UNFPA partners with governments, other agencies and civil society organizations to advance UNFPA’s mission. Two frameworks guide its efforts:

1. The Program of Action adopted at the 1994 International Conference on Population and Development (ICPD), and;
2. The Millennium Development Goals (MDGs) eight (8) targets to reduce extreme poverty by 2015. Since the date for achieving these goals and targets is fast approaching, work is being accelerated to analyze successes, galvanize support and redouble efforts.

UNFPA’s GOALS

1. To achieve universal access to sexual and reproductive health (including family planning);
2. To promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and MDG 5 (to reduce the maternal mortality ratio);
3. To improve the lives of youths and women by advocating for human rights and gender equality;
4. To promote the understanding of population dynamics, which includes growth rates, age structure, fertility, mortality and migration. These have an effect on every aspect of human, social and economic progress.
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In 2012, the close collaboration between the United Nations Population Fund (UNFPA) and the Government of Kenya (GoK) brought to bear the launch of Sessional Paper No. 3 of 2012 on Population Policy for National Development. This Population Policy succeeds Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development that guided implementation of population programs up to 2010.

The Population Policy for National Development was developed by the National Council for Population and Development (NCPD), a semi-autonomous Government agency under the Ministry of State for Planning, National Development and Vision 2030. The Policy will contribute to the realization of Vision 2030 as it aims to attain high quality of life for the people of Kenya by managing population growth to a level that can be sustained with the available resources.

Another key highlight was when the Ministry of Public Health and Sanitation and that of Medical Services reviewed and revised past strategic plans. They then developed the Kenya National Health Sector Strategic Plan III and the Second Medium Term Plan for Health. The drafts, which highlight Maternal and Newborn Health as priority intervention areas to be addressed in the coming years, are expected to be approved in 2013. The two plans will make enormous contribution towards transformation of Kenya into a prosperous nation.

At the international arena, Kenya demonstrated it was a strong advocate for Sexual Reproductive Health and Rights. With the commitments made at the London Summit on Family Planning (July 2012), Kenya agreed to protect individuals’ rights to quality reproductive health care, including family planning information, services and supplies as entrenched in the Constitution of Kenya 2010. The Government’s budgetary allocation to family planning has grown from US $2.5 million in 2005-2006 to US $6.6 million in 2012-2013.

The Kenya Government is working closely with UNFPA and other development partners to secure increased financing for family planning commodities and services. The target is to increase contraceptive prevalence rate from 46 percent to 56 percent by 2015. In 2012, UNFPA ensured there was no condom stock-out by promptly procuring for the Government of Kenya 82,080,000 male and 1,700,000 female condoms for distribution by the Kenya Essential Medical Supply Agency (KEMSA).

As this report will show, UNFPA played an important role in 2012 in supporting Kenya to enhance its Sexual Reproductive Health and Rights (SRH-R) legislative and policy environment.
by strengthening services as well as promoting gender equality and women empowerment. The office assisted with collecting, analyzing and disseminating data on population and development to enable informed planning and decision making.

UNFPA also focused on helping the most vulnerable, in particular adolescents, youth and women of reproductive age in the remote rural areas, informal settlements within the city as well as refugee camps of Dadaab and Kakuma. Cultural sensitivity was ensured in UNFPA programming as evidenced by its engagement with Muslim leaders in developing family planning messages for the youth in their communities.

UNFPA continuously worked through its partners to support their capacity development. It also worked with UN agencies and other development partners to promote coherence and aid effectiveness in its programming.

The UNFPA Kenya Country Office takes pride in the progress Kenya made in 2012. We reiterate our continued support to Kenya in maintaining and advancing development gains as well as protecting the most vulnerable, especially women, adolescents and youth, as the devolution process takes root. We are also preparing for a new United Nations Development Assistance Framework (UNDAF) in our 8th Country Program as we move into a UN Delivering as One modality.

While we prayed in earnest for peaceful, free and fair elections, UNFPA Kenya pre-positioned itself for humanitarian response in the unlikely scenario that post-election violence erupted. To this end, Reproductive Health Kits were procured and distributed to potential hot spots while capacity building continues to be carried out to ensure timely, efficient and effective response, if and when required.

In 2013, UNFPA will work closely with other UN agencies to develop the next UNDAF within the context of Delivering as One (DaO) as well as a Country Program Document for 2014-2018. We look forward to continued collaboration with the Government of Kenya; our key partners in civil society; the private sector; and development partners.

Dr. Benjamin O. Alli
Officer in Charge
UNFPA Kenya Country Office
Kenya is situated on the eastern part of the African continent. The country lies between 5 degrees north and 5 degrees south latitudes and between 24 and 31 degrees east longitude. It is almost bisected by the Equator. Kenya is bordered by Ethiopia (north), Somalia (northeast), Tanzania (south), Uganda and Lake Victoria (west), and Sudan (northwest). It is bordered on the east by the Indian Ocean. The 536-kilometre coastline, which contains swamps of East African mangroves and the port in Mombasa, enables the country to trade easily with other countries.

The country falls into two regions: lowlands, including the coastal and Lake Basin, and highlands, which extend on both sides of the Great Rift Valley. Rainfall and temperatures are influenced by altitude and proximity to lakes or ocean. The climate along the coast is tropical with rainfall and temperatures being high throughout the year. There are four seasons in a year: a dry period from January to March, the long rainy season from March to May, followed by a long dry spell from May to October, and then the short rains between October and December.

The country is divided into eight provinces and 158 districts (as of the 2009 Population and Housing Census). It has a total area of 582,646 square kilometers of which 571,466 square kilometers form the land area. Approximately 80 percent of the area under land is arid or semi-arid, and only 20 percent is arable. The country has diverse physical features,
including the Great Rift Valley, which runs from north to south; Mount Kenya, the second highest mountain in Africa; Lake Victoria, the largest freshwater lake on the continent; Lake Nakuru, a major tourist attraction because of its flamingos; Lake Magadi, famous for its soda ash; a number of rivers, including Tana, Athi, Yala, Nzoia and Mara; and numerous wildlife reserves containing thousands of different animal species.

A former British colony, Kenya achieved self-rule in June 1963 and gained independence on December 12, 1963. Exactly one year later, Kenya became a republic. Various ethnic groups are distributed throughout the country. The major tribes include Kikuyu, Luo, Kalenjin, Luhya, Kamba, Kisii, Mijikenda, Somali and Meru.

English is the official language and Kiswahili is the national language. The main religions are Christianity and Islam.

**Population**

According to the Kenya National Bureau of Statistics, Kenya’s population was 10.9 million in 1969. By 1999 it had almost tripled to 28.7 million. The country’s population was projected to reach 39.4 million in 2009. Results of previous censuses indicate that the annual population growth rate was 2.9 percent per year during the 1989-1999 period, down from 3.4 percent reported for the 1979-1989 inter-censal period. Currently, growth is estimated to be about 2.8 percent.

The decline in population growth is a realization of the efforts called for by the National Population Policy for Sustainable Development (National Council for Population and Development, 2000), one of UNFPA’s key Government partners, and also as a result of the decline in fertility rates over recent decades.
Fertility levels have declined from 8.1 births per woman in the late 1970s to the current level of 4.6 births per woman. The decline in fertility levels is expected to be manifested in the age distribution of the country’s population. Mortality rates also have risen since the 1980s, presumably due to increased deaths from the AIDS pandemic, deterioration in health services and widespread poverty (National Council for Population and Development, 2000). The crude birth rate increased from 50 births per 1,000 population in 1969 to 54 per 1,000 in 1979 but declined to 48 and 41 per 1,000 in 1989 and 1999 respectively.

