Government of Kenya

DRAFT PROGRESS IN ATTAINMENT OF MDGS AND WAY FORWARD TOWARDS ACHIEVING MDGS BY 2015 IN KENYA

September 2010

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ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AFDB	African Development Bank
AL	Artemether Lumefantrine
ANC	Antenatal Care
ART	Anti Retroviral Therapy
ARV	Anti Retroviral
ASAL	Arid and Semi-Arid Areas
CBK	Central Bank of Kenya
CRC	Convention on the Rights of the Child
DFID	Department for International Development
DOMC	Division of Malaria Control
DPM	Directorate of Personnel Management
ERS	Economic Recovery Strategy
ECD	Early Childhood Development
EFA	Education For All
ECDE	Early Childhood Development and Education
FAO	Food and Agriculture Organization
FGM	Female Genital Mutilation
FPE	Free Primary Education
GAVI	Global Alliance for Vaccine Initiative
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GTZ	German Technical Organization
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide Treated Net
KDHS	Kenya Demographic and Health Survey
KESP	Kenya Education Support Programme
KEPI	Kenya Expanded Programme on Immunization
KNASP	Kenya National AIDS Strategic Plan
KNBS	Kenya National Bureau of Statistics
KNH	Kenyatta National Hospital
KNMS	Kenyan National Malaria Strategy
LLITN	Long Lasting insecticide Treated Net
MDGs	Millennium Development Goals
MOH	Ministry of Health
MOPHS	Ministry of Public Health and Sanitation
MTP	Medium Term Plan
NACC	National AIDS Control Council

NASCOP	National AIDs and STI Control Programme
NER	Net Enrolment Ratio
NFE	Non Formal Education
NHSSP-II	National Health Sector Strategic Plan
NLTP	National Leprosy and Tuberculosis Program
NGO	Non-Governmental Organisation
NRHS	National Reproductive Health Services
OECD	Organisation for Economic Cooperation and Development
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PCR	Primary Completion Rate
PEPFAR	Presidential Emergency Relief Fund for AIDS Relief
PEM	Protein-Energy Malnutrition
PMTCT	Prevention of Mother-To-Child-Transmission
PPM	Public-Private Mix
PRSP	Poverty Reduction Strategy Paper
SIDA	Swedish International Development Agency
SS+	Sputum Smear-Positive
TIVET	Technical, Industrial, Vocational and Entrepreneurship Training
TOR	Terms of Reference
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

In September 2000, 189 countries including Kenya signed the Millennium Declaration. The main objective of the Millennium Declaration was to define a common vision for development by setting eight Millennium Development Goals (MDGs) to be achieved by 2015.

Prior to this declaration, in several parts of the world and more particularly in the developing world many countries had, in the 1980s and 1990s, put in place economic reform policies aimed at macroeconomic stability. Though macroeconomic stability was realized in many different countries, economic growth was uneven and insufficient to register meaningful development and propel countries out of poverty.

In response to the global call to achieve the MDGs by 2015, many countries are making remarkable progress demonstrating that setting bold, collective goals in the fight against poverty yields results. Robust economic growth in the first half of this decade reduced the number of people in developing regions living on less than $1.25 a day from 1.8 billion in 1990 to 1.4 billion in 2005, while the poverty rate dropped from 46 per cent to 27 per cent (UN MDG Report, 2010). However, the global economic and financial crisis, which began in the advanced economies of North America and Europe in 2008, sparked abrupt declines in exports and commodity prices and reduced trade and investment, slowing growth in developing countries

After decades of slow and uneven economic growth, the Government of Kenya initiated a series of bold economic and structural reforms aimed at reviving economic growth and implementing the Millennium Development Goals. Prior to the Economic Recovery Strategy, the Government of Kenya had carried out three participatory poverty assessment studies and prepared a Poverty Reduction Strategy Paper (PRSP) in 2001/02. In effect there was general consensus that there was need to do things differently and seriously address the plight of the poor. These reforms enshrined within the Economic Recovery Strategy (2003-2007), led to the Kenyan economy recording a remarkable recovery. From 2002 to 2007, the real Gross Domestic Product (GDP) grew steadily from 0.6% to 7.1%, bank lending rates decreased from 18.3% to 13.3% spurring private sector borrowing by 72%, over 2.3 million new jobs were created within the period slightly missing the target of 2.5 million, foreign exchange reserves increased from 3.3 months of imports cover in 2002 to 4 months of cover in 2007, and the budget deficit averaged 2% within the period.

However, just as the Kenyan economy was manifesting consistent growth, it was hit by the two global crises of late 2007 and 2008: high fuel prices and food prices resulting from the developed countries quest in search of alternate sources of energy. To exacerbate the situation, Kenya experienced its own setback resulting from the postelection violence of early 2008 and drought, threatening gains made in achieving

the MDGs. It must also be noted that despite the achievements registered under the Economic Recovery Strategy, the economic gains were unevenly distributed, unemployment particularly among the youth remained a grave challenge and the annual inflation rate increased from 2% in 2002 to 14.5% in 2006 before declining to 9.2% in 2009. The high inflation rate, attributable mainly to high fuel prices, eroded the purchasing power of the people and had a most adverse effect on the poor and vulnerable.

At the end of the implementation of the Economic Recovery Strategy (ERS) (2003-2007), Kenya formulated the Kenya Vision 2030 policy blueprint whose general scope is to create a cohesive, equitable and a just society based on democratic principles grounded in the existing rich, diverse cultures and traditions of Kenya. The vision is being implemented through five year rolling plans known as the Medium Term Plan (MTP), the first of which covers the period 2008-2012. The Medium Term Plan outlines policies, reforms, measures, projects and programmes agreed upon by the grand Coalition Government

According to the Economic Survey 2010, the economy posted a real GDP growth of 2.6% in 2009 compared to a revised growth of 1.6% in 2008. The growth was attributed to resurgence of activities in the tourism sector and resilience in the building and construction industry. However, a mixture of unfavorable weather and sluggish internal and external demands restrained growth from attaining its potential. However, the prospects for 2010 look bright. If growth is sustained it can be assumed a lot more investment is likely to be available for the social sectors, that have particular significance in meeting the MDGs, as was the case in 2009/10 when the social sector budget estimates rose by 19.8% to KSh.236,578.7 million compared to KSh.197,537.4 million in 2008/09.

Millennium Development Goals Attainment in Kenya

The eight MDGs are designed to: (i) eradicate extreme poverty and hunger, (ii) achieve universal primary education, (iii) promote gender equality and empower women, (iv) reduce child mortality, (v) improve maternal health, (vi) combat HIV/AIDS, malaria and other diseases, (vii) ensure environmental sustainability, and (viii) develop a global partnership for development.

In Kenya the MDGs process started in September, 2002 and the first Status Report was prepared in July 2003. In 2004 the Government adopted MDG-based planning to achieve better targeting and accelerate the implementation of the MDGs across the various ministries. The MDGs status reports of 2003 and 2007 underscored the challenges that needed to be overcome if Kenya was to be on track to achieve the MDGs. A status report for 2009 is in process of preparation. Despite the various challenges facing the

implementation, Kenya is perceived to have made significant progress in most of the MDGs.

i. Kenya has managed to significantly reduce the population below the poverty line from 56% in 2000 to 46.9% in 2008/09.

ii. Kenya is very likely to achieve full primary school enrolment by 2015, given its 110.0% primary school gross enrollment rate in 2009 up from 107.6% in 2007/08 compared to 73.7% in 2002. The net enrolment rates rose from 77.3% in 2002 to 92.9% over the same period, while the primary school completion rates improved from 62.8% in 2002 to 83.2% in 2009. The enrolment figures for boys and girl in primary school enrolment also point to a near gender parity,

iii. Gender issues are being addressed by the new constitution that states women and men have the right to equal treatment including the right to equal opportunities in politics, economic, cultural and social spheres (section 27:3). There are specific measures in place to realize progress towards gender parity in various sectors. For instance, the Government has put University entrance cut off points for girls at two points lower than that of boys and pledged at least 30% of all Government appointments to go to women as part of the affirmative action to address the gender gap.

iv. In 2008-09 the infant mortality rate was 52 deaths per 1,000 live births from 77 in 2003 while the under-five mortality rate was 74 deaths per 1,000 live births in 2008/09 from 115 in 2003. Immunization coverage increased from 57% in 2003 to 72% in 2007 and 77% in 2008/09.

v. According to KDHS 2008-2009 report, 44% of births in Kenya are delivered by a health professional and 43% of deliveries take place in health facilities. There is increase in contraceptive use, from 39% of married women in 2003 using any method to 46% in 2008-09. However, progress in this Goal has been slower than expected. Special attention is necessary to address the maternal mortality rates which worsened from 414/100,000 in 2003 to 488/100,000 in 2008-09

vi. HIV prevalence reduced from 13% in 2000 to about 7.5% in 2008 (Economic Survey, 2009). Antiretroviral (ARV) drugs are free in Government health facilities hence improving the survival rates of people living with HIV. Drugs for prevention of mother-to-child-transmission of HIV are available in almost all Government health facilities and steps are being taken to ensure equity in access.
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vii. There has been impressive progress on prevention and control of malaria. According to KDHS 2008-09, 54% of households own at least one Insect Treated

Net, and 51% of children under five years and 53% of pregnant women were reported to have slept under a mosquito net the night prior to the interview.

viii. Forest cover is currently estimated at 1.7%. The government has shown commitment towards the achievement of Goal number 7 target of reversing rate of deforestation and ensuring environmental sustainability. Land owners are being advised to put at least 10% of land acreage under tree cover, while there are aggressive conservation initiatives in the Mau Forest and the Aberdares Range among others..

ix. Access to safe drinking water has increased from an average of 60% in 2002/03 to 83% and 49% in urban and rural areas respectively, in 2007/08.

x. With regard to Goal number 8, though developed countries had committed themselves to increase their aid to developing countries to 0.7% of GDP, progress in reaching this target has been slow. It should however be noted that a number of countries especially the Scandinavian nations have made quite substantial efforts towards this target. Other developed nations with big economies may be far from reaching this percentage but their contributions in absolute terms are quite substantial. On the other hand, the Government has made good progress in regional cooperation, improving trade ad ICT environment.

These successes were associated with the steady economic growth under the Economic Recovery Strategy and commitment to good governance in general. While Kenya has made good progress towards the achievement of the MDGs, there are several major challenges and bottlenecks that have slowed down the process thus affecting progress, such as:

i. Unemployment and persistent poverty,
ii. Unfavorable weather conditions affecting food production,
iii. High population growth
iv. Weak governance and corruption

Overall, it is noted that many of these problems have arisen due to the fact that the economic gains realized under the Economic Recovery Strategy were unevenly distributed, and the country has faced several internal and external crises. To this effect UNDP, in collaboration with the Ministry of Planning, National Development and Vision 2030, has undertaken this study on the progress made in Kenya in achieving the MDGs while assessing and bringing to the fore the underlying implementation challenges and bottlenecks over the last ten years. The study has also mapped out strategies, identified resources required, and suggested the best way forward to ensure successful implementation by 2015.

Way Forward

The progress in attainment of most of the MDGs has been modest. Building on existing political good will and greater demonstration of the importance of the impact the attainment of the goals can have on the country's development and in improving the lives of the poor more progress could be achieved. The mood in the districts and among communities is one full of optimism, and it is important to scale up the initiatives that are working for greater and faster successes.

To achieve this, the coordination, reporting and monitoring systems between government departments on one hand and between government and development partners need to be strengthened. At the implementation level, the District Development Offices appear to be well placed to spearhead some of the leadership tasks with the support of the District Commissioners, though this may not necessarily work in all places. Without strengthening these relationships and creating an enabling and well resourced environment, good initiatives in the districts are likely to fall prey to "business as usual" attitude. Such a scenario would be an unfortunate derailment of the positive strides made in meeting MDGs so far.

Good initiatives such as Economic Stimulus Package, Njaa Marufuku Kenya, Kazi Kwa Vijana, Quick Wins, Women and Youth Enterprise Funds among others, have great potential of impacting directly and effectively the livelihoods of the poor. Focus should be placed on ways of improving targeting, ensuring the poor are not only included but also protecting the gains that have been made. There is need for a better communication strategy. Some of these initiatives are still largely unknown to many of the potential beneficiaries. Where gains have been made public communication is necessary so that stakeholders especially citizens can participate in protecting these gains. Information should be given citizens on how to identify factors and incidences that indicate a reversal of gains so that corrective action is taken at the lowest levels of accountability.
Advertising in the numerous local FM stations can increase the uptake of these innovations.

It is recommended that strengthening of the national MDG Unit should be given high priority to take on more oversight roles by giving timely support to line ministries and be assisted to develop a national framework that will coordinate the roles of all players in MDG related activities in government, development partners, civil society and private sector.

The MDGs are going to be more achievable if nationally owned development strategies, policies and programmes are supported by international development partners. At the same time, it is clear that improvements in the lives of the poor have been unacceptably slow, and some hard-won gains are being eroded by the climate, food and economic crises Ownership by the country calls for political will, honoring of budgets to priority

MDG activities, increased involvement of the private sector and civil society and informed participation of the poor.

More effort is needed towards creating greater synergy between the Government, the civil society and the private sector. Working together as one community will boost the progress to attainment of the MDGs as one party will compliment the work of the other and vice versa. More so, the Government should take as a priority the involvement of the private sector and civil society towards achievement of MDGs. This could be done through fast-tracking the ongoing efforts on the establishment of the public sector stakeholders' partnerships framework to enable them pool their efforts and resource capacity to achieve MDGs. Further, there is need to coordinate NGOs activities to limit duplication of activities and also to monitor the use of funds meant to achieve the set MDGs targets.

Achieving the MDGs will require increased national attention to the welfare of the most vulnerable. In almost every goal success is threatened by the attitude of "business as usual" and a lack of clarity on how to engage between the policy makers and planners on one hand and the poor and vulnerable on the other.

It is important to ensure that youth programmes are promoted and that these programmes actually benefit the youth. There is also need to evaluate with a view to scaling up the social protection initiative in which old people are given monthly cash allowances to safe guard them from extreme poverty. Similar action should apply to the support extended to orphaned and vulnerable children,

Policies and interventions will be needed to eliminate the persistent or even increasing inequalities between the rich and the poor, between those living in rural or remote areas or in slums versus better-off urban populations, and those disadvantaged by geographic location, sex, age, disability or ethnicity. To help achieve this aspiration, data collection should be disaggregated to give these variances and fed to the National MDG Secretariat for use and monitoring progress in the line ministries.

Children in rural areas are more likely to be underweight than urban children. The monitoring of under weight children should not be seen as the function of the Ministries of Medical Services and Public Health and Sanitation and needs to be better linked with the initiatives of the ministries of Education, Agriculture, Livestock and Fisheries in order to give better results. The mother has to see these links and utilize the opportunities offered.

Special focus is needed to address the plight of children with disabilities and get them to school and the job market. Even in countries close to achieving universal primary education, children with disabilities are the majority of those excluded.

Regional and rural-urban gender disparities continue to pose a challenge. It is recommended that district education boards and the Provincial Administration, considering that administrative units are now much smaller, should be assisted by the District Planning Units to create a comprehensive data bank of girls and boys from poor households who are out of school. This exercise could also involve the civil society and faith based organizations to add more value.

Maternal health is one of the areas in which the gap between the rich and poor is most conspicuous. In rural areas long distances to the health facilities or the lack of health care professionals discourage mothers from seeking care. While almost all births are attended by skilled health personnel in the developed countries, less than half of women receive such care when giving birth in many parts of the developing world including Kenya. It is recommended that owing to various challenges that keep pregnant mothers away from the health facility, a programmatic change should be considered. Health care services should as much as possible be taken to the mother rather than the poor and weak mother going to health facility that is likely to be far and health care personnel unwelcoming. By going to the mother, the health care givers may change attitude and see the mother as an essential client, and a partner in service provision.

Lack of education is another major obstacle to accessing tools that could improve people's lives. For instance, poverty and unequal access to schooling perpetuate high adolescent birth rates, jeopardizing the health of girls and diminishing their opportunities for social and economic advancement. Contraceptive use is four times higher among women with a secondary education than among those with no education. For women in the poorest households and among those with no education, negligible progress was seen over the last decade. More synergy is necessary between the ministries of health and education to link these benefits.

Considering the high population of youth and knowing that the youth are unlikely to seek reproductive health services as currently provided, it is important to find of serving them in a more friendly, caring, welcoming, and youth responsive environment. Collaboration between the ministries of Education, Youth and Health is indeed overdue to define a national strategy for investing in the youth and helping them to develop good health seeking habits at early stages to secure a healthy future and save the country costs in health.

Only about half of the developing world's population are using improved sanitation and the nuisance of 'flying toilets' is still a menace in our slums and addressing this inequality will have a major impact on several of the MDGs. Disparities between rural and urban areas remain daunting, with only 40 per cent of rural population covered. Sanitation needs to be given not only a higher budget and profile, but also adopt more innovative and hygienic facilities that combine health benefits with income generation

especially for slum dwellers where the need is greatest. Several NGOs including Ecotact, and Amref for instance, have successful initiatives that can be scaled up.

Finally, the government needs to raise the profile of MDGs throughout the country and at all levels especially at the grassroots where action is most urgently needed. As much as possible, MDG activities should be infused into other devolved development agenda with the participation of the people. Meeting MDG targets is not just about getting funding, it is as much important to inculcate national commitment to action for the good and benefit of all, especially the poor. Furthermore, the new constitution (August 2010) has placed additional responsibility to the government by guaranteeing environment, economic and social rights that give citizen a wide range of rights in the social sector thereby giving constitutional support to attainment of most MDGs.

Structure of the Report

This report is divided into five chapters. Chapter one provides the introduction and background, while Chapter two deals with the macroeconomic situation in Kenya and linkages between MDGs and other initiatives. Chapter three defines the successes, challenges, interventions, recommendations and resource requirements of the specific MDGs, with Chapter four giving the cost of meeting the MDGs and the last chapter (five) provides conclusions and overall strategies for sustaining the progress and gains made.

CHAPTER ONE

1.0 INTRODUCTION

The Millennium Development Goals (MDGs) are universally accepted as the international commitment to sustainable development and poverty reduction. In September, 2000, at the Millennium Summit, world leaders agreed to a set of time bound and measurable goals that address the key elements of human development; and 189 countries including Kenya signed the Millennium Declaration. The main objective of the Millennium Declaration was to define a common vision for development by setting eight Millennium Development Goals (MDGs) to be achieved by 2015

The Millennium Development Goals present both an enormous challenge and a united global position that poverty is unacceptable and that it is every nation's concern, whether rich or poor, to act to eliminate it and ensure every human being lives in dignity. It is also appreciated that poverty manifests itself in different forms. With their associated targets and indicators, the MDGs provide a collective direction for the international community to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality, empower women, reduce child mortality, improve maternal death, combat diseases such as HIV/AIDS, malaria and TB, and ensure environmental sustainability.

1.1 BACKGROUND

In response to the global call to achieve the MDGs by 2015, many countries are moving forward, including some of the poorest, demonstrating that setting bold, collective goals in the fight against poverty yields results. Robust economic growth in the first half of the decade reduced the number of people in developing regions living on less than $1.25 a day from 1.8 billion in 1990 to 1.4 billion in 2005, while the poverty rate dropped from 46 per cent to 27 per cent (UN MDG Report, 2010). However, the global economic and financial crisis, which began in the advanced economies of North America and Europe in 2008, sparked abrupt declines in exports and commodity prices and reduced trade and investment, slowing growth in developing countries

Nevertheless, the collective efforts towards achievement of the MDGs have made inroads in many areas. Encouraging trends before 2008 had put many regions on track to achieve at least some of the goals. The economic growth momentum in developing regions remains strong and, learning from the many successes of even the most challenged countries, achieving the MDGs is still within grasp: Progress on poverty reduction is still being made, despite significant setbacks due to the 2008-2009

economic downturn, and food and energy crises. The developing world as a whole remains on track to achieve the poverty reduction target by 2015.

- The overall poverty rate is still expected to fall to 15 per cent by 2015 - Which means around 920 million people living under the international poverty line—half the number in 1990.
- Major advances have been made in getting children into school in many of the poorest countries, most of them in Sub-Saharan Africa.
- Remarkable improvements in key interventions— for malaria and HIV control, and measles immunization, for example have cut child deaths from 12.5 million in1990 to 8.8 million in 2008.
- Between 2003 and 2008, the number of people receiving antiretroviral therapy increased tenfold— from 400,000 people to 4 million—corresponding to 42 per cent of the 8.8 million people who needed treatment for HIV.
- Major increases in funding and a stronger commitment to control malaria have accelerated delivery of malaria interventions. Across Africa, more communities are benefiting from bed net protection and more children are being treated with effective drugs.
- The rate of deforestation, though still alarmingly high, appears to have slowed, due to tree-planting schemes combined with the natural expansion of forests.
- Increased use of improved water sources in rural areas has narrowed the large gap with urban areas, where coverage has remained at 94 per cent—almost unchanged since 1990. However, the safety of water supplies remains a challenge and urgently needs to be addressed.
- Mobile telephony continues to expand in the developing world and is increasingly being used for m-banking, disaster management and other non-voice applications for development. By the end of 2009, cellular subscriptions per 100 people had reached the 50 per cent mark. (MDG Report 2010 En 20100604)

But unmet commitments, inadequate resources, lack of focus and accountability, and insufficient dedication to sustainable development have created shortfalls in many areas. Moreover, as the UN MDGs Report 2010 points out, the effects of the global financial crisis are likely to persist: poverty rates will be slightly higher in 2015 and even beyond, to 2020, than they would have been had the world economy grown steadily at its pre-crisis pace. Kenya is looking for ways to minimize these effects and sustain gains in order to attain the MDGs as promised.

1.2 The Context of Kenya

As a signatory to the UN Declaration, Kenya is committed to the achievement of the goals and targets set at the Millennium Development Summit. For instance, since 2004 the Government has put in place an elaborate institutional framework to fully integrate

the MDGs into the national policy, planning and budgeting process. A policy making National Steering Committee was formed, chaired by the Head of the Public Service and Secretary to the Cabinet, with membership comprising of Permanent Secretaries from all Ministries implementing MDG-related activities, representatives from development partners, private sector and civil society. A technical committee chaired by the Permanent Secretary, Ministry of Planning with membership from the key Ministries implementing MDG related activities and other stakeholders acts as the technical oversight body. A secretariat headed by the National Focal Point officer based at the Ministry of Planning provides the overall coordination to the process. These structures have made considerable progress in ensuring that MDGs are at the core of national development.

To inform interventions geared toward achievement of the MDGs, Kenya has undertaken various assessments[1] to ascertain the status in various areas relating to the MDGs, the evaluation of the targets, and assessment of the combinations of resources required including estimating required finances to attain the goals.

Although good progress has been made, this has been inconsistent, insufficient and uneven. Consequently, some of the goals are lagging behind but there is hope that with political will, innovative approaches and allocation of more funds, attainment of the MDGs by 2015 can be fast tracked

1.3 The Objective of the Study

The objective of this assignment was to conduct a study to take stock of challenges and bottlenecks in the implementation of the MDGs in the past ten years and to recommend good strategies towards achieving the MDGs in 2015

1.4 Study Methodology and Approach

The approach for the study comprised a number of stages, which were complementary in capturing information required to fulfill the expectations of the terms of reference for the study. These included: literature review which entailed mainly secondary data collection; quantitative data collection to assess progress on targets, proposed interventions and strategies, resources used and planned cost estimates. Interviews were conducted with government officials in Ministry of Planning, National Development and Vision 2030 and line ministries implementing MDG activities.

In addition, selected UN Agencies and NGOs that support specific interventions provided further information; key informant interviews were held with heads of organizations/units who by virtue of their positions have specific information and data on particular initiatives, resource allocation and target attainment; semi-structured

[1] Millennium Development Goals Assessment 2003, 2005, 2006 and 2008

interviews and focus group discussions were held at district level with officers and local leaders involved in MDG related projects.

1.5 Field visits

Murang'a, Kilifi, Suba, and Rarieda districts were visited to assess and observe actual implementation of activities and progress in MDGs attainment at the grassroots level. Observations were made on progress and status of projects.

CHAPTER TWO

2.0 MACROECONOMIC SITUATION

Kenya has a vision to become a middle income country by the year 2030. This is a big challenge. Kenya's level of development is currently characterized by relatively low life expectancy and low per capita incomes. Yet Kenya also has the potential to become a middle income country given the fundamentals: relatively good human capital, fertile land, a resilient private sector, and port access to trading routes. Kenya plans to ride on these favorable factors to scale up economic and social development progress. Indonesia, Malaysia and Vietnam in Asia and Egypt, Mauritius, and South Africa are middle-income countries that represent examples of Kenya's aspirations. These countries have higher life expectancy and per capita incomes. To achieve the middle income country (MIC) ambition, Kenya will require a policy environment for the private sector to lead economic growth, and for the public sector to facilitate that dream by providing the necessary enabling environment.

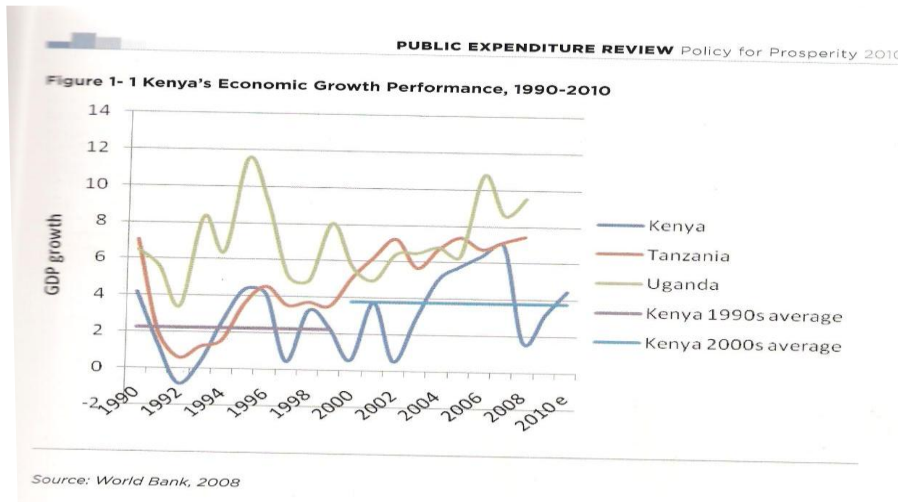
2.1 Overview of Macroeconomic Performance

Kenya's economic growth performance in the past two decades has been both more volatile and lower than projected. However, there were noticeable improvements in the 2000-2010 decade, but growth performance on average only matched population growth, meaning stagnation in incomes for the majority, and the situation could worsen with surging population. With a population of 38.6 million people (Census 2009) and considering that an average Kenyan woman is giving birth to 4.6 babies the population is growing at one million per year. This high rate of growth is bound to have adverse effects on the economy due to increased spending. The population is quite young with more than 5.9 million babies having been born in the last four years.

