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DRAFT

United Nations Population Fund

Country programme document for Kenya

Proposed indicative UNFPA assistance:	$35.6 million: $12.8 million from regular resources and $22.8 million through co-financing modalities or other resources
Programme period:	Four years (2022-2026)
Cycle of assistance:	Tenth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2022-2026

I. Programme rationale

1. The population of Kenya was estimated at 47.6 million in 2019 and, due to an annual growth rate of 2.3 per cent, is expected to reach around 65 million by 2030. The country has a youthful population, with nearly 75 per cent below 35 years of age; however, with high labour underutilization among youth, the country may be unable to fully harness the demographic dividend, with 18.2 per cent of young people neither in employment, education or training in December 2020. To accelerate the demographic transition and progress towards the Sustainable Development Goals, strategic investments in economic and social policies are required, including human capital development, health, education, training, skills and empowerment of young people. These priorities are underscored within the social pillar of Vision 2030, which aspires to transform Kenya into an industrialized middle-income country providing a high quality of life to all its citizens in a clean and secure environment. While the Government allocates about 7 per cent of its budget towards healthcare, of which 26.4 per cent is expended on reproductive, maternal, child and adolescent health programmes, evidence shows that investing one United States (US) Dollar in ending preventable maternal deaths provides a return of six US dollars in investment, thereby contributing to socio-economic growth (UNFPA Investment Case 2021).

2. Kenya attained lower-middle-income status in 2014, and while income poverty rate declined (from 46.6 per cent of the population in 2006 to 36.1 per cent in 2016, though with wide subnational differentials), the absolute number of poor people increased (from 16.8 million people in 2005/2006 to 19.5 million in 2019) – the majority of whom are women. Multidimensional poverty incidence in rural areas (67 per cent) is more than twice that in urban areas (27 per cent), and significant inequalities exist across socio-economic groups. The Common Country Analysis (CCA) notes that in all 47 counties, subcategories of women, especially teenage mothers, widows, single heads of households and those living with HIV or disability, face exclusion and stigma based on gender and social status. The COVID-19 pandemic further increased poverty by an estimated 4 per cent, especially among female-headed households, constituting 30.2 per cent of the poor population. Due to the country's rapid urbanization, 46 per cent of Kenyans will live in urban areas by 2030; this is significant since the urban poor population is increasing and 15 per cent live in informal settlements, with inadequate access to high-quality sexual and reproductive health (SRH) services and increased vulnerability to disasters.

3. With its geographical location in the Horn of Africa, Kenya hosts over half a million refugees. Increasing numbers of asylum seekers from neighbouring countries affected by conflict and climate-related disasters continue to enter refugee camps and urban settlements, and the CCA notes that competition for scarce resources leads to conflict around refugee camps, adversely impacting women and girls.

4. Despite progress in health policy and service delivery infrastructure, Kenya's maternal mortality ratio remains high (342 per 100,000 live births). The CCA notes wide disparities in maternal and neonatal health indicators across and within counties, with access to skilled attendance during childbirth ranging from 22 per cent in Wajir county to 93 per cent in Kiambu county. Nearly three in every four maternal deaths are linked to direct causes, such as postpartum haemorrhage, hypertensive disorders, infections and other delivery-related complications. While the majority of maternal deaths are preventable, only one-third of public health facilities are capable of delivering the seven life-saving signal functions of basic emergency obstetric and newborn care. Key gaps include a lack of readiness and functionality of the health system, including inadequate skilled human resources for health, gaps in the quality of care, inequitable geographic distribution of services, high levels of unintended pregnancies, particularly among young women, and gaps in financing and affordability of healthcare. While the Government has embarked on health financing reforms to increase budgetary allocations, high out-of-pocket health spending places a significant financial burden on poor and vulnerable households. Universal health coverage has therefore been prioritized in the Kenyan Medium-Term Plan III. The CCA further notes the high levels of maternal deaths in fragile and conflict-affected counties has been exacerbated by the

COVID-19 pandemic, underscoring the need for health system resilience and strengthened capacities for preparedness and response.

5. Fertility has declined (from 4.6 children per woman in 2014 to 3.5 per woman in 2019) with distinct variations between counties, including pockets of high fertility in poorer regions. The national contraceptive prevalence rate increased (from 46 per cent in 2009 to 62 per cent in 2019), with wide regional variations, ranging from 3 per cent in the north-eastern region to 73 per cent in the central parts of Kenya. The unmet need for family planning is 18 per cent among currently married women but significantly higher among young people (23 per cent), women living with HIV (38 per cent) and the poor. One in five new contraceptive users discontinue within one year of use. High unmet need and contraceptive discontinuation rates are mostly due to socio-cultural and economic barriers, poor quality of care and information services, and weak supply chain management, resulting in frequent stock-outs.

