes of SRHR

D/PEHA/DCP/KEW/7

ANNEX III: GOK/UNFPA 7TH CP MONITORING AND EVALUATION CALENDAR

	Year 1 (2009)	Year 2 (2010)	Year 3 (2011)	Year 4 (2012)	Year 5 (2013)	
M&E ACTIVITIES	<p>SURVEYS / STUDIES</p> <p><u>Activity:</u> Population and Housing Census <u>Focus:</u> Data collection and dissemination <u>Partners:</u> GOK, KNBS, DPs <u>Time:</u> August</p> <p><u>Activity:</u> Kenya Service Provision Assessment (KSPA) <u>Focus:</u> Health Service Provision <u>Partners:</u> NCAPD, KNBS, DPs <u>Time:</u> To be determined</p>	<p><u>Activity:</u> 2nd Kenya AIDS Indicator survey <u>Focus:</u> HIV and AIDS <u>Partners:</u> GOK, DPs <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Kenya Household Budget Survey <u>Focus:</u> Poverty <u>Partners:</u> GOK, DPs <u>Time:</u> To be determined</p>		<p><u>Activity:</u> Kenya Demographic and Health Survey <u>Focus:</u> Demographic and Health Variables <u>Partners:</u> GOK, DPs <u>Time:</u> To be determined</p>	
	<p>MONITORING SYSTEMS</p> <p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in AWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOK, IPs, UNS <u>Time:</u> November-December</p> <p><u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> PCM & UNFPA CO <u>Time:</u> Quarterly</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in AWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOK, IPs, UNS <u>Time:</u> November-December</p> <p><u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> PCM & UNFPA CO <u>Time:</u> Quarterly</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in AWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOK, IPs, UNS <u>Time:</u> November-December</p> <p><u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> PCM & UNFPA CO <u>Time:</u> Quarterly</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in AWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOK, IPs, UNS <u>Time:</u> November-December</p> <p><u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> PCM & UNFPA CO <u>Time:</u> Quarterly</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in AWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOK, IPs, UNS <u>Time:</u> November-December</p> <p><u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> PCM & UNFPA CO <u>Time:</u> Quarterly</p>	
	<p>EVALUATIONS</p>			<p><u>Activity:</u> Joint evaluation missions <u>Focus:</u> NHSSP II evaluation <u>Partners:</u> GoK and development partners <u>Time:</u> To be determined</p>	<p><u>Activity:</u> UNDAF Evaluation <u>Focus:</u> Programme Performance <u>Partners:</u> UNS & GOK <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Final Evaluation of 7th CP <u>Focus:</u> Programme Performance <u>Partners:</u> GoK, IPs, UNFPA CO <u>Time:</u> 2nd Quarter</p>
	<p>REVIEWS</p>	<p><u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> NCAPD, DRH, IPs, UNFPA <u>Time:</u> 4th Quarter</p>	<p><u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> NCAPD, DRH, IPs, UNFPA <u>Time:</u> 4th Quarter</p>	<p><u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> NCAPD, DRH, IPs, UNFPA <u>Time:</u> 4th Quarter</p>	<p><u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> NCAPD, DRH, IPs, UNFPA <u>Time:</u> 4th Quarter</p>	<p><u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> NCAPD, DRH, IPs, UNFPA <u>Time:</u> 4th Quarter</p>

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		Year 1 (2009)	Year 2 (2010)	Year 3 (2011)	Year 4 (2012)	Year 5 (2013)
	SUPPORT ACTIVITIES	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOK, IPs, UNFPA CO <u>Time:</u> Bi-Annual	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOK, IPs, UNFPA CO <u>Time:</u> Bi-Annual	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOK, IPs, UNFPA CO <u>Time:</u> Bi-Annual	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOK, IPs, UNFPA CO <u>Time:</u> Bi-Annual	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOK, IPs, UNFPA CO <u>Time:</u> Bi-Annual
PLANNING REFERENCES¹	UNDAF FINAL EVALUATION MILESTONES	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> UNDG Excom <u>Time:</u> November	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> UNDG Excom <u>Time:</u> November	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> UNDG Excom <u>Time:</u> November	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> UNDG Excom <u>Time:</u> November	<u>Activity:</u> Final UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> UNDG Excom <u>Time:</u> November
	M&E CAPACITY-BUILDING	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOK, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOK, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOK, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOK, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOK, IPs, UNFPA CO & HQ <u>Time:</u> To be determined

¹ This section of the calendar includes a range of activities, events or milestones that UNFPA considers significant for its monitoring and evaluation activities.

	Year 1 (2009)	Year 2 (2010)	Year 3 (2011)	Year 4 (2012)	Year 5 (2013)
USE OF INFORMATION	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> November-December</p> <p><u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> November-December</p> <p><u>Activity:</u> Preparation of AWP's <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoK <u>Time:</u> Nov-Dec</p>	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> November-December</p> <p><u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> November-December</p> <p><u>Activity:</u> Preparation of AWP's <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoK <u>Time:</u> Nov-Dec</p>	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> November-December</p> <p><u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> November-December</p> <p><u>Activity:</u> Preparation of AWP's <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoK <u>Time:</u> Nov-Dec</p>	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> November-December</p> <p><u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> November-December</p> <p><u>Activity:</u> Preparation of AWP's <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoK <u>Time:</u> Nov-Dec</p>	<p><u>Activity:</u> CPD Development (8th CP) <u>Focus:</u> Strategic Direction for the next 5 years <u>Partners:</u> GoK, IPs UNFPA HQ UNFPA CO <u>Time:</u> March</p> <p><u>Activity:</u> CPAP Development <u>Focus:</u> Operationalization of CPD <u>Partners:</u> GoK, IPs UNFPA HQ UNFPA CO <u>Time:</u> March - October</p> <p><u>Activity:</u> Preparation of AWP's <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoK <u>Time:</u> Nov-Dec</p> <p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> November-December</p> <p><u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> November-December</p>

	Year 1 (2009)	Year 2 (2010)	Year 3 (2011)	Year 4 (2012)	Year 5 (2013)
PARTNER ACTIVITIES	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NACC, NASCOP, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Health Summit <u>Focus:</u> Health <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MPND& Vision 2030 <u>Time:</u> May</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NACC, NASCOP, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Health Summit <u>Focus:</u> Health <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MPND& Vision 2030 <u>Time:</u> May</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NACC, NASCOP, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Health Summit <u>Focus:</u> Health <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MPND& Vision 2030 <u>Time:</u> May</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NACC, NASCOP, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Health Summit <u>Focus:</u> Health <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MPND& Vision 2030 <u>Time:</u> May</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NACC, NASCOP, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Health Summit <u>Focus:</u> Health <u>Partners:</u> MOPH&S, MOMS, DPs <u>Time:</u> 3rd Quarter</p> <p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MPND& Vision 2030 <u>Time:</u> May</p>