The crude death rate increased from 11 per 1,000 population in 1979-1989 to 12 per 1,000 for the period 1989-1999. The infant mortality rate, which had steadily decreased from 119 deaths per 1,000 live births in 1969 to 88 deaths per 1,000 live births in 1979, and then to 66 deaths per 1,000 live births in 1989, increased briefly in 1999 to 77 per 1,000 but then resumed its decline in 2009.

**Economy**

The Kenyan economy is predominantly agricultural with a strong industrial base. There has been a gradual decline in the share of the Gross Domestic Product (GDP) attributed to agriculture, from over 30 percent during the period 1964-1979 to 25 percent in 2000-2002. The agricultural sector directly contributed 22 percent and 23 percent of the GDP in 2007 and 2008 respectively.

The performance of the Kenyan economy since the country became independent has been mixed. In the first decade after the country’s independence, the economy grew at an average of seven percent per annum, with the growth being attributed to expansion in the manufacturing sector and an increase in agricultural production. Since then, there has been a consistent decline in the economy, which reached its lowest GDP growth level of about 0.2 percent in 2000.
The consistently poor growth performance has failed to keep pace with population growth. The poor growth of the economy has contributed to deterioration in the overall welfare of the Kenyan population.

Similarly, the economy has been unable to create jobs at a rate to match the rising labor force.

Kibera is one of Nairobi's informal settlements. The Kenyan economy has been unable to create jobs to match the rising population.
The level of knowledge of female and male sterilization and of the IUD has declined since 2003, while knowledge of implants and withdrawal has increased slightly.

Slightly less than half of married women (46%) in Kenya are using a method of family planning. Most are using a modern method (39% of married women), but six percent use a traditional method. Injectables are by far the most commonly used contraceptive method; they are used by 22 percent of married women, while pills are used by seven percent of women. Female sterilization and periodic abstinence are each used by about five percent of married women.

Contraceptive use has increased since 2003, from 39 to 46 percent of married women. Between 2003 and 2008-2009, use of modern methods increased from 32 to 39 percent of married women, while use of traditional methods over the same period actually decreased from eight to six percent of married women.

Contraceptive use increases with level of education — 14 percent use among married women with no education to about 60 percent among women with at least some secondary education. Urban women (53%) are more likely to use contraception than rural women (43%).

In Kenya, public (Government) facilities provide contraceptives to more than half (57%) of modern method users, while 36 percent are supplied through private medical sources, and six percent are supplied through other sources.
About 44 percent of births in Kenya are delivered under the supervision of a health professional, mainly a nurse or midwife. Traditional birth attendants continue to play a vital role in delivery, assisting with 28 percent of births. Relatives and friends assist in 21 percent of births.

One-quarter of currently married women in Kenya have an unmet need for family planning, which has remained unchanged since 2003. Unmet need is evenly split between women who want to wait two or more years before having their next child (spacers) and those who want no more children (limiters).

Maternal Health

About 92 percent of women in Kenya receive antenatal care from a medical professional, either from doctors (29%) or nurses and midwives (63%). The 2008-2009 data indicates a slight increase since 2003 in medical antenatal care coverage, from 88 percent to 92 percent.

Almost three in four births are protected against tetanus.

Two out of five births (43 percent) are delivered in a health facility, while 56 percent are delivered at home. This represents a slight improvement in the proportion of births occurring at a health facility, from 40 percent in 2003 to 43 percent in 2008-09.

Overall, more than one in three women (36%) discontinue use within 12 months of adopting a method. The 12-month discontinuation rates for injectables (29%) and periodic abstinence (33%) are lower than the rates for the pill (43%) and for the male condom (59%).
The proportion of births assisted by medically trained personnel increased slightly since 2003. Only six percent of births are delivered by Caesarean section, a slight increase from 2003.

Maternal morbidity is at 488 per 100,000 live births.

Breastfeeding is nearly universal in Kenya; 97 percent of children are breastfed.

### Population and Family Planning Policies and Programs

- Owing to its high fertility and declining mortality, Kenya is characterized by a youthful population.
- About 43 percent of the population is younger than 15 years.
- Over three-fifths of Kenya's population (or about 25 million people as at 2009) are less than 25 years old. Kenya faces the formidable challenge of providing its youth with opportunities for a safe, healthy and economically productive future.
- The infant mortality rate (deaths per 1,000 live births) reduced from 71 in 1998 to 67 by 2005 and to 63 by 2010. The Government target is to reduce this further to 25 by the year 2015.
- The under-five mortality rate (deaths per 1,000 live births) reduced from 112 in 1998 to 104 by 2005 and to 98 by 2010. The Government target is to reduce this further to 33 by 2015.
- The maternal mortality rate (deaths per 100,000 live births) reduced from 590 in 1998 to 230 by 2005 and to 170 by 2010. The Government target is to reduce this further to 147 by 2015.
- The crude death rate at 12 per 1,000 reduced to about nine by 2010. There is a decline in life expectancy at birth for both sexes, from age 58 in 1995 to age 53 in 2010;
- Kenya's population growth rate stabilized at 2.9 percent by 2010.
Total Fertility Rate

- Kenya’s fertility rates, which had stagnated in the late 1990s, have somewhat declined. The current total fertility rate (TFR) of 4.6 children per woman is lower than the rate of 4.9 derived from the 2003 Kenya Demographic Health Survey (KDHS) and the rate of 5.0 from the 1999 Population and Housing Census.

- However, the total fertility rate is considerably higher in the rural areas (at 5.2 children per woman) than in the urban areas (2.9 children per woman). Fertility is lowest in Nairobi Province (2.8 children per woman) and highest in North Eastern Province (5.9 children per woman). Fertility in Central Province is also relatively low (3.4) compared with Western (5.6) and Nyanza (5.4) provinces.

- Education of women is strongly associated with low fertility. The total fertility rate decreases dramatically from 6.7 for women with no education to 3.1 for women with at least some secondary education. Over time, fertility has actually increased among women with no education and has only declined among those with primary incomplete education.

- Despite a relatively high level of contraceptive use, unplanned pregnancies are common in Kenya. Overall, 17 percent of births in Kenya are unwanted, while 26 percent are mistimed (wanted later).

- The proportion of currently married women who want another child soon has declined slightly (from 16% to 14%), as has the proportion who want another child later in life (from 29% to 27%). The proportion of married women who either want no more children or who have been sterilized increased from 49 percent in 2003 to 54 percent in 2008-2009. The mean ideal family size among currently married women has declined from 4.3 to 4.0.
Gender-Based Violence

- About 39 percent of women have experienced violence since they were 15. The main perpetrators are husbands, and to a lesser extent, teachers, mothers, fathers and brothers.

- About 30 percent of ever-married women have experienced emotional violence by husbands, 37 percent physical violence and 17 percent sexual violence.

- Almost half (47%) of ever-married women have suffered emotional, physical or sexual violence, while 10 percent have experienced all three forms of violence by their current or most recent husband.

- Alcohol abuse has been blamed as one of the main reasons for marital violence. About 53 percent of Kenyan women and 44 percent of men agree that some level of wife beating is justified.

- There has been a gradual decline in the proportion of Kenyan women who are circumcised, from 38 percent in 1998 to 32 percent in 2003 and to 27 percent in 2008-2009.
UNFPA was established in Kenya in 1972 and has since implemented various five-year programs. It is now in the final year of the seventh country program (7CP) which covers the period 2009-2013. In the last 35 years, Kenya has responded to the priority needs of Government as articulated in the Medium Term Plan of Vision 2030 and various development policies. It has also covered broad areas of reproductive health, population and development as well as gender equality.