6. While the adolescent birth rate declined (from 103 per 1,000 girls aged 15-19 years in 2009 to 53 per 1,000 girls in 2019), teenage pregnancy rates have remained unchanged (18 per cent) since 2003, with the country recording over 340,000 adolescent pregnancies annually over the past three years. Regions with high poverty levels have the highest adolescent birth rates and a high prevalence of early marriages, leading to high fertility. Half of the annual new HIV infections continue to occur among young people aged 15-24 years, despite a decline in HIV prevalence (from 6.5 per cent in 2013 to 4.5 per cent in 2018). The HIV prevalence remains twice as high among women aged 15-49 years (6.2 per cent), compared to their male counterparts (2.7 per cent). These outcomes have been attributed to inadequate access to SRH information and services (with approximately 50 per cent of young people demonstrating comprehensive knowledge), limited access to high-quality youth-friendly services, gaps in access to sexual and reproductive health and rights (SRHR) education and life skills, legal and policy challenges, a prevalence of gender-based violence (GBV), harmful practices, such as female genital mutilation (FGM) and child marriages, and poverty. The upsurge in teenage pregnancies in the country during COVID-19 pandemic has reinforced the fragility of adolescent SRHR during emergencies.

7. The CCA notes that despite a progressive constitution that promotes gender equality and the empowerment of women and girls, gender inequality remains a challenge, perpetuated by negative social and gender norms and patriarchal structures that have undermined the status of women in decision-making, adversely impacted their access to resources, and contributed to high levels of GBV and harmful practices. According to the 2014 Kenya Demographic and Health Survey, about 20 per cent of women and 11 per cent of men reported having experienced physical violence in the last 12 months. The COVID-19 pandemic worsened the incidence of GBV, with the number of reported cases increasing five-fold in 2020, compared to 2019. Access to services for survivors remains a challenge, exacerbated by gaps in accountability mechanisms and protection systems, and gaps in reporting and recording of GBV cases. FGM has declined across age groups (from 27 per cent in 2009 to 21 per cent in 2014; and from 15 per cent to 11 per cent among girls aged 15-19 years) but remains a challenge. Variations exist across counties and practicing groups, ranging from 8 per cent in Nairobi to 98 per cent in the north-eastern region. While the Marriage Act of 2014 stipulates 18 years as the minimum age of marriage, the proportion of boys and girls reporting to have ever been married before age 15 increased (from 2.6 per cent in 2009 to 4.1 per cent in 2019). The CCA estimates the national prevalence of child marriage at 23 per cent – and it is more common in rural areas (29 per cent) than urban settings (17 per cent); this is largely linked to religious practices.

8. Although Kenya has a wealth of population data from censuses, surveys and administrative records, this data is mainly at national level; data utilization can be greatly improved by strengthening the capacity of relevant institutions at national and subnational levels. The unavailability of disaggregated data for policy formulation, programming and delivery, particularly at subnational levels and during emergencies, has not only hindered

Kenya's ambition to 'leave no one behind' but also affected timely monitoring and reporting on the SDGs.

9. Fuelled by climate change, the country has seen an increase in droughts, floods and epidemics, as well as invasive plant species and pests (such as desert locusts); at the same time, conflicts and terrorism continue to pose significant challenges to disaster risk reduction initiatives. The CCA notes that an estimated 6.5 million people are exposed to drought, a figure that is expected to increase to 25 million people by 2050. Disasters increase the vulnerability of poor women and girls, as they are more likely to live in high-risk areas, have less means to prepare, and lack the required information to anticipate and respond to emergencies. Moreover, gaps remain in the integration of SRH, HIV and GBV, interventions into county disaster-risk-reduction policies and resource-allocation mechanisms, while early warning measures for preparedness and response do not prioritize SRH services. Increases in the incidence of sexual violence during the COVID-19 pandemic have underscored the importance of the minimum initial service package for reproductive health during emergencies.

