

**COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR
KENYA**

Annual session 2022

Comments by Denmark	UNFPA country/regional office response
<p>We note with appreciation the integration and alignment between the UNFPA country programme document for Kenya and the Kenya UNSDCF spanning across the programme cycle - from undertaking programming based on CCA-derived evidence; aligning UNFPA priorities with those of the wider UNSDCF; and including considerations for integrated monitoring and reporting.</p>	<p>We thank the Government of Denmark for this comment.</p>
<p>While taking note of the risk section’s (para.37) reference to risks stemming “(...) 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”, we recommend further expanding the programme document’s analysis of the public sector financing prospects and associated risks identified in the World Bank and GAVI policy briefing (dated 22 March 2022; available here: https://documents1.worldbank.org/curated/en/099800203222222806/pdf/P16296906bcdef02c0b93f0c4331d7ee89a.pdf</p> <p>This briefing points to the risks associated with the reliance of the entire health sector in Kenya on external funding combined with the country’s progressive ineligibility for international financing due to the country surpassing critical income eligibility thresholds for international financing, meaning that Kenya is bound to experience reduced international financing for its priority health programs (immunization, human immunodeficiency virus and acquired immunodeficiency syndrome (HIV and AIDS), malaria, tuberculosis, and reproductive health). We encourage reflection of these risks and the policy implications identified by the World Bank and GAVI in the country programme document.</p>	<p>We thank the Government of Denmark for sharing this recommendation and the policy briefing in question. The Country Office will review gaps in the UNFPA resource mobilisation and partnership plan and will update the Country Office strategy and partnership approach, taking into account these risks and policy implications. Additionally, the Country Office will support the National Council for Population and Development in dissemination of 2021 investment cases to support evidence-based advocacy and resource mobilization efforts for achievement of the three transformative results in Kenya</p>

<p>Outcome 1.2 we suggest to add “humanitarian settings” and mention of “All women and girls in all their diversities” e.g. Women and girls who identify as LGBTIQ+, those who live positively or with HIV and AIDs, those who live with disability, those in the humanitarian settings.</p> <p><i>Note: With this, we ensure “<u>Leave No one behind</u>” principle is applied.</i></p>	<p>Outcome 1.2 is a UNSDCF outcome which has already been validated by the Government of Kenya and all UN Agencies. Based on the UNSDG Guidance on UNSDCF, all agencies are required to abide by verbatim usage of this language.</p> <p>That said, programmatically, the UNFPA country programme itself will prioritize interventions in humanitarian settings and mentions this in all outputs.</p> <p>Further, the country programme is focused sharply on leaving no one behind. For instance, paragraph 12 states that “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; targeting 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”. All the CPD outputs are deliberately formulated to ensure SRHR for all in development as well as humanitarian settings.</p>
<p>In output 2: we suggest including other settings of focus in the programme, like arid and semi-arid land counties and the informal urban settlements instead of humanitarian settings alone. This is a service needed by all irrespective of the geographical setting. This can be included as a minimum Initial Service Package (MISP) for emergency response and planning toward comprehensive services to meet basic RH needs and to prevent and respond to sexual violence cases.</p>	<p>The Country Office fully agrees with this comment. Emergency preparedness and humanitarian response programme interventions will also be implemented in semi-arid land counties and the informal urban settlements through partnerships with agencies such as the National Disaster Operations Centre and the National Disaster Management Unit of Kenya. This approach has also been agreed with the UN and Government of Kenya during the UNSDCF development, and integrated into the UNSDCF outcome to which UNFPA will contribute.</p>
<p>We suggest an addition of indicators on unsafe abortion in line with the targets set for 2026 as this is critical for post Covid-19 recovery work or building back to better on Access to SRHR services. Abortion in Kenya is illegal but is permitted under specified circumstances, including danger to the life and health of the expectant mother and rape. However, a lot of work is also being done by various partners, including through support by Development Cooperation Agencies such as Danida, on SRHR work. Key</p>	<p>This is well noted. Unsafe abortion continues to be a major concern in maternal health. The Country Office has incorporated strengthening capacity of the health facilities to provide CEmONC and BEmONC (in which post-abortion care (PAC) is included); this is captured in paragraph 24 (b). UNFPA acknowledges the support from various agencies including DANIDA in developing the PAC guidelines by the MoH, and the Country Office will support implementation of these</p>