UNFPA has established good donor relations and has been successful in mobilizing forecasted non-regular resources for its programming. UNFPA is a member of the Development Partners for Health in Kenya (DPHK), Inter-agency Coordinating Committees (Family Planning, Reproductive Health, HIV and AIDS). During the current program period, UNFPA Kenya has supported activities in focus geographical areas. UNFPA implements its programs in close partnership with Government, development partners, academia, civil society organizations, faith-based organizations and communities it is working in.

UNFPA support in the country is provided in the context of the national planning strategy popularly known as Kenya Vision 2030, in line with the United Nations Development
UNFPA in Kenya

UNFPA Officer in Charge Dr. Benjamin O. Alli (right) with UNFPA Assistant Representative (Reproductive Health) Dr. Stephen Wanyee (left) during a tour of a model health center that UNFPA supports in Kilifi County, Coast Province.

Assistance Framework (UNDAF) to advance the International Conference on Population and Development (ICPD) agenda and the achievement of the Millennium Development Goals (MDGs).

UNFPA supports national capacity and increases access to basic services so as to contribute to national efforts aimed at improving the quality of life of Kenyans, with emphasis on reproductive health and rights, population and development, and gender equality. It works closely with ministries of Public Health and Sanitation and that of Medical Services to improve the policy environment that promotes reproductive health and rights. This also enables it to strengthen demand for reproductive health through a basket funding.

UNFPA Kenya supports provision of public sector reproductive health commodities and equipment including oral contraceptives and condoms, and
increased access to comprehensive reproductive health services. It also advocates for the rights of women and young people to access quality reproductive health services and information.

In promoting gender equality and women’s empowerment, UNFPA Kenya has been working with the Ministry of Gender, Children and Social Development, and the National Gender and Equality Commission to support the institutional mechanisms. In advancing gender equality, the engagement also seeks to promote and protect the rights of women and girls. Advocacy campaign against gender-based violence is done through the media and civil society organizations to support the process.

UNFPA contributes to population and development issues by increasing availability and utilization of age and sex disaggregated population data for policy formulation, plans and development strategies at national, sub-national and sectoral levels. UNFPA supported the 2009 National Population and Housing Census and also contributes to a better understanding of the demographic, social and economic dimension of HIV and AIDS epidemic and its impact on poverty.

UNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programs to reduce poverty and ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV. It also ensures that every girl and woman is treated with dignity and respect. The organization’s clarion call is: UNFPA — because everyone counts.

UNFPA works in partnership with governments, as well as with other agencies and civil society organizations to advance its mission. Two frameworks serve to focus its efforts: The Program of Action adopted at the International Conference on Population and Development (ICPD) in 1994 and the Millennium Development Goals, which the international development community committed itself to six years later.

The three core areas of UNFPA work — reproductive health, gender equality as well as population and development strategies — are inextricably related. Population dynamics, including growth rates, age structure, fertility, mortality and migration among others influence every aspect of human, social and economic development. Reproductive health and women’s empowerment powerfully affect, and are affected by population trends.

The UNFPA Kenya Country office needs to advance the implementation of the ICPD agenda within the context of Country Program Action Plan (CPAP) and UNDAF; and to produce user-friendly materials on key thematic areas and disseminate to the media, key stakeholders and public.

**UNFPA in Kenya**

UNFPA was established in Kenya in 1972 and has since implemented various five-year programs. It is now in the final year of the Seventh Country Program (7CP), which covers the period 2009-2013.
The goal of the 7th Country Program is to contribute to the improvement of the quality of life of the people of Kenya. Using capacity-building strategies, the program seeks to:

1. Build and promote the use of a knowledge base;
2. Reinforce advocacy and policy dialogue;
3. Expand and strengthen partnerships;

In line with the UNDAF and the ‘Delivering as One’ initiative, UNFPA is increasing joint programming. Areas of joint programming with other United Nations agencies and development partners include:

- HIV and AIDS
- Data collection and development of databases
- Gender equality
- Young people’s health and development
- Monitoring of the MDGs
- Access to Reproductive Health
- Female Genital Mutilation
- Humanitarian Response

The program addresses three components namely:

- Reproductive Health and Rights
- Population and Development
- Gender Equality

Achieve universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality, and accelerate progress on the ICPD agenda and MDG 5 (A&B)
Sexual and Reproductive Health and Rights

UNFPA believes that no woman should die while giving life. In this regard, UNFPA promotes safe motherhood, adolescent reproductive health, male involvement in reproductive health, HIV infection prevention as well as fistula treatment and prevention.

UNFPA collaborates with implementing partners to achieve the following objectives:

1. Increased availability of maternal and newborn health services to prevent and manage fistula, especially for young people and vulnerable groups in selected districts.

2. Increased gender-sensitive and culturally sensitive behavior change interventions for maternal health, including family planning, fistula management and services to prevent female genital mutilation/cutting.

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

UNFPA Kenya has been instrumental in the development of various policies in the area of reproductive health and has been instrumental in providing technical and financial support to the implementing partners. More particularly, UNFPA has continued close collaboration with the Ministry of Public Health and Sanitation through the Division of Reproductive Health.

Collaboration between UNFPA Kenya and Muslim religious leaders

At the beginning of the year, UNFPA initiated a project to address contraceptive uptake among communities practicing Islam by working closely with religious leaders, who are critical in informing the faithful’s thinking. This was after it was realized that Contraceptive Prevalence Rate (CPR) among Muslims in Kenya is very low. For instance, in North Eastern Province, an area dominated by Muslims, Contraceptive Prevalence Rate stands at four percent against the national average of 46 percent. The low uptake of contraceptives is attributed to
numerous myths and misconceptions about the services.

To increase the understanding of family planning among the Muslim community, UNFPA organized a three-day national dialogue with the religious leaders to discuss the relationship between family planning and Islam. The meeting drew Muslim religious leaders from all over the country.

The objective of the national dialogue was for religious leaders to understand the broader perspective of population management as a development agenda, to demystify myths and misconceptions about family planning within the context of Islam, and to agree on key messages that would be used in creating demand for family planning and broader reproductive health services.

The three day meeting was a huge success and concluded with the following recommendations:

1. That the term ‘child spacing’ be used in place of family planning when dealing with Muslims, as this is the terminology in Islam.
2. That involvement of Muslim religious leaders in various development issues is critical through existing structures such as the Constituency Development Fund (CDF) and hospital management boards among other institutions.
3. That since religious leaders are key in social mobilization in all matters pertaining to community interest such as health, education, leadership and governance, they should always be engaged to play their rightful role.
4. That health specialists should use religious forums to discuss maternal health.
5. That religious leaders should advocate more for girl child education at community level as they are key to improving family.
6. That there is need to have a national dialogue on youth reproductive health within the Islamic perspective since the current national programs are not context specific.

Following this meeting, the religious leaders discussed and drafted key messages on family planning that were endorsed by the Council of Scholars. These were later designed and printed in user friendly graphics. The religious leaders have been using these materials to engage the community on family planning issues at various forums.
UNFPA sponsors Study Tour to Egypt for Muslim religious leaders and scholars

Later in the year, UNFPA organized a four-day study tour of Egypt for Muslim religious leaders and scholars. The purpose of the study tour, which was hosted at the International Islamic Center for Population Studies and Research at the Al Azhar University in Egypt, was to enable the team learn more about family planning within the context of Islam.