10. Key lessons from the previous country programme have informed the tenth country programming; these include: (a) high-level political engagement is important; this has advanced progress towards ending FGM at the community level; (b) multi-stakeholder engagement in policy dialogues has led to improved domestic financing of reproductive health, including for family planning commodities; (c) the utilization of digital platforms provides opportunities for advancing programme interventions, as evidenced by the development of innovative solutions to improve access of young people and other vulnerable populations to SRH, HIV and GBV information and services at the peak of the COVID-19 pandemic; and (d) the use of locally assembled tablets to conduct the 2019 Population and Housing Census saved time and resources; the experience was shared with other countries through South-South cooperation and learning.

11. The tenth country programme is aligned to the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026, which seeks to build back better after the COVID-19 pandemic by promoting inclusive, human rights-based social and protection systems and institutions, aimed at improving the lives of those most left behind. UNFPA will contribute to these efforts by providing evidence-based analysis to advance SRHR, including by delivering life-saving services during emergencies, empowering adolescents and youth, promoting gender equality and women's empowerment, and preventing and responding to GBV.

II. Programme priorities and partnerships

12. The tenth country programme responds to human rights obligations enshrined in the 2010 Constitution of Kenya, the Kenya Vision 2030 and related medium-term implementation frameworks, the UNSDCF 2022-2026, the African Union Agenda 2063, and the voluntary national commitments made by Kenya on ICPD25 (2019), the Generation Equality Forum (2021) and the Sendai Framework for Disaster Risk Reduction (2015-2030). In line with Kenyan Government's 'leave no one behind' analysis and UNSDCF priorities, the programme interventions focus on the utilization of equitable and inclusive social services by people at risk of being left behind; they will target adolescents, young people, including girls with disabilities, women of reproductive age, female sex workers, transgender persons, and men, including those living in arid and semi-arid lands and informal urban settlements, and refugees. The programme was developed in close consultation with these key target groups, as well as civil society organizations, the private sector and the Government of Kenya.

13. The programme will accelerate progress towards the three UNFPA strategic plan outcomes: (a) By 2025, the reduction in the unmet need for family planning has accelerated; (b) By 2025, the reduction of preventable maternal deaths has accelerated; and (c) By 2025, the reduction in gender-based violence and harmful practices has accelerated.

14. Reducing the unmet need for family planning, will contribute to a reduction in unintended pregnancies and maternal deaths in Kenya by 2026. The programme will improve the availability, accessibility, quality and use of SRHR information and services, with an emphasis on young people, and improve gender equality and the empowerment of women and girls. This will be achieved by (a) strengthening the policy environment and accountability for advancing SRHR, including through evidence-based advocacy, to improve financing; (b) improving the quality and integrated delivery of SRH and GBV services by strengthening SRH delivery systems, including in humanitarian settings; (c) enhancing the coordination of gender and women's empowerment initiatives to eliminate negative social-cultural norms; (d) strengthening the capacity of institutions to generate, analyse, disseminate and utilize population data; (e) scaling up innovative approaches on SRHR and GBV information and services to reach adolescents, youth, women and girls living with disabilities by partnering with youth-led initiatives.

15. The country programme will be implemented in collaboration with line ministries and United Nations organizations, within the framework of 'delivering as one', as well as civil society, the private sector, academia and other key partners working in selected counties, including through South-South and triangular cooperation. The key programme interventions are integrated in national cross-sectoral implementation policies, strategies and frameworks, contributing to national and internationally agreed goals.

16. The programme will deploy six accelerators: (a) use human rights-based and gender-transformative approaches to support delivery of rights-based SRH and services; (b) support scale-up of innovative high impact practices, including the use of proven digital solutions; (c) support partnership, including public-private partnerships, South-South and triangular cooperation, including cross-learning among 47 counties, and explore blended finance mechanisms; (d) generate and use evidence for accelerating progress towards the transformative results; (e) anchored in the principles of 'leaving no one behind', address equality and non-discrimination, participation and accountability; and (f) support national and county-level actors to enhance resilience and adaptation, to ensure continuity of life-saving SRHR, in particular the implementation of the Minimum Initial Service Package for reproductive health across the humanitarian, development and peace continuum, including in mitigating the impact of the COVID-19 pandemic. The programme will focus on building resilience particularly among young people to reduce their vulnerability before, during and after crises.

17. The programme will deploy five modes of engagement: (a) strategic advocacy and policy dialogue for technical and political positioning of SRHR in national and county-level policies and programmes along the humanitarian, development and peace continuum; (b) knowledge management for evidence-based decision-making; (c) capacity development of key national and county-level institutions and stakeholders; (d) integrated people-centred delivery of SRHR information and services; and (e) strengthened coordination, partnership, inter-county learning, South-South and triangular cooperation for accelerating progress towards universal SRHR within the unifying framework of universal health coverage.