Notably, economic growth accelerated from 2002 up to 2007, but was disrupted by the postelection violence in 2008. The period from 2002 was a time of optimism, as finally, growth rates accelerated. Moreover, this was also a period of global economic growth and a favorable external environment. Compared to other countries in sub-Saharan Africa, Kenya did well, but not necessarily better than her neighbors. Then the country experienced violence after the 2007 general elections which caused disruptions to economic activities and displaced some communities from their farmlands and businesses. Recovery from the 2008 political crisis was hampered by the subsequent external shocks: food and fuel price hikes, the global economic crisis and a drought in 2007/08. Disentangling the external effects from the political crisis is difficult but the

combined result was a slowdown in economic growth from a high 7.0 percent in 2007 to a mere 1.6 percent in 2008 (Economic Survey 2010).

Figure 1 Kenya's Economic Growth Performance



During the year 2009, the economy continued along the gradual path of recovery that led to an estimated annual growth of 2.6 percent**.** There is evidence that the economy is slowly recovering from the shocks of 2008; principally the postelection violence and the global financial crisis which affected the key sectors of the economy: agriculture, tourism, manufacturing and transport. The delayed long rains also played a key role in the poor performance in 2008. On the positive side, growth in 2009 was driven by the construction industry, the wholesale & retail trade, transport, communications and tourism sectors. An analysis of the sectoral performance reveals that while most sectors maintained positive growth, agriculture and forestry contracted by 2.6% in 2009 but the contraction was much slower than the 4.1% recorded in 2008. (Economic Survey 2010)

Interest rates remained broadly stable in 2009**.** The average interest rate, proxied by the 91-day Treasury Bill rate, has been stable for the period 2006 to 2009, increasing slightly from 6.8 percent in 2006 to 7.5 percent in 2009. The marginal increase in 2008 and 2009 is largely attributed to the increase in government borrowing. The low and stable interest rates will need to be maintained for expansion of credit to the private sector for productive activities. Money supply, M3, grew significantly between 2007 and 2009, averaging Kshs. 123.1 billion.

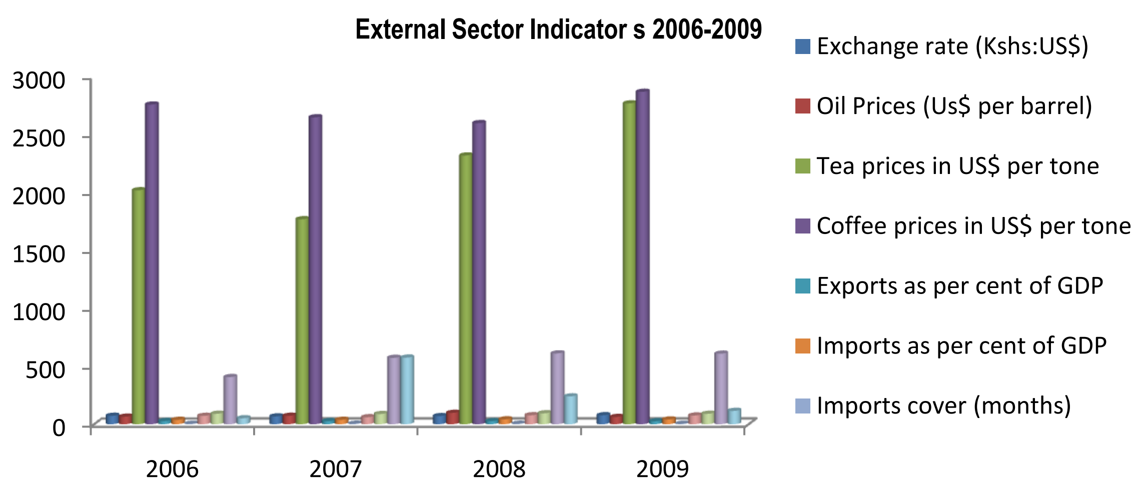
The economic survey (2010) further stated that the average annual inflation eased from 16.2 percent in 2008 to 9.2 percent in 2009 on account of a decline in food and oil prices. However, on a monthly basis it eased from a high 14.6% in March 2009 to 4.7 percent in January 2010. Additional food imports during the second half of 2009 dampened the upward pressure on food prices. It is important to point out that in 2009

the government adopted a new methodology for measuring inflation (from the arithmetic to the geometric mean method) in line with global best practice. In 2010, the CPI basket was also revised reducing the weight for food and inflation is expected to remain within the CBK policy target of 5.0 percent. The underlying inflation, that is, overall inflation excluding food, decreased from 8.7 percent in 2008 to 5.2 percent in 2009.

Financing of Kenya's development process remains a key challenge given the low domestic saving levels. The public savings rate has been low, and at times negative. Private savings are, therefore, the main source of domestic savings; estimated to have declined to 13.8 percent of GDP in 2009 from 14.8 percent of GDP in 2008. The widening gap between domestic savings and investment in 2009 is largely due to savings growth being dismal. In Vision 2030 and the Medium Term Plan (MTP 2008-2012), domestic saving and investment in proportion to GDP are projected to grow to 24.4 percent of GDP and 29.7 percent of GDP by the year 2012. To achieve this, domestic resource mobilization will be required for domestic investment, which will call for prudence in fiscal policy and a reign on borrowing for current public consumption.

Despite overall improvements in the terms of trade, Kenya's export performance has been lower than anticipated and fell in proportion to GDP from 26.3% in 2008 to 25.3% in 2009. Export earnings declined by 11.4 percent and imports contracted by 11.2 percent in 2009. Consequently, the current account deficit widened from 7.2 percent of GDP in 2008 to 7.3 percent in 2009. The overall trade balance improved to a surplus of US $464 million from a deficit of US $513 million in 2008. The nominal exchange rate depreciated against the dollar from 69.8 in 2008 to 77.3 in 2009 (and some 2010 rates fell as low as 81). The combination of declining oil prices in the world market, increasing coffee and tea prices and the nominal depreciation of the Kenya shilling against the dollar boosted the competitiveness of Kenyan exports but some of the gains were offset by the drop in volumes as a result of the drought.

Figure 2 External Factor Indicators



Source: PER, 2010

In 2009, employment was boosted by the Government stimulus package designed for labour intensive projects. The jobs created were mainly informal within the construction, transport, hotels and restaurants. In both 2009/10 and 2010/11 budgets, the Government adopted expansionary approach with the objective of stimulating economic growth, creating employment and improving food security in the country. The implementation process was envisaged in form of economic stimulus through increased public spending on key infrastructural projects and public works which were spread throughout the constituencies. As a result, the total Government outlay for the fiscal period 2009/10 was expected to rise to KSh. 887 billion reflecting a growth of 31 % while the budget for 2010/11 budget reached a high KSh. 997 billion (almost one trillion shillings).

On the other hand, international remittances have increased substantially. Remittances are estimated to be Ksh 47.1 billion (US$609 million) in 2009 -- an increase of about 60 percent between 2006 and 2009. It is likely that the growth in remittances was at first as a result of the postelection violence, and contrary to expectations given the global recession, continued to increase in response to the domestic shocks especially the drought and domestic food crisis. Remittances exceeded net foreign direct investment to Kenya in three consecutive years between 2006 and 2009, by US$ 484 million in 2009.

2.2 Economic Prospects 2010 to 2012

Economic recovery is expected to accelerate in 2010 and 2011 as a result of an increase in domestic demand, coupled with stable interest rates and low inflation levels. Assuming government's fiscal strategy is to stimulate the economy and undertake the Vision 2030 investments, real economic growth is projected to be 4.4 percent in 2010, 6.5 percent in 2011 and 7.8 percent in 2012. Consumption is expected to increase in the medium term as the economy sustains high levels of growth and maintains macroeconomic stability. To achieve and sustain a 10 percent GDP growth rate as envisaged in Vision 2030, and provide the necessary base for attaining the MDGs, the economy will be required to operate at high levels of efficiency and technological progress; which calls for deeper reforms to improve the business environment in addition to the improved infrastructure. While there may be some challenges, many experts believe these growth rates can be achieved.

2.3 Policy Context

The Millennium Declaration calls on all development stakeholders to adopt a goal-oriented approach to policy, planning, budgeting/resource appropriation and

implementation and assigns differentiated responsibility to the various parties. It is expected that developing countries will be committed to the practice of good governance and sound use of resources for human development, while the developed countries will increase their financial assistance to developing countries up to at least the 0.7 % of GNI. The developed countries are also expected to support a development friendly international economic system with specific commitments to promote fair trade, reduce the debt burden and promote technology transfer to developing countries. The MDGs offer a unique opportunity to guide development planning and resource allocation in low income developing countries like Kenya and promote peace and human rights in the world.

2.4 The MDGs and Vision 2030

The Kenya Vision 2030 policy took over from the fairly successful era of the Economic Recovery Strategy. Both the Vision and the first Medium Term Plan (MTP) recognized that sustainable economic growth, poverty reduction and equity would be achieved in a stable macro and fiscal environment. Subsequently, a medium term macroeconomic framework for the MTP period compatible with Vision 2030 and the Grand Coalition Government development agenda was developed. The macro framework also addresses socioeconomic challenges such as wealth creation, equity and quality of life for all Kenyans, issues that are at the core of the MDGs. Furthermore, the success in attaining the MDGs will depend greatly on high and sustained economic growth. It should be added that economic growth alone is not sufficient, and that other aspects of progress especially good governance and higher priority funding to social development sectors are integral to the achievement of the MDGs as well.

The Vision 2030, which is a long term plan to transform Kenya into a globally competitive economy at par with the Asian Tigers by the year 2030, is anchored on three main pillars i.e Economic, Social and Political pillars. The Vision 2030 is being implemented on 5-year Medium Term Planning Framework.

i. Economic Pillar

The key goal of this pillar is to ensure and maintain a sustained economic growth of 10% over a period of 22 years (up to 2030) and has also been linked to the MDGs Long-Term Plan 2007-2025. The Economic Pillar underpins agriculture, livestock and fisheries, tourism, manufacturing, wholesale and retail trade, business outsourcing and financial services as the priority sectors that will provide the impetus for economic growth and development.

However, according to the First Annual Progress Report on the Implementation of the First Medium Term Plan (2007-2012) of the Kenya Vision 2030, the performance of key

sectors during the first years of MTP has been rather dismal failing to rebound to the pre-post violence levels. For instance, agriculture, industry and service sectors all failed to achieve the 2008 targets with the agricultural sector contracting by 5.1%. This poor performance has caused great concern and cast doubt on Kenya's ability to reach the growth rates set in the Vision.

ii. Social Pillar

The Social Pillar focuses more on the social development improvements and investments needed especially in education and health sectors to support a vibrant economy. For education, the target in the first MTP was to raise the primary to secondary transition rates to 75% and the rates from secondary to university to 15% by 2012. The programmes and projects planned under this sector have direct relationship with attainment of MDGs. These are constructing and fully equipping 560 secondary schools, building at least one boarding primary school in each constituency of ASAL districts, recruiting additional 28,000 school teachers, integration of ECDE in the formal education programme, and introduction of Special Needs Education in the Basic Education and Adult Education Curriculum.

In health, the main goal is to provide affordable and quality healthcare to all citizens, involving the restructuring of the healthcare delivery system in order to shift the emphasis to preventive and promotive healthcare which will lower the nation's disease burden. The targets set to be achieved by 2012 include the reduction of under-five mortality rates from 120 to 33 per 1000; reduce maternal mortality from 410 to 147 per 100,000 live births, increasing the proportion of births delivered by skilled personnel from 42% to 95%, and increasing the proportion of immunised children below one year from 71% to 95%. Other targets are to reduce the proportion of inpatient malaria fatality to 3% and reduce HIV prevalence rates to less than 2% by 2012.

iii. Political Pillar

This Pillar emphasises governance, peace building and conflict management. The Vision envisages the creation of a peaceful Kenyan society where the rule of law is the cornerstones of individual freedoms with human rights guaranteed for every citizen. The aim is to ensure that the safety and security of Kenyans is guaranteed at all times, that Kenyans from all walks of life have access to justice and that all conflicts are resolved through nonviolent, amicable and legally sanctioned mechanisms.

There is a general feeling among stakeholders that the Vision 2010 and the Millennium Development Goals have yet to be seen to work in harmony, and many officers in the line ministries and in the districts have problem linking the two national policy frameworks. This may not be a major problem now, but as the MDGs provide opportunities to raise the levels of living of the poor within a shorter timeline, it is important to emphasize how this aspiration fits within the much bigger and long term flagship projects proposed under the Vision 2030.

ICT development is viewed as fundamental to the success of the Vision and a lot of emphasis has been put on the development of ICT to meet the human resource requirements for a rapidly changing and diversified economy. Extensive use of ICT has the potential of leveraging Kenya's relationship with other developed countries

2.5 MDGs and Human Rights

Human rights have not yet played a significant role in supporting and influencing MDG-based development planning. There are some similarities between the MDGs and human rights. The content of MDGs partly resembles some economic and social rights, and both provide tools to hold governments accountable. They can also reinforce each other since MDGs potentially provide benchmarks for economic and social rights, and human rights strategies can offer enhanced legitimacy, equity and sustainability to the types of policies needed to achieve the MDGs.

One of the key concerns from a human rights perspective is that the MDG targets are not sufficiently focussed on the plight of the poorest of the poor or inequality within a country. Several of the MDGs targets are not consistent with human rights and potentially diminish the gains enshrined in international human rights treaties. For instance, the target for Goal 2 should clearly state free, compulsory and quality primary education to bring it in line with international human rights treaties, and the strategies should ensure there is sufficient emphasis on the inclusion of disadvantaged communities and children with disability. While these inconsistencies between MDGs and human rights are not fatal, there is general agreement that some synergy would work to the advantage or even acceleration of MDG attainment. In this respect a number of actions can help in creating the necessary synergies:

a) Aligning the Goals with human rights by harmonising MDG targets with human rights standards. This includes ensuring that the targets and indicators effectively correspond to economic, social and cultural rights, that gender is mainstreamed, and that efforts are adequately directed towards disadvantaged and marginalised groups or communities.

b) Be transformative, not technocratic, by adopting a human rights approach to empowerment and participation in target setting, policy making and implementation. In order to create the conditions for effective participation and good governance, civil and political rights must be effectively respected.

c) Prioritise rights by making policy choices and resource allocation decisions within a human rights framework. MDG related policies should be evaluated as to whether they will actually reduce inequality and poverty, and sufficient resources should be allocated to reach human rights consistent goals.

d) Citizens should own the MDGs by ensuring enforceable rights, accountability mechanisms and sustainable strategies. The human rights approach offers a relatively objective and comprehensive framework for legal empowerment and accountability to help ensure that the MDGs are not only attained, but that the achievements are sustained beyond 2015.

2.6 The United Nations Development Assistance Framework (UNDAF)

The Government of Kenya and the United Nations signed the United Nations Development Assistance Framework (UNDAF) in 2007 to further their mutual agreement and cooperation for the realisation of MDGs and the UN Conventions and Summits to which both are signatories.

UNDAF aims to contribute to the realization of national priorities, the advancement of human rights and the achievement of the principles and values embedded in the Millennium Declaration, and the Millennium Development Goals (MDGs). The three UNDAF priority areas are improving governance and the realization of human rights, empowering people who are poor and reducing disparities and vulnerabilities, promoting sustainable and equitable economic growth for poverty and hunger reduction with a focus on vulnerable groups while the four cross-cutting areas are gender equality; HIV/AIDS; migration and displacement; and climate change

The UNDP is charged with the coordination function for UNDAF and bears the responsibility of informing other UN Agencies on progress made in achieving this programming arrangement. This role calls the UNDP to take the lead in ensuring that effective partnership strategies are put in place and that such strategies form the basis for cooperation between the UN Agencies and the Government. In addition these strategies are expected to remain aligned to the MDGs, MTP and the Vision 2030.

The UN Agencies in Kenya are committed to managing their respective programmes in a manner that contributes to the outcome expected from UNDAF by 2013. It has been noted that although progress has been made with respect to technical advice to line ministries, there is a gap between the spirit and actual implementation of UNDAF principles. Most of the UN agencies participate in the UNDAF's common monitoring and evaluation plan and attend UNDAF Steering Committee and UNDAF Thematic Groups. A total of 14 UN Agencies working in Kenya have subscribed to the UNDAF while others have not done so.

In the implementation of the UNDAF 5 year Plan, various UN Agencies have been given specific mandates in accordance with their comparative advantage. For instance, gender mainstreaming component is being led by UNIFEM, while Governance is spearheaded

by UNDP and Economic Outcomes are under the leadership of the ILO. These leadership roles place great responsibility on the UN Agencies and call for coordination and consistent dialogues to bring on board best practices. While there is consensus among the UN Agencies that UNDAF is the way to go, there are numerous constraints that make adherence to these principles quite challenging.

It was noted that the UN Agencies report vertically to their Regional and Global Head Offices, being asked to comply with specific reporting formats and timelines. Some of these Agency specific requirements are not harmonised with the UNDAF results matrix. This tends to exert pressure on officers who in turn find it difficult to stick to UNDAF reporting systems.

On the other hand, the fact that UNDAF is a partnership of equals poses two related challenges. It has proved difficult to bring on board some non-participating UN Agencies, owing to long held practice that each Agency has its own mandate, areas of focus and reporting channels. Reforms to change some of these traditions and harmonise approaches have been slow. Moreover, many professionals in the UN Agencies operate very tight schedules and have little time to keep up to date with current requirements of UNDAF. Again, even though there are monthly meetings to deliberate on UNDAF and common planning forum, there is growing scepticism on the value of such frequent meetings. The contention is that within a month very few new activities take place and most of the participating UN Agencies do not have anything to report, and this tends to devalue the importance of the monthly meetings.

Considering that most of the activities in UNDAF take a long time to create impact, it may be useful to agree on a longer time period for reporting. Some organizations suggested a year but what is critical is not a blanket time frame but consideration of the dynamics of the activities. Some activities require a longer time to create impact while others may be described as quick wins. Since UNDAF promotes joint planning for the Agencies that have subscribed to it, the issues of reporting, alignment and harmonisation should be discussed and clarifications made. It is also important to explore and define the areas and best ways in which UNDAF can influence government policy more effectively.

It has become difficult for UN Agencies (and this applies to other development partners as well) to seek to influence Government policy on account of withholding financial resources since the Government is generating about 95% of revenue to run its operations. The comparative advantage of the UN is more in its capacity to bring on board best practices and soft issues like peace building, human rights, law and order, fighting corruption, and strengthening of institutions dealing with good governance. There are many ways in which the UN can play its rightful role in Kenya, but the underlying concern is to seek areas of greatest comparative advantage.

Another dilemma for the UN Agencies is that they have specific agreements with their donors on strategic directions to adhere to and report in a particular manner; and this tends to put them on a collision course with UNDAF common reporting framework. In such cases they have to follow the wish of their donors. Despite these shortcomings, UNDAF has greatly improved the relationship of UN Agencies with Government and a lot can still be done. There are potential ways in which the UNDAF can be more effective and discussions on how this can happen are on going. Even as ways are being found to improve the place and role of UNDAF, the establishment of a secretariat to oversee the Resident Coordinator's functions could promote alignment, harmonisation and reporting in line with UNDAF.

2.7 Impact of the Global Financial Crisis

The global economy underwent a recession in 2009 due to a deepening of the effects of the global financial crisis. The effects were mainly observed in real and financial sectors. World real Gross Domestic Product recorded a negative growth of 0.8% in 2009 compared to 3.0 in 2008. Kenya's economic prospects were curtailed due to its integration in the world economy through trade, foreign direct investments and remittances.

Moreover, the economic crisis took place at a time when the country was slowly recovering from the negative effects of the fuel and food crisis, and post election violence. Against this background, the key challenge has been how to manage the effects of the crisis to ensure that it does not reverse progress made since the beginning of the new Millennium and reduce prospects for achieving the Millennium Development Goals (MDGs).

In the first few months of the financial crisis, there was the widely held view that the impact on African countries including Kenya would be minimal because of their low integration into the global economy. Besides that, African countries tend to have very small inter-bank markets and several countries have restrictions on new financial products as well as market entry which should shield them from the direct effects of the global financial crisis.

Recent developments have however shown that the negative contagion effects of the crisis are already evident in the Africa region. For example, available evidence indicates that in 2009 the crisis reduced economic growth in Africa by between 2 to 4 percentage points depending on assumptions made about the availability of external finance to the region as well as the effectiveness of measures taken by the advanced countries to boost global demand. Given the heterogeneity of African countries, the crisis has affected some countries much more than the others. In Kenya, a decline in growth of between 2 and 3 percentage points was estimated in 2009.

The crisis affected all categories of countries in the Region: those considered to have good economic policies and governance; those with poor macroeconomic-economic record; fragile states; small and large economies; oil and nonoil exporting countries. A key implication of this fact is that the real effects of the crisis in the region are not simply due to the nature of macroeconomic policies and governance. Consequently, there is the need to provide assistance to enable the country weather the global slowdown and protect vulnerable groups.

The impact of the crisis came from both direct and indirect channels. The direct effect has been felt mostly through the financial sector. For example, stock market volatility has increased since the onset of the crisis and wealth losses have been observed. Significant losses have been observed in Kenya and other African countries. The turmoil in African stock markets has had significant negative effects on the financial sector and aggregate demand. For example, there is growing evidence that it had a negative effect on bank balance sheets and could lead to an increase in non-performing loans in the banking sector with dire consequences for financial stability.

Kenya is among those countries with high foreign debt and the depreciation of the currency against the dollar could impose serious debt service burden. It has also increased the cost of imported inputs with consequences for production, output and employment.

Furthermore, since Kenya imports a substantial amount of food and food is a major component of the consumer price index, the depreciation of the currency has increased domestic prices of consumption goods and reduced access to food by vulnerable groups. This led to street demonstration against high food prices led by human rights NGOs. The situation has since improved.

This crisis has led to increased risk premiums in international capital markets. There is evidence that several countries in the region have had difficulties obtaining funds from international capital markets. For example, Kenya, Nigeria, Tanzania and Uganda had to cancel plans to raise funds in international capital markets. The drying up of this source of external finance is a serious setback since the money raised would have been used to finance infrastructure development and boost growth. The private sector also faced challenges in raising funds in international capital markets.

The financial crisis has had a negative effect on the country through trade channels. In particular, there has been a significant decline in the prices of key commodities exported since the second half of 2008. However, since the onset of the crisis, Kenya has responded to the crisis by reducing interest rates and has also enacted legislation to increase the minimum capital requirement for banks from 250 million shillings to 1 billion shillings by 2012.

Fiscal stimulus packages have also been unveiled. The government plans to cut expenditure to the tune of 25 billion shillings with a view to cushioning the effects of the crisis and boosting growth. On the other hand, the government has used the crisis as an opportunity to introduce reforms aimed at boosting domestic resource mobilization by proposing to privatize some state owned firms. It has also launched 18.5 billion shillings infrastructure bond in the local capital market. While the crisis may have affected the economic growth in the short term, this did not significantly diminish budgetary commitment to MDG related sectors.

CHAPTER THREE

3.0 OVERVIEW OF PROGRESS MADE IN SPECIFIC GOALS

Macro-economic stability is seen as the best foundation and guarantee for sustained growth that is necessary for ensuring that Kenya remains on track towards attainment of the MDGs.

Table 1: Progress

Goal	Baseline Year	MDGs Status (As per the baseline year)	MDGs Status 2010	MDGs Status by 2015 (Target)
Goal 1: Eradicate extreme and hunger	2002	The Proportion of the Poor 48.4%	23.5%	Halve the Proportion of who from extreme poverty
Goal 2: Achieve Universal Primary Education	2002	G.E.R 93%(6.1 M pupils)	110%	Ensure that children everyw boys and girls will be able to complete a full course of pri schooling
		Transition Rate from primary to secondary education 47%	54%	
Goal 3: Gender equality a women empowerm	2001	Ratio of boys to girls in primar education enrollment %	50.1 to 49.9	Eliminate gender disparity i Education.
Goal 4: Reduce child mortality	2003	Immunization coverage 57%	72%`	Reduce by two thirds the un five-mortality rate between and 2015
	2000-2004	Births attended by skilled Personnel 40%	92%	
		A year old immunized against Measles 76%	78%	
Goal 5: Improve materna health	2003	Maternal mortality per 100,00 was 414	448/10	Reduce by three- quarters th maternal mortality ratio bet 1990 and 2015
Goal 6: Combat HIV/AIDS Malaria and other d	2003	HIV prevalence 6.7% (1.2M)	5.1%	Have the spread of HIV/AID reversed and the others halt
		Malaria H/holds with net 6%	55.7%	Halt malaria and reverse the incidence of malaria and oth diseases
		Tuberculosis 53/100000	329/ 100000	Reduction of in prevalence a death rates associated with
Goal 7: Ensure environm sustainability	2002	Increase in forest cover 1.6%	1.7%	Achieve 10% forest cover
	2003	Accessibility to safe water in Urban and Rural areas 89.7 43.5% respectively	89.7% urban 43.5% Rural	Halve by 2015 the proportio people without sustainable a to safe drinking water
	2003	Accessibility to safe sanitation 81% of the total population (9 76.6%)	94.% Urban 76.6%	Halve by 2015 the populatio without sanitation
Goal 8: Develop global partnership for dev	2003		Good Progres so far	

General Challenges facing Kenya in attaining the MDGs

Despite a fairly favourable economic outlook, overall Kenya faces numerous general challenges (not specific to individual MDGs) in meeting the Goals by 2015. One of the major challenges is inadequate financial resources which limit the capacity to sustain efforts and initiatives aimed at achieving the MDG targets. There is a counterargument that Kenya potentially has what it takes to generate adequate resources and probably can do so even quicker with greater political goodwill, reduction of public wage bill and with a serious assault on grand corruption.

Another challenge is low absorption capacity of funds on the part of the government. It is ironical that on one hand there is inadequate funding and on the other, a lack of absorption capacity of the funds that are available. This inability is mainly attributed to inefficiency and bureaucratic processes for tendering and requisition.

A number of other factors exert additional constraints to the process of achieving the MDGs:

a) **Debt burden -** The withholding of external aid in the last decade has led to increased Government borrowing, which has led to higher servicing costs. As more debt matures, the government will have to fork out more money to service it, posing the danger of putting Treasury in a vicious circle of borrowing, thereby reducing amount available for development.
b) **Fuel prices -** Increases in fuel prices which tend to trigger inflation and high food prices- The volatility of international oil prices have more adverse effects on the poor and vulnerable, limiting successes of social protection and poverty reduction initiatives by the Government.
c) **Population increase-** Rapid population increase especially in urban areas- the 2009 Census shows the population has grown by 10 million since the last census in 1999. Urban population is growing even faster
d) **HIV/AIDS –**Though figures show that prevalence rates have gone down slightly, the absolute numbers of those infected remain high, putting great strain on medical services.
e) **Climate change** – Changes in weather have brought about the extremes of flooding and drought occasioning disruptions in livelihoods of the poor, and consigning to relief food and other emergency measures that are not sustainable in poverty reduction.
f) **Unpredictability of external financial resources –** Recent global financial and economic crises in developed countries have shown that economies of developing nations are vulnerable to economic downturn far away. Such crises reduce investment in flows and affect imports and exports. These challenges are over and above the challenges for specific MDGs that are expressed later in this report. It is important to note that although some of these challenges can

seriously affect the implementation of MDGs, their general nature also means that the chances that they can deliver a killer blow is greatly diminished.