During the study tour, Muslim leaders and scholars learnt more about institutional arrangements for the support of family planning at national and sub-national level. They gained an in-depth understanding of policies and practices underpinning quality comprehensive family planning service provision and were able to appreciate the role of religious leaders in improving access to family planning.

Similarly, the Kenyan Muslim leaders and scholars were able to interact with other Islamic scholars and leaders. They got to hear from great Muslim scholars on the theological perspective of family planning. In addition, the leaders and scholars shared experiences on the different approaches used at community level to scale up quality, comprehensive family planning services.

The religious leaders have since then been working closely with respective reproductive health coordinators. They are now playing a key role at the community level to demystify myths and misconceptions about family planning among Muslims.
UNFPA initiated a project in collaboration with Pharm Access Africa Limited (PAAL) as part of the broader Public-Private partnership. This project was a scale up of the Kenya Urban Reproductive Health Initiative (KURHI) project, and involved introducing a commodity short message service (SMS) reporting system to ensure commodity security in four UNFPA-supported districts. The initiative came from the realization that the Division of Reproductive Health in the Ministry of Public Health and Sanitation was unable to effect timely distribution to regional depots due to poor reporting practices.

The SMS reporting system proved to be an innovative platform as staff could report commodity status using their mobile phones by simply sending a text message. The pilot project succeeded in providing the Kenya Government with timely, accurate, complete and consistent reporting, which is key to an efficient family planning supply chain and Logistics Management Information System (LMIS).

Mobile phone-based technology is increasingly being applied to improve multi-sectoral service delivery. In Kenya, the applications stretch from banking to public information, allowing consumers to access services at the time and location of their choice, thereby increasing accessibility.
Unfpa Kenya scales up programming for the Most at Risk Populations (MARPs)

UNFPA Kenya is part of the Joint United Nations team supporting implementation of Kenya’s National AIDS Strategic Plan (KNASP) and is the lead agency on sex work programs within the framework of the division of labor. During the development of KNASP 3 (2009-2013), UNFPA Kenya joined other stakeholders and successfully lobbied for the inclusion of the Most At Risk Populations (MARPs), who include commercial sex workers (CSW), men who have sex with men (MSM), and intravenous drug users (IDU).

According to the Know Your Epidemic Study, commercial sex workers contributed about 14 percent of new infections, men who have sex with men contributed about 15 percent while intravenous drug users contributed about four percent.

Since the inclusion of MARPs in the UNFPA Kenya Strategic Plan, there has been a significant increase in the number of organizations targeting commercial sex workers. Inclusion of MARPs in the KNASP 3 facilitated allocation of additional resources and services needed to scale up interventions targeting this group.

Through the Ministry of Public Health and the National AIDS Control Council (NACC), a technical working group was established. The group meets on a monthly basis and is responsible for providing technical guidance to the implementation of programs targeting MARPs.

Under the MARPs program, UNFPA Kenya supported two implementing partners — International Center for Reproductive Health (ICRH) and Family Health Options of Kenya (FHOK) — to scale up sex work programs including counseling and testing, condom promotion, treatment of STIs and other minor ailments, initiation of antiretroviral therapy (ART) and alternative income generating activities.
Courtesy of the program, International Center for Reproductive Health established two drop-in centers for commercial sex workers in Kilifi town and Mtwapa in Coast Province, while Family Health Options of Kenya established a drop-in center in Kibera slums within Nairobi. Additionally, 100 peer educators were trained to provide education, counseling and testing to over 2,000 sex workers.

**UNFPA supports campaign to stop new HIV infections among children by 2015 and to keep Kenya’s mothers alive**

A national campaign to stop new HIV infections among children by 2015 and keep their mothers alive was launched on November 16, 2012 by Kenyan Minister for Public Health and Sanitation, Hon. Beth Mugo. The new initiative was part of a commitment made by Kenya at the 2011 United Nations General Assembly High Level Meeting on AIDS in New York, and marked an important milestone in the national AIDS program.

AIDS is the leading cause of all deaths in the country and contributes to 20 percent of maternal deaths and seven percent of all deaths in children aged five years and below. An estimated 13,000 children became newly infected with HIV in 2011. Kenya is one of the 22 countries listed as priority under the Global Plan which provides the foundation for country-led movements towards the elimination of new HIV infections among children and keeping their mothers alive.

The new campaign aimed at mobilizing citizens, especially women of reproductive age to access HIV prevention services. The Government of Kenya committed to improve the quality of HIV services available by providing all HIV-positive pregnant women with antiretroviral drugs. An estimated 13,000 children became newly infected with HIV in 2011. Kenya is one of the 22 countries listed as priority under the Global Plan which provides the foundation for country-led movements towards the elimination of new HIV infections among children and keeping their mothers alive.

FROM LEFT: Director of Medical Services Dr. Francis Kimani, UNAIDS Country Coordinator Ms. Maya Harper, United States Ambassador to Kenya Mr. Robert Godec, and the then Minister for Public Health and Sanitation Hon Beth Mugo at the launch of the national campaign to stop new HIV infections.
women with antiretroviral therapy (ART) even after delivery, a strategy known as Option B+.

Hon Mugo acknowledged the multiple benefits of providing HIV-positive pregnant women with ART, which include preventing HIV transmission to their children and improving the overall health of HIV-positive mothers. However, she noted that implementation of this approach is gradual and will require a strengthened health system.

“Let us not focus solely on HIV services but adopt an integrated service and multi-sectoral approach to keep our mothers and children alive,” Hon Mugo reiterated.

The role of men was also taken into account in the new campaign. Men were urged to fully participate in ensuring that their children and the children’s mothers were healthy. They were also encouraged to go for HIV testing and accompany their partners on visits to antenatal clinics.

The Government of Kenya is committed to improve the quality of HIV services available by providing all HIV-positive pregnant women with antiretroviral therapy (ART) even after delivery, a strategy known as Option B+.
UNFPA’s role in emergencies

The International Conference on Population and Development (ICPD) Program of Action affirmed that the right to sexual and reproductive health and the right to live free of sexual and other forms of gender-based violence apply to all people at all times, including populations affected by or recovering from emergencies. Therefore, implementation of the UNFPA mandate in emergency situations ensures that these rights are met, and that the increased risks of maternal and infant mortality, morbidity, HIV infection, unwanted pregnancy, sexual violence and exploitation among other reproductive health-related conditions are prevented and managed while upholding humanitarian principles.

UNFPA’s support in emergencies focuses on:

1. Safe motherhood through clean delivery.
2. Family planning and emergency obstetric care.
3. Family planning information and services.
4. Prevention and treatment of reproductive tract infections and STIs.
6. Prevention of HIV and AIDS, including information on universal precautions.

Emergency Reproductive Health Kits

The Inter-Agency Reproductive Health Kits (RH Kits) are primarily designed to facilitate provision of priority reproductive health services to displaced populations without medical facilities,
or where medical facilities are disrupted during a crisis. They contain essential drugs, supplies and equipment to be used for a limited period of time and a specific number of people. In addition, UNFPA is also involved in the provision of dignity kits, also known as hygiene kits. While hygiene kits are considered a standard humanitarian intervention outlined in the sphere standards for humanitarian response, UNFPA recognized that standardized hygiene kits typically do not meet the specific hygiene needs of women. Unlike the standard hygiene kit, dignity kits contents are theoretically selected in consultation with local communities and customized to meet the immediate hygiene needs of affected populations and facilitate women’s mobility by providing them with items that women themselves prioritize for daily life. As such, dignity kits include culturally appropriate items that vary across counties and regions.