18. Programme interventions will target the national level and focus on eight counties (Turkana, Bungoma, Nairobi, Narok, Isiolo, Baringo, Garissa and Kwale) to support demonstration and evidence-based scale-up. The eight counties were selected based on the 'leave no one behind' analysis in the CCA, relevant population situation analysis reports, and the poor performance related to indicators on maternal health, family planning and gender-based violence. To better target those left behind, interventions will consider factors that contribute to discrimination and exclusion, such as, gender, age, race, language, religion, disability, location, migration, asylum, refugee and displacement status, key populations and HIV/AIDS status, among others.

A. Policy and accountability

19. Output 1. By 2026, sexual and reproductive health and rights, prevention and response to gender-based violence are integrated into national and county-level policies, plans and

accountability mechanisms, including into universal health coverage and humanitarian settings.

20. This output is anchored in Article 43 of the 2010 Kenyan Constitution and underscores universal health coverage to reduce disparities in service access and utilization across socio-economic classes. It aims to align SRHR and GBV policies, programmes and accountability mechanisms with primary health care policy, programmes and accountability systems to accelerate progress towards good health and the well-being of all people, particularly adolescent girls and young people. The output seeks to integrate transformative results across multisectoral policies and laws, including policies related to resilience, preparedness and disaster risk reduction. It will directly contribute to UNSDCF Outcome 1.2 on improved, inclusive and equitable social and protection services. By focusing on the use of data to inform evidence-based advocacy for increased financial investments in prevention and response to GBV and SRHR, with a focus on young people, the output also contributes directly to UNSDCF outcome 3.1 on improving diversity of public and private financing and investments. By integration of SRH and GBV prevention and response into county disaster risk reduction plans, the output will contribute to UNSDCF outcome 2.1 by realizing growth that is resilient, green and equitable.

21. The programme will support: (a) generation and use of strategic population analytics to inform national and county policies and plans, including universal health coverage; (b) targeted advocacy, implementation and tracking of voluntary national commitments on ICPD25, the Generation Equality Forum and Family Planning 2030; (c) initiatives for increased domestic financing to effectively accelerate the three transformative results, including budget analysis, advocacy and capacity building for gender-responsive budgeting, and the development of investment cases; (d) strengthening of accountability mechanisms for ensuring high-quality SRH services, including the scaling up of maternal and neonatal health quality-of-care standards and reproductive health contraceptive security to ensure last-mile assurance; (e) integration of SRHR and GBV prevention and response in population, health and environment strategies; and (f) integration of SRH and GBV prevention and response into county disaster risk reduction plans.

B. Quality of care services

22. Output 2. By 2026, the health system is strengthened to provide comprehensive high-quality sexual and reproductive health, information and services, including family planning, HIV prevention and a health sector response to gender-based violence and harmful practices, across the humanitarian, development and peace continuum.

23. Strengthening health and social protection systems, including resilience, is essential to overcoming structural gaps that undermine the quality of integrated service provision in Kenya. This output will scale up: (a) the comprehensive package of sexual and reproductive information and health interventions; (b) services to address GBV and harmful practices, including referral mechanisms, mental health and psychosocial support, through a life-course approach; and (c) health workforce capacity, competence and availability to address needs of the most vulnerable, including girls, women and persons with disabilities. It contributes directly to UNSDCF outcome 1.2 to ensure that people at risk of being left behind, benefit from improved inclusive and equitable social and protection services.

24. The programme will support: (a) improvement of midwifery training and practice as per International Confederation of Midwifery standards, including support for improving community-based maternal and newborn care; (b) scale-up of emergency obstetric and newborn care, focusing on improving facility readiness; (c) use of proven innovative solutions, focusing on telemedicine and self-care approaches, to improve the utilization of high-quality integrated SRH, and GBV information and services; (d) strengthening of reproductive health commodity security, focusing on supply-chain management and last-mile assurance; (e) scale-up of adolescent and youth-friendly SRH services; (f) strengthening of national and county capacity to plan and deliver the Minimum Initial Service Package for reproductive health; (g) building national capacity to mainstream SRH and GBV

interventions in climate change, conflict resolution and peacebuilding strategies; and (h) scale-up of comprehensive and high-impact interventions for SRH, HIV and GBV integration and prevention of HIV and sexually transmitted infections.

C. Gender and social norms

25. Output 3. By 2026, the capacity of key actors and institutions to address discriminatory gender and social norms is strengthened.