These challenges are over and above the challenges for specific MDGs that are expressed later in this report. It is important to note that although some of these challenges can seriously affect the implementation of MDGs, their general nature also means that the chances that they can deliver a killer blow is greatly diminished.

3.1 GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

3.1.1 Progress Made

When AU Heads of State and Governments endorsed the New Partnership for Africa's Development (NEPAD) in 2001, they made clear the critical role agriculture needed to play in pursuing real and sustainable growth. This specific agenda, the Comprehensive Africa Agriculture Development Programme (CAADP) was consolidated as the Maputo Declaration 2003 and domesticated by the Kenyan Government.

The Kenyan economy is highly dependent on agriculture which is critical to reducing food insecurity and poverty. The uniqueness of this dependence on agriculture by the millions of its population explains the reason why emphasis must be put on developing the systems that drive the agricultural sector. Advances in agricultural development have to embrace an integrated form of commercialization and market-led growth, the pursuit of increased productivity, overall growth targets as well as strategies able to deal with special needs for the vulnerable rural population. There is general consensus that agriculture plays and will continue to play a major role in eradication of poverty, employment creation for majority of people in rural areas and assure food security.

The government of Kenya has over the years, developed policies and strategies to enhance agricultural growth in response to the Vision 2030. The Vision's objective is to

transform Kenya into a newly industrialized middle income country providing a high quality of life to all its citizens by the year 2030. In response to the Vision, the agricultural sector has developed the Agricultural Sector Development Strategy (ASDS) that envisages a food secure and prosperous nation. The strategy's overall objective is to achieve an agricultural growth of 7% per year over the next 5 years. The ASDS was developed through a consultative process involving sector ministries, development partners, the private sector and other key stakeholders. The strategy's development process fulfils the specific steps for CAADP compact development. Assessment of the agricultural sector in Kenya reveals that between 2003 and 2006 the sector achieved a significant growth rate of 7%.

Figure 3 Agricultural Sector GDP Rates

Source: Economic Survey (Various)

There are several agricultural policies and programmes defined in the national development agenda that aimed at improving agricultural productivity. The Ministry of Agriculture formulated the Strategy for Revitalising Agriculture (2004-2014) and developed a Strategic Plan (2008-2012) both of which put forward fairly elaborate interventions that could contribute very substantially to improved agricultural productivity at the household level thereby touching positively the food security of the poor. National initiatives such as *Njaa Marufuku Kenya*, Kilimo Biashara, NALEP and others under the Economic Stimulus Package are aimed at achieving higher levels of food sufficiency among participating households. If these initiatives are sustained, it is possible that the rate of growth in agriculture will peak at 10% in the medium term as projected, and bring the anticipated outcomes as envisaged in the MDGs.

With regard to incidence and depth of poverty, the current national poverty levels remain high. However, the national incidence of food poverty declined marginally from 48.7% in 1997 to 45.6% in 2005/06.[2] Whereas the urban and rural communities in Kenya demonstrate different socioeconomic characteristics, data available indicate that the rural poverty incidence declined from 50.7% to 42.2% between 1997 and 2006/2007, while the urban incidence increased from 38.3% to 40.5% over the same period. Overall, rural food poverty was 47.2%. Poverty incidence is expected to have

[2] Millennium Development Goals, Status Report for Kenya 2007

increased during the period 2008-09 due to postelection violence, global economic crises as well as global increase in fuel prices.

The indicators for the second target of MDG 1 include the reduction by half between 1990 and 2015 of the prevalence of underweight (low-weight for age) children and the proportion of the population whose food intake falls below the minimum level of dietary requirement (under-nutrition). Progress towards attainment of this indicator in the last ten years reveals a slight national improvement of the status of children under-five years. For instance the proportion of stunted children aged 6-59 months declined from 36.9% in 1997 to 34.7% by 2006, while a similar decrease from 22.3% to 20.9% of underweight children was noted within the same period.

To sustain this progress there is need for Kenya to fast track interventions geared towards enhancing food availability through increased agricultural productivity so as to boost household access to food in sufficient quantity and quality as well as surplus for sale. Quality in this case implies access to nutritious food; meaning that for those households who rely on food production from their farms, emphasis should be put on the linkage between the food produced and nutritional status of that food. Similarly, for those who rely on purchases from the markets, boosting agricultural production definitely means greater supply and through the forces of demand and supply, lower prices translating to higher volumes of various foodstuffs at household level.

In the Arid and semiarid areas, livestock forms a major source of livelihood for majority of the people. Performance of this sector reveals a significant progress as evident by increase in the milk production from 2.8 billion litres in 2002 to 4.2 billion litres in 2007. With more milk production, this has led to revival of other related industries especially those related to manufacture of animal feeds, veterinary drugs among others. Ready market especially for beef has been enhanced since the revival of the Kenya Meat Commission in 2006 as well as operationalization of various meat depots in the country.

Target 1B of the MDG 1 is aimed at achievement of full productive employment and decent work for all, including Women and Youth. Progress in regard to the target shows that the number of unemployed Kenyans has continued to increase despite improved economic performance. For instance by 2005/2006, the number of those employed rose to about 12.7 million with the unemployed increasing to about 1.85 million. Moreover, survey data reveals that there has been an increase in unemployed in the labour force from 6.7% in 1978, 9.7% in 1986, 25.1% in 1999 and 12.7% in 2005/06.

Target 1C is geared towards halving between 1990 and 2015 the proportion of people who suffer from hunger. The government has put in place various interventions aimed at reviving extension services and purchase of food from farmers through National Cereals Produce Board among others. There are initiatives to encourage groups to work and support each other to improve their farming techniques. For instance, in Muranga

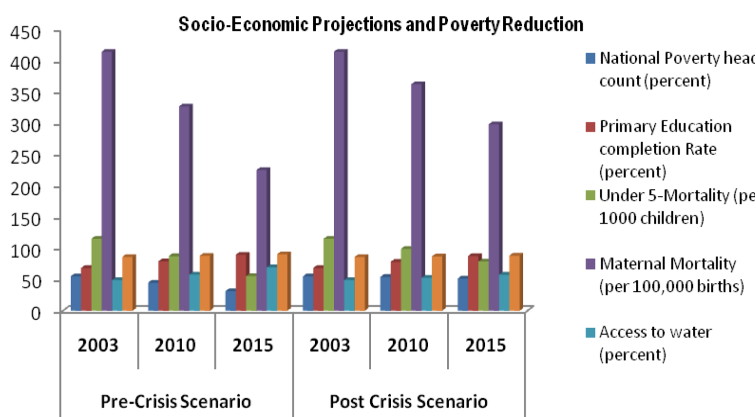
an MDG initiative implemented with funding from the UNDP on land donated by the County Council and supported by an NGO farmers' groups are receiving technical training and capacity building on various farming skills from the Gikindu-Thailand Farmers Learning Centre. The idea is good. The farmers stand to receive 10% of the income from the proceeds of the demonstration farm, and are expected to replicate the farming in their own farms. The programme is still in its early stages, and impact, replication and sustainability are still untested. This multi-stakeholder initiative was seen as a success as the community expressed their confidence in its sustainability.

Agriculture is our life. I have been farming for the last sixty years without much success but now in my old age this new initiative will answer my prayers. Here we work as a team and are being trained on new methods. Though we have only had one harvest since we began things are looking good. I am optimistic that we will succeed,; we encourage and support each other to improve our farming techniques. Thailand is the way to go', said Wangari Kioni at the Gikindu-

However, even where results have been realised, it is safe to state that the effect of these bold interventions is yet to yield fruits as currently about half (50%) of the Kenyans lack adequate food. The situation has been worsened by the high global food prices, drought and the frequent floods experienced in the country, thus raising the number of people in need of food aid to about 4 million in 2009.

Even in a pre-crisis scenario, where average GDP growth rates of 8 percent were projected to be maintained, Kenya would have found it difficult to achieve the target of the Millennium Development Goals of halving poverty by 2015. In the post-crisis reality, projections point to a much smaller reduction in headcount poverty rates to around 51.5 percent by 2015, compared to the reduction in head count poverty rates to 31 percent in the pre-crisis scenario.

Figure 4: Socio-Economic Projections and Poverty Reduction



Gikindu Thailand Farmers Learning Centre –Murang'a

Source: GoK - Public Expenditure Review 2010

Increased food production will go a long way in increasing agricultural income, which will in turn improve both household consumption levels, and household asset levels to increase production, in addition to enabling farmers to be better equipped to counter weather and economic shocks. For those who are not food producers, increased food production will lead to real reductions in food prices, which will improve the purchasing power of the poor throughout the economy, whether they are engaged in agriculture or some other sector. More importantly, agriculture can serve as the basis for broad pro-poor economic growth to bring about permanent reductions in poverty. Secondly, both subsistence farming households and those purchasing food in local markets will enjoy immediate physiological benefits from increased supply in the markets.

Stakeholders

The main stakeholders driving the attainment of this Goal include 14 ministries that constitute the agricultural sector in Kenya, farmers associations and civil society organizations. Sida and German Agro Action have been quite instrumental in providing technical assistance.

FAO has made specific contribution towards the attainment of MDG 1 especially in:

- Policy and institutional reforms – Food and Nutrition, Fisheries, Irrigation, Dairy, ASCU
- Technical cooperation - training, emergency food distribution, input support, rehabilitation of irrigation schemes, animal health, KFSSG, IPC, Information management system.

3.1.2 Challenges

Given the significant proportion of Kenyans living in the rural areas and undertaking agricultural based livelihood strategies, agriculture is a critical component in the successful attainment of the MDGs. This means that more focus needs to be put in agricultural development if majority of the poor households in Kenya are to meet their basic needs.

However, various challenges contribute to low growth rate among them erratic weather conditions, escalation of input prices, as well as poor market performance. Other challenges experienced in the country include floods, drought as well as the 2008 post election violence all which impacted negatively on the agricultural sector.

Due to the above challenges, the country has experienced food shortages and increase in prices of essential food stuffs hence a reduction in the volume available per household. Kenya should therefore strive to increase food production to counteract high food prices frequently experienced in the country.

Several challenges have been documented towards achievement of targets in Goal 1. These include poor rural infrastructure especially roads and electricity. Whereas the government has embarked ambitiously on road construction, repair and rehabilitation in various parts of the country as well as initiation of rural electrification programme, still, rural households continue to suffer from high transport costs for agricultural products to markets as well as farm inputs. Lack of electricity in many parts of rural Kenya means reduced investment on other related services.

The lack of good quality surveys carried out at regular intervals and delays in reporting survey results continue to hamper the monitoring of poverty. Only with more timely data can accurate reports on progress towards the MDGs be provided.

Uptake of modern technology especially in the agricultural and livestock sector remains low. The effect of the existing agricultural research institutions is not felt in many parts of the country. As a result farmers continue to rely on traditional farming methods hence low yields. For instance, in Kilifi, farmers have failed to use more effective farming technologies and still cling to the traditional hoe locally known as "*kaserema*" despite continuous training and advice by agricultural extension staff on its inadequacies (especially the fact it can only scratch the surface at best and cannot turn the soil). Farmers are particularly attracted by its light weight and size arguing they can always carry it wherever they go after working including visiting the market without any inconvenience.

Lack of financial services friendly to farmers is lacking in the country. Availability of such a credit would go a long way in boosting the yield by improving the farmers' ability to purchase improved seedlings, fertilizers and equipment to boost production. The Equity Bank, for instance, has come up with some innovative credit packages in the rural areas but the experiences with credit are not particularly very positive. Moreover, most of the available credit attracts high interest rates that majority of the farmers cannot afford. And farmers cited numerous examples of colleagues who have been "raided" by banks for non-payment.

Climate change is another challenge that has negative effects on food production hence increased hunger in many parts of the country. More often than not, the country has continued to experience frequent drought as well as floods thus affecting food and livestock production.

Lack of market for both agricultural and livestock produce poses another challenge. As experienced in 2009/2010, a lot of cereals and milk went into waste due to lack of market and low absorption capacity of the internal market. In other areas, especially lower Eastern Province farmers, made bumper harvests after many years of drought only to lose most of their harvest to aflatoxin contamination due to poor storage practices.

Due to these challenges, progress has been mixed over the last 10 years. There was an increase by 10% in per capita food consumption between 1999 and 2006, as well as reduction in hunger by 12.5% between 1992 and 2007. However, the performance of the sector did not do well in 2008 and 2009 recording negative 4.3% and negative 2.7% respectively putting brakes on efforts to achieve food sufficiency.

3.1.3 Interventions

Growth in the agricultural sector is seen as the most viable strategy to reduce poverty as more than three quarters of the poor depend on subsistence agriculture and livestock for their livelihoods. About 86% of the actual spending in the agricultural sector comes from government meaning that there is a high chance of sustainability of development activities.

It is acknowledged that the greatest impact on poverty especially in rural Kenya can best be achieved by focusing on growth in staple food which today accounts for more than 50% of agricultural value added as well as most smallholder employment. Over the years, growth in the livestock sector has shown significant effect on overall economic growth in Kenya. The simulated growth in staple food production could be achieved through a doubling of the irrigation area by 2015, and by improving the efficiency of fertilizer use combined with enhanced seed use. In Makueni district, about 300 farmers in Kyeemwea community irrigation scheme, with support from Lutheran World Relief and technical advice from the local district heads of department have successfully adopted drip irrigation and adopted use of certified seeds. This has seen their earnings rise as much as ten times in the last three years. They have reversed catchment degradation and formed a local lending cooperative society to enhance investments. While there are numerous such success stories all over the country, they are just pockets among the poor. There is need for more coordinated effort for scaling up of good practices.

Moreover, as more than 50 percent of the poor live in food-deficit areas where the availability of food staples per household is half the national average, market access and market development need to be integral parts of a national agricultural development strategy. Enhanced market access, chiefly through large investments in improved and extended road networks, would drastically reduce the national poverty rate and thus help Kenya reach the MDG 1 target.

Food insecurity has also been caused by poor food distribution and marketing within the country. Lack of information on the areas with surplus/ deficits make people to starve while food is available in some other parts of the country. A case in point is the first half of 2009 where a lot of food produced went to waste in some parts of Tana River district due to poor storage.

A fundamental change in structure of the commercial dairy industry has occurred in Kenya in the last five years. With the Kenya government having put in place initiatives such as wider availability of credit especially to the small scale farmers, the development of the national artificial insemination services and favourable output pricing and marketing structures, the dairy industry grew from 421,000 dairy cattle producing 793,000 litres of milk in 1963 to 3,300,000 dairy cattle producing 2.5 billion litres of milk as of 2003. The growth of the sector was further evident early in 2010 where thousands of litres of milk went into waste due to lack of capacity by the current milk processing plants in the country to absorb the surplus. There is need for more investments in this sector given its potential to support household income through the sale of the product. The need to facilitate the development of producer organisations should be taken seriously while at the same time directing resources towards improvement in transport and processing infrastructures including roads, cooling and processing facilities and dairy cattle genetic base.

Fish is an important and reliable source of protein, employment and income for a large proportion of Kenyans. Several constraints including poor infrastructure that includes access roads, power, cold storage, and poor extension services hinder the development of the fish industry in the country. Recently, the government of Kenya has embarked on promoting fish production at household level through the Economic Stimulus Package targeting construction of 200 fish ponds in each of the selected 140 constituencies, supported by youth labour under Kazi Kwa Vijana programme. In addition, the Ministry has supported the formation of beach management unions bringing together different users and assist them in better fishing practices. In Suba, Rarieda and Kilifi such groups have been formed and are doing a commendable job. But not all fish farmers are celebrating.

'*I have been fishing since 1959 here in Kilifi and never made it. With the formation of the Beach Management Union I saw an opportunity of reversing the situation. But though things are better and can now earn about three hundred shillings on a good day, the situation has barely improved as there are numerous charges to pay. It is the rich who own boats that tend to benefit. We have to look at the benefits of the initiative again".* Kazungu Bakari, Kilifi

Several success stories have been told as farmers through the support of the Ministry of Fisheries Development embark on fish production both for household consumption and income generation. In Rarieda and Suba districts farmers are excited as this practice will have a positive impact by reducing over-reliance on catch fish and spread earnings from fishing throughout the year. However, more effort is needed to accelerate fish production. One way would be through the intensification of fish farming using green house technology at the household or farm level and in tanks using gravity fed water systems. There is also need to encourage the private sector through economic incentives to develop, manage and establish cooling and processing facilities; and

establishing Fisheries Development Board to promote, develop and regulate the fish industry.

Social Protection: *Social Protection refers to policies and actions which enhance the capacity and opportunities for the poor and vulnerable to improve and sustain their livelihoods and welfare*. There may be different definitions of social protection but in general it is mainly about:

- the poorest and most vulnerable in society
- Protection against risks
- Protection against shocks
- Increasing the capacity of people to overcome poverty

In its efforts to promote social protection for vulnerable groups the Government allocated Ksh200 million (2009/10) to help people with disabilities run business ventures. While this is useful, issues dealing with disabilities are being handled by four different ministries which may limit the effectiveness of the initiative. In order to increase efficiency and better targeting, all the existing funds should be merged to ensure most needy people with disabilities are covered. Apart from the establishment of the fund, other initiatives under ministries of Gender, Children and Social Development, Education, Health and Home Affairs offer varied forms of assistance to individuals especially in slums, groups of disabled people or institutions that take care of them. Additionally, a number of earmarked funds included Kshs.1 billion for drought relief, and conditional grants and other social protection measures for the vulnerable. These efforts reflect government willingness to include the poor and the vulnerable directly in the spirit of MDGs.

3.1.4 Recommendations

i. Government to implement strategies outlined in the National Poverty Eradication Plan and Vision 2030 with strong focus on poverty eradication and macro economic stability.

ii. The Ministry of Agriculture should step up and maintain a national strategic reserve and at the same time encourage the private sector to get involved in international grain trade through a more predictable policy and tariff regime to encourage the farmers to continue producing more and hence attain food security.

iii. Increased public investment in physical infrastructure and agricultural research and education to stimulate the private sector and link these to the livelihoods of the poor.

iv. Undertake measures to improve access to markets and rationalize taxation in the agricultural sector with the participation of the small scale farmers.

v. Capacity building for food security and nutrition for example designing and implementing Anti-hunger programmes as recommended by FAO

vi. Encourage small- scale water utilization and management, Improve small-scale irrigation and soil water conservation and environmental management

vii. Develop strategies to bridge emergency response to long term development geared towards achieving the MDGs.

3.1.5 Resource Requirements

To significantly reduce the high levels of poverty and unemployment in the country, substantial resources are required to reverse declining trends in agricultural production, through strategies and approaches that usher in a paradigm shift. In 2005, the Needs Assessment for this Goal estimated that US$ 972.71 million was needed per year to meet the cost of attaining the targets, bringing the total for the period 2005 – 2015 to US $ 9,842.51 million.

The Government in line with the Maputo declaration has already committed itself to increase the budget allocation to the agricultural sector from 4.5 percent in 2008/09 to 8 percent of the national budget. The development partners through the signing of the CoC have committed themselves to finance the sector in a harmonized manner.

Currently a number of mechanisms have been put in place to mobilize resources to the sector. The development of investment plans under CAADP by African countries, may still find a challenge of funding through the Medium Term Expenditure Framework (MTEF) process as the prevailing ceilings may not allow disbursement of huge amounts of investment funds. Therefore, the agricultural sector ministries have proposed the establishment of an Agricultural Development Fund (ADF), with an annual funding equivalent to 2.8 percent of projected average government expenditure translating to Ksh. 17.5 billion in the next three years up to 2012. This is additional to the 8 percent of total budgetary allocation that has already been agreed upon. Though the government is financing the sector to the tune of 86%, the investment is still inadequate to significantly reduce poverty to the level that can attain the MDG target by 2015. New financing proposals have therefore been recommended.

The expected total financing to the agricultural sector between 2010 and 2015, is calculated based on the requirement of reducing the current population of the poor (46%) by half (23%). Assuming that each poor person will require approximately KSh. 2000 per month up to 2015, this translates to US$ 14, 526.3 million of which the government is expected to put in US$ 2,960.5 million leaving a financial gap of US$ 11, 565.8 million. This rather high financial gap is brought about by the large numbers of

poor people as a result of high population growth and is also informed by the extra resources that are needed to turn round a sector that has underperformed since 2008.

3.2 GOAL 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

The objective of the Millennium Development Goal number 2 is to achieve Universal Primary Education (UPE). The target for this goal is to ensure that by 2015, children everywhere, boys and girls will be able to complete a full course of primary schooling. The goal on education has two indicators for monitoring progress which include:

i. Net enrolment in primary education
ii. Proportion of pupils starting grade 1, who reach the last grade of primary.

Globally, household data from 42 countries show that rural children are twice as likely to be out of school as children living in urban areas (UN MDG Report 2010). The data also show that the rural-urban gap is slightly wider for girls than for boys. But the biggest obstacle to education is poverty. Girls in the poorest 20 per cent of households have the least chance of getting an education: they are 3.5 times more likely to be out of school than girls in the richest households and four times more likely to be out of school as boys in the richest households. Boys from the richest households are the least likely to be out of school (10 per cent), compared to all other groups.

The progress towards achieving EFA in Kenya so far has been fairly good. In the next 5 years, it is expected that the country will be able to achieve the set targets on goal 2. The ratios of girls to boys at ECD, Primary and Secondary education are almost even signifying movement towards the achievement of gender parity. There are however regional disparities with arid areas recording high levels of disparities. Similar trends are recorded in urban slum areas especially in Nairobi, Kisumu and Mombasa.

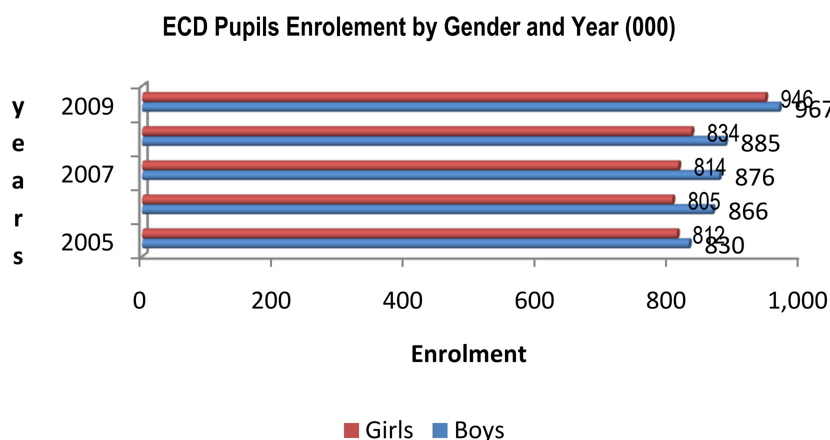
3.2.1 Progress in Primary Education Enrolment

i. Pre-primary education

The number of pre-primary institutions increased from 37,954 in 2008 to 38,247 in 2009. Enrolment went up by 11.8% from 1.7 million in 2008 to 1.9 million in 2009. Gross enrolment rate rose from 59.8% in 2008 to 60.6% in 2009, while the net enrolment rate (NER) improved from 43.0% in 2008 to 49.0% in 2009 (Economic Survey, 2010).The total number of teachers teaching in pre-primary level increased from 78,230 in 2008 to 92,955 in 2009. The number of trained ECD teachers also increased by 23.5% in 2009 to stand at 71,580 from 57,976 in 2008. The pupil teacher ratio in ECD was estimated at 21:1 in 2009 against 22:1 in 2008.

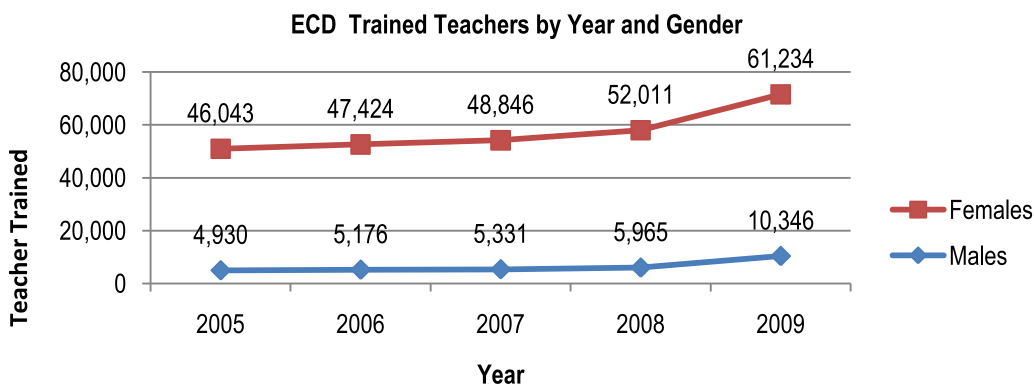
The increase in the pre-primary level translates in increased Net Enrolment Rate (NER) at the primary level. The increased number of trained ECD teachers will boost the quality of education right from the pre-primary level. Female ECD teachers outnumber their male counterparts by a big margin.

Figure 5 ECD Pupils enrolment by Gender and year



Source: Economic Survey, 2010

Figure 6 ECD Trained teachers by year and gender



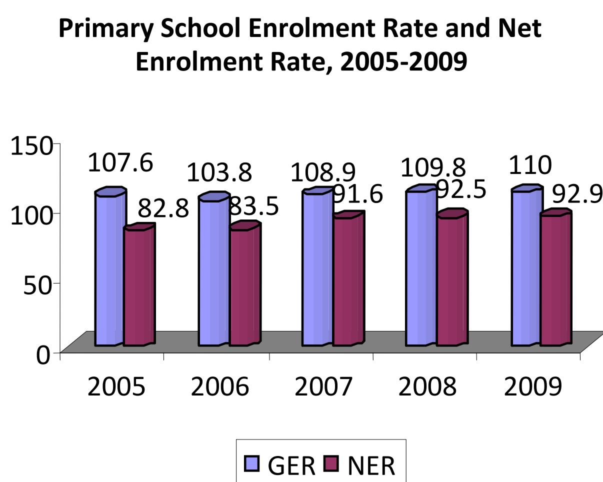
Source: Economic Survey, 2010

ii. Primary Enrolment

Enrolment in both public and private schools increased by 2.3% from 8.6 million in 2008 to 8.8 million in 2009. The gross enrolment rate (GER) rose from 109.8% in 2008 to 110% in the year 2009. The net enrolment rate (NER) rose slightly from 92.5% in 2008 to 92.9% in 2009. There has been a consistent improvement of NER from 2005 to 2009 as shown in the table below. This is attributed to the introduction of the Free Primary Education which enabled children to begin schooling at the right school going age.

The gross enrolment ratio for boys is still higher than that of girls, standing at 112.8% while for girls was 112.2% in 2009. Though there has been a marked general growth in enrolment rates and close gender parity especially with the introduction of FPE, the regional and gender disparities are evident especially in the ASAL districts, pockets of poverty and the urban slums.