**What is in the UNFPA Emergency Reproductive Health Kits?**

- Female condoms kit
- Clean delivery kits, (for individuals and birth attendants)
- Rape treatment kit
- Sexually transmitted infections (STI) kit
- Clinical delivery assistance kit (reusable equipment)
- Clinical delivery assistance kit (drugs and disposable equipment)
- Management of miscarriage kit
- Referral level, reusable equipment kit
- Referral level, drugs and disposable equipment
- Blood transfusion kit
UNFPA Kenya Representative Mr. Fidelis Zama Chi hands over the keys to a field monitoring vehicle to the Kenya Red Cross Society Secretary-General, Mr. Abbas Gullet. Looking on is UNFPA’s Humanitarian Specialist Ms. Matildah Musumba.
UNFPA prepares for the 2013 General Election

Following the 2007-2008 post-election violence that led to the loss of lives, injury, displacement and destruction of property and livelihoods, UNFPA prepared for the possibility of violence during the 2013 General Election. The priority included supporting peace building and conflict prevention efforts as the previous outbreaks of violence demonstrated the importance of planning for potential humanitarian response activities.

UNFPA, therefore, engaged in various activities that included:

1. Activation of the Gender Based Violence Emergency Taskforce (GBV-ECT) which coordinates the GBV prevention and response activities. The taskforce is co-chaired by UNFPA and the National Gender and Equality Commission.

2. A refresher training was conducted on the Minimum Initial Service Package in Emergencies for reproductive health focal points from the Ministry of Public Health and Sanitation and the Kenya Red Cross Society. The reproductive health focal points had received comprehensive training between 2009-2011 and were available to offer sexual and reproductive health services in emergencies.

3. Procured and prepositioned life-saving reproductive health supplies and equipment for sexual and reproductive health services. Other supplies for response procured included tents (to offer SRH and trauma counseling services among others) and dignity kits to help safeguard personal hygiene and self-worth of women and girls in case of displacements.

The budget for the preparedness activities was US$230,000 (KShs.19.5 Million), which included the procurement of the emergency supplies.
UNFPA provides leadership in population and development issues by supporting progress and implementation of population policies consistent with the International Conference on Population and Development (ICPD) and the Program of Action (PoA).

UNFPA worked closely with the Ministry of State for Planning, National Development and Vision 2030 and various agencies in the coordination of population issues in the country. UNFPA provided technical and financial support in:

1. Collection, analysis and dissemination of population data;
2. Coordination and monitoring of the population programs;
3. Capacity building in areas agreed upon with the implementing partners;
4. In line with the ICPD recommendations, Kenya has put in place an Adolescent Reproductive Health and Development (ARH&D) Policy, which addresses the following adolescent concerns:
   i. Sexual health and reproductive rights;
   ii. Harmful practices including early marriage, female genital mutilation and gender-based violence;
   iii. Drug and substance abuse;
   iv. Socio-economic factors;
   v. Special needs of adolescents and young people with disabilities;

With assistance of UNFPA and other development partners, the Ministry of Health formally approved and adopted the National Reproductive Health Policy with the theme: ‘Enhancing the Reproductive Health Status for all Kenyans’. The policy provides a framework for equitable, efficient and effective delivery of quality reproductive health services throughout the country and emphasizes reaching those in greatest need who are most vulnerable. Its aim is to guide planning, standardization and implementation as well as monitoring and evaluation of reproductive health care provided by various stakeholders.

The new policy will allow the Government to incorporate and address key issues such as security of reproductive health commodities, prevention of mother-to-child transmission of HIV, emergency obstetric care, adolescent reproductive health, gender-based violence, reproductive health needs of persons with disabilities, and integration of reproductive and HIV and AIDS health care (Health Policy Initiative, 2009).

This policy emphasizes priority actions for the achievement of ICPD agenda and Millennium Development Goals (MDGs) of improving maternal health, reducing neonatal and child mortality, reducing the spread of HIV infections as well as achieving women’s empowerment and gender equality.

Attainment of sexual and reproductive health and rights will have positive effects on poverty reduction and reduction of infant mortality, maternal
A segment of Kenya's population at a public function.
mortality, and new cases of HIV and AIDS. A key challenge to attainment of the MDGs will be strengthening the health system by building the capacity to manage programs and addressing critical bottlenecks, especially a shortage of skilled health workers, an inadequate budget for the health sector, poor procurement and supply systems and other critical management problems (Division of Reproductive Health, 2005).

In October 2012, the Government of Kenya through the Ministry of Planning, National Development and Vision 2030 launched the National Population Policy for Sustainable Development. The policy addresses issues of environment, gender and poverty as well as problems facing certain segments of the Kenyan population such as its youth. The goals of the population policy include the following:

1. Improvement of standards of living and quality of life;
2. Improvement of the health and welfare of the people through provision of information and education on how to prevent illness and premature deaths among risk groups, especially mothers and children;
3. Sustenance of the ongoing demographic transition to further reduce fertility and mortality, especially infant and child mortality;
4. Continuing motivation and encouragement of Kenyans to adhere to responsible parenthood;
5. Promotion of stability of the family, taking into account equality of opportunity for family members, especially the rights of women and children;
6. Empowerment of women and improvement of their status in all spheres of life and elimination of all forms of discrimination, especially against the girl child;
7. Sustainability of the population program;
8. Elimination of retrogressive socio-cultural practices through education.

Supporting Kenya Government initiatives in the management of population

With the support of UNFPA Kenya, the National Council for Population and Development (NCPD) was able to monitor and coordinate implementing partners working on population and development programs. To review results and progress attained so far, NCPD organized several meetings with regional population coordinators and technical working groups. They also conducted mid-year and annual review seminars that were well attended, and which focused on results realized by the implementing partners.

With the support from UNFPA, NCPD organized various regional and national meetings with stakeholders and community leaders to discuss, among other things:
1. Implementation of the Population Policy for National Development;
2. Linkages between population dynamics and reproductive health, gender equality and environment;
3. Policy dialogues with parliamentarians to lobby for the enactment of the Social Assistance Bill 2012;
4. Access to reproductive health and family planning services.

Being the Government agency that coordinates population issues, NCPD organized the celebration of World Population Day that was held in Nairobi amid much fanfare. The celebrations received extensive media coverage, as did the launch of the State of Kenya Population Report 2012 held on November 14 and was successfully presented together with the State of the World Population Report.

To re-energize public discussion on family planning, NCPD produced advertisement for television and radio that were aired more than 100 times. NCPD also engaged media in various activities and gained slots to talk about family planning stressing on the urgent need for Kenya to reduce its population growth to manageable levels that would enhance development in the country.

Supporting research and knowledge sharing

UNFPA Kenya continued its collaboration with University of Nairobi’s Population Studies and Research Institute (PSRI) and supported recruitment of nine authors, five reviewers and one technical editor to write and analyze reports.

Additionally, UNFPA Kenya provided support to the Kenya National Bureau of Statistics to conduct socio-demographic surveys and to develop databases for monitoring and evaluation of policies and programs. Through this support, 180 research assistants were trained on Kenya AIDS Indicator Survey (KAIS), which provides data on HIV and AIDS for planning and policy development. Similarly, more than 600 registration agents were trained and since then, the registration of vital events has greatly improved, especially in Migori and Kilifi districts.