26. This output contributes to UNSDCF outcome 1.1 on enabling a socially cohesive, and peaceful society where human rights are upheld, and the society benefits from accountable institutions that are gender responsive. To achieve this outcome, the output focusses on addressing harmful social and gender norms and discrimination by: (a) building capacities at individual, community and national levels to address the root causes of structural inequalities; (b) empowering women, adolescents and youth and those left furthest behind; and (c) promoting positive health-seeking behaviours and positive gender and social norms.

27. The programme will support: (a) implementation of the national acceleration plan for the elimination of FGM; (b) implementation of national policies and commitments on prevention and response to GBV through a multisectoral approach; (c) implementation and review of human rights recommendations related to gender equality and discrimination; (d) male engagement as champions and change agents in accelerating advocacy efforts to end GBV, FGM and child marriage; (e) empowerment of adolescents, youth and female-led social enterprises to scale up anti-GBV movements; (f) strengthening of county capacity to roll out inter-agency minimum standards for the prevention and response to GBV in emergencies; and, (g) strengthening coordination mechanisms for committees and sector working groups, including in emergencies, according to Inter-Agency Standing Committee guidelines.

28. UNFPA will build on existing partnerships to address harmful practices in collaboration with the Government, civil society and United Nations agencies, including UNICEF and UN-Women.

D. Population change and data

29. Output 4. By 2026, availability and accessibility of timely evidence to inform population, sexual and reproductive health, humanitarian, gender-based violence and harmful practices programmes is improved at national and county levels.

30. This output focuses on improving availability and access to disaggregated, high-quality data and evidence to accelerate progress towards the Sustainable Development Goals (SDGs) and the three transformative results. It informs policy and programme decisions, including defining the pace of change required to achieve the transformative results, identifying populations that are left furthest behind, understanding the gaps in achieving the transformative results; projecting and operationalizing a pathway to scale up interventions; and evaluating the impact of such interventions. It contributes to UNSDCF Outcome 1.1, focusing on inclusiveness, upholding human rights, non-discrimination and protection of people at risk, including through accountable institutions. By enhancing partnerships with academic, research, public and private-sector institutions, the output contributes to UNSDCF Outcome 3.1 on partnerships to achieve SDGs.

31. The programme will support: (a) strengthening the capacity of institutions to generate, analyse, disseminate and utilize data on population, SRH, GBV, harmful practices, humanitarian and other related areas; (b) enhancing partnerships with academic, research, public and private-sector institutions to promote the generation and sharing of knowledge and experiences on population, SRH, humanitarian action, GBV and harmful practices; (c) generating and utilizing administrative data from civil registration; maternal and perinatal death surveillance reviews, the Kenya Health Information System, the GBV information management system and other data systems related population and development; and (d) strengthening monitoring and evaluation systems to track and review the implementation of population and development programmes, focusing on progress in SRHR. UNFPA will

collaborate with key government, academic and civil society partners and with other United Nations agencies.

E. Adolescents and youth

32. Output 5. By 2026, adolescents and youth have increased their capacity to participate and lead in policies and programmes on population and development, sexual and reproductive health, gender-based violence and harmful practices at all levels, including in humanitarian settings.

33. This output will enhance the skills of adolescents and youth and empower them to make informed decisions about their lives, including related to their SRHR. It seeks to mitigate adolescents' risk of embracing harmful behaviours while promoting positive and protective factors that support youth development and harness demographic opportunities. It contributes to UNSDCF outcome 1.1, which emphasizes inclusiveness, upholding of human rights and participation of marginalized populations in transformative governance systems that are gender responsive. To achieve this outcome, the output will promote adolescent and youth participation in development and climate-related processes and in humanitarian and peace efforts.

34. The programme will support: (a) expansion of leadership spaces and preparedness of young people in their diversity to participate in decision-making and development processes, prioritizing issues related to SRH, HIV, GBV, harmful practices, humanitarian action and peacebuilding; (b) operationalization of in-school and out-of-school education for health and well-being; (c) innovative adolescent and youth-led initiatives aimed at advancing the transformative results; (d) strengthening linkages between programmes on SRHR, HIV, GBV and harmful practices and programmes on youth economic empowerment; and (e) the development of a national youth index.

III. Programme and risk management

35. The National Treasury will oversee the execution of the country programme, with the National Council for Population and Development as the government coordinating authority. The programme will leverage a wide range of traditional and non-traditional partners to contribute to high-quality results for populations left behind. The programme will strengthen South-South and triangular cooperation partnerships with various countries, to leverage financial donations as well as bilateral exchange of knowledge and in-kind resources. The harmonized approach to cash transfers will continue to be applied, leveraging inter-agency cooperation for risk mitigation and cost efficiencies. UNFPA will strengthen collaboration with the United Nations country team, in line with the 'delivering as one' approach and the UNSDCF.