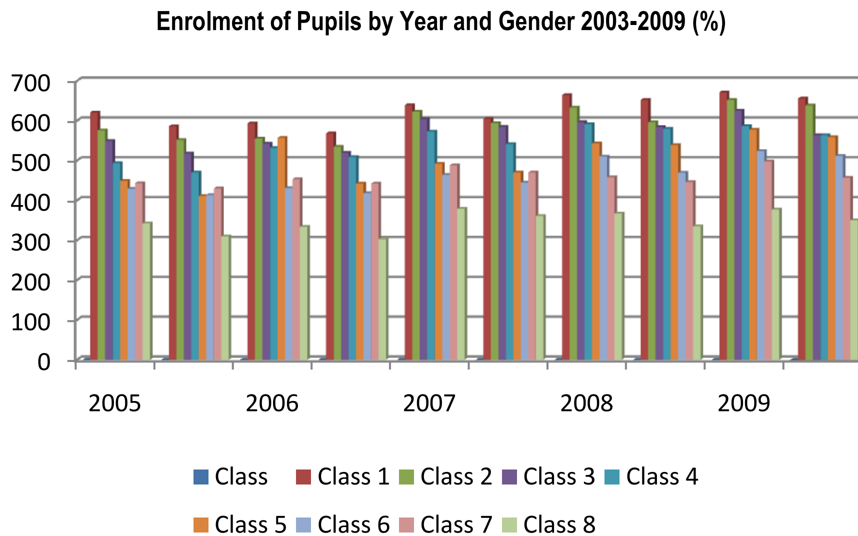
Figure 7 Primary school GER and NER



Source: Economic Survey, 2010

Enrolment, retention, completion and progression rates are a major challenge and a concern of the millennium goal on education. At the national level, the achievements are almost equal for both boys and girls as shown in the table below. The Primary Completion Rate (PCR) improved from 83.2% in 2008 to 97.8% in 2009, indicating reduction of wastage in the education system. The number of KCPE candidates rose from 701,000 in 2008 to 727,045 in 2009. The value for money audit revealed that majority of schools had attained an average text book pupil ratio of 1:2 in 2009 compared to 1:3 in 2008.

Figure 8 Enrolment of pupils by year and gender



Source: Economic Survey, 2010

iii. Non Formal Education

Non Formal Education (NFE) offers opportunities for those outside the formal school system to benefit from education. In the NFE, enrolment rose from 143,409 in 2008 to 163,340 in 2009. Majority of the centres were teaching the formal primary curriculum with only a third offering the NFE learning curriculum.

3.2.2 Infrastructure Development

The government committed to expand school infrastructure through the Kenya Education Support Programme (KESP), between 2005 and 2010. Through the support of the government, devolved funds and community contributions, the classroom capacity in primary schools increased with 5.3% from 209,000 in 2008 to 220,000 in 2009.

Public primary schools stood at 18,543 while the private schools were 8,124 in 2009. In the same year, there were 1,345 Non-Formal Schools (NFS) in the country, where the

majority were concentrated in the Nairobi slums and the arid and semi arid districts. The increase in classrooms brought with it the challenge of desks which is being addressed as part of the MDG Quick Wins Initiative. The presence of water and sanitation facilities in the school encourages attendance and retention especially for girl child.

Water is essential: Mtomondoni Primary in Kilifi

iv. Teacher Development

As a result of enhanced private sector education investment, primary teacher training colleges increased from 30 in 2005 to 105 in 2009. The total number of teachers increased slightly from 170,059 to 171,301 in 2009. Teachers with P1 grade constituted 58.0% followed by approved teachers at 25.6%. The pupil teacher ratio rose marginally from 44.1% in 2008 to 45.1% in 2009. However, many of these graduates are not immediately absorbed in the schools an issue that is of great national concern as it affects teacher-pupil ratio which is critical in delivering quality education.

3.2.3 Challenges Faced in Implementation

Despite the remarkable achievements that have been realized in the education sector, several challenges have also been encountered. The main challenges lie in funding of ECD as part of basic education as defined in the Children's Act 2001. The free primary and free secondary education has necessitated increase in teachers' levels and improvement in school infrastructure in order to safeguard on compromising quality with increases in pupils enrolment. These measures are likely to leave ECD in dire need of funding and as a result threaten the attainment of UPE policy.

The donor contribution towards EFA has remained at the same level over the last few years and if the same continues, then the line ministry will have almost all its budget going towards salaries as opposed to development and facilities improvement at all levels of education.

The challenges may be summarized to include:

- Funds for ECD grants and teacher support were not included in the ministry of education budget estimates. As a result, the policy for grants provision and teacher support was not implemented.
- Shortage of teachers resulting in high pupil teacher ratios in some schools. This is especially true in schools in the densely populated areas, arid and semi-arid districts and the city sums.

- Overcrowding in schools especially those in urban slums, ASAL areas, areas with high levels of poverty, and densely populated areas.
- Inadequate and poor infrastructure, including lack of water and sanitation in some schools especially in rural areas and urban slums
- Inadequate equipment and teachers for children with special needs.
- Impact of HIV/AIDS on teachers and children resulting in high number of orphans and vulnerable children.
- The non-formal education centres are faced with inadequate teaching and learning resources, poor physical facilities and lack of linkage with the formal education system.
- The quality and relevance of education and training remains a challenge in the implementation of the FPE.
- Gender and regional disparities that are experienced at all levels of education

"Out of 64 KCSE students who scored B+ and above in Mbita district in 2009 only ONE was a girl".

- High cost of financing Free Primary Education and Free Day Secondary Education programmes, given the many competing needs.
- Diminished community support due to the high poverty levels in some areas leading to a greater financial burden on the government.
- Prohibitive cultural and religious beliefs and practices which contribute to gender and regional disparities.
- The link between disability and marginalization in education is evident at all levels of development and being disabled doubles the probability that a child will never attend school.

3.2.4 Proposed Interventions

Recent policy initiatives have focused on the attainment of EFA and in particular UPE. The key concerns have been access, retention, equity, quality and relevance, and internal and external efficiencies within the education system.

The programme interventions proposed mainly target to support primary level education aimed at improving quality, equity and access. However, there is need for support for ECDE and secondary level education. The interventions include;

- Expansion of school infrastructure through construction of new primary schools, rehabilitation .of the existing ones, and purchase and rehabilitation of equipment. This is to be achieved through the Kenya Education Support Programme (KESP).
- Sustained implementation of the Children's Act 2001, which provides the legal framework for enforcing UPE in the country.

- The revision of the primary school curriculum to make it less burdensome and hence attractive to the learners.
- Building capacity for quality assurance and control
- Endeavour to achieve the optimal pupil: teacher ratio of 45:1 in the high potential areas and 25:1 in rural ASAL areas so as to enhance the efficient and effective use of the teacher resource.
- Implement teacher recruitment to address current (2010) teacher shortages (Primary, 44,000; Secondary 22,000).
- Improving quality and efficiency of education through teacher training and redeployment.
- Provision of bursary funds to needy students in secondary schools to enhance transition rates from primary to secondary education and maintain retention
- The introduction of mobile schools as well as low cost primary boarding schools in the ASAL regions to ensure that learning is not interfered with as parents move in search of pasture and water
- Promotion of Early Childhood Development and Education (ECDE) through partnerships with communities and private sector.
- Decentralization of decision making to district and school level administrators and parents' representatives as well as strengthening the education management information systems.

3.2.5 Recommendations

- Provide adequate and sustainable investments to primary education with community and private sector participation
- Improving education access to Arid and Semi Arid regions
- Designing and implementing comprehensive long and short term interventions to deal with challenges affecting girl's education
- Providing quality education through adequate teachers, facilities and tackling of poverty and other issues such as orphaned children through HIV/AIDS
- Facilitating increased parental and community involvement in education
- Expanding school feeding programmes to improve schools retention and completion rates
- Mainstreaming gender equity in school curriculum
- Expanding schools infrastructure through construction of new primary schools, rehabilitating existing ones, purchase and rehabilitating equipment.

3.2.6 Resource Requirements

In order to achieve EFA by 2015, there is need for substantial investment in education and training at various levels e.g. ECDE, primary, secondary, NFE, ABE and special education. It is also necessary to invest in the cross-cutting issues such as HIV/AIDS, capacity building, quality assurance and standards, health and nutrition. In addition, it is

important to prioritise school feeding programme which is vital especially for pupils in ASALs and urban slums. Considering the critical need for information and follow up, more investment is needed in monitoring and evaluation to ensure programmes run as planned. Furthermore, secure resources are needed to meet the recurrent costs for administering the investment programmes, improving infrastructure, investing in ICT for schools, and payment of teachers' salaries.

Further, key consideration to achieving goal 2 will be sustained funding and ability to provide sufficient number of teachers. This is a big challenge as most of the youth are aged 0-14 years according to the Census 2009 report (16.6 million Kenyans). This therefore means a lot of money will be spent supporting basic education and leave other areas like adult and continuing education without enough budgets to eliminate adult illiteracy.

Table 2: Education Costing (MDGs)

Financial Gaps (USD)	Base Year	Projection Years (USD)					
	2009	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Recurrent expenditure for Basic education	583,602,900	585,319,160	587,181,408	589,111,531	670,395,547	769,424,457	888,133,832
Capital expenditure for Basic Education	893,004	893,004	893,005	446,506	446,506	446,506	446,506
School feeding Program	112,587,542	175,380,646	242,492,137	313,790,186	389,006,305	467,691,052	549,157,333
Total Expenditure (w/o school feeding)	584,495,903	586,212,165	588,074,413	589,558,037	670,842,053	769,870,963	888,580,338
Per student unit costs (USD)	70	67	64	61	67	73	81
Available Resources (GoK)	357,469,995	376,284,205	394,496,728	405,239,146	507,870,725	610,502,304	713,133,883
Total Gap (USD)	**227,025,908**	**209,927,959**	**193,577,686**	**184,318,891**	**162,971,327**	**159,368,658**	**175,446,455**
Gap as a proportion of total revenue	10.79%	6.27%	4.91%	4.41%	3.51%	3.09%	5.43%
Basic Education as proportion of GDP	3.33%	3.15%	2.98%	2.82%	3.03%	3.28%	3.57%

The resource estimation for basic education without school feeding is set at US$ **586,212,165** in 2010, with expected budget going up steadily to US**$ 888,580,338** in 2015. These financial resource needs are quite substantial The Government will need external funding to bridge the gap estimated at a high US$ **227,025,908** in 2010 but

going down substantially to US$ $ **175,446,455** in 2015. As seen from the chart, the financial burden is expected to go down as the unit costs become lower until 2014 when they are expected to appreciate to new heights in 2015 owing to population increase of school going children and rising cost of living.

3.3 GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

The Millennium Development Declaration commits member countries to promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable. The Millennium Development Goals (MDGs) mark an international commitment to eradicating extreme poverty and hunger, and to fostering global collaboration for development. The majority of the eight Goals and 18 targets relate directly to women (and/or children). However, despite some progress, millions of women and children worldwide are still left behind—and this also applies to Kenya that has indeed demonstrated significant improvement in certain areas. Gender equality and women empowerment are underlined as important and necessary conditions for achieving the other goals.

The target for this goal is to eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015. To attain these targets the goal set out three indicators namely;

a) The ratio of girls to boys in primary, secondary and tertiary education
b) Share of women in wage employment in the non-agricultural sector
c) Proportion of seats held by women in national parliament

3.3.1 Progress on Gender Equality and Women Empowerment

The government's commitment to invest in social services to improve the welfare of the population has been consistent in the past 8 years. The total social sector expenditure increased by 19.8 per cent from KES 197,537.4 million in the 2008/09 to KES 236,578.7 million in the 2009/10 Financial Year. The ministry of Gender, Children and Social Services recorded the highest increase in expenditure of 82.3 per cent. The central government expenditure on social services in regard to Gender increased from KES 1,421.42 in 2008/09 to 3,049.36 million in the 2009/10 FY. UNIFEM and numerous NGOs have contributed immensely by introducing best practice and undertaking capacity building initiatives in the rural areas, in addition to influencing policy changes in favour of gender mainstreaming.

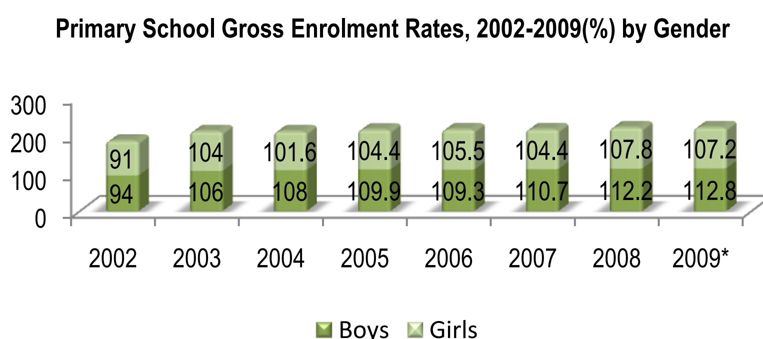
3.3.2 Trends in Education

i. Enrolment Rates in Primary Education by Gender

Following the enactment of the Children's Act 2001 and Government declaration in 2003 that ushered in free primary education, both boys and girls have been accorded equal educational opportunities resulting in a share in enrolment close to parity between boys and girls.

Primary education has recorded remarkable gains in enrolment since the implementation of the Free Primary Education and has currently achieved near gender parity. Girls, just as is the case with their male counterparts, have maintained over hundred per cent GER since 2003 as shown in the table below. Although there is close gender parity in enrolment at national level, there are still sharp regional disparities with particularly low rates among girls in arid and semi-arid regions.

Figure 9 Primary school GER by gender

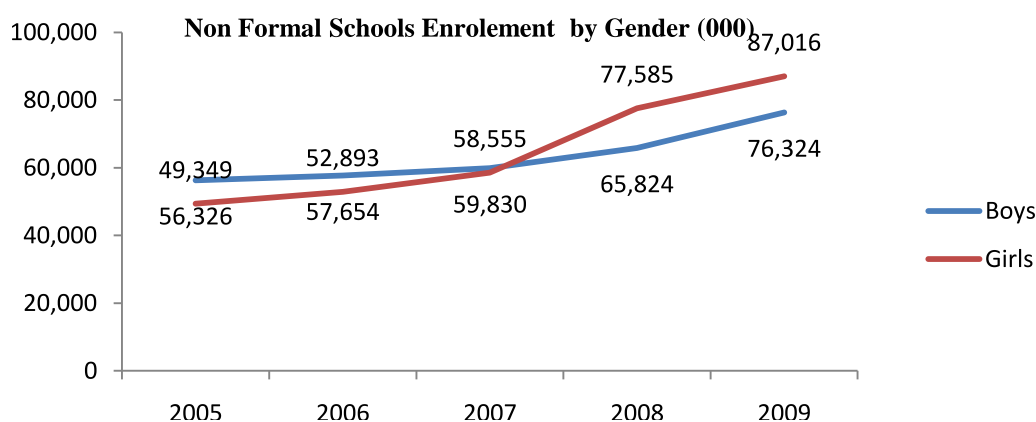


Source: Ministry of Education- 2010

ii. Non-Formal Education

Enrolment in Non-Formal Education (NFE) also shows impressive increase. Girls' enrolment increased tremendously from 58,555 in 2007 to 87,016 in 2009 as shown in the table below. This indicates that girls whose formal education is interrupted by various factors such as customary values, limited infrastructure and amenities, burden of household responsibilities and dropping out of school due to pregnancy are able to continue their education in the non-formal schools which are more flexible.

Figure 10 Non Formal School Enrollment by gender



Source: Economic Survey, 2010

iii. Secondary, Tertiary & University Education

The government has continued with the implementation of the Free Secondary Tuition Education which started in 2008. The support of infrastructural development by the government, African Development Bank and the local communities increased the number of classrooms which led to increase in Form One places. The Government has added its contribution through the Quick Wins Initiative which has given desks and sanitation facilities to selected deserving schools all over the country thus creating greater convenience for girls. This in turn has led to a rise in the primary to secondary school transition rate from 64.1 per cent in 2008 to 66.9 per cent in 2009. The total enrolment increased by 9.1 per cent from 1,382,211 in 2008 to 1,507,546 students in 2009. Out of the 337,310 KCSE candidates in 2009, 154,546 were girls while 182,764 were boys. This implies that the gender ratios realized in primary level are not maintained at secondary level; and reasons for this variance include early marriages, and dropping out due to pregnancy, among other socio-cultural factors.

Total enrolment in public Technical, Industrial, Vocational and Entrepreneurship Training (TIVET) institutions increased from 52,254 in 2002 to 70,516 in 2007, with female enrolment constituting 49% of total. The youth polytechnics had the highest number of enrolment recorded among the TIVET institutions at 43.8 per cent followed by Technical training institutes at 31.4 per cent. In 2009, male student enrolment stood at 50.2 per cent in the institutions with Youth Polytechnics having a higher enrolment of female students at 57.8 per cent. The high number in the youth polytechnics is explained by the large number of girls who do not progress to tertiary institutions due to their performance, attitude and the choice of subjects in secondary education. This also reflects the high number of girls who miss secondary education.

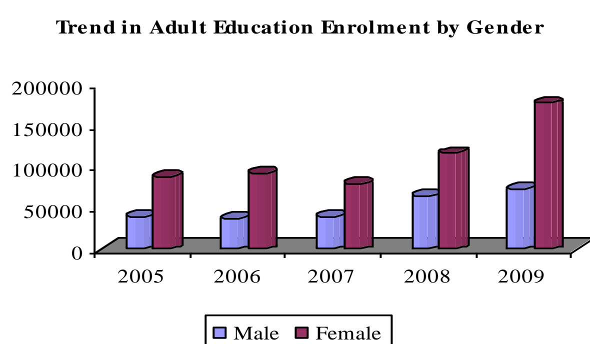
The total enrolment in all the universities both public and private rose by 44.7 per cent from 122,847 in 2008/09 to 177,735 in 2009/10 academic year compared to 80,971 in 2002. Enrolment in public universities rose from 100,649 in the 2008/09 to 142,556 students in 2009/10 academic year. In the 2009/10 academic year, the female students were 52,945 against 89,611 males.

The proportion of female student enrolment in university education declined from 40.1 per cent in 2008/2009 to 37.9 per cent in 2009/2010 academic year. Generally, records show that there has been increased female enrolment over the years though it lags behind that of the males. The relatively lower admission of female students into universities reflect the cumulative effects of socio-cultural and religious factors that hinder girls' participation, good performance and progress at the lower levels. As part of the affirmative action to address the existing gap, the government has put the university entrance cut-off points for girls at one point lower than that of boys.

iv. Adult Education

Adult education is designed to provide and enhance the literacy levels of the illiterate population. The 1999 population and housing census estimated there were 4.2 million illiterate adults in Kenya with women comprising 61% of the total. Enrolment in adult literacy programme has been characterized by declining rates, for example from 415,074 in 1979 when it was launched to 93,052 in 2001. The trend has however changed upwardly with enrolment increasing by 38.8% between 2008 and 2009. The female learners have continued to outnumber their male counterparts over the years as shown in the chart below though there are also gender disparities, e.g. in North Eastern province, females are fewer than males.

Figure 11 Trend in adult enrolment by gender



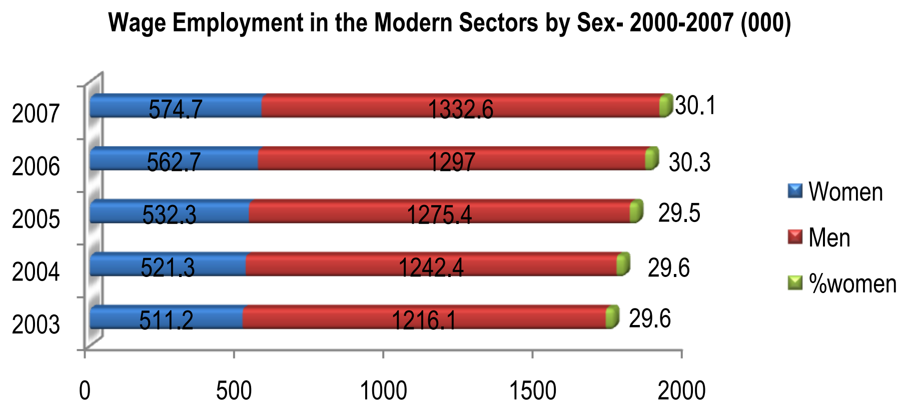
Source: Economic Survey, 2010

v. Women in Non-agricultural Wage Employment

Women's labour has not been adequately captured in the estimation of the country's National Accounts. This applies to women's household chores such as cooking, collecting firewood, fetching water and care for other family members, including childcare. On average, the male labour force participation rates in the modern sector have remained higher than those for females and the gap has not changed much over the years. Women constitute about 30% of the modern sector labour force and this has remained so for the last five years with marginal increase in 2006 and 2007 as shown in the table below.

In Kenya women account for slightly over half of the total population (50.7%) and constitute a big voting block. However, there exist glaring gender gaps in access to and control of resources including socioeconomic opportunities, e.g. only 3% of women own title deeds, thereby minimizing the opportunities to access credit.

Figure 12 Wage employment in the modern sector by gender



Source: Economic Survey, **2009**

Whereas participation of women in modern sector wage employment had risen from 12.2% in 1964 to 29.5% in 1999 and 30% in 2007, nevertheless women are still grossly underrepresented in senior decision making positions within the public sector. A case in point is the civil service where male representation in top most level of staff cadre still stands at 84% against 16% female. Conversely, at the lower cadre of the civil service, female representation is 74% against 26% male. This trend is also replicated in other sectors even in the elective positions. For instance, women councillors in 2007 were 393 and 19 women members of parliament, while half of the women in the judiciary service in 2007 were at lower levels e.g. District Magistrates.

Table 3 Positions held by women in the judiciary

Rank	2003				2005				2007			
	Women	men	Total	%women	Women	Men	Total	%women	Women	Men	Total	%women
Chief Justice	-	1	1	-	-	1	1	-	-	1	1	-
Judges of Appeal	1	10	11	9.1	-	12	12	-	-	10	10	-
High Court Judges	9	42	51	17.6	12	47	59	20.3	11	38	49	22.4
Commissioners of Assize	1	2	3	33.3	1	2	3	33.3	1	2	3	33.3
Chief Magistrates	6	8	14	42.9	6	9	15	40.0	7	16	23	30.4
Principal and Senior Principal Magistrates	9	13	22	40.9	11	15	26	42.3	13	22	35	37.1
Senior Resident Magistrate	32	55	87	36.8	38	63	101	37.6	39	63	102	38.2
Resident Magistrates	53	71	124	42.7	64	82	146	43.8	59	75	134	44.0
District Magistrates	85	121	206	41.3	92	126	218	42.2	85	117	202	42.1
Chief Khadhi/ Khadhis	-	17	17	-	-	17	17	-	-	17	17	-
Total	196	340	536	36.6	224	374	598	37.5	215	361	576	37.3

Source: Judicial Service Commission, DPM Compliment Statistics Unit

vi. Women Participation in Leadership and Decision Making

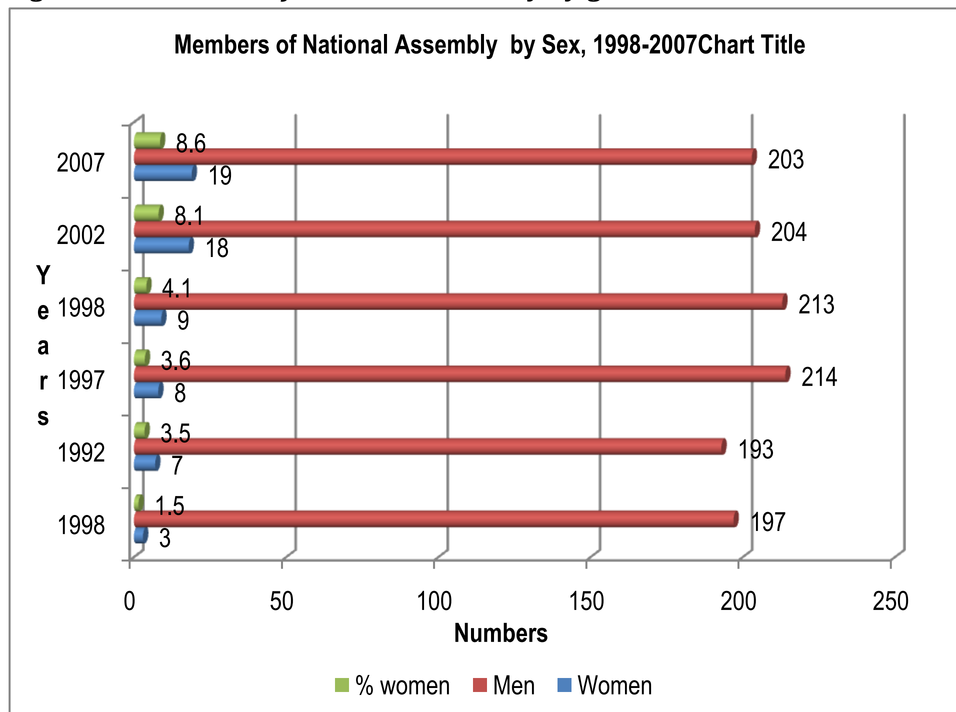
Globally, only one in four senior officials or managers are women. Though the number of women who secured paid jobs outside the agricultural sector increased between 1990 and 2008, women have generally failed to access higher-level positions. The top jobs—as senior officials or managers—are still dominated by men. And in all regions, women are underrepresented among high-level workers, accounting for 30 per cent or more of such positions in only three out of 10 regions. In Western Asia, Southern Asia and Northern Africa, less than 10 per cent of top-level positions are held by women.

Kenyan women have been underrepresented in both the political and other leadership spheres. However, in the recent past women representation is notable through an increase in key decision making positions. The women Members of Parliament in the National Assembly increased by 22.2% from 18 in 2002 to 22 in 2009. The number of women in Cabinet rose from 2 in June 2006 to 6 in June 2009, while the number of women permanent secretaries increased from 5 in 2006 to 7 in 2009. Though rising, women elected to parliament still constitute only 9% of total elected members.

This number is much lower compared to other National Assemblies in the Eastern African Region. However, the proposed constitution has specific clauses that aim to rectify this undesirable situation implying that there is commitment to change the situation. This progress has not been confined to the National Assembly but also reflected in the various positions and appointments in the public service including parastatals, the judiciary and local authorities.

Furthermore, there has been a marginal increase in the appointment of women to decision- making positions and hence, the official target of 30% representation of women is yet to be attained.

Figure 13 Members of National Assembly by gender



Source: Electoral Commission of Kenya

3.3.3 Challenges Facing the Achievement of Gender Equality and women empowerment

Poverty puts girls at a distinct disadvantage in terms of education. Girls of primary-school age from the poorest 60 per cent of households are three times more likely to be out of school as those from the wealthiest households. Their chances of attending secondary school are even slimmer, and older girls in general are more likely to be out of school. In the poorest households, about twice as many girls of secondary-school age are out of school compared to their wealthier peers. Household survey data also indicate that girls in rural areas face added challenges in getting an education and that the gender gap is much wider for girls of secondary-school age.