UNFPA officials and partners at the stakeholders workshop on Population Situation Analysis.
**Kenya AIDS Indicator Survey (KAIS)**

Kenya conducted the second Kenya AIDS Indicator Survey (KAIS) in 2012. The exercise was carried out in four stages:

1. Stage One involved the design of survey instruments and pretesting;

2. Stage Two involved training of data collection personnel;

3. Stage Three involved data collection;

4. Stage Four would involve data analysis and report writing.

As a member of the technical committee, UNFPA provided technical support in designing the survey instruments.

UNFPA also financially supported training of data collection personnel. The support included providing accommodation for research assistants and trainers, translation of questionnaires to 13 languages and printing of survey questionnaires and manuals that were used for training.

UNFPA plans to partner with other stakeholders to provide support for data analysis, report production and dissemination.

**Revitalization of vital registration system**

For the first time since the beginning of the 7CP, the program was able to carry out activities that are aimed at revitalizing the civil registration system in the four focal districts namely, Migori, Kilifi, Naivasha and Nairobi West.

UNFPA supported the Civil Registration Directorate to train maternal and child health service providers on reporting of vital events, and specifically births. This strategy was aimed at raising the low coverage of births in the districts. The trainings were carried out in Migori and Kilifi districts where 195 personnel from health institutions, 87 chiefs, 212 assistant chiefs and 155 community health extension workers were trained.

In Migori, the training resulted in increased birth registration by 106.20 percent — from 3,191 births registered between July and December 2011 to 6,580 births registered between July to December 2012.

After the training in Kilifi, births registration increased by 4.68 percent from 6,154 births registered between September and December 2011 to 6,442 births registered in the same period in 2012. Similarly, death registration increased by 26.03 percent from 1,064 deaths registered between September and December 2011 to 1,341 deaths registered over the same period in 2012.

**Population Situation Analysis**

Following Kenya’s participation at an international workshop on Integration of Population and Environment issues into National and Sector Development Frameworks and Poverty Reduction Strategies in June 2011 where policymakers and programmers were trained on Population Situation Analysis (PSA), a stakeholders’ workshop attended by Government, civil society organizations, academia, development partners and UN agencies was held in May 2012.
The workshop was facilitated by experts from Government, UNFPA headquarters, Africa Region Office and UNFPA Kenya. The workshop prioritized thematic areas that would be covered in the report. The purpose of the population situation analysis was to document incisively the overall state of the wellbeing of Kenyans; to inform the government, civil society, individuals and the entire spectrum of stakeholders the challenges and opportunities that Kenya had; and to suggest ways of how to address these challenges while utilizing the opportunities gainfully.

Upon completion, the Population Situation Analysis is expected to:

- Equip users with an instrument for advocacy on population issues;
- Contribute to greater understanding of the population and development paradigm for better public policy formulation and implementation with specific reference to ICPD and MDGs and the Kenya Vision 2030;

*A happy mother and child.*
Inform the development of the Medium Term Plan II (2014-2017) of Kenya Vision 2030 on the critical need to prioritize and integrate population issues in development planning;


So far draft papers on the report have been prepared and reviewed severally by local and international experts and the final Population Situation Analysis document, complete with six chapters, is expected to be launched in June 2013.

Policy Development

Population Policy for National Development

In its work to support formulation of national policies, UNFPA provided technical and financial support to the Government to develop the new Population Policy for National Development. The new policy was launched by the Government of Kenya through the Ministry of Planning, National Development and Vision 2030 in October 2012 as the Sessional Paper No. 3 of 2012 on Population Policy for National Development.

This Population Policy for National Development succeeds Sessional Paper No. 1 of 2000 on National Population Policy for Sustainable Development, which guided implementation of population programs up to 2010. It recognizes and puts into consideration international and national emerging and continuing population concerns.

It is expected to contribute to the realization of Kenya Vision 2030 as it aims to attain high quality of life for the people of Kenya by managing population growth to a level that can be sustained with the available resources.

The launch of the Population Policy was a culmination of a lengthy but crucial process of collating views from stakeholders at the grassroots, regional and national levels. Some of consultations included discussions with a cross-section of Kenyans during the National Leaders’ Conference on Population and Development, a retreat for Members of Parliament as well as dialogue with Parliamentary Committees and the Cabinet.

The goal of the Population Policy is to attain high quality of life for Kenyans by managing population growth that can be sustained with the available resources.

It expects to attain the following objectives:

1. Reduce population growth rate in order to harmonize it with the economic growth and social development as envisioned in Vision 2030.

2. Reduce fertility and mortality rates that sustain the high population growth rate and at the same time assist individuals and couples who desire to have children but are unable to.

3. Provide information and education on population matters to the general public and particularly the youth to encourage a small family norm.

4. Provide equitable and affordable quality reproductive health services including family planning.
Kenya’s Population Policy for National Development, which won a global award for its inclusiveness.
5. Contribute to the planning and implementation of socio-economic development programs as a long term measure to influence population dynamics with special focus on poverty reduction; technology and research; environment; education; health; and gender equity, equality and empowerment of women.

6. Mobilize resources through government budgetary allocation, international cooperation and public-private partnerships to ensure the sustainability of the population programs and effective impacts on the population dynamics.

It is expected that the framework provided by this policy will guide national population programs and activities for the next two decades.

**Re-launch of Family Planning Campaign**

According to 2008-2009 Kenya Demographic Health Survey (KDHS), Kenya recorded a contraceptive prevalence rate of 46 percent being an increase from 39 percent recorded in the 2003 survey. This progress was a relief from a stagnation experienced during the period 1993-2003. Kenya has recognized family planning as one of the main factors that can drastically reduce the high population growth rate (2.9%) and maternal mortality ratio (488 per 100,000 live births) being experienced in Kenya.

To cement the gains in the contraceptive use, the Government re-launched the family planning campaign in February 2012. In recognition of its effort, Kenya was invited to present a paper at the London Summit of Family Planning.

UNFPA also supported the Government’s family planning campaigns through NCPD by reallocating about US $550,000. The campaign was conducted through electronic and print media, community barazas and sub-national advocacy forums. The National Council for Population and Development (NCPD) rolled out an advocacy plan to popularize various family planning methods and to make the public understand the relationship between population and development. Media practitioners at county and provincial levels were chosen as an influential link between the government and the public. The provincial administration and media were trained on the importance of population in fostering development. These activities increased the visibility of NCPD/UNFPA and their role in stepping up the uptake of family planning. In addition, the advocacy campaigns were boosted by the launch of the State of World Population Report on November 14 whose theme was on family planning.

**Advocacy of Population Issues**

To keep the Government informed on new developments in the area of population and development and to showcase Kenya’s success stories to the world, UNFPA supported delegations from Kenya to attend the 45th Session of the Commission on Population and Development held in New York, USA; and the Partners in Population and Development Meeting 2012, Dhaka, Bangladesh. UNFPA also supported the celebration of World Population Day at national level and in other ten regions in the country; and the launch of the State of the World Population Report. Additionally, UNFPA supported the publication of the State of Kenya Population Report that translates the issues addressed in the global report into the Kenyan context.
Dr. Boniface K’Oyugi, Director General, National Council for Population and Development (NCPD) has provided stellar leadership for population and family planning activities in Kenya.

**From Left:** UNFPA Kenya Representative Mr. Fidelis Zama Chi, Permanent Secretary Dr. Edward Sambili, Minister for National Planning, Development and Vision 2030 Hon. Wycliffe Oparanya, Assistant Minister for Health Hon. Kazungu Katana and Ministers of Health from India, Bangladesh and China at the national re-launch of Family Planning in Kenya.
A view of the procession to Embakasi grounds in readiness for the WPD festivities.

One of the ‘Zip It Or Use A Condom’ Campaign Caravans sponsored by UNFPA.