36. Potential risks to the programme include political instability during 2022 general elections and the spill-over effects of conflict in neighbouring countries (South Sudan, Ethiopia and Somalia), which could lead to internal displacement and increased refugee inflows, with the risk of violence against women and girls and potential instability. To mitigate these risks, the Government is developing with partners, including UNFPA, a national elections contingency plan. UNFPA will also collaborate with United Nations agencies to undertake environmental and political scanning to assess operational and political risks and develop a risk management plan as per the Inter-agency Standing Committee Guidelines on Emergency Response Preparedness.

37. Another risk stems from potential gaps in the availability of financial resources to address social sector priorities due to the post-COVID-19 economic recovery and other costs, as well as natural disasters and climate change-related shocks. A resource mobilization and partnership plan has been developed; it will be reviewed periodically, with emphasis on innovative financing approaches, increasing domestic financing, joint proposals with other United Nations agencies, co-financing by national and county governments, development partners and the private sector. In humanitarian situations, UNFPA will, in consultation with the Government, re-programme funds as required to respond to emerging issues within its

mandate. Existing partnerships with humanitarian actors, such as the Kenya Red Cross Society and women-led local organizations, will be leveraged for effective and sustainable humanitarian preparedness, response and recovery.

38. The proposed human resource plan was developed through (a) a review of gaps and recommendations in the approved ninth country programme staff realignment; (b) consideration of the inter-agency leadership role of UNFPA and priorities of the UNSDCF; (c) assessment of skills required to deliver the results of the tenth country programme; and (d) consideration of Kenya's middle-income status requiring further emphasis on policy and technical assistance. The country office will coordinate technical assistance needs with the UNFPA Regional Office for East and Southern Africa and UNFPA headquarters, and will leverage the capacities from United Nations organizations in Kenya, as needed.

39. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results and for resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

40. UNFPA will implement results-based management systems and approaches to programming, building on a robust monitoring and evaluation plan with a dedicated budget. UNFPA and partners will jointly develop and implement the monitoring and evaluation plan to track and report on country programme results, in line with UNFPA policies and guidelines.

41. The programme will support primary data collection, real-time monitoring, analysis and other innovative approaches to inform quarterly, annual and midterm reviews for course correction; it will undertake country programme evaluation to track and assess progress towards achievement of the transformative results. The programme will support capacity building initiatives on results-based management for UNFPA staff and partners. It will also support the establishment of an innovative feedback mechanism to inform programme management decisions, learning, adaptive management, resilient and agile programming responsive to changing contexts, including in emergencies.

42. The programme will integrate monitoring and reporting of the country programme results framework with the UNSDCF. UNFPA will contribute to and integrated and multidimensional programming process through active participation in joint planning, programming, monitoring, reporting and evaluation of the UNSDCF. UNFPA will participate in the technical working groups related to the United Nations monitoring and evaluation, data for development and other relevant strategic result areas. In addition, the programme will contribute to joint activities, including periodic programme reviews, quality assurance and reporting through the United Nations Information System.

43. UNFPA will work with the Government, United Nations organizations and other partners to strengthen national and county monitoring and evaluation mechanisms to systematically obtain evidence to track results and enhance evidence-based decisions. As part of the evaluation plan, the programme will support innovative and participatory approaches for assessment and preparation of voluntary national reports and universal periodic reviews, among others.

RESULTS AND RESOURCES FRAMEWORK FOR KENYA (2022-2026)

NATIONAL PRIORITY: Kenya Vision 2030: A globally competitive and prosperous nation with a high quality of life by 2030. Social Pillar: A just and cohesive society enjoying equitable social development in a clean and secure environment

UNSDCF OUTCOMES INVOLVING UNFPA: Outcome 1.2: By 2026, all people in Kenya at risk of being left behind, particularly all women and girls, all youth and children, all in the arid and semi-arid land counties and all in the informal urban settlements, have improved, inclusive, and equitable social and protection services. Outcome 2.1: By 2026, all people in Kenya at risk of being left behind, particularly all women and girls, all youth and children, all in the arid and semi-arid land counties and all in the informal urban settlements benefit from inclusive, sustainable, diversified and environmentally / climate-sensitive quality livelihood with decent work in the sector economies and realize growth that is resilient, green and equitable. Outcome 3.1: By 2026, Kenya's path to achieving SDGs benefits from effective multiple stakeholder partnerships to drive a greater amount and diversity of public and private financing and investments that accelerate sustainable development for all people in Kenya at risk of being left behind, particularly all women and girls, all youth and children, all in the arid and semi-arid land counties and all in the informal urban settlements.