Gender equality and the empowerment of women are at the heart of the MDGs and are preconditions for overcoming poverty, hunger and disease. But progress has been sluggish on all fronts—from education to health access and political decision-making.

Glaring gender gaps exist in access to and control of resources, economic opportunities, power and political voice. Women are underrepresented in social and political

leadership, and their capabilities have not been fully developed to full potential due to the limited access to resources.

Women are overrepresented in informal employment, with its lack of benefits and security. Although some progress has been made in addressing gender disparities, a lot of effort still needs to be done.

Other challenges inhibiting the achievement of gender equality include:

- Prohibitive religious and socio-cultural practices and beliefs continue to limit the chances of the girl child from completing primary school education.
- Low transition of women from secondary to tertiary education and universities.
- Under-representation in key decision making in both Government and private sector.
- Regional variations of female to male literacy ratios undermine the efforts to achieve the national literacy goals.
- Discriminatory policies in both public and private sectors, such as banks requiring the permission of husbands in order to grant credit to married women. This is compounded by women's limited access to financial resources and credit whose access normally requires collateral.
- Increased violence against women which is characterized by physical, sexual or psychological harm or threats of such acts.
- Limited access to and control of productive resources such as land and the discrimination of daughters in land inheritance.
- Some of the women's contributions in the informal sector and the household economy are not adequately captured in the national accounts statistics and are therefore invisible.
- Traditional cultural practices that perpetuate pervasive gender stereotypes, biases and abuses against girls and women continue to hinder women from unleashing their full potential.

3.3.4 Interventions

Interventions on gender equality and women empowerment may fall under five broad categories namely;

- Social mobilization, awareness creation and sensitization
- Institutional strengthening and programme implementation
- Lobbying and advocacy for gender mainstreaming
- Building coalitions and mobilizing support for policy development, law reform, enactment and implementation
- Research, information, monitoring and reporting.

Taking into account these broad categories, interventions to address the challenges could include:

- Continued provision of free primary and free secondary education which has accorded equal basic educational opportunities to boys and girls.
- Implementation of Sessional Paper No.1 on the Policy Framework for Education, Training and Research which will increase the proportion of women in teaching, administration and research at all levels of higher institutions.
- Target by Government to expand intake into public universities and increase the proportion of students studying science-related courses to 50% with at least one third of these being women.
- Implementation of affirmative action on admission of female students to public universities, allowing girls who drop out of primary and secondary schools due to pregnancies to re-enter and complete their education, and for new recruitment and appointments in the public sector.
- The development of indicators (e.g. the Kenya National Adult Literacy Survey, which provides baseline information on the status of literacy in Kenya) that can be used to design and assess progress on the implementation of education-related programmes.
- Strategic support towards National Policy on Gender and Development which is intended to facilitate the mainstreaming of the needs and concerns of men and women in all areas in the development process. The policy includes regulatory and institutional reforms that need to be undertaken to ensure that obstacles to equitable and sustainable development are removed. In addition, the Plan of Action for Gender policy has been finalized and will guide stakeholders in implementing gender mainstreaming activities.
- Implement the Children's Act 2001 to its fullest spirit to give effect to the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child and address gender related issues such as early marriages, female genital mutilation (FGM), rights to survival, health and medical care, education, protection from child labour, sexual exploitation, prostitution, harmful drugs, and legal assistance by the Government.
- The production of Kenya Gender Data sheet that provides a general picture on gender position and condition across social, economical, political and health arena among others, which is geared to guide intervention among stakeholders dealing with gender concerns.

3.3.5 Recommendations

- Implementing the affirmative action to promote women's representation and participation in leadership and decision making levels
- Formulation and implementation of women specific poverty eradication programmes

- Expanding tertiary institutions and increase enrolment of girl's with special emphasis on their performance in sciences
- Community empowerment on the importance of educating girl's and voting for women in leadership positions
- Gender mainstreaming in all sectors and line ministries
- Institutionalization of awareness on of gender equality and the importance of women empowerment in the society
- Adequate funding and implementation of gender specific programs and policies
- Civic education and creation of playing field for women to facilitate increased presentation of women in decision making levels
- There is need to clarify that gender is not a SECTOR but a cross cutting agenda that should be mainstreamed in activities of other ministries.

3.3.6 Resource Requirements

The interventions necessary to achieve gender equality and women empowerment are not easily quantifiable owing to the large number of soft issues such as sensitisation, cultural transformation and attitude change that are difficult to quantify. What has been suggested are costs based on the district based activities and national programs particularly targeting capacity building, development of information and knowledge enhancement initiatives. The estimated cost of meeting gender targets is US$ 1,800.0 million with a financing gap of US$ 1,799 million.

3.4 GOAL 4: Reduce Child Mortality

The Millennium Development Goal on child mortality aims at reduction of under five mortality rate by two thirds between 1990 and 2015. The indicators outlined for monitoring progress in MDG 5 are: Under five mortality rate, Infant mortality rate and Proportion of 1 year-old children immunized against measles

Globally, substantial progress has been made in reducing child deaths. Since 1990, the mortality rate for children under age five in developing countries dropped by 28 per cent—from 100 deaths per 1,000 live births to 72 in 2008. At the same time, the total number of under-five deaths declined from 12.5 million in 1990 to 8.8 million in 2008. This means that, in 2008, 10,000 fewer children died each day than in 1990. An encouraging sign is the acceleration of progress after the year 2000: the average annual rate of decline increased to 2.3 per cent for the period 2000 to 2008, compared to 1.4 per cent in the 1990s. Although under five mortality in sub-Saharan Africa has declined by 22 per cent since 1990, the rate of improvement is insufficient to meet the target. Furthermore, high levels of fertility, combined with a still large percentage of under five deaths, have resulted in an increase in the absolute number of children who have died—

from 4.0 million in 1990 to 4.4 million in 2008. Sub-Saharan Africa accounted for half of the 8.8 million deaths in children under five worldwide in 2008.

To accelerate the achievement of MDG 4, the Government launched a Child Survival and development Strategy that is costed in 2009 as an effort to accelerate child survival and provide a framework to improve indicators for children. The strategy is guided by the National Health Sector Strategic Plan II (NHSSP II) and the Vision 2030 Medium Term Plan that aim to reduce inequalities in the health care services and improve on the child health indicators.

In addition, the Ministry of Public and Sanitation has prioritized malaria control through the National Health Sector Strategic Plan (NHSSPII) and mandated the Division of Malaria Control (DOMC) to coordinate the implementation of the National Malaria Strategy. In collaboration with partners, the government has also developed the 8-year Kenyan National Malaria Strategy (KNMS) 2009-2017 which was launched on 4th November 2009.

The National Malaria Strategy covering the period 2009–2017 has been developed in line with the Government's first Medium-Term Plan of the Kenya Vision 2030, Millennium Development Goals, as well as Roll Back Malaria partnership goals and targets for malaria control. The National Malaria Strategy is based on and carries forward an inclusive partnership between the Ministries of Public Health and Sanitation and Medical Services, other line Ministries of the Government of Kenya, development partners and all implementing agencies in malaria control.

The Malezi Bora Strategy initiated in 2007 has provided a comprehensive package of services that includes child immunization, Vitamin A supplementation, deworming of under fives and pregnant women, treatment of childhood illnesses, HIV Counseling & Testing, ITNs use in Malaria prevention and improved ANC & FP Services. Malezi Bora provides an opportunity to provide children with a comprehensive and integrated package of services.

Other Government efforts towards reduction in child mortality and in line with attainment of the MDG target are Integrated Management of Childhood Illnesses which includes immunization, one of the most effective primary health interventions in reducing child mortality. Under this, the Ministry of Health continues to strengthen immunization activities throughout the country under the Kenya Expanded Programme on Immunization (KEPI) as well as management of childhood illnesses.

3.4.1 Progress made

Existing data reveals that in the 1990s, infant and childhood mortality declined rapidly in Kenya as a result of various global initiatives to improve child health. These

initiatives included the WHO Expanded Programme on Immunization (EPI), against six major child diseases (tuberculosis, measles, diphtheria, whooping cough, tetanus, and polio) and low cost technology interventions to control diarrhoea through oral re-hydration therapy (ORT).

After many years of declining health indicators, recent data is showing an improvement in the mortality indicators for Kenyan children. The Kenya Demographic Health Survey (KDHS) 2008/09 shows that compared to the 2003 KDHS, the Infant Mortality Rate (IMR) improved to 52 from 77 per 1000 live births and the Under Five Mortality Rate improving to 74 from 115 per 1000 live births. However, the neonatal mortality rate only reduced marginally from 33 to 31 per 1000 live births contributing to 42% of the under five mortality compared to 29% in 2003 (KDHS). Despite renewed focus and recent progress in child survival, achieving the Millennium Development Goal targets in under-five mortality (33/1000) and infant mortality (26/1000) by 2015 will be a challenge unless neonatal care, which is closely linked to maternal care, receives more attention. The maternal care indicators have stagnated with the deliveries by skilled attendants (increased slightly from 40 to 42%) and institutional deliveries (increased slightly from 40.1 to 43%). Skilled birth attendance is vital to protecting the health of newborns as the majority of perinatal deaths occur during labour and delivery or within the first 48 hours after delivery (UNFPA, 2007).
The improvements experienced in the child health indicators include immunization, Malaria treatment and prevention, Diarrhoeal diseases management, Vitamin A supplementation, and Exclusive breastfeeding rate.

3.4.1.1 Immunization

In early 2000, the country experienced a decline in the level of child immunization Subsequently, Kenya has one of the highest numbers of newborn deaths in the African region. The neonatal mortality rate is 33 per 1,000 live births with approximately 43,600 deaths occurring annually. There are wide disparities in mortality rates existing across the country, and an alarming 1 in every 14 babies born in Kenya will die before their first birthday and 1 in 9 before their fifth birthday (MOPHS, 2009).

In an effort to reverse the trend, policy changes in the health sector in the last decade have been directed towards improving efficiency in health programs. The goal of the second National Health Sector Strategic Plan 2005–2010 (NHSSP II) is to reduce inequalities in the health care services and reverse the downward trend in the declining health related outcome indicators. This is done by paying particular attention to lessons learned and applying innovative solutions to achieve results. Implementation of the NHSSP II has focused on three key strategies embedded within the Kenya Essential Package for Health (KEPH), a Community Heath Strategy and the Kenya Health Sector Wide Approach (KHSWAp). The health sector is striving to achieve increased equitable access to health services; improve efficiency and effectiveness of service delivery, enhance and foster partnerships; and improve financing for the sector.

During the initial period of the implementation of the NHSSP II, key improvements were made particularly in child health where immunization coverage increased, childhood malaria deaths reduced by 44 percent in sentinel malaria endemic districts, and disease control improved for tuberculosis (TB) case detection and cure rate. However, there was no notable improvement in services for maternal and adolescent health or for disaster preparedness and response, both accompanied by inadequate strengthening of related support systems. Several key strategies were put in place to strengthen the implementation of KEPH and give support to ensure universal access to MNCH services and also strengthen implementation of existing service delivery efforts for child health. The development of an Annual Operational Plan (AOP) was to ensure that the NHSSP was implemented adequately. Services have used the lifecycle approach and focused on mother and child from pregnancy to postnatal period, early childhood and adolescent period. The lower levels of the health system - community, dispensary and health centre have also been strengthened. A Road Map for the Acceleration of Implementation of Interventions to Achieve the Objectives of the NHSSP II is in place since 2007. A Child Health Policy, revised Reproductive Health Strategy and a Road Map to Accelerate the Achievement of MDGs related to Maternal and Newborn Health all provide further emphasis and support towards achieving the related MDGs.

Over the last 10 years progress has been observed. Total number of children aged 12-23 months receiving full vaccination against vaccine preventable diseases were 57% in 2003 but rose to 72% by 2007, with the highest rates recorded in Central province (88%) and Nairobi (75%) while Western province recorded a low of 57%. North Eastern province recorded the highest improvements in immunization, rising from 48% in 2005 to 73% in 2007 though rate of increase was inadequate.

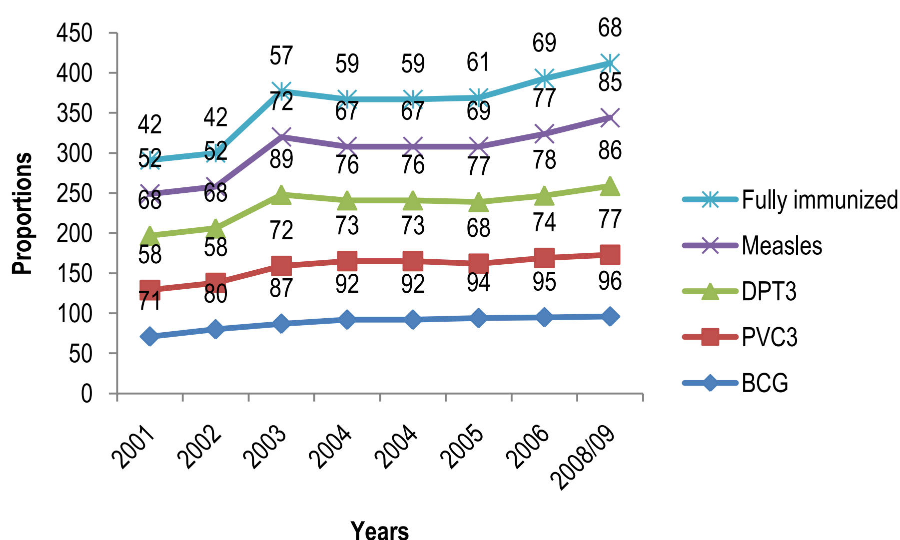
Measles threat has declined with active case-based and laboratory surveillance systems. When sporadic outbreaks of measles are reported, the Ministry of Health has responded effectively by conducting mass immunization campaigns thus explaining the increase from 52% in 2002 to 85% in 2008. With regard to polio, Kenya has been polio free except eighteen recent cases in North Eastern province, where the response included launching of several rounds of vaccination campaigns to contain the disease. The RED approach that covers the hard to reach districts has also significantly contributed to the improvements in immunization coverage in the areas

The under-five mortality rate has shown impressive decline over the period under review. The KDHS 2008/2009 shows a remarkable decline in levels of childhood mortality compared to the rates observed in the 2003 KDHS. For example, the infant mortality rate decreased to 52 deaths per 1,000 live births in 2008-09 from 77 in 2003. Similarly, the under-five mortality rate decreased to 74 deaths per 1,000 live births in 2008-09 from 115 in 2003. The decrease in infant mortality between 2003 and 2008

can be associated with increased campaigns against five diseases, namely, acute respiratory infections, diarrhoea, measles, malaria and malnutrition[3].

The Ministry of Health continues to strengthen immunization activities throughout the country under the Kenya Expanded Programme on Immunization (KEPI). Over the 10 year period under review, coverage has maintained an upward trend as seen in **Figure 15.** KEPI has also stepped up surveillance on AFP and B (Hip) while the government and Global Alliance for Vaccine Initiative (GAVI) have introduced B (Hip) vaccination and a site at Kenyatta National Referral Hospital to vaccinate children aged between one month and five years.

Figure 14 Immunization Coverage



Source: CBS, KDHS 2009

3.4.1.2 Malaria Control & Prevention

Despite this progress, malaria continues to jeopardize the lives of thousands of young children. In Kenya, it is estimated that 34,000 deaths of under-fives occur every year, translating into 94 child deaths per day[4]. Underlying factors include poor living environments, lack of access to Insecticide Treated Nets (ITNs), poor nutritional status of children, and poor access to health services. Deaths are also caused by lack of prompt, effective and affordable treatment of children, HIV/AIDS and poor access to health services.

Regarding the treatment of malaria, the increase in resistance to sulphur based drugs has resulted to the need to change to Artemether Lumefantrine (AL) currently being availed free of charge in public and faith-based health facilities. Significantly,

[3] MDGs Status Report for Kenya, 2005
[4] Review of Progress towards the achievement of WFFC +5 in Kenya, March 2007

distribution of Insecticide Treated Nets (ITNs) in the endemic malaria areas has also been scaled up in addition to waiving tax and price subsidization of imported mosquito nets. A nationwide distribution of Long Lasting insecticide Treated Nets (LLITN) was conducted in 2006 as part of the integrated measles LLITN campaign in which a total of 1.7 million nets were distributed to children under five years in the high malaria risk regions. A stand alone LLITN distribution also took place in October 2006 and also covered 1.7 million, making a total of 3.4 million nets distributed. Population Service International has significantly scaled up ITN coverage through their social marketing programme, distributing over 4.57 million nets through clinics and commercial outlets between January 2005 and August 2006.

As a result, the number of pregnant women sleeping under nets increased from 4.4% in 2003 to 25% in 2006 and 53% in 2008/09 according to KDHS 2008/2009. Similarly, children under five years sleeping under ITN increased from 2.6% in 2003 to 24% in 2006 and 51% in 2008. The government has also stepped up indoor spraying, advocacy and public awareness campaigns at community level on control of mosquito breeding.

The National Malaria Strategy covering the period 2009–2017 has been developed in line with the Government's first Medium-Term Plan of the Kenya Vision 2030, Millennium Development Goals, as well as Roll Back Malaria partnership goals and targets for malaria control. The National Malaria Strategy is based on and carries forward an inclusive partnership between the Ministries of Public Health and Sanitation and Medical Services, other line Ministries of the Government of Kenya, development partners and all implementing agencies in malaria control.

3.4.1.3 Diarrhoeal Diseases Management

Diarrhea contributes to 20% of under five mortality in Kenya. The main causes are poor hygienic practices, especially lack of hand washing with soap after the four critical times, inadequate water supply, inadequate safe drinking water and poor faecal and waste disposal. The introduction of low osmolarity ORS and Zinc supplements into the essential drugs kit is expected to further improve the control of diarrhea.

The improvement in child survival in 2008 is corroborated by increases in child vaccination coverage and in ownership and use of mosquito bed nets, both of which have been shown to reduce child mortality.[5]

3.4.2 Challenges in Implementation

Several factors contribute to the unacceptable child health indicators and these include malnutrition, a high incidence of diseases like diarrhoea, malaria, and pneumonia, HIV and AIDS, less than adequate household health care and hygienic practices, and poor environmental and living conditions. These factors are compounded by poverty,

[5] Kenya Demographic and Heath Survey, 2008-09 Report

harmful socio-cultural beliefs and practices, lack of access to health services, long distances to cover in getting to a health facility and various inadequacies within the health care system.

Four diseases—pneumonia, diarrhoea, malaria and AIDS— accounted for 43 per cent of all deaths in children under five worldwide in 2008. Most of these lives could have been saved through low-cost prevention and treatment measures, including antibiotics for acute respiratory infections, oral rehydration for diarrhoea, immunization, and the use of insecticide-treated mosquito nets and appropriate drugs for malaria. The need to refocus attention on pneumonia and diarrhoea—two of the three leading killers of children—is urgent. The use of new tools, such as vaccines against pneumococcal pneumonia and rotaviral diarrhoea, could add momentum to the fight against these common diseases and provide an entry point for the revitalization of comprehensive programming. There are plans to introduce pneumoccoccal vaccine in the country in 2011 and the Rotavirus vaccine in 2012. Furthermore, ensuring proper nutrition is a critical aspect of prevention, since malnutrition increases the risk of death.

Since the launch of the Safe Motherhood Initiative, efforts invested in maternal and newborn health programmes have not yielded the expected results due to several challenges. A combination of structural and infrastructural problems has had negative effects on the successful implementation of MNH programmes. These include;

- Lack of availability, poor accessibility and low utilization of skilled attendance during pregnancy, child birth and postpartum period at all levels of the health care delivery system
- Socio-cultural barriers contribute to delay in seeking care; as well as reluctance to adopt good practices through behaviour change, thereby increasing the risk of obstetric and newborn complications (for example mother's preference to deliver at home under unskilled attendants)
- Poor staffing and/or inappropriate staff deployment, inadequate health provider competencies in Essential Obstetric and Newborn care, and poor access to good quality maternal and newborn health services including family planning
- Inadequate access by adolescents and youth to reproductive health information and youth friendly services.
- Low uptake of Prevention of Mother-To-Child Transmission (PMTCT) services and inadequate integration of Maternal and Child Health and HIV/AIDS services
- Limited skills in planning and management for use in Maternal and Newborn Health programming, insufficient focus on essential newborn care both at the facility and community level and inadequate articulation of maternal and newborn health issues in pre-service training curricular
- Limited national commitment of resources for maternal and newborn health

- A weak public/private partnership in service delivery
- Limited participation of community, family and individuals in Maternal and Newborn Health
- Lack of gender perspective and male involvement
- Poor monitoring and evaluation
- Poor utilisation of research findings for evidence-based service delivery[6]
- Fragmentation of priority interventions among different programs and packages
- Minimal use of evidence based planning, costing and budgeting
- Health sector coordination weaknesses resulting from many competing interests among state actors

3.4.2 Interventions

The interventions for the reduction of Child Mortality include:

- Improving newborn health care and nutrition: essential newborn care, reducing and/or managing danger signs, birth asphyxia, neonatal sepsis and preterm birth, amongst other neonatal problems, immediate breastfeeding.
- Improving maternal health care and nutrition: increasing the proportion of pregnant women who continue to have access to: FANC, improved nutritional support, increased skilled attendance at birth, improved essential obstetric care, and family planning
- Improving child health care and nutrition: strengthening community and facility IMNCI, management of common childhood diseases such as malaria, diarrhoea, ARI/pneumonia, etc., routine immunization, breastfeeding, complementary feeding and other appropriate nutritional support
- Management of HIV: increasing access to PMTCT, diagnosis of paediatric HIV infection, paediatric ART and Cotrimoxazole prophylaxis, improved nutrition and management of TB
- Ensuring adequate response to children affected by emerging environmental and emergency situations
- Strengthening advocacy towards policy and resource mobilization
- Strengthening appropriate skills capacity development and training of health workers at facility, community, pre-service and in-service levels
- Strengthening and supporting behaviour change communication and interventions (BCC/BCI) for improved and sustained health and hygienic practices at community and facility levels

[6] Ministry of Public Health/Ministry of Medical Services, National Road Map for accelerating the attainment of the MDGs related to Maternal and Newborn Health in Kenya, March 2009

- Ensuring adequate planning, management, supportive supervision and appropriate referral
- Strengthening monitoring and evaluation: to keep track of progress, make necessary adjustments and strengthen best practices towards achieving the MDG goals and targets
- Strengthening community response including screening for acute malnutrition and the sick child using MUAC, bilateral oedema and IMCI danger signs and strengthening referral between community, health facility and referral hospital
- Early initiation and exclusive breastfeeding
- Temperature care for the newborns
- Immunization
- Vitamin A supplementation
- Appropriate complementary feeding

3.4.4 Recommendations

- Reinforcing programmes that address the main causes of infant and child mortality with particular emphasis on post-neonatal mortality diseases
- Increasing access to health services for the treatment and management of childhood diseases and conditions up to community level through community case management
- Use of equity-based approach focusing on the most disadvantaged children
- Use of marginal budgeting for bottlenecks in child survival and development strategies as this shall help identification, analysis and reduction of health system bottlenecks to the realization of MDG 4
- Increased political commitment
- Increased donor commitment in financial support and technical assistance in child health strategies
- Revitalize the implementation of the community health strategy as it offers an entry point to the community based health care
- Appropriate management and advocacy on HIV/AIDS at all levels
- Expansion of immunization coverage with specific focus on measles
- Empowerment and deconstruction of women on harmful social practices to women and children

3.4.5 Resource Requirements

The resource requirements for the three health Goals are summarized at the end of Goal 6 below.

3.5 GOAL 5: IMPROVE MATERNAL HEALTH

The fifth Millennium Development Goal calls for a reduction in maternal mortality and morbidity and calls for the realization of the following targets: (i) Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio; and (ii) Achieve, by 2015, universal access to reproductive health. The indicators for measuring the improvement in maternal health include: Maternal mortality ratio, proportion of births attended by skilled health personnel, contraceptive prevalence rate, adolescent birth rate, antenatal care coverage and unmet need for family planning.

Achieving good maternal health requires quality reproductive health services and a series of well-timed interventions to ensure a women's safe passage to motherhood. Failure to provide these, results in hundreds of thousands of needless deaths each year—a sad reminder of the low status accorded to women in many societies. Measuring maternal mortality—death resulting from the complications of pregnancy or childbirth—is challenging at best. Systematic underreporting and misreporting are common, and estimates lie within large ranges of uncertainty. An acceleration in the provision of maternal and reproductive health services to women in all regions, along with positive trend data on maternal mortality and morbidity, suggest that the world is making some progress on MDG 5.

3.5.1 Progress made

Maternal mortality in Kenya has remained unacceptably high at 488 maternal deaths per 100,000 live births (with some regions reporting MMRs of 1,000/100,000 live births) in 2008/9, an increase from 414/100,000 in 2003, 590/100,000 in 1998. Most maternal deaths are due to causes directly related to pregnancy and childbirth unsafe abortion and obstetric complications such as severe bleeding, infection, hypertensive disorders, and obstructed labor. Others are due to causes such as malaria, diabetes, hepatitis, and anaemia, which are aggravated by pregnancy.
The vast majority of these deaths are avoidable. Haemorrhage, for example, which accounts for over one third of maternal deaths, can be prevented or managed through a range of interventions administered by a skilled health-care provider with adequate equipment and supplies.

The proportion of women making the recommended number of antenatal care visits of 4 and above declined from 64 per cent in 1993 to 52 per cent in 2003 and to 47% in 2008/9, while the proportion receiving skilled care during delivery declined from 45 per cent in 1998 to 42 per cent in 2003. Skilled attendance at birth increased to 44% in 2008/9.

The contraceptive prevalence rate for modern methods among married women increased from 32% to 39% between 2003 and 2008/ while at the same time, the use of

traditional methods decreased from 8 to 6% of married women. The unmet need for family planning, which is still considered high, has remained at 24 percent since 1998. This has largely been attributed to inadequate service provision, poor access due to persistent family planning commodity insecurity and limited resource allocation. The Government has prepared the Contraceptive Security Strategy 2007-2012 with the aim of ensuring uninterrupted and affordable supply of contraceptives

The adolescent birth rate reduced from 114 per 1,000 women to 103 per 1,000 women between 2003 and 2008/09.

The Government launched a Maternal and Newborn Health (MNH) Road Map in August 2010 whose goal is to accelerate the reduction of maternal and newborn morbidity and mortality towards the achievement of the Millennium Development Goals. The National MNH Road Map offers a new and revitalized dimension of efforts of all stakeholders. It provides a framework for building strategic partnerships for increased investment in maternal and newborn health at both institutional and programme levels. Implementation will take a phases approach and the final reporting year will be 2015.