Girls dance their heart out at the World Population Day celebration.
Collaboration with the Media

UNFPA Kenya has worked closely with the media for six years and supported the establishment of the Kenya Media Network on Population and Development (KEMEP), which is a network of journalists and media managers who continuously demonstrate a passion in development issues.

Current membership includes journalists and media managers from all the media houses, including international media like BBC, CCTV and Al Jazeera and community-based media outlets. The journalists once again pooled together and provided extensive coverage on matters related to reproductive health, safe motherhood, FGM, gender mainstreaming, the Millennium Development Goals, HIV and AIDS among other issues related to population and development.

All media houses recorded an increased coverage of the same issues, with more than 2,400 news and features published compared to about 1,500 news and features published the previous year. Most of the news and features were based on the themes of the World Population Day, World Contraception Day, State of the World Population Report, International Day of Midwives, International Day of the Girl Child and 16 Days of Activism against Gender Based Violence among others.

Minister for Medical Services Hon. Anyang’ Nyong’o cuddles a baby at the World Population Day celebration in Embakasi, Nairobi. Looking on is the Head of Division of Reproductive Health Dr. Issak Bashir;
UNFPA Kenya Representative Mr. Fidelis Zama Chi presents an award to one of the journalists whose report won accolades in the Reproductive Health category.

Minister for Gender, Children and Social Development Hon. Naomi Shaban presents an award to one of the journalists whose report won accolades in the Gender and Development category.
Gender Equality and Empowerment of Women

The UNFPA gender component addresses issues relating to Gender Mainstreaming, Gender Based Violence and Female Genital Mutilation/Cutting. In this front, UNFPA advocates for the education of the girl child and elimination of gender based violence including harmful practices.

UNFPA supports the gender component to achieve:

1. Increased access to accurate and appropriate information and services on Sexual and Gender Based Violence (SGBV) including emergency and post-emergency situations;

2. Enhanced institutional mechanisms to reduce and respond to GBV and discrimination particularly among marginalized populations and during humanitarian crisis;

3. Improved advocacy for women and adolescent girls’ reproductive rights, male participation in reproductive health and elimination of harmful practices, particularly female genital mutilation/cutting.

Gender Based Violence Prevention and Response Program

UNFPA continued to deliver the Gender Equality program through capacity enhancement strategies, building and promoting the use of a knowledge base; reinforcing advocacy and policy dialogue, expanding and strengthening partnerships as well as developing systems for improving performance.

One such way was through building the capacity of the Ministry of Gender, Children and Social Development and the National Gender and Equality Commission (NGEC) to enable them coordinate the gender equality component as well as the abandonment of Female Genital Mutilation/Cutting (FGM/C) and Gender-Based Violence (GBV) prevention and response.

Faith-Based Organizations (FBOs), NGOs, Community Based Organizations (CBOs) and cultural institutions acted as key partners and aided in increasing the availability of gender and culturally sensitive Behavior Change.
Communication (BCC) and Information, Education, Communication (IEC) for sexual and reproductive health, including HIV prevention.

UNFPA also supported implementing partners to build the capacity of community leaders and various groups (men, youth and women) to enable them create awareness on issues related to gender equality, including sexual and gender-based violence in the four focus districts of Migori, Naivasha, Kilifi and Nairobi West. Activities to accelerate abandonment of FGM/C were implemented in other districts outside the focus districts. These included Baringo, Mt. Elgon, Kuria, Kisii and West Pokot. Both national and community networks comprised of various leaders, local administration, watch groups, GBV working groups and court users’ committees. All these were strengthened to advocate against gender inequalities including GBV.

Implementing partners also developed culturally sensitive behavior change communication strategies on GBV and supported the establishment of watch groups, networks and information centers at the community level. The strategies used to effectively achieve this sub-output included organizing community forums, cycling competitions, football matches, wedding ceremonies and other school based activities. Four community GBV networks were established in the focus districts and they met to share experiences and discuss challenges. To date, the working groups are chaired and coordinated by the District Gender and Social Development Officer (DGSDO/MOGSD).

Community networks were also formed and they continued to invest in skills and capacity building towards gender equality including GBV, FGM/C.
as well as HIV and AIDS. Their work resulted in the formation of sub-committees at the grassroots level, thereby creating a positive ‘spill-over’ effect.

As a result of building the capacity of young men and women in Naivasha and Nairobi West districts, the ‘Ambassadors of Change’ initiative was created. These acted as community role models and created awareness on GBV prevention and response.

The work around the making of laws that are gender responsive requires a wide range of investments. In the first instance, it’s critical to understand that this process is about affirming the legitimacy of women’s claims. It provides a strong preventive framework by setting standards upon which gender equality and women’s rights are formally recognized and that accompanied corrective and/or punitive measures are legislatively anchored. As such, building knowledge and capacities to interpret how the world is ordered and why it should be changed is critical.

In other words, interpretations of which rights are to be respected and protected are based on such gender responsive laws to inspire effective advocacy for gender equality. Lobbying and sustained advocacy has entailed bringing together groups of diverse audiences to reflect and understand the importance of gender responsive legislation as a tool to bring about equity and justice.

In conjunction with the Ministry of Gender, Children and Social Development, and the National Gender and Equality Commission, FIDA Kenya hosted a series of meetings lobbying for support and commitment for gender responsive bills that included the Family Protection Bill, Marriage Bill, and Matrimonial Properties Bill. Lengthy discussions were also held on how to harmonize these draft laws with the new constitution.

Above: Participants at a gender workshop in Naivasha.

Opposite Page: Kenyans celebrate International Women’s Day.
Male Involvement

With the assistance of UNFPA Kenya, Kenya Women Parliamentarians Association (KEWOPA) engaged men in gender based violence prevention. Some of the strategies they employed included organizing football matches. KEWOPA used this opportunity to talk to the men about health, safety, security and legal justice. KEWOPA realized that the focus of sites popular with young men was effective in reaching out to them with information on GBV. This proved to be an effective strategy as it engaged the youthful constituency to talk about GBV. The impact of this is that they began to express abhorrence for the violence.

Following this sensitization, young men began to confidently talk about GBV. In addition, they became referral agents to the police, legal aid and health institutions.

KEWOPA also developed gender responsive guidelines and advocated for the passing of the Social Assistance Act.

UNFPA Kenya’s gender program also focused on utilizing existing structures that communities related with such as faith based institutions. This enabled effective anchoring of transformative change in gender relations. For instance, the implementing partners facilitated the formation of theatre groups who, after being trained on gender based violence, composed their own songs and recitals. These poems, songs and recitals were crafted in simple yet highly provocative language that challenged the resistance to change. They also called for a fair and just reordering of gender relationships.

This program is coordinated by the Ministry of Gender, Children and Social Development, offering a viable structure for sustaining actions around the gender component since it has a strong infrastructure, right through to the district level with the Gender, Social Development and Children’s officers.

Good Practices Noted:

- Visibility to the continued marginalized forms of gender oppressions that hinder quality of life and in particular undermine the reproductive health status of the Kenyan community. For instance, the collective demands for providing protection for girls who are threatened by early marriages and FGM; providing repair for fistula survivors including those who have been ostracized by their families and struggled with depression; providing comprehensive care to survivors of GBV; empowering and
enhancing commercial sex workers to negotiate for safe sex and seek health services and explore opportunities for alternative income generation.

- Gender mainstreaming provided an opportunity to address gender based violence and other gender inequalities in a holistic manner.

- The engagement of the councils of elders, religious leaders and influential community leaders to become advocates and role models for community change on the ground.