RELATED UNFPA STRATEGIC PLAN OUTCOMES: By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction of preventable maternal deaths has accelerated. By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
• Skilled birth attendance *Baseline: 72 (2021); Target: 84 (2026)* • Maternal mortality ratio *Baseline: 342 (2017); Target: 113 (2030) (tbc for 2026)* • Proportion of live births registered within one year of occurrence *Baseline: 82.9 (2020); Target: 100 (2026)* • Percentage of new HIV infections per 1000 uninfected population *Baseline: 53 (2020); Target: 45 (2026)* • Proportion of women of reproductive age (aged 15-49 years) who have their need for modern family planning methods satisfied *Baseline: 78% (2014); Target: 80% (2026)* • Number of unsafe abortions averted *Baseline: 406,661 (2021); Target: 590,523 (2026)* • Foreign direct investments, official development assistance and South-South cooperation as a proportion of total domestic budget that benefit people in Kenya at risk of being left behind particularly in arid and semi-	Output 1: By 2026, Sexual and reproductive health and rights, prevention and response to gender-based violence, are integrated into national and county level policies, plans and accountability mechanisms, including into Universal Health Coverage and humanitarian settings.	• Number of counties that have integrated sexual and reproductive health and rights, as well as the prevention and response to gender-based violence and harmful practices, in their county integrated development plans *Baseline: 0 (2021); Target: 11 (2026)* • Number of counties with disaster risk reduction plans that integrate sexual and reproductive health and gender-based violence interventions *Baseline: 0 (2021); Target: 5 (2026)* • Number of annual progress reports on the implementation of voluntary national commitments on ICPD25, the Generation Equality Forum and FP2030 *Baseline: 2 (2021); Target: 14 (2026)*	Ministry of Health; National Council for Population and Development; Population Studies and Research Institute-University of Nairobi; Ministry of Public Service, Gender, Senior Citizens Affairs, and Special Programmes; Council of Governors-programme counties; Ministry of ICT, Innovation and Youth Affairs; State Department for Planning; civil society organizations	$2.2 million ($1.2 million from regular resources and $1.0 million from other resources)
	Output 2: By 2026, the health system is enhanced to provide high-quality comprehensive sexual and reproductive health information and services, including family planning, HIV prevention and a health sector response to gender-based violence and harmful practices, across the humanitarian, development and peace continuum.	• Number of counties with a functional logistics management information system *Baseline: 12 (2021); Target: 16 (2026)* • Number of counties with at least 50% of primary public health facilities providing basic emergency obstetric and newborn care *Baseline: 0 (2021); Target: 6 (2026)* • Number of midwifery schools supported by UNFPA that are accredited to a national standard aligned with World Health Organization and International Confederation of Midwives standards *Baseline: 3 (2021); Target: 14 (2026)* • Number of women, adolescents and youth accessing life-saving sexual and reproductive health and gender-	Ministry of Health; National AIDS Control Council; Council of Governors - programme counties; Kenya Red Cross Society; United Nations organizations; civil society organizations; South-South and triangular cooperation (SSTC) partnerships	$16.1 million ($4.1 million from regular resources and $12 million from other resources)