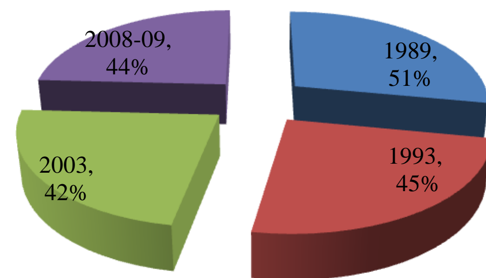
The MNH Roadmap comprehensively covers the reasons for non improvement of MNH indicators in Kenya. The Road Map also incorporates challenges and strategies for improving maternal health.

To ensure all expectant mothers are safe and that they get quality health services, the government has abolished user fees in all public maternity hospitals and clinics. Mothers are being encouraged to deliver in the nearest maternity facility under the supervision of a skilled health worker. The government also committed to shifting budgetary resources from curative health to preventive health services (this shift was included in the 2010/2011 Budget). This will help deal with childbirth problems before they become serious. There are sustained efforts on decentralization of healthcare system to the districts to ensure local needs are better addressed

More rural women are receiving skilled assistance during delivery, reducing long-standing disparities between urban and rural areas. Serious disparities in coverage are also found between the wealthiest and the poorest households. In the developing regions as a whole, women in the richest households are three times as likely as women in the poorest households to receive professional care during childbirth

To reduce and bring down the high maternal mortality, the government has to address several challenges including the need to ensure the availability of adequate maternity services and skilled personnel to attend to complications caused by unsafe/induced abortion, malaria, and HIV/AIDS, among others.

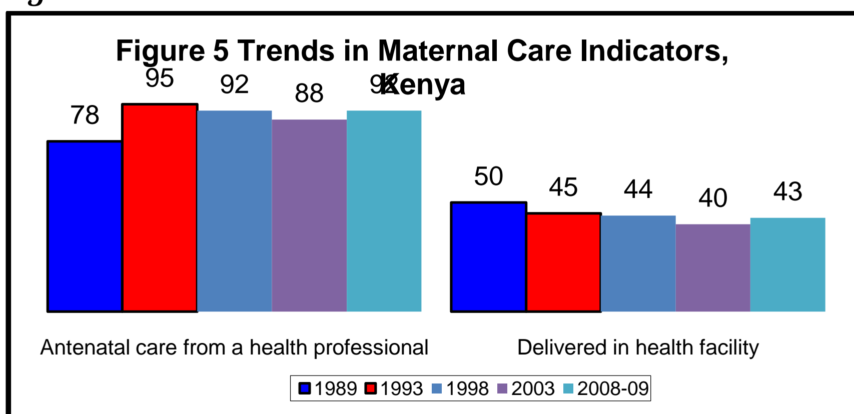
After the Reproductive Health Agenda endorsed by 179 countries following the 1994 Cairo International Conference on Population and Development (ICPD), Kenya spelled out a broad based approach to reproductive health which culminated in the launch of the National Reproductive Health Services (NRHS) delivery strategy 1997-2010.



The strategy identified the key pillars of safe motherhood to include family planning, antenatal care, clean and safe delivery, essential obstetric care, postpartum care, newborn care, and post-abortion care. In addition, the Kenya government launched the Integrated Management of Childhood Illnesses (IMCI) strategy in 1998 but its implementation begun much later in the year 2000. The core strategy interventions are the integrated management of the five most important causes of death among children, namely, acute respiratory infection (ARI), diarrhoea, measles, malaria, malnutrition and anaemia. Malaria, which is endemic in most parts of the country, is also a common cause of hospital admission among all age groups. It is also one of the key indirect causes of maternal morbidity and mortality. Despite the strategies and policies, designed to improve maternal health, the proportion of mothers assisted by skilled health personnel declined from 51% in 1989, to 45% in 1993 and 42% in 2003. A slight increment was however reported in the 2008-2009 where the proportion of women delivered by a health professional stood at 44% as shown below:

Moreover, the proportion of mothers reporting they received antenatal care from a health professional increased slightly between 2003 (88 percent) and 2008-09 (92 percent). The percentage of births occurring in health facilities also increased slightly from 40 percent in 2003 to 43 percent in 2008-09 as illustrated below:

Figure 15 Trends in maternal care indicators



Source: Kenya Demographic and Heath Survey 2008-09

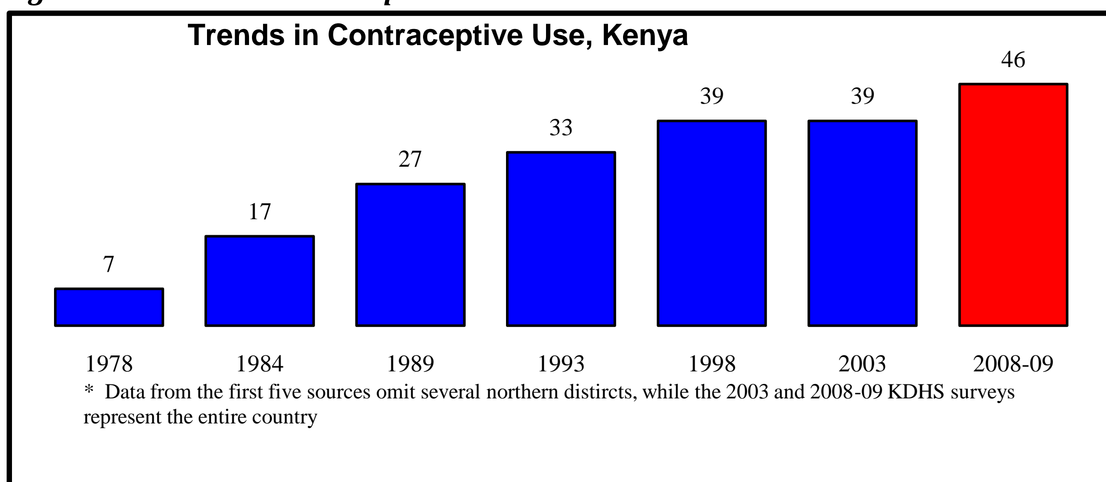
The commonest causes of maternal deaths are ante-partum and post-partum haemorrhage, hypertensive disorders of pregnancy, puerperal infection, malaria and HIV/AIDS related conditions.

Family planning can prevent many maternal deaths by helping women prevent unintended pregnancies and by reducing their exposure to risks involved in pregnancy and child birth. Moreover, family planning allows women to delay motherhood, space births and prevent unsafe abortions, and protect themselves from sexually transmitted infections including HIV/ AIDs.

Regarding contraceptive use results of the recent KDHS survey (2008) shows a significant increase in the contraceptive use from 39% of married women in 2003 to 46% 2008-09. Since the early 1980s, there had been a steady increase in family planning use among married women as shown below

The contraceptive prevalence rate remained the same between 1998 and 2003, but increased again between 2003 and 2008-09 at the same momentum as between 1993 and 1998. This increase can perhaps be explained by increased use of modern methods whereby between 2003 and 2008-09, use of modern methods increased from 32% to 39 percent of married women, while use of traditional methods over the same time period actually decreased from 8% to 6 percent of women. Since it is difficult to separate the health of the mother from the baby, challenges under the two goals are addressed with this relationship in mind.

Figure 16 Trends in contraceptive use



Source: KDHS 2008/09 Report

3.5.2 Challenges in Reducing Maternal Mortality

Women should receive care from a trained health-care practitioner at least four times during the course of their pregnancy according to WHO and UNICEF recommendations However, less than half of pregnant women in developing regions and only a third of rural women receive the recommended four visits.

Poverty and lack of education perpetuate high adolescent birth rates. The highest birth rate among adolescents is found in sub-Saharan Africa, which has seen little progress since 1990. Adolescents, in general, face greater obstacles than adult women in accessing reproductive health services. Adolescents in the poorest households are three times more likely to become pregnant and give birth than those in the richest households. In rural areas, adolescent birth rates are almost double those of urban areas. But the largest disparities are linked to education: girls with a secondary education are the least likely to become mothers. The birth rate among girls with no education is over four times higher. Even more worrisome is the widening of disparities over time.

The slow progress in attainment of maternal health targets in Kenya can be attributed to:

i. Limited availability, poor accessibility and low utilization of skilled birth attendance during pregnancy, child birth and post natal period;
ii. Low basic emergency obstetric coverage;
iii. Poor involvement of communities in maternal care; and
iv. Limited national commitment of resources for maternal and newborn health.

There are several challenges that require immediate attention:

- Insufficient skilled human resources. The available health personnel are not well distributed despite the increase in the number of health facilities constructed using devolved funds.
- Inadequate budgetary allocations, poor infrastructure, lack of materials, inadequate emergency facilities and high prevalence of poverty prevent targeted populations from accessing services such as ITNs.
- The health sector received about 8.4% of the total Government budgetary allocation in 2008/2009 financial year, which is lower than the Abuja declaration target of 15%.
- Low immunization coverage: In spite of the relative success of the Kenya Expanded Programme of Immunisation since 2003, national coverage remains lower than the expected target of 85%. The major constraint to increasing coverage has been the focus on immunization campaigns that are often periodic rather than programmatic.
- Poor health infrastructure in the arid and semi arid areas especially north eastern parts of Kenya compounded by porous borders and influx of refugees has seen an emergence or upsurge of previously contained immunisable diseases like polio and measles. This has led to critical health resources going to support campaigns as opposed to strengthening priority services.
- The change in cost sharing policy to 10/20: In 2004, the Ministry of Health announced 10/20 policy which included free health services for children.

Whereas utilization increased, this was not sustained due to insufficient supplies and the drop in local revenue from cost sharing. There is also no doubt that informal charges remain a problem and there is a need to increase the knowledge of communities to understand that services for children are free.

- Lack of national policy framework and identification of specific programmes to enable accessibility of reproductive services by young people.
- The low cost and apparent improved service provision has increased utilization of services in public health services (yet these facilities are inadequately equipped) which has had a negative impact on services offered by other service providers, especially the Faith Based Organizations,
- Recurring incidences of hunger and the resultant child Protein–Energy Malnutrition (PEM)
- Lack of comprehensive obstetrics, neonatal care services and emergency obstetrics in many hospitals particularly in rural areas
- Low literacy levels among mothers
- Low antenatal and peri-natal care coverage
- Poor infant feeding and weaning practices
- Inadequate access to sustainable clean water sources and sanitation facilities
- Lack of access to health services in many parts of the country due mainly to their mal-distribution.
- Slow reduction in maternal mortality rates which have a direct relationship with the health of the children

Ensuring that even the poorest and most marginalized women can freely decide the timing and spacing of their pregnancies requires targeted policies and adequately funded interventions. Yet financial resources for family planning services and supplies have not kept pace with demand. Aid for family planning as a proportion of total aid to health declined sharply between 2000 and 2008, from 8.2 per cent to 3.2 per cent (UN MDG Report 2010).

3.5.3 Interventions

Interventions for improving maternal health and reducing maternal mortality include:

i. Focused antenatal care;

ii.

ii. Delivery by skilled attendance-Increased access to skilled delivery care through better provisions for emergency treatment and improved logistics for rapid movement of complicated cases to district hospitals; Increased medical coverage of deliveries through additional skilled staff and service points towards improving delivery care services for improvement

iii. Improve post —abortion care by putting women to prompt and highly quality treatment for infection, hemorrhage and injuries to the cervix and uterus.

iv. Emergency Obstetric coverage (treatment and management); Post natal care and; Increase access to high quality antenatal care

v. Access to essential medicine.

vi, A shift of budgetary resources from curative health to preventive health and promotive health services

viii. Direct budgetary allocation to dispensaries and health centers.

ix. Strengthening reproductive health and family planning polices and improve planning management and resource allocation.

x. Increase access to family planning to prevent women unintended pregnancies and space births of their children

3.5.4 Recommendations

- Improving availability of, access to, and utilization of quality maternal health care
- Reducing unmet need through expanding access to good quality family planning options form men, women and sexually active adolescents
- Strengthening the referral system
- Advocating for increased commitment and resources for maternal and newborn health and family planning services
- Strengthening community based maternal health care approaches
- Strengthening the monitoring and evaluation system and operations research
- Improving safe motherhood and child survival through comprehensive health care
- Increasing skilled health personnel in rural areas
- Improving post abortion care
- Increasing access to high quality antenatal care
- Developing comprehensive sexual reproductive health programs
- Full implementation of policies supportive of maternal health such as the new labour laws according women three months paid maternity leave and 15 days paternity leave for new born fathers

3.5.5 Resource Requirements

The resource requirements for Goal 5 are summarised together with those of Goals 4 and 6 at the end of Goal 6 below.

3.6 GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

3.6.1 HIV/AIDS

The spread of HIV appears to have stabilized in most regions, and more people are surviving longer. The latest epidemiological data indicate that, globally, the spread of HIV appears to have peaked in 1996, when 3.5 million* people were newly infected. By 2008, that number had dropped to an estimated 2.7 million. AIDS-related mortality peaked in 2004, with 2.2 million deaths. By 2008, that toll had dropped to 2 million, although HIV remains the world's leading infectious killer. Sub-Saharan Africa remains the most heavily affected region, accounting for 72 per cent of all new HIV infections in 2008 Though new infections have peaked, the number of people living with the virus is still rising, largely due to the life-sustaining impact of antiretroviral therapy. An estimated33.4 million people were living with HIV in 2008, of whom 22.4 million are in sub-Saharan Africa

3.6.2 Progress made

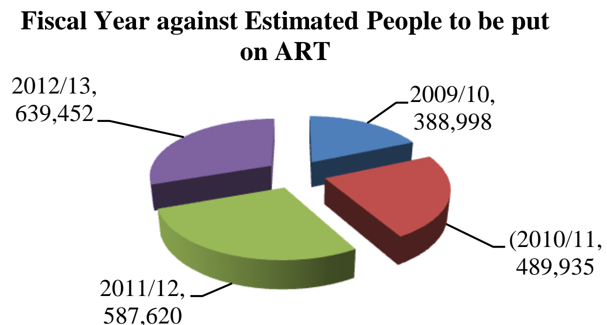
Over the past few years, a lot of resources have been invested in the fight against HIV/AIDS in Kenya. There have been efforts to strengthen institutional capacity of key institutions such as the National AIDS Control Council (NACC) to coordinate and monitor activities better. During the last five years, the country has received support from the Global Fund for AIDS, Tuberculosis and Malaria, the Presidential Emergency Relief Fund for AIDS Relief (PEPFAR), the World Bank and other United Nations Organizations, several bilateral aid programmes, numerous civil society organizations such as AMREF, World Vision and Care, and numerous private sector contributions, including the Bill and Melinda Gates Foundation, the Clinton Foundation and the Elizabeth Glaser Foundation.

Achieving the objectives set at the Millennium Summit has proved to be rather elusive and difficult due to a wide range of constraints and challenges such as lack of adequate capacity, and human and financial resources to implement activities and programmes towards this end.

Successful implementation of the MDG related interventions requires an all-inclusive participatory engagement acceptable and approved by all stakeholders. In this context, holding of stakeholders' consultative forums both at national and sector levels will continue as these have proved to be an important avenue for mobilizing action. Nationwide dissemination and sensitization meetings on MDGs for stakeholders in all the provinces have been held to ensure that dialogue is enhanced around the MDGs both

at the grassroots and national level and that MDGs get priority in all development initiatives.

Recent studies indicate that whereas Kenya has made significant progress in the fight against HIV/AIDS, the national prevalence rates still raise concern.. The KDHS 2008/09 states that "in Kenya, HIV prevalence has not changed significantly in the past five years. The HIV prevalence is 6.3% for women and men aged 15-49, compared with 6.7% in the 2003 KDHS and 7.4% in the 2007 Kenya AIDS Indicator Survey".



The Kenya AIDS Indicator Survey (KAIS) confirmed this trend pointing out that HIV prevalence among key adult age group rose while incidence remains high with an estimated 125,000 -133,000 new cases annually among adults and 32,000 new paediatric infections per year[7]. Surprisingly, there have been higher infection rates among married couples bringing a new challenge. Earlier efforts had been directed to commercial sex workers and single persons, but now the focus must change.

On treatment and care, progress towards achieving universal access targets has been slower than expected. The Kenya National AIDS Strategic Plan (KNASP III) access target of reaching at least 80 percent of those in need is not expected to be achieved until 2013. This is partly due to the fact that whereas the number of people on ART has been increasing over time, those in need have been increasing at an even faster rate. The National AIDS and STI Control Programme (NASCOP) estimates that at least 68% of the nearly 570,000 people in need of ART were receiving it by end of June 2010. This chart illustrates KNASP III and NASCOP targeted number of people to be put on treatment over the current and upcoming four fiscal years.
With regard to condom use, NACC estimated an increase in condom supply from 28.4 million in 2005 to 36.2 million in 2006 and further to 64.5 million in 2007. This was attributed to the increase in demand and availability.

However the discontinuation of support in 2010 by the Clinton HIV/AIDS Initiative paints a gloomy picture as the number of people on ART is expected to decline from a high of 393,453 in the 2010/11 fiscal year to 344,453 over the next two years. This

[7] ITPC, Missing the Target 8, April,2010: On-the-ground research in India, Kenya, Latvia, Malawi, Swaziland, and Venezuela (April 2010)

means the gap between the government's ART access target and reality will have widened by nearly 300,000 people by year 2013.

Concerning financing of HIV and AIDS service, a notable increment has also been noted in the country. For instance, in 2006/07 a total of $419 million was spent, $660 million in the 2007/08 fiscal year, and $687 million in the 2008/09 fiscal year (National Aids Spending Assessment Report, 2009). Despite the apparent well oiled campaign, HIV/AIDS prevention is still beset with numerous challenges.

3.6.3 HIV/AIDS Challenges

- Care of HIV/AIDS infected and affected people
- High level of bed occupancy by HIV/AIDS patients in hospitals
- The rate of new infections remains rather high with females being the most vulnerable
- The number of HIV/AIDS orphans has been growing steadily from 27,000 in 1990 to 1.2 million in 2002 and further 2.4 million by 2007.
- Sexual abstinence among the youth is still low. Age at first sexual intercourse has slightly increased when compared with data from 2003 KDHS. The median age at first sex among women age 20-49 slightly increased from 17.8 years to 18.2 years, while that of men aged 20-54 increased from 17.1 to 17.6 years. Ages at first sexual debut and condom use have been listed as the main cause for the reduction of prevalence in Kenya.
- Unpredictability and sustainability of financing
- Growing culture of drug abuse among the youth leading to increased sharing of non-sterile injection equipment.
- HIV-stigma throughout society continues to hinder many people from seeking HIV testing services and accessing ART
- Financial sustainability given that about 90% of the resources for the HIV response come from development partners
- Low coverage of services for paediatric HIV care including ARVs.
- Lack of access to adequate nutrition leading to poor adherence among many people on ART

Mounting evidence shows a link between gender-based violence and HIV. This can be attributed to the existing wide gap between knowledge of HIV and preventive action, sometimes due to cultural mores. A tradition of child marriage, for example, can put girls at risk. An analysis of survey data from eight countries shows that young women (aged 15 to 24) who had their sexual debut before age 15 are more likely to be HIV-positive. Tacit social acceptance of violence against women and girls compounds the problem. In four countries surveyed, nearly one in four young women reported that their first experience of sexual intercourse was forced, which increases the chances of contracting HIV.

Children orphaned by AIDS are at greater risk of poor health, education and protection than children who have lost parents for other reasons. They are also more likely to be malnourished, sick, or subject to child labour, abuse and neglect, or sexual exploitation—all of which increase their vulnerability to HIV infection. Such children frequently suffer from stigma and discrimination and may be denied access to basic services such as education and shelter as well as opportunities for play.

3.6.3.1 Recommendations

- Improving access to reproductive health and family planning services especially in rural areas
- Strengthening integration of Reproductive Health services and HIV/AIDS especially HIV/AIDS services into MCH and FP into HIV/AIDS services.
- Designing and implementing tailor made programs and interventions addressing the unique and special needs of child and female headed households
- Promotion of male circumcision for HIV/AIDS prevention

3.6.4 Malaria

Half the world's population is at risk of malaria, and an estimated 243 million cases led to nearly 863,000 deaths in 2008. Of these, 767,000 (89 per cent) occurred in Africa. Sustained malaria control is central to achieving many of the MDGs, and available data show significant progress in scaling up prevention and treatment efforts. Major increases in funding and attention to malaria have accelerated the delivery of critical interventions by reducing bottlenecks in the production, procurement and delivery of key commodities. Countries have also been quicker to adopt more effective strategies, such as the use of artemisinin-based combination therapies and diagnostics to better target treatment.

External funding for malaria control has increased significantly in recent years. Funds disbursed to malaria endemic countries rose from less than $0.1 billion in 2003 to $1.5 billion in Fund to Fight AIDS, Tuberculosis and Malaria, in addition to more recent commitments from other sources. Domestic contributions are more difficult to quantify, but financing by national governments appears to have at least been maintained at 2004 levels. Despite these positive trends, total funding for malaria still falls far short of the estimated $6 billion needed in 2010 alone or global implementation of malaria-control interventions. So far, about 80 per cent of external funds have been targeted to the Africa region, which accounts for nearly 90 per cent of global cases and deaths.

3.6.4.1 Progress made

One of the major causes of mortality in Kenya is malaria which is associated with an estimated 34,000 deaths in children under-five every year translating into 94 child deaths per day. Major contributors to this situation include poor living environments, lack of access to Insecticide Treated Nets (ITNs), poor nutritional status of children,

HIV/AIDS and poor access to health services. To avert these deaths, the government of Kenya and development partners have been implementing various interventions targeting prevention, and putting in place various mechanisms among them changes in the MoH official drug policy to using Artemisinin combination Therapy (ACT) to address the problem of resistance to Sulphadoxine Pyremethamine (SP) based drugs.

Malaria intensive campaigns have been undertaken in the country with a focus to eradicate the disease. Moreover, the government has also scaled up Insecticide Treated Nets (ITNs) in the endemic malaria areas in addition to putting malaria control measures among them management of malarial illness, vector control, control of malaria in pregnancy and control of malarial epidemics as spelt out in the National Malaria Strategy (2001-2010). Other measures include waiving of Tax on imported mosquito as well as prices subsidization. The country has benefited from the Global Fund of Malaria, HIV/AIDS and TB (GFATM). A nationwide distribution of Long Lasting Insecticide Treated Nets (LLITN) was conducted in 2006 as part of the integrated measles LLITN campaign in which a total of 1.7 million nets were distributed to children under five years in the high malaria risk regions. A stand alone LLITN distribution also took place in October 2006 and also covered 1.7 million making a total of 3.4 million nets distributed.

As a result, Kenya has over the years made significant progress towards achievement of national, regional and global targets. This is evidenced by the 2008-2009 Demographic Health Survey and the 2007 Malaria Indicator Survey as illustrated below:

Table 4 Summary of Selected Malaria Indicators

Table 1: Summary of Selected Malaria Indicators Intervention	**2003 Kenya DHS Pre-PMI Baseline Figures**	**2007 Kenya MIS Baseline Figures**	**2008-2009 Kenya DHS**
Proportion of children under five years with fever in the last two weeks who received treatment with an antimalarial according to national policy within 24 hours of onset of fever	11%	16%	11.7%
Proportion of children under five years with fever in the last two weeks who received treatment with ACTs within 24 hours of onset of fever	--*	4%	4.2%
Proportion of households with at least one ITN	6%	49%	55.7%
Proportion of children under five years who slept under an ITN the previous night	5%	40%	46.7%
Proportion of pregnant women who slept under an ITN the previous night	4%	33%	41.1%
Proportion of women who received two or more doses of sulfadoxine pyrimethamine (SP) during their last pregnancy in the last two years	4%	12%	15.1%
Indoor residual spraying (IRS) (Proportion of targeted houses adequately sprayed with a residual insecticide in the last 12 months)	--*	N/A**	N/A**
All cause under-five mortality	114 per 1000 live births	-	74 per 1000 live births

* Data not available from 2003 DHS

** The DOMC has been targeting hot spots in the 16 highland districts through Global Fund and PMI support. In 2007, approximately one million houses were sprayed during this effort. The coverage of targeted houses reached cannot be determined from the information we have.

NOTE: The 2007 Kenya MIS (June-July 2007) provides baseline data for the coverage indicators.

Source: USAID PRESIDENT'S MALARIA INITIATIVE, Malaria Operational Plan (MOP) KENYA FY 2010, December 1, 2009

Analysis of trends in Malaria Control interventions reveal that 22% of the households in Kenya owned a bed net of any type with only 6% owning an INT according to the 2003

KDHS report. In Contrast, the 2007 MIS reported an increase in the proportion of households owning at least one ITN to 49%, while the 2008-09 KDHS documented a further increase to 54%.

To achieve full coverage among the pregnant women and children under- five years of age target groups, the DOMC estimates that three million nets will be needed in 2010 for routine distribution through the Antenatal Care (ANC) and child welfare care clinics. However, the ITNs distributed in the 2007 mass distribution campaign are now three years old, and the DOMC recognizes the need to replace these nets with another sub-national mass campaign in 2010 that targets malaria-endemic provinces. The DOMC estimates a total of 10.7 million nets will be needed for this campaign. Some ITNs will be available in 2010 for this effort, but commitments to support this campaign are not sufficient. The ITN gap is detailed below:

Table 5 2010 Universal ITN Coverage Gap Analysis

A. Total 2010 ITNs needed, based on routine and sub-national universal coverage targets established by the DOMC	13,700,000
B. Total ITNs in country as of 2008 (best data estimate)	5,699,637
C. Total ITNs gap to reach coverage targets (universal coverage in priority areas and national coverage for pregnant women/children under one) *(a less b)*	8,000,327
D. Total ITNs needed to support new pregnancies and births	2,700,000
E. Total ITNs needed to replace nets distributed in 2007	2,200,000
F. Total requirement for ITNs to reach universal coverage in 2010 *(sum of c+d+e)*	12,900,327
G. Estimated number of ITNs in 2010 from other partner funding	3,000,000
H. PMI contribution for ITNs in 2010	2,500,000
I. Remaining ITN gap to reach universal coverage in 2010 *(f less a+b)*	7,400,327
Assumptions: a. Universal coverage target is one ITN per two people b. ITNs need replacement every 3 years c. Total population: 34,000,000 d. 23,000,000 population at risk malaria and five per HH (MOP) e. 1,350,000 number of new pregnancies at risk of malaria f. 5,760,000 children under-five all areas	

MDG Status Report 2009

Progress in regard to the proportion of women who received two or more doses of sulfadoxine-pyrimethamine (SP) during their last pregnancy revealed an increase from 4% in the 2003 KDHS to 12% as reported in the 2007 MIS, and 15% in the 2008-2009 KDHS. The same can also be said of case management whereby the 2003 KDHS showed that among those reporting a fever in the two weeks before the survey, only 11% of children under-five had taken anti-malarial drugs the same or following day, in

accordance with national policy. Moreover, the 2007 MIS found that although the national malaria treatment policy (2006) recommends prompt treatment with an ACT, only 4% of children under-five received an ACT treatment within 24 hours. The 2008-09 KDHS shows that among those reporting a fever in the two weeks before the survey, 12% of children under-five had taken an anti- malarial drug the same or following day.[8]

Indoor residual spraying is targeted towards 16 epidemic-prone districts. Since 2008, the IRS program has been extended to include one endemic district supported by PMI funding. In 2008, the percentage of targeted house units sprayed by PMI in three districts was 98% with 1,257,941 people protected by the intervention. In 2009, the number of people protected in the same three districts rose to 1,435,272 when PMI conducted IRS in 97% of targeted house units.