<p>being on the Post-Abortion Care (PAC) in Kenya. The PAC guidelines have been developed and capacity building is ongoing for almost all counties, to be able to bring health care workers to speed on the quality of abortion care in Kenya. This will enhance access to safe abortion and prevent a lot of death among young women and girls in Kenya.</p>	<p>guidelines especially in the programme counties. The programme will utilize the current indicator available at the Kenya Health Information System (KHIS) on PAC; and this will be reported during implementation of the 10th country programme (through annual programme reports that will be shared with the Government and key partners).</p>
<p>On the UNSDCF outcome indicators, baselines, targets, we suggest an inclusion of <u>humanitarian settings</u>, all women and girls in all their diversities, and all children and youth</p>	<p>This is well noted.</p> <p>The UNSDCF results framework at the outcome level has already been validated by the Government of Kenya and all UN Agencies. Currently, the UN and Government of Kenya are working on the finalisation of the results framework at the output levels. The Country Office will underscore this recommendation in the relevant Working Groups.</p>
<p>On unmet need for Family Planning indicator, baseline and targets mentioning: We propose to add “Proportion of women of reproductive age (aged 15-49 years) who have their need for modern family planning methods satisfied”, now that UNFPA’s new country programme for Kenya will be running from (2022-2027) and this coincides with the Family Planning 2030 (FP 2030 commitments). We suggest adding an output indicator focusing on either revision of the already existing (Targeted counties) County Family Planning costed implementation Plans with a look at the FP 2030 commitments work or to add a focus on working with the National government to review the 2017-2020 National Family Planning Costed Implementation Plan. This would be a tangible output for this indicator.</p> <p><i>Note: The revised FP-CIP’s would re-emphasize the need to reduce the unmet need for family planning in the targeted Counties while recognizing the importance of achieving self-sustainability in family planning programming and service provision, which would only be possible if the targeted county governments takes the responsibility of budgeting and for allocation of their financial resources for family planning and commodities procurement.</i></p> <p><i>Definition: A Costed Implementation Plan (CIP) is a multi-year actionable roadmap designed to help governments achieve their family planning goals—goals that when achieved will save millions of lives and improve the</i></p>	<p>This point is well taken.</p> <p>The Country Office acknowledges the progress and contributions made so far in development of the FP Costed Investment Plans (CIP) - which has been part of the FP2020 commitments. The Country Office will continue to work with the Ministry of Health to finalise the revision of the 2017 -2020 national CIP, noting that the National CIP includes costing for each of the 47 counties.</p> <p>UNFPA will continue working with other partners to advocate for increased resource allocation and implementation of the CIP.</p> <p>These activities will be captured in annual workplans.</p>

<i>health and wellbeing of women, families and communities. CIPs are a critical tool in transforming ambitious family planning commitments—such as those made through Family Planning 2030 and the Ouagadougou Partnership—into concrete programs and policies.</i>	
We suggest a mention of the 8 eight targeted counties (Turkana, Bungoma, Nairobi, Narok, Isiolo, Baringo, Garissa and Kwale) in the framework for easier tracking.	This is well noted and agreed. The 8 targeted counties are listed in paragraph 18. Additionally, the country office will establish a mechanism to track and report on country programme results (see paragraph 40). A robust Monitoring and Evaluation system will ensure close tracking of each indicator.
In the partnership contributions section, we suggest the addition of the Kenya Council of Governors also known as (CoG) as recommended partners in the list. This is because the Council of Governors (CoG) plays a key role in Health since health is a devolved function in the Government of Kenya.	This comment is well taken. The Council of Governors is listed as key partner under output 2 of RRF: Council of Governors - programme counties.
Output 5: We suggest to add number of young people, women and girls of all diversities participating in policies, decision making tables and influencing policies in the targeted 8 Kenyan counties.	This point is well noted. The relevant indicator has been revised accordingly: Number of counties implementing policies/frameworks for the involvement and participation of a diverse group of youth and adolescents, including those with disabilities Baseline: 2 (2021); Target: 8 (2026)

Comments by Sweden	UNFPA country/regional office response
While the document outlines the empowerment of women and youth in its strategies, in the framework it is not mentioned, we know that economic empowerment for youth and women increases their SRH outcomes of the same population. Should it not be at the centre of SRH?	The Kenya Country Office thanks the Government of Sweden for these comments. UNFPA will continue to leverage economic empowerment and poverty alleviation initiatives to improve and expand access to quality integrated SRHR information and services for women, adolescents and young people. This includes strengthening on-going collaboration and establishing new partnerships with private sector and other entities. A few examples of UNFPA work in this area include:

	<p>https://kenya.unfpa.org/en/news/unfpa-partners-meiji-holdings-co-ltd-empower-women-and-girls-kenya</p> <p>https://kenya.unfpa.org/en/news/soap-making-initiative-aids-covid-19-economic-recovery-and-fight-against-gender-based-violence</p>
When the voices of young people is needed when formulating policies – The voices of those hard to reach should be included – How will they access these tables when their economy does not allow them the space to use their voices?	UNFPA will continue to support mechanisms/ platforms such as the UNFPA Youth Advisory Panel, ICPD25 Youth Coalition, Kenya Ni Mimi platform and Youth Anti-FGM Network Kenya (YANK) to enhance effective participation of young people, in particular those furthest left behind in policy formulation and delivery processes.
The projects should look at a more integrated approach to SRHR.	The country programme will strengthen the integrated approach to SRHR, including at the level of programme implementation recognizing the inter-connected nature of the outputs on policy, improving quality services, addressing gender and social norms and population change, and their impact on improving SRHR for adolescents and young people.
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.	The UNFPA Kenya country programme has benefitted from a joint UN analysis on Leaving no one behind. This analysis was a key feature of the UN Common Country Analysis (CCA) which informed the formulation of UNSDCF.
<p>Notes: If the outcome is to leave no one behind – and the focus areas are arid and semi-arid regions – What are the key barriers – access to information and access to services exacerbated by retrogressive cultures right? -What are the root causes? When programs main focus is at the national and county level, the services take longer to reach the population that urgently need the services.</p> <p>Multidimensional poverty and lack of access to both services and information needs to start from both ends – top and bottom. Government and marginalized communities.</p>	The root causes of inequity in SRHR status particularly in arid and semi-arid regions include poverty and gender inequality, which give rise to harmful social norms and practices, and adversely impact access to information and services. In order to ensure that no-one is left behind, including in semi-arid regions, the programme will capitalize on the devolution of health system delivery in Kenya, recognizing that the health system begins at the community level (Level 1) which is managed by the County Health Department, with oversight and guidance by the national team. UNFPA will continue to support these County Health Departments in programme focussed counties, and will work with implementing partners based at the community level,

	including informal urban settlements, thereby addressing the issues from both a top-down and bottom-up approach.
In output 5 – partner contribution – Ministry of Interior should be included because one of their key mandates is enhancing development projects and work from National to Sub- County Levels.	The Country Office agrees with this recommendation and has updated the partners list in the Results and Resources framework to reflect the collaboration with the Ministry of Interior. The Ministry of Interior is a strategic partner on GBV prevention and response, including elimination of FGM, and also hosts key institutions with a mandate for disaster risk management such as the National Disaster Operations Centre and the National Disaster Management Unit.
<p>Good Practices and Evaluative Evidence from the Implementation of the GOK/UNFPA Programme of Cooperation</p> <p>Good Practice – Sustained Advocacy –</p> <p>It is commendable that UNFPA coordinated high-level dialogues on increased domestic financing of FP commodities with the Parliamentarians and senior Government Officers.</p> <p>However, advocacy should not only be for championing to end retrogressive cultures and gender inequality – Self Advocacy by communities can be for better health outcomes and demand creation of contraceptives hence putting pressure on the County government to do more. When communities especially in rural poor resourced areas have the knowledge and power to advocate, they will identify those needs that matter to them and lobby – this includes Hospitals, Roads Water and FP commodities.</p>	<p>This point is well taken.</p> <p>Empowering communities as change agents is critical for improved health outcomes, and is one of the key strategies applied by UNFPA. Communities will play a key role in ensuring accountability by the County governments in delivering quality services, and upholding the rights to sexual and reproductive health for women and girls. The Common Country Analysis takes note of existing negative gender norms and harmful practices that contribute to poor outcomes (Para 7 of the CPD). This has informed the interventions outlined in the CPD which aim to strengthen capacities of actors and entities to address discriminatory gender and social norms.</p>
<p>In the conclusion and recommendation –</p> <p>TBAs are an integral part of the community health systems for rural communities who lack access. Instead of peer groups – why not train all TBAs to be Community Health Volunteers / Workers and they then qualify to get stipends directly from the country governments? They will do a better job at referral systems because they are now part of the Health care systems as opposed to support team - Just a thought of a resource that is not being well utilized</p>	<p>This point is well noted.</p> <p>The MoH recommends training of TBAs to be referral agents and birth companions. This approach has been demonstrated to improve the utilisation of skilled birth attendance. At the implementation level, the UNFPA country office will work with the counties to strengthen involvement of TBAs in referral systems, in line with MoH’s guidelines for the Community Health Strategy and Primary Health care.</p>

Comments by United States of America	UNFPA country/regional office response
<p>Overall, we commend UNFPA for a well-conceived and comprehensive country program for Kenya, which is responsive to the needs of a decentralized system in Kenya. However, we would appreciate a greater emphasis on generating commitment to health and population issues at all levels of the system. This would have required analysis of impact of health and population on development and support for planning units at central and state levels.</p>	<p>We thank the United States of America for this comment. The National Council on Population and Development, Ministry of Health and Kenya National Bureau of Statistics along with the selected county governments are primary partners of UNFPA. Therefore, this recommendation will be addressed during the implementation of the country programme. This is outlined in Paragraph 30 and 31 under Output on Population and Data. There is an ongoing detailed analysis (e.g., monographs) by Kenya National Bureau of Statistics (supported by UNFPA) of the 2019 Census data which will also be utilised to inform the impact of health and population on development.</p>