- The demonstration of integrated coordination has been an effective model as seen through the establishment of gender based violence referral mechanism between the health, security, psychosocial, legal and safety services. This has resulted in improved health services for gender based violence survivors including availability of psychosocial care and support for them. This was evidenced by the development of protocols as well as improved knowledge and awareness campaigns on the consequences of GBV and legal consequences.

Women sing in celebration of the community elders signing a Declaration Against Female Genital Mutilation/Cutting in Kuria District.
Former circumcisers of girls down their tools following the declaration against FGM/C by the community elders.

One of the community elders signing the declaration against FGM/C.
Monitoring and Evaluation

Management of Government of Kenya/UNFPA 7th Country Program Evaluation

UNFPA’s Executive Board approved an evaluation policy (DP/FPA/2009/4) for the agency in 2009 and a circular from the Executive Director in March 2010 made end of Country Program Evaluations (CPE) mandatory at the penultimate year of a country program cycle. This policy, together with the Executive Board decision (2009-2018), provides an overarching framework of the principles, roles and responsibilities for evaluation in UNFPA, and further defines key evaluation concepts such as the capacity and resource requirements for effective evaluations. The policy also calls for an enhanced evaluation culture, characterized by high quality and regularly conducted evaluations and emphasizes the use and follow-up to evaluation findings and recommendations.

On the basis of the aforementioned policy, the Country Program Evaluation of the UNFPA 7th Country Program support to the Government of Kenya was commissioned during the 2011 Annual Program Review. The purpose of the GOK/UNFPA 7th Country Program end line evaluation was to assess the program performance; determine the factors that facilitated or hindered achievement, and document the lessons learned from the past cooperation that could inform the formulation of the 8th Country Program of UNFPA support to the Government of Kenya.

The country program evaluation was commissioned during the 2011 Annual Program Review when the Evaluation Reference Group (ERG) was also constituted. This was immediately followed by development and agreement of the Terms of Reference; recruitment of the Evaluation Team; Briefing of the Evaluation Reference Group, Evaluation Team and Country Office team about the Country Program Evaluation. The specific objectives were:

1. To assess GOK/UNFPA 7CPs performance at the various levels of results chain (activities, Country Program and outcomes, UNDAF outcomes, UNFPA Strategic Plan outcomes, Medium Term Plan outcomes).

2. To assess the extent to which the implementation framework (Partnership Strategy; Execution and Implementation arrangements; Human Resources; Resource Mobilization; Cash Transfer Modalities; and Monitoring & Evaluation) enabled or hindered achievement of the results chain i.e. what worked well and what did not work well.

3. To assess the extent to which the program was aligned to the Government priorities, harmonized with MDGs and supported new aid modalities.

4. To identify success stories, if any, and document the lessons learnt in program implementation, management and coordination.

The UNFPA Kenya Country Office conceptualized, organized and facilitated a workshop on the Country Program formulation and evaluation. The resource persons were drawn from the country office, the East and Southern Africa Regional Office, and Monitoring and Evaluation officers from Rwanda and South Africa. The capacity building workshop, which focused on program formulation and evaluation in particular, was used as a forum to review the design report and take into consideration the stakeholder perspectives regarding the revaluation.
During the workshop, a common understanding of the Country Program Evaluation was developed with emphasis on the methodology stipulated in the *Handbook on How to Design and Conduct Country Program Evaluations*. Further discussion on the *Design Report with Stakeholders* also took place during the workshop. This workshop built their capacity and increased their understanding of the evaluation process prior to the conduct of the Country Program Evaluation.

Across the three program areas, the evaluation applied the following evaluation criteria:

- Relevance
- Effectiveness
- Efficiency, and
- Sustainability.

At the strategic level, the evaluation focused on corporate and systemic positioning, and added value to UNFPA. The sampling of respondents was purposive and comprised implementing partners and officials from UNFPA, other UN agencies and development partners. The aim was to select implementing partners at national level as well as the focal districts. These included persons from Government line ministries, implementing partners, NGOs, FBOs, CSOs and program beneficiaries. Methods of data collection included:

- Document review
- Key informant interviews
- In-depth interviews
- Focus group discussions
- Narratives
- Observations.
The evaluation team employed the following techniques of data analysis and validation:

- Content analysis for focus discussion groups and key informant interviews;
- Contribution analysis with implementing partners, service providers and beneficiaries;
- Trend analysis where feasible for quantitative indicators;
- Ratio analysis; and
- Overall triangulation.

Despite the delays occasioned by a few challenges that also came with fatigue, interest in and ownership of the Country Program Evaluation has been immense. The evaluation will be completed in 2013 given the decision by the Evaluation Reference Group to update the Country Program Evaluation report with program performance up to December 2012. Once completed, UNFPA will, in consultation with the Government, prepare a management response to the evaluation and disseminate the report.

The findings and recommendations arising out of the report will inform the formulation of the 8th Country Program Document (2014-2018). The 8th Country Document will contribute to the outcomes of the United Nations Development Assistance Framework (UNDAF), which is currently being developed within the context of Delivering as One (DaO).
Resource Mobilization

In line with UNFPA’s Strategic Plan, the Kenya office aims to broaden its resource and partnership base. In 2012, UNFPA Kenya pro-actively and strategically reached out to the private sector.

For starters, UNFPA Kenya commissioned the Private Sector MDG 5 Awareness and Response Study, which reviewed 40 medium to large corporates. The study provided UNFPA Kenya with better insight into corporate awareness and response to MDG 5. This elicited corporate interest in working together with UNFPA.

The data collected from this study showed that many corporate organizations engage in Corporate Social Responsibility (CSR). Of the companies interviewed, 67 percent indicated they had a CSR policy/strategy/plan, while the others were interested or in the process of creating one. Traditionally, corporates partner with development partners, governmental bodies, NGOs and academic institutions to implement their CSR programs. Majority of the companies interviewed indicated an interest in gender equality and

Mr. Bob Collymore, Safaricom CEO.
women’s empowerment (76%), environmental sustainability (72%), working with young people (63%) and eradicating extreme poverty and hunger (61%).

Health coverage beyond the legal requirements for employees was offered by 97 percent of the companies interviewed. Coverage for maternal health services, however, was not quite so common, with only 61 percent of companies offering insurance cover for most services. From the survey, it was evident that not many companies were aware of the magnitude of maternal health challenges facing Kenyans today. In the past three years, for instance, only 30 percent of companies had partnered with a UN agency in health-related campaigns.

Following the study, UNFPA’s profile and mandate received a more favorable response and numerous companies expressed interest of collaboration on maternal health activities. Many showed a desire to contribute to projects with in-kind services such as staff involvement and volunteerism.

At a workshop to disseminate the study’s findings, UNFPA made a commitment to establish a UNFPA Private Sector Advisory Panel for advancing Maternal and Newborn Health in Kenya (PSAP-MNH). PSAP comprises out of the following members: Safaricom,
The first meeting by the Private Sector Advisory Panel was held for the first time in December 2012 to discuss its zero draft Terms of Reference. All members expressed commitment from their executive leadership to the initiative.

The bringing together of this wealth of private sector expertise is anticipated to build UNFPA Kenya’s capacities in engaging with the private sector on safe motherhood and maternal health; in identifying the key entry points for enhanced collaboration; in building partnerships for mobilizing and leveraging resources; and most importantly, trying to save more women from dying, or suffering injuries while giving birth.

Mr. Thiagarajan Ramamurthy (TRM), Nakumatt Holdings Regional Director, Strategy and Operations.