3.6.4.2 Challenges

Evidence from several African countries suggests that large reductions in malaria cases and deaths have been mirrored by steep declines in deaths due to all causes among children less than five years of age. Intensive efforts to control malaria could help many African countries reach a two thirds reduction in child mortality by 2015, as targeted in MDG 4.

3.6.5 TUBERCULOSIS

The global burden of tuberculosis is falling slowly. Globally, incidence fell to 139 cases per 100,000 people in 2008, after peaking in 2004 at 143 cases per 100,000. In 2008, an estimated 9.4 million people were newly diagnosed with tuberculosis worldwide. This represents an increase from the 9.3 million cases reported in 2007, since slow reductions in incidence rates per capita continue to be outweighed by increases in population. Of the total number of cases, an estimated 15 per cent are among those who are HIV-positive. In sub-Saharan Africa, mortality rates increased until 2003 and have since fallen, though they have yet to return to the lower levels of the 1990s. Halving mortality by 2015 in the region is highly unlikely due to the negative impact of the HIV epidemic

3.6.5.1 Progress made

Existing literature reveals that Kenya has over the years experienced a decline in the prevalence rates from 6% in 2000 to 5% in 2003 and then stabilized at 5% up to 2006. However, the proportion of detected TB cases has been on the increase from 78% in 2000 to 82% in 2006.

In 2005, the DOTS case detection rate reached WHO's target of 70 percent and rose to 72 percent in 2007. The DOTS treatment success rate also met WHO's target of 85

[8] USAID PRESIDENT'S MALARIA INITIATIVE, Malaria Operational Plan (MOP) KENYA FY 2010, December 1, 2009

percent in 2007. Data from the TB national program shows that Kenya had met the target for the treatment success rate in 2007. WHO estimates there were around 2,000 cases of multidrug-resistant (MDR) TB in Kenya in 2007, although only 4.1 percent of these cases were diagnosed and notified. There is a policy supporting MDR-TB diagnosis and treatment and a laboratory testing facility, and in 2008, USAID continued to support routine MDR-TB surveillance.

Despite the apparent successes, the number of TB patients in Kenya continues to increase each year. According to the Ministry of Public Health and Sanitation, the number of TB cases had increased tenfold from 11,625 in 1990 to 110,251 cases in 2008. The average annual increase over the past 10 years was 10% for all forms of TB. However, in the last 5 years the annual increase of notified TB cases slowed down to an average of 4%. Case Notification Rates (CNR) increased from 53/100,000 population for all forms of TB to 329/100,000 population, and there was an increase from 32/100,000 population for sputum smear-positive PTB cases in 1990 to 329/100,000 population in 2008[9].

According to the WHO Global TB Report 2009, Kenya had approximately more than 132,000 new TB cases and an incidence rate of 142 new Sputum Smear-Positive (SS+) cases per 100,000.

In addition, widespread co-infection with HIV (close to 48% of new TB patients) makes TB treatment difficult. While the number of new cases appears to be declining, the number of patients requiring re-treatment has increased. The government placed the National Leprosy and Tuberculosis Program (NLTP) and the national HIV/AIDS program in the same division in the Ministry to better address TB/HIV/AIDS co-infection. This resulted in increased collaborative TB-HIV/AIDS activities across the country.

In 2007, the government demonstrated increased political commitment by upgrading the then-NLTP to a division within the MOH (DLTLD) and increased funding for TB control. With donor support, a greater proportion of TB patients benefited from improved DOTS services. The DLTLD implements TB/HIV/AIDS treatment services, community-based DOTS (C-DOTS), and Public-Private Mix (PPM) DOTS as well as activities to address MDR-TB.

Treatment success rates are good indicators of the performance of a National TB Program and are often considered a proxy for estimating drug resistance in the country. The WHO target for TB control and elimination is for countries to successfully treat 85%

[9] Ministry of Public Health and Sanitation, Division of Leprosy Tuberculosis and Lung Disease, Annual Report 2008.

of TB cases detected. In 2008, Kenya was among the three countries that reached the WHO target (Kenya, Rwanda and Tanzania) in the region.

3.6.5.2 Challenges

To meet the MDG target on tuberculosis, several challenges need to be overcome. These challenges include:

- Infrastructure – to create adequate space for the increased demands especially laboratory space and chest clinics
- Equipments for diagnosis of tuberculosis are limited
- Involvement of all stakeholders in TB control especially the involvement and empowerment of communities living and affected by tuberculosis
- The threat of development of MDR-TB that has a very high mortality rate
- Threat of HIV which continues to fuel TB
- Misconception that TB is not treatable and thus take long before seeking treatment

3.6.5.3 Interventions

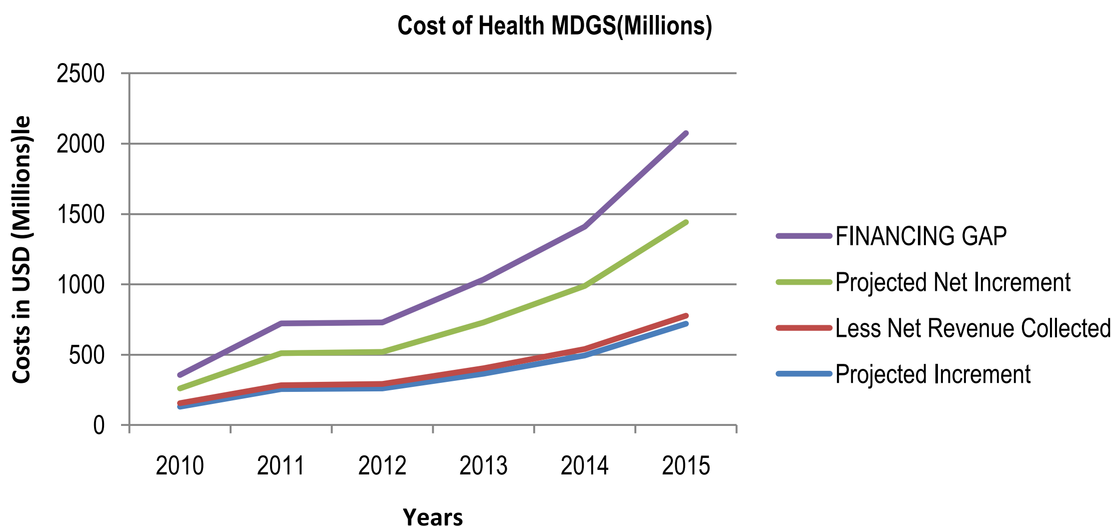
Policy interventions in place to achieve the targets include pursuing quality DOTS expansion and enhancement, addressing TB/HIV, MDR-TB and other special challenges, contributing to health care system strengthening; engaging all healthcare providers; and empowering patients and communities with knowledge and information. Others include enabling and promoting research on MDR; ensuring that all TB control efforts are coordinated by Ministry of Health and that all TB drugs are sourced only from Government facilities; and ensuring that all people living with HIV/AIDS are routinely screened for TB.

3.6.6 Resource Requirements

There is probably a lot more information on the cost of meeting health goals than is available for other MDGs with the exception of Education. These two goals have the advantage of using unit costs that are relatively quite standard and straight forward. The package to determine resources for the health sector uses models adopted by the Millennium Project which allow the user to determine the resources required to provide a basic set of health interventions for achieving the MDGs. With this consideration the cost of meeting the targets of the health Goals (without HIV/AIDS) is given below. The cost of meeting HIV/AIDS targets is given separately.

3.6.7 Cost of Health MDGs (in USD millions)

Figure 17 cost of health MDGs



The cost of meeting targets on HIV/AIDS is based on the actions necessary for halting and reversing the spread of HIV/AIDS from current prevalence of 6.75% of the national population to 3.50% by 2015. The total cost for the period 2010 to 2015 is estimated at US$ 1,313.7 million of which the government contribution is expected to be US$ 234 million giving a financing gap of US$ 1,079.7 million. This huge financial gap is basically a function of the current practice where the bulk of financing for HIV/AIDS programmes has come from external sources.

With regard to the cost of Goals 4, 5 and Malaria a general calculation is based on the programmed interventions, personnel, cost of drugs and construction/rehabilitation of facilities. In practice it is difficult to separate these inputs for each goal owing to their interdependence.

3.7 GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

3.7.1 Target 9: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Although nearly 12 per cent of the planet's land area and nearly 1 per cent of its sea area are currently under protection, other areas critical to the earth's biodiversity are not yet adequately safeguarded. In 2009, only half of the world's 821 terrestrial eco regions—large areas with characteristic combinations of habitats, species, soils and landforms—had more than 10 per cent of their area protected. Under the Convention on Biological Diversity, one tenth of the areas of all these eco regions should have been

under protection by 2010. Progress in key areas of biodiversity has been made, but not fast enough

3.7.1.1 Progress

There is a strong association between environmental resources and poverty and therefore eradication of poverty and hunger is very much tied to maintenance of the environment. Generally, increased human activity in Kenya has continued to affect the environment negatively. If Kenya is to achieve MDG 7 by 2015, more effective measures geared towards addressing deforestation, land degradation, forest fires, illegal logging, conservation of wetlands and pollution of the existing water sources will need to be put in place.

The environment is defined as the medium and/or space within which all human development activities take place. Thus environmental sustainability describes the state under which functions necessary for sustaining environmental services and products operate unimpaired to support in a sustainable manner ecosystem functions and human development activities. This definition is important in that it reinforces the contradictions in environmental sustainability.

The Kenya Government's commitment in integrating the principles of sustainable development into country policies and programmes and in reversing the loss of environmental resources has been articulated in various policy documents such as the Sessional Paper no. 6 of 1999 on Environment and Development, the Economic Recovery Strategy for Wealth and Employment Creation 2003-2007, Vision 2030, and the Medium-Term Plan 2008-2012. Other policy documents include Forest Act 2005, Water Act 2002, Forest Policy 2007, National Land Policy 2009, National Housing Policy 2004, and other sector-specific plans for the period 2008-2012.

The Environmental Management and Coordination Act (EMCA) of 1999 provides a comprehensive legislative framework for the management of the environment in the country. The legislation provided for the creation of the National Environment Management Authority (NEMA), a competent authority mandated to safeguard and enhance environmental quality through coordination, research, facilitation and enforcement. The organization has an important responsibility coordinating the preparation of Environmental Action Plans (EAPs) at district, provincial and national levels. The country has also ratified and domesticated various multilateral environmental agreements. The Government has developed various national and sector plans to integrate environmental concerns into development planning in Kenya, e.g. Vision 2030, Medium Term Plan 2008-2012, and the Environment, Water and Sanitation sector plan for 2008-2012. In addition, environmental education and awareness creation continue to be undertaken countrywide.

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The Government has also developed a national climate change response strategy. Regulations have been developed and are being implemented on environmental management e.g. Air Quality 2009, Ozone Depleting Substances 2007, Environment Impact Assessment (EIA)/Environmental Audit (EA) 2003, Noise Control and Vibration 2009, and Biodiversity 2006.

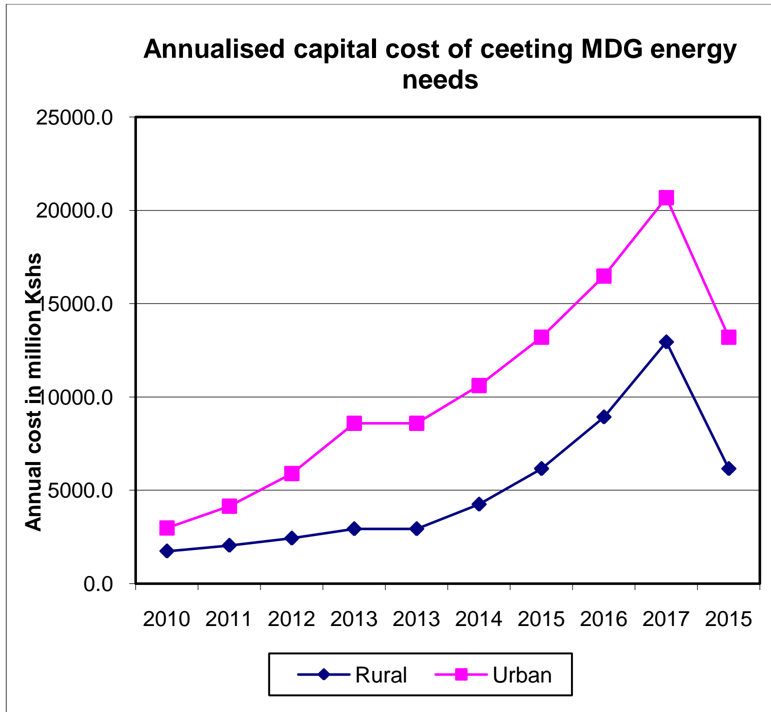
Forest cover in the country has continued to decrease due to enormous forest invasion. For instance, between 1990 and 2005 the proportion of forested land in sub-Saharan Africa dropped by 3% from 29% to 26%. At the same time Kenya's proportion of forested land decreased by 0.3 per cent[10]. Furthermore, between 1990 and 2003, 186,000 ha of forest land was converted to other uses. If this trend continues, the country will experience great loss in biodiversity, with irreversible consequences for ecosystem services, food security, and tourism, all of which make significant contributions to the Kenyan economy.

Recent efforts by the government to restore forest cover in the country include the aggressive effort to reclaim 25,000 hectares of illegally settled land in the Mau Forest Complex. The Forest Mainstreaming Initiative was also launched in 2009 to integrate the principles of sustainable development in the country's policies and programmes through establishment of a satellite Forestry Resource Account for Kenya.

However, these good initiatives face serious challenges as many poor households depend on forests for wood fuel. It is in this respect that the country must factor in the cost of household energy into the MDGs as indicated in the figure below.

Figure 18 Annualized capital cost of meeting MDG energy needs

[10] Achim Steiner, (2006) Achieving MDG 7 is an important pre-condition for achieving all the other MDGs



Like in other countries in the Sub-Saharan Africa, carbon emission continues to rise, as evident by increasing concentrations of CO_2in the atmosphere. Although the quality of air in Kenya is not regularly monitored, it is believed to be below the WHO recommended levels. In Nairobi for example, the PM10 pollution level is about 42µg/m^3, attributed mainly to high concentration of industries and vehicles[11].

The proportion of land area protected for biological diversity increased from 12.1% in 1990 to 12.7 per cent in 2007. However, social and political factors continue to put pressure on natural resources and compromise the effective implementation of sustainable development strategies in Kenya.

As part of actions towards reduction of Ozone Depleting Substances in the country, Kenya developed Ozone Depleting substance Regulations in 2007, and Air Quality regulation in 2009 both of which are awaiting gazettement to control emission of toxic and obnoxious substances. Moreover, the solid waste regulations of 2006 were also developed to control emission of methane from dumping sites.

The proportion of fish stocks in the country has been on the decline. Existing data indicate that 140,000 metric tons were landed in 1989, which steadily increased to 214,709 tons in 1999. The volume however dropped to 134,709 metric tons in 2008.

3.7.1.2 Challenges

[11] Kenya MDG Status Draft Report, 2009

The complex nature of the environment makes its clear understanding difficult and therefore it is not easy to quantify or estimate environmental parameters and clearly define practical interventions. Lack of environmental clarity has permeated all sections of society, resulting in communication disconnects between science and policy, between policy and budgeting, between policy and community actions, and between science and community actions. This perceived lack of clarity on what actions to adopt is seen as the main reason why environment continues to receive low budgetary allocations.

Effects of climate change continue to hamper achievement of the MDGs in Kenya. The impacts of climate change are linked with the achievement of key national development objectives and the MDGs including environmental degradation and loss of natural resources. Thus, the MDGs development objectives will be constrained by climate change hence the need to strengthen the country's capacity to adapt and mitigate the effects of climate change.

On the other hand, rapid increase in population has continued to put pressure on the limited productive land thus forcing the people in the rural areas to resort to poor and unsustainable land use practices for subsistence. This notwithstanding, forest resources conservation and management continue to receive few resources compared to other sectors of the economy.

The influx of refugees into the country (200,000 refugees in Dadaab Camp) because of the insecurity in neighboring countries of Somalia and Sudan pose a serious threat not only to the environmental resources but also to the security of the nation as a whole.

Other challenges include catchments degradation (causing flooding, pollution, reduced ground water recharge, and reduced stream base flow), illegal encroachment, excision, charcoal burning, illegal cultivation, poaching of timber, effects of post election violence and frequent fire outbreaks among others; degradation of natural resources resulting from pollution and poor waste management; and desertification.

The term conservation in its narrow sense (science) excludes all forms of utilisation of environmental services and products. Subsequently, many of the environmental services and products are not final market commodities or have no market value. That most environmental services and products in gazetted ecosystems cannot be harvested, even by the poor, and that they also do not have market value present a major drawback when it comes to justifying increases in budget allocation to the sector in relation to other sectors like agriculture that produce for the market and domestic consumption.

The high demand for wood fuel poses a major threat to existing forest reserves and other terrestrial ecosystem resources. For instance using 1930 as a baseline, Kenya has lost about 65% of its originally standing wood volume (NEMA, 2004). It is not

conceivable that rural households will change to other forms of energy in the medium term.

3.7.1.3 Interventions

Though there are numerous suggestions on how to protect and conserve the environment, the practicability of some of the initiatives is either difficult to implement or its actions cannot bring the expected outcomes in the medium term. Several interventions are particularly urgent:

- Put in place a framework that defines practices, sets limits and gives incentives for environmentally friendly behaviour for individuals, organisations and private sector to encourage positive actions.
- Develop a long term environmental strategy of action with costing and based on sound practical interventions
- Take a bold step (by Kenya Government) to adopt a national accounting system that takes into consideration environmental services and products
- Carry out, in a systematic manner and with participation of stakeholders, a national exercise that involves protection, conservation and management of all wetlands and forests (including new ones) through local management units with technical support of relevant government departments.
- Undertake intensive tree planting and guide farmers to grow trees that are environment friendly. Enforce regulations on protection, conservation and management of natural commons and inculcate in citizens a national pride in environment: the best friend of human beings.
    - Legal and institutional reforms including harmonization of sectoral statutes, the inclusion of the private sector and the donor community in the planning process through consultative forums, and innovative Private-Public Partnership arrangements to strengthen governance in the sector
    - The integration of environmental concerns into the development and planning processes through national action plans such as the National Environmental Action Plan (NEAP). District Environment Action Plans (DEAPs), and Provincial Environmental Action Plans (PEAPs)
    - Mainstreaming of the Kenya national climate change response strategy, and design of adaptation policies and actions to tackle current and future problems resulting from or being exacerbated by climate change
- Revision of Environmental Management and Coordination Act (EMCA 1999)
    - Resettlement of those who are illegally staying on the Mau complex and the rehabilitation of the restored land
    - The Nairobi Rivers Basin programme which is aimed at restoring the river into its natural state through joint partnership in rehabilitating the river and supporting the activities

    - Environmental Education and Awareness Creation Initiative through schools
- Development of management plans for all wetlands in the country
- Implement the National Climate Change Response Strategy
- Formulation and implementation of appropriate forestry institutional, policy and legal frameworks.
- Development and implementation of appropriate mechanisms for protection, conservation and sustainable management of forest resources.
- Strengthening forest research, extension and training.
- Improvement of market access and value addition for forest products and services.

3.7.1.3 Resource Requirements

The resource requirements for environment are still unfolding after new challenges posed by climate change and a national drive to recover forest land lost to human settlement. The cost of meeting the target for environment of raising the forest coverage from the current 1.7% to 10 % in 2015 is estimated at US $ 10, 602.1 million of which the government is expected to provide US$ 65 million leaving a financing gap of US$ 10, 537.1 million.

3.7.2 Goal 7: Target 10 Providing Sustainable Water and Sanitation Services

If current trends continue, the world will meet or even exceed the MDG drinking water target by 2015. By that time, an estimated 86 per cent of the population in developing regions will have gained access to improved sources of drinking water. Four regions, Northern Africa, Latin America and the Caribbean, Eastern Asia and South-Eastern Asia, have already met the target.

Sanitation and drinking water are often relatively low priorities for domestic budget allocations and official development assistance, despite the huge benefits for public health, gender equity, poverty reduction and economic growth. And in many instances, interventions are not targeted to the population most in need.

3.7.2.1 Progress made

Access to safe water and sanitation facilities remains a big challenge. Kenya's fresh water supply is estimated at 647 cubic per capita per year. Considering the UN recommended benchmark of 1000 m^3 per capital per year, Kenya can be classified among the most water scarce countries in the world.

Indications are that this situation could get worse. Water availability in Kenya is unevenly distributed in terms of space and time. Despite new regulations, the water resources have continued to decline due to catchments degradation, inadequate management systems to enforce water rules, over-abstraction, pollution and poor land use practices. Moreover, the demand for water for various uses has continued to increase rapidly outstripping supply and resulting in unreliable water availability and conflicts. Under the water sector reforms, bold steps have been put forward for better and sustainable water resources management to ensure fair allocation, conservation and pollution control. The issue of water storage comes to the fore. Is Kenya doing enough to harvest and store water adequate for all the various competing water uses? It has been argued that the scarcity of water in the country has the added disadvantage of increasing the cost of water adversely affecting poorer households.

Kenya's development blueprint, Vision 2030 stresses the goal of ensuring adequate water and sanitation as a primary driver of other sectors. The strategy to achieve this goal is by increasing supply in all urban areas, expansion in rural water supplies, and expansion in sewerage coverage which are underpinned by an effective institutional framework.

The specific objectives in the next 5 years are to:

- Increase water access in urban and rural areas.
- Improve sewerage access in both urban for rural areas.
- Reduce unaccounted for water.

The target for Millennium Development Goal 7 on environmental sustainability "to halve by 2015 the proportion of people without sustainable access to safe drinking water and sanitation services" has been adopted in setting the National Water Services Strategy goal of reaching "at least 50% of the underserved population with safe and affordable water by 2015, and access to all by 2030". In addition, the mandate of the Water Services Trust Fund to reach communities not yet served is in response to the spirit of MDGs.

Access to safe water is currently estimated at 89.7% in urban areas and 43.5% in rural areas, or a national average of about 57%. In addition, about 81% of the popu1ation has access to safe sanitary means, with 94.8% in urban areas and 76.6% in the rural areas. Kenya's urban poor population is among those with the lowest access to improved sanitation facilities worldwide.

However, access to safe water supply and sanitation varies greatly from region to region and with considerable disparities within regions. It is clear that, other MDGs largely depend on access to safe water and sanitation and therefore the government needs to focus more on its improvement. This is especially true for mortality and morbidity due

to water-borne and sanitation-related diseases which account for about 70% of all disease burden. Improved sanitation is essential to achieving targets for health, education and environmental sustainability. Sanitation in this context refers to the immediate household and community need for human excreta management required for privacy, healthy living conditions and a clean environment.

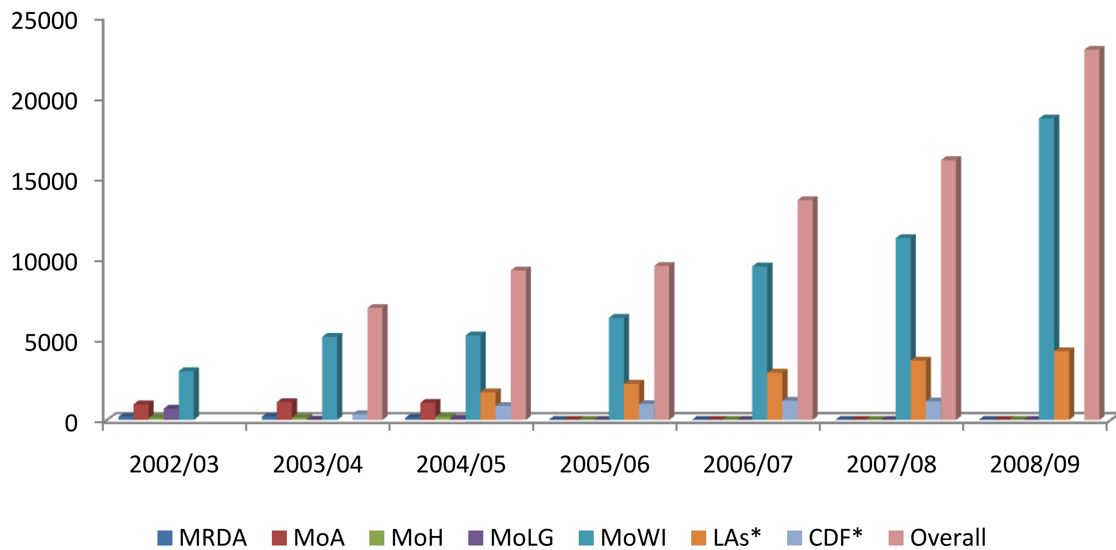
3.7.2.2 Specific achievements so far

i. Rehabilitation of 230 hydro-meteorological stations was completed in FY 200/09 and are currently working.
ii. Rehabilitation of dykes along rivers Nzoia and Nyando completed. Detailed designs for multi-purpose dams. These rivers flood every rainy season disrupting economic activities.
iii. Completion of Maruba Dam in Machakos which has ensured that area residents numbering about 50,000 have 10 months of water availability and construction of four other large dams (Umaa, Kiserian, Badassa and Chemususu) is going and design of eight dams completed.
iv. Water works have started in six major towns targeting one million people.
v. Rehabilitation of Mzima pipeline completed producing 100,000 cubic meters of water a day for Mombasa
vi. Construction of 180 new rural water and sanitation projects
vii. 169 boreholes drilled and 240 equipped mainly in Nairobi and ASAL areas(2009/10)
viii. 161 small dams and water pans constructed and rehabilitated in ASAL areas(2009/10)
ix. Rehabilitation of 4196 hectares completed in Bura, Hola and Ahero .Rehabilitation and expansion of 10 irrigation schemes targeting additional 7,000 hectares under irrigation (2010/2011).

The Kenya Government has put a great deal of effort towards achievement of MDG goals and therefore it is likely to achieve Goal number 7 by 2015. For instance, water supply and sanitation continues to receive the majority (more than 80%) of the sector funding, compared to water resources management, irrigation, and drainage and land reclamation which receive 11.5%, 5.7% and 0.3%, respectively. In addition, CDF water sector allocations have remained on average, second to education sector allocations for the last five years.

Looking at the public expenditure trends, funding from both the government and donors has grown, and utilization of funds has improved. The table below illustrates this improvement.

Figure 19 Funding partners (Water)



Source: KENAO, Audited Appropriations accounts (2003/4-2007/8); GoK, 2009b; and GoK, Constituency Development Fund (CDF) Board.