arid land counties, informal urban settlements, all women and girls, and all children and youth *Baseline: 5.3% (2019); Target: 7.3% (2026)*		based violence services in humanitarian settings *Baseline: 250,000(2021); Target: 1,200,000 (2026)* ● Number of female sex workers receiving integrated sexual reproductive health services *(i) FSW - Baseline: 8318 (2021); Target: 12,000 (2026)*		
UNSDCF OUTCOMES INVOLVING UNFPA: Outcome 1.1. By 2026, people in Kenya at risk of being left behind, particularly all women and girls, all youth and children, all in the arid and semi-arid land counties, and all in the informal urban settlements, inhabit an inclusive, enabling, socially cohesive and peaceful environment, while enjoying human rights, trust institutions and participate in transformative governance systems that are gender responsive, just and rule of law compliant. Outcome 2.2.: - By 2026, all people in Kenya at risk of being left behind, particularly all women and girls, all youth and children, all in the arid and semi-arid land counties and all in the informal urban settlements, have access to and derive benefit from sustainably managed ecosystems for nature-based solutions in a green transition. Outcome 3.1: By 2026, Kenya's path to achieving the SDGs benefits from effective multi-stakeholder partnerships to drive a greater amount and diversity of public and private financing and investments that accelerate sustainable development for all people in Kenya at risk of being left behind - particularly all women and girls, all youth and children, all in the arid and semi-arid land counties and all in the informal urban settlements.				
RELATED UNFPA STRATEGIC PLAN OUTCOMES: By 2025, the reduction in the unmet need for family planning has accelerated. By 2025, the reduction of preventable maternal deaths has accelerated. By 2025, the reduction in gender-based violence and harmful practices has accelerated.				
• Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting *Baseline: 21% (2014); Target: 16% (2026)* • Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months *Baseline: 41% (2014); Target: 35% (2026)* • Teenage pregnancy rate *Baseline: 18% (2014); Target: 10% (2026)*	Output 3: By 2026, the capacity of key actors and institutions to address discriminatory gender and social norms is strengthened.	● Number of strong social networks advocating for tackling harmful social and gender norms *Baseline: 4 (2021); Target: 18 (2026)* ● Number of counties with active gender-sector working groups addressing gender-based violence, female genital mutilation and child marriage, including in emergencies *Baseline: 4 (2021); Target:11 (2026)* ● Number of national and county mechanisms that engage men and boys to actively advocate for gender equality and empowerment of women and girls *Baseline: 1 (2021); Target:10 (2026)*	State Department for Gender; Anti-FGM Board; National Gender and Equality Commission; Africa Coordinating Centre for the Abandonment of FGM; Office of the Director of Public Prosecution; Ministry of Interior and Coordination of National Government, SSTC partnerships	$8.3 million ($2.8 million from regular resources and $5.5 million from other resources)
	Output 4: By 2026, the availability and accessibility of timely evidence to inform population, sexual and reproductive health, humanitarian, gender-based violence and harmful practices programmes is improved at all levels.	● Number of counties with the capacity to generate, analyse, disseminate and utilize disaggregated data, including georeferenced data on population, sexual and reproductive health, gender-based violence, harmful practices and humanitarian action *Baseline: 0 (2021); Target: 8 (2026)* ● Number of institutions with the capacity to generate, analyse, disseminate and utilize administrative data *Baseline: 0 (2021); Target: 7 (2026)* ● Number of counties equipped to operationalize a functional electronic-based county integrated monitoring and evaluation system *Baseline: 0 (2021); Target: 8 (2026)* ● Number of Minimum Initial Service Package readiness assessments conducted *Baseline: 1 (2021); Target: 2 (2026)*	National Council for Population and Development; Anti-FGM Board; Kenya National Bureau of Statistics; Population Studies and Research Institute-University of Nairobi; Monitoring and Evaluation Department; Civil Registration Services, Directorate of Migration Services; National Gender and Equality Commission; State Department for Social Protection, Senior Citizens Affairs and Special Programmes; Ministry of	$4.9 million ($2.2 million from regular resources and $2.7 million from other resources)

		● Number of South-South and triangular cooperation partnerships established for achievement of the three transformative results *Baseline: 0 (2021); Target:2(2026)*	Health-Directorate of Medical Services, Preventive and Promotive Health-Council of Governors; United Nations organizations; civil society organizations, SSTC partnerships	
	Output 5: By 2026, adolescents and youth have increased their capacity and opportunities to participate and lead in policies and programmes on population and development, sexual and reproductive health, gender-based violence and harmful practices at all levels, including in humanitarian settings	● Number of innovative adolescent and youth-led initiatives supported to advance the transformative results *Baseline: 3 (2021); Target 10 (2026)* ● Number of counties implementing policies/frameworks for the involvement and participation of youth and adolescents, including those with disabilities *Baseline: 2 (2021); Target: 8 (2026)* ● Number of adolescents and youth, including those with disabilities, reached with information and services that promote their health and well-being *Baseline: 1.3 million (520,000 female; 780,000 male) (2021); Target: 2.5 million (1.25 million female; 1.25 million male) (2026)*	Ministry of Health; National AIDS Control Council; Ministry of ICT Innovation and Youth Affairs; Ministry of Education; Council of Governors-programme counties; Kenya Red Cross Society; United Nations organizations; civil society organizations; SSTC partnerships	$3.1 million ($1.5 million from regular resources and $1.6 million from other resources) _____ Programme coordination and assistance: $1.0 million from regular resources