There is significant achievement in implementing the interventions adopted from the Millennium Project Model including (a) water supply access through household connections, public stand posts, boreholes with hand pumps, rainwater collection (roof catchments), and protected dug wells; and (b) sanitation access through conventional sewerage, septic tank, pour flush toilet, ventilated improved pit latrine, and improved pit latrine.

In addition, the country has successfully put into practice interventions such as capacity building at Kenya Water Institute (KEWI), operationalisation of water sector reforms, catchments conservation and management, flood mitigation and management, increase of freshwater storage capacity, strengthening of hydrological monitoring network, ASAL development and land reclamation, water for food production (irrigation), and public awareness campaigns on efficient water use, catchments conservation and sanitation.

3.7.2.3 Challenges

Despite these achievements, there are many challenges facing the sector in meeting the MDGs:

- Poor management of water supplies due to low capacity building
- Persistent droughts, floods and other natural disasters
- Underinvestment. For example, water sector allocations consistently dropped from 17.3 percent in 2003/4 to 11.9 percent in 2007/8 as a percentage of GOK budget (in actual figures the budget has grown over 5 times in the same period).

- Unpredictability of external financial resources
- Unfair allocation of water between various classes of users
- Degradation of the catchment areas leading to decreasing water flows in rivers which may, consequently, cause conflict over water uses.
- Increased Energy Costs Impacts on the cost of delivering water services to the people at an affordable price. This problem is also compounded by the fact that people are reluctant to pay for water services
- The current storage level in the country stands at 4.5 cubic meters per capita of water. This level is low and needs to be increased to meet the growing demand for water.
- Urbanization and high population growth e.g. the Kenyan population is estimated at 50m in 2020.
- Poor water quality due to increased commercial farming activities, rapid industrialization and poor law enforcement
- High levels of unaccounted for water
- Old water, sanitation and irrigation facilities are today in poor maintenance condition and in need of major repairs or replacement. A lot of funds therefore go to rehabilitation.
- Water scarcity. Renewable fresh water per capita stands at 647 cubic meters and is projected to fall to 235 cubic meters by 2015 if supply does not keep up with population increase

3.7.2.4 Interventions

While amicable progress has been made in improving access to water and sanitation, more focus is required in services provision to underserved areas in order to attain MDG on water and sanitation services. In this respect, the following recommendations are made.

- It is imperative that prudent management be exercised to ascertain sustainability, efficiency and affordability of water services.
- Access to safe and clean water can be achieved by putting in place adequate water storage facilities. If the water catchments areas on which the supply of this water is dependent are degraded or destroyed the quality and quantity will be adversely affected.
- There is need for construction and maintenance of waste water collection infrastructure (servers, stern water drains)
- A lot of emphasis is required on the construction and maintenance of onsite sanitation for or connection to sewer systems in urban areas.
- Put in place an improved transport, treatment, reuse and disposal methods for faecal sludge from onsite systems.
- The interests of the stakeholders in meeting the MDGS should go beyond supply and infrastructure to included ensuring security of supply guaranteed through conservation. A good arrangement will be where these who trade in

water set aside a fraction of the income for conservation through an arrangement/agreement

- Promote water saving technologies and crops
- Implement the sanitation concept and improve monitoring of sanitation
- Improve monitoring of water abstraction, pollution and payment for abstraction
- Increase regular monitoring of water resources from the current 40% to 70%.
- The rate of funding need to be increased and sustained over a period of time.
- There is need to put more resources into water resources management in order to secure reliable water sources.
- Step up anti-corruption campaign and adhere to merit and transparency in appointments of directors and senior personnel to improve management efficiency in water companies and water parastatals/institutions.
- Finalize the water storage policy and Implement the Water harvesting Strategy.
- Implement the Six Catchment Management Strategies.

3.7.2.5 Recommendations

Water storage infrastructure - Increase investment for construction of water storage facilities, namely large and small dams and water pans to boost water storage capacity for irrigation, domestic and industrial use and floods control. Increased investments in water storage and irrigation development are necessary and indispensable in reducing Kenya's dependence on rain-fed agriculture particularly during these times of erratic weather patterns caused by climate change. The unpredictable water crisis (drought and floods) that faces the country from time to time is normally due to unfavorable weather conditions and lack of investment in water storage infrastructure.

Water storage plan - Develop a water storage investment plan to be financed with participation of the public private sector partnership to move water storage from 5.3m^3 to 16 m^3 per capita by 2012. This will be aimed at increasing water storage and area under irrigation to assist in crop production which is independent of weather conditions to cushion the country against food insecurity which results to food imports, expensive food relief operations and water rationing trucking.

Water resources management- Build the capacity of Water Resources Management Authority (WRMA) to be able to cope with the challenges of water resources management and protection including water quality surveillance, monitoring and enforcement of standards.

Irrigation Development - Intensify exploitation of the country's irrigation potential which currently stands at 539,000 hectares, out of which only 126,600 hectares have been exploited due to inadequate investment financing on water storage facilities, low participation of stakeholders and deterioration of the existing irrigation infrastructure. Exploitation of this potential would significantly contribute to national food production and security through improvement in production of crops such as sugar, rice, horticulture, maize and other food crops. This will require expansion of irrigable land by at least 40,000 hectares per year in line with the irrigation policy.

Water supply - Increase investment in construction, expansion and rehabilitation of urban and rural water supplies to cope with the growing demand of water for domestic use which has resulted to water rationing, water trucking and water use conflict due to scarcity. The country is behind the MDGs targets on water and sanitation in both rural and urban areas but worst in rural areas and the informal urban areas. Increasing coverage will require construction of new water facilities, rehabilitation and argumentation of existing water supplies and drilling of additional boreholes. It will also require expansion of sewerage facilities for both save and good living environment. It is planned that at least an additional 3 million people have access to safe water and 2.5 million people to sanitation annually if the country is to achieve MDGs and meet Vision 2030 objectives and MTP targets.

3.7.2.6 Resources Required to Meet Water and Sanitation Services

In 2005, it was estimated that Kenya needs a total of KSh. 236.878 billion (US$ 3.0 billion) over the ten years up to 2015 to meet the MDG for provision of water and sanitation services. This estimate was generated from the MDG Model with the generic interventions adopted for the country (KShs. 65.33 billion) and the country-specific interventions amounting to KShs 171.548 billion. The average annual investment on the MDG Model interventions during 2005-2015 is estimated at KSh. 5.94 billion. Considering that the annual budget for the Ministry of Water and Irrigation is in excess of KSh. 22 billion (2010), it is probable that a lot of progress can be made in reaching the targets by 2015. More resources are however needed.

Estimations using the 2010 calculation in this report, point to an increase in the projected annual costs for meeting the MDG targets for water and sanitation services. As shown in chapter four, due to population growth and high cost of water infrastructure, the cost of meeting the target for water access is the highest of the estimates attracting a total investment figure of US $ 13, 815.7 million of which the government commitment is estimated at US$ 1,447.4 million leaving a finance gap of US$ 12,368.4 million. This means that both the government and development partners need to commit higher levels of funding to meet the target by 2015. There is great opportunity to tap into private sector funding owing to the commercialization of water services under the on

going water sector reforms. If this financing channel is promoted improving water to the big population of slum dwellers could receive a major boost.

3.7.3 Goal 7: Target 11 by 2020 to Have Achieved a Significant Improvement in the Lives of At Least 100million Slum Dwellers

3.7.3.1 Overview

The target is by 2015, to have achieved a significant improvement in the lives of at least 100 million slum dwellers. Over the past 10 years, the share of the urban population living in slums in the developing world has declined significantly: from 39 per cent in 2000 to 33 per cent in 2010. On a global scale, this is cause for optimism However in absolute terms, the number of slum dwellers in the developing world is actually growing, and will continue to rise in the near future. The progress made on the slum target has not been sufficient to offset the growth of informal settlements in the developing world, where the number of urban residents living in slum conditions is now estimated at some 828 million, compared to 657 million in 1990 and 767 million in 2000. Redoubled efforts will be needed to improve the lives of the growing numbers of urban poor in cities and metropolises across the developing world. Moreover, the recent housing crisis, which contributed to the larger financial and economic downturn, may offset the progress that was made since 1990

A revised target for slum improvement is needed to spur country-level action. When the international community adopted the Millennium Declaration and endorsed the 'Cities without Slums' target in 2000, experts had underestimated the number of people living in substandard conditions. They had also determined that improving the lives of 100 million slum dwellers was a significant number and a realistic target to be achieved

within the next 20 years. Three years later, in 2003, new and improved data sources showed for the first time that 100 million was only a small fraction—about 10 per cent—of the global slum population. In addition, unlike other MDGs, the slum target was not set as a proportion with reference to a specific baseline (generally the year 1990). Instead, the target was set as an absolute number, and for the world as a whole. This makes it difficult, if not impossible, for governments to set meaningful country-specific goals. Clearly, the target will require redefinition if it is to elicit serious commitment from national governments and the donor community— and hold them accountable for continued progress.

The government of Kenya has stated its desire to partner with other stakeholders to construct about 150,000 housing units per year since 2005. Though some units have been built in Kibera, Kampi Moto and Mathare 4A, progress has been too far below targets to make the impact expected in view of the large slum populations in Cities especially Nairobi. Nonetheless, considering that the MDG target is rather vague (and talks of 100 million slum dwellers globally) these efforts could be seen to make the impact demanded by the target "of improving the lives of the poor in slum settlements".

To realize the target of reducing the urban population living in slums, the Government is working towards improving access to social and physical infrastructure with emphasis to water supply and improved sanitation, and dwellings made of durable materials. These has mainly been done through Kenya slum upgrading programme (KENSUP). KENSUP is an initiation following collaboration between the Government of Kenya, with other stakeholders, to address the problem of slums in 2004. The programme is aimed at improving the livelihoods of people living and working in slums and informal settlements. The livelihoods of 5.3 million slum dwellers are being alleviated. This is estimated to be done at an approximate cost of Ksh. 883.76 Billion. Since initiation of KENSUP, the Government has continually funded the programme to the tune of Ksh. 500 million annually.

3.7.3.2 Progress Made

- Extension of tenure security – a number of slum residents have been given security of tenure. These have resulted into development of more durable decent shelters in urban centers such as Kakamega, Embu and Nairobi.
- Formulation of a comprehensive national slum upgrading policy is in progress.
- A unit has been set up for Promotion of use of low cost building technologies. Through the unit building Technology centers will be built and operationalised in all the 210 constituencies. To date 37 centers have been established. Slum settlements through out the country are targeted to benefit from these centers in terms of putting up durable low cost housing.

- Development of housing units in Mavoko and Kibera to provide shelter to those currently staying in Slums.
- Provision of water and sanitation facilities to serve approximately 10,000 people in slums in Nairobi, Kisumu and Mombasa .
- Collaboration with water companies and World Bank in provision of water to selected slums in Nairobi, Nakuru and Mombasa. Approximately 15000 slums are currently benefiting from the initiative.
- Establishment of Kenya Slum Upgrading Low Cost Housing and Infrastructure Fund (KENSUF) as a central depository of all mobilized financial resources for slum upgrading.
- Low income Housing projects under National Housing Corporation to ease the demand for low cost housing and prevent new slum formation in urban areas.
- Kenya Government in line with vision 2030, and its Medium Term Plan facilitates the construction of 150,000 housing units in urban areas and improvement of 300,000 housing units in rural areas annually. This objective is clearly spelt out in the sessional paper no. 3 on National Housing Policy which was adopted by parliament in June 2004.
- A comprehensive housing bill to provide legal basis for regulation, coordination, guidance, monitoring and evaluation of housing and human settlement is awaiting cabinet approval.
- A building code bill to regulate planning and construction has also been initiated.
- The Government has been engaging with development partners such as World Bank, Sida, AFD, to mobilize resources for slum improvement. Other Government funds such as CDF, LATF, have been successfully mobilized to support projects in slums.
- The Government has put in place housing incentives to encourage developers to do low cost housing.
- Planning for pro-poor growth aimed at supporting delivery of serviced land for housing.

3.7.3.3 Challenges

- Lack of coordination between the slum program and other activities from various institutions.
- Inadequate capacities within the local authorities to implement programs and projects
- High rate of urbanization coupled with migration of people to urban areas and formation of slums.
- Delays occasioned by lengthy procurement procedures – due to bureaucratic red-tape, approvals are granted long after the time set in the procurement plan or in the printed budget estimates.

- Complexities of slum settlements especially as regards tenure arrangements- Slum settlements have no formal tenure arrangements. Their high densities , haphazard developments, lack of planning ,poor housing, lack of infrastructure, their religious, cultural and political inclinations etc are some of the conditions that pause a challenge in proposing the type of tenure that can best fit their situation.
- Conflicts between tenants and landlords- Conflicts abound between these two groups of residents due to their varied interests.
- The unique nature of Kenya's Slum settlements where almost 85% of Slum dwellers are Tenants greatly hampers progress in Slum upgrading
- Varied political, cultural and religious inclinations amongst the residents and those of their leaders, have contributed in creating suspicion and mistrust amongst the residents thus slowing down decision making.
- Competing interests of various interest groups e.g. NGOs, CBOs, FBOs, Central Government, Local Authorities, and Donor Agencies. These stakeholders have their own interests in the slum most of which are in conflict and are therefore a major drawback to the Programme.
- Lack of adequate land. There is limited land space to cater for all residents within the slum settlements and scarcity of land for re location where necessary. Lack of planning of informal settlements by the local authorities.
- Issues of governance and involvement of communities in decision making has various complexities
- Funding. Upgrading all slums in the country is estimated to require about Ksh. 880 billion. This money may not be easily available.
- High immigration and urbanization. Continued migration of people to the urban areas is catalyzing the development of slums since housing development is always below the immigration rate.

3.7.3.4 Recommendations

- Mainstreaming environmental awareness and education into formal education curriculum
- Support energy saving stoves to ensure environmental sustainability
- Mass education to promote production and utilization of alternative sources of low cost energy fuel and food processing techniques such as biogas, natural sunlight and wind
- Rehabilitation and augmentation of existing water supply and sewerage works
- Development of low cost sanitation technologies and construction of latrines in schools
- Provide suitable incentives to enable inventors lower construction while promoting energy
- Fast track implementations of slum upgrading programmes

- Promotion of solar energy and wind energy production
- Enforcement of EMCA of 1999
- Implement the National Climate Change Response Strategy

There is need to fast track the development of National Slum Upgrading and prevention policy.

- Harmonization of the all policies and legislations affecting the Sector to ease management process. A multi-sectoral approach to address deforestation and degradation should be developed and strengthened. All the government ministries, civil society, the private sector and communities should develop a common strategy and put resources into addressing deforestation and degradation.
- Forest dwelling communities should be consulted and included in policy discussions, development and implementation. They are the best conservators and biggest losers from forest loss and their territories are suffering the worst deforestation and degradation.
- Forest law enforcement and monitoring should be strengthened with forest dependent and local communities being key players.
- The forest cover in individual, community and government lands should be enhanced. This should be done by all, with local timber industries and communities taking leadership.
- There should be training and capacity building initiatives to sensitize all stakeholders on the sustainable use of forests.

3.7.3.5 Main Stakeholders

Ministry of Finance, Ministry of Environment and Mineral Resources, Ministry of Forestry and Wildlife, Ministry of Local Government , Ministry of Housing, Ministry of Water and Irrigation, local communities, local authorities,, UNEP, UNDP, JICA, DANIDA, KEPSA,NGOs, Forest Action Network World Wide Fund and Government of Finland. (Also refer to annex 4)

3.8 GOAL 8: DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

3.8.1 Target 12: Develop further an open, rule based predictable non-discriminatory trading and financial system

3.8.1.1 Trade and market access

The creation of a favorable business environment has been a critical reform agenda towards improving Kenya's market access both locally and internationally. The Vision 2030 trade sector plan underpins the importance of international trade to Kenya and provides a roadmap towards revitalizing the wholesale and retail trade. In addition, it suggests improvement of the manufacturing sector which acts as both absorber and producer of tradable goods utilized both locally and internationally. Various policies developed to ensure expansion of trade include the Private Sector Development Strategy (PSDS), Medium Term Plan 2008-2012 and the National Trade Policy.

The development of wholesale hubs, retail markets and producer business groups has been initiated to accelerate the expansion of internal trade. Regionally, Kenya actively participates in the East African Community (EAC) and the Common Market for Eastern and Southern Africa (COMESA). The signing of the COMESA and EAC Customs Union and the East African Community Common Market Protocol are among Kenya's crucial achievements in regional integration. These initiatives have deepened Kenya's access to the regional markets. Kenya's major trading partners are in Africa especially within the EAC and COMESA region. Consequently, Kenya continues to aggressively deepen trade with the EAC, COMESA and the rest of Africa.

Kenya is also continually pursuing bilateral trade arrangements with countries including China, South Africa and India. Currently, Kenya enjoys bilateral trade with countries such as United Kingdom, USA and Pakistan. For example, Kenya trades with the USA under Africa Growth and Opportunity Act (AGOA) arrangement.

Kenya is also among countries negotiating the conclusion of the ACP/EU Economic Partnership Agreement (EPA). An EAC-EU interim agreement was reached in 2007. Kenya is an active member of the World Trade Organization (WTO), which is a clear indication of the country's commitment to free trade arrangements that accelerate her pace of economic growth.

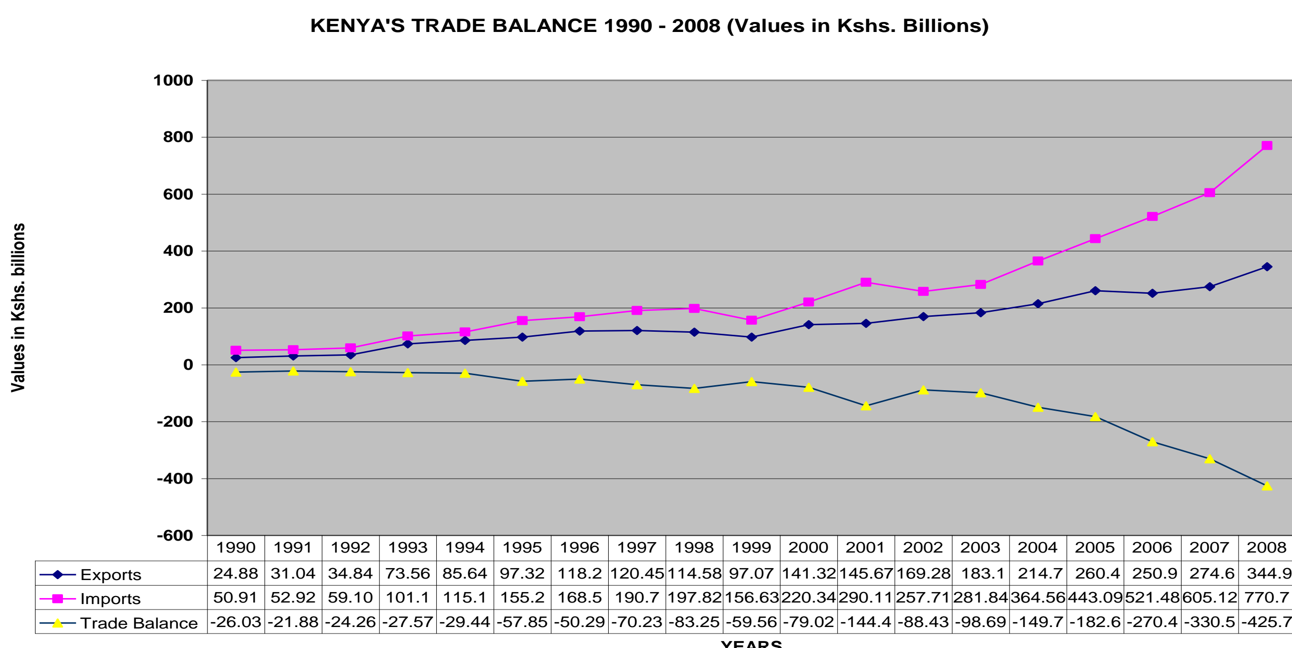
Since the launch of MDGs in the year 2000, Kenya has made substantial progress in the realization of MDG Goal 8 particularly on market access. However, there is still need for further policy interventions to ensure the realization of the goal by the year 2015.

3.8.1.2 Progress Made

The MDG goal 8 on developing a global partnership for development gives international trade indicators that are intended to improve market access of developing countries and least developed countries' exports to the developed economy markets. Trade has increasingly become the cornerstone of the Kenya's economic development in the 21st century. Kenya's trade share of GDP in 2007 stood at about 55.4%. In 2007, merchandize trade contributed about 60.6% of total exports while services constituted about 38.8%. Trade in services also continues to be critical in Kenya's quest for sustainable economic growth and development. In 2007, services accounted for about 60% of Kenya's GDP with leading contributors being transport and communication, postal and telecommunications, and wholesale and retail trade.

The volume of international trade between Kenya and the rest of the world has been increasing over the years. While exports and imports exhibit an increasing trend, imports have been increasing more rapidly than exports and hence the widening trade balance deficit as shown in Figure 1. The increase in trade and the widening of the trade balance were not rapid until the year 2000 after which trade exhibited a rapid rise coupled with a widening trade balance.

Figure 20 Kenya's Trade balance 1990-2008



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Exports	24.88	31.04	34.84	73.56	85.64	97.32	118.2	120.45	114.58	97.07	141.32	145.67	169.28	183.1	214.7	260.4	250.9	274.6	344.9
Imports	50.91	52.92	59.10	101.1	115.1	155.2	168.5	190.7	197.82	156.63	220.34	290.11	257.71	281.84	364.56	443.09	521.48	605.12	770.7
Trade Balance	-26.03	-21.88	-24.26	-27.57	-29.44	-57.85	-50.29	-70.23	-83.25	-59.56	-79.02	-144.4	-88.43	-98.69	-149.7	-182.6	-270.4	-330.5	-425.7

Overall, the value of total exports has increased over the years from about Kshs 214,793 million in 2004 to Kshs 344,947 million in 2008. This implies that Kenya's efforts need to concentrate on deepening and widening access to traditional and emerging markets, respectively. Imports value increased over the same period from Kshs 364,557 million

to Kshs 770,651 million. Consequently, the trade balance widened from about Kshs 149,764 million to Kshs 425,704 million over the same period. In 2008, the trade balance deficit deteriorated by 28.8% as a result of widening from Kshs 330,454 million in 2007 to Kshs 425,705 million in 2008. The export-import cover ratio declined from 45.4% in 2007 to 44.8% in 2008 showing that imports are increasing more rapidly than exports. The value of exports increased in 2008 by 23.3% compared to an increase in imports by 27.4%. Key export sectors that accounted for 51.3% are horticulture, tea, textile and apparels, and soda ash. Overall, Kenya's exports are mainly primary products from the agriculture sector. Manufactured products in Kenya's export basket include iron and steel, pharmaceutical products, cement and essential oils. This underpins Kenya's continued efforts towards value addition and product diversification in the manufacturing sector.

3.8.1.3 Challenges and/or Constraints in the Trade Sector

The Kenya's trade sector has experienced growth since the inception of the MDGs in the year 2000. International trade with the rest of the world has increased as shown by Kenya's trade statistics. However, the widening trade balance deficit is an indication of the challenges or constraints faced by the trade sector and thus have inhibited the growth of domestic and international trade. They include;

- Poor trade and investment environment
- Narrow export base and low value addition
- Escalation of Tariffs and Non-Tariff Barriers (TNTBs)
- Reliance on few international markets
- Erosion of preferential market access
- Membership to Multiple Regional Trading Blocs
- Limited access to financial services for industrial development and entrepreneurship
- Low adoption of ICT

3.8.1.4 Recommendations

- Streamlining business and investment climate
- Increase value addition for our locally produced products
- Establishing an Export Development Fund
- Revamping of Kenya's Overseas Commercial Representation.
- Harmonization of integration policies in EAC, COMESA and SADC through EAC/COMESA and SADC Tripartite Free Trade Area (FTA).
- Establishment of a Trade Center to enhance Kenya's export performance by providing a one-stop-shop for exporters and investors

3.8.2 Target 8f: In Cooperation with the Private Sector, Make Available the Benefits of New Technologies Especially Information and Communication

The specific MDG targets in the Information and Communications Technology (ICT) sector in Kenya include:

Target A: To increase the penetration of Fixed Telephone lines per 100 people from 0.16 lines in rural areas and 4 lines in urban areas in 1999 to 1 line in rural areas and 20 lines in urban areas by 2015.

Target B: To increase cellular subscribers from less than one percent in 1999 to more than 20% by 2015.

Target C: To increase Internet users from less than one percent in 1999 to over 20% by 2015.

3.8.2.1 Progress Made

In 1997 the government carried out reforms in the Information and Communication Technologies (ICT) sector as part of the wider economic reforms aimed at fast tracking the development of the sector, minimizing the commercial role of government in the sector as well as facilitating the private sector to assume a predominant role in the provision of communication services. The monopoly of Kenya Posts and Telecommunications Corporation was split into Communications Commission of Kenya (CCK) as the regulator; Telkom Kenya as the National telecommunications operator; Postal Corporation for provision of postal services; National Communication Secretariat for policy and advisory services; and Appeals Tribunal for dispute resolution. The general thrust of restructuring of the ICT sector as articulated in the Postal and Telecommunications Sector Policy Statement of 1997 was to optimize the sectors' contribution to the development of the Kenyan economy by ensuring the availability of efficient, reliable and affordable communication services throughout the country. In January 2009, further reforms were introduced in the ICT sector with the enactment of Kenya Communications Amendment Act of 2009 (KCA Amendment Act 2009) which encompasses the whole of the ICT sector including e-transactions such as e-commerce, e-education etc.

The table below shows a summary of the progress made in the ICT sector since the year 2000

Table 6 Progress in ICT

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of fixed wirelines subscribers	313,470	326,482	331,718	328,358	299,225	286,729	272,003	264,882	252,615
Number of fixed wireless subscribers	-	-	-	-	-	-	10,685	193,064	274,449
Number of mobile phone subscribers (millions)	0.180	0.4	0.9	1.6	2.24	4.6	6.5	9.3	12.9
Estimated number of Internet Users (Millions)	-	0.2	0.4	1.0	1.05	1.4	1.7	2.7	3.4
Internet Service providers	43	66	72	76	78	58	73	50	127
Licensed Cyber Cafes and Telephone Bureaus	-	-	-	51	70	90	100*	-	390
Private letter Boxes (PCK)	351,441	388,281	394,121	397,731	395,811	399,667	409,966	412,306	414,616
Licensed Courier Operators	21	40	52	63	74	90	105	140	148
Teledensity %			1.1	1	0.9	0.9	0.9	1.4	1.4
Tele-Accessibility %			4.1	6.1	8.8	14.6	19.9	35	36.4

Source: Communications Commission of Kenya and Economic Survey, 2006 and 2009

Meanwhile, Policy and Regulatory Measures have been instituted to support the implementation of this target:

i. Enactment of Media Act in 2007 which established the Media Council of Kenya to regulate the media industry as well as provide clear guidance on cross media ownership, licensing, ethical standards and self regulation.

ii. Enactment of the Kenya Communications Amendment Act 2009 to address various challenges which come with rapid technological changes in the ICT sector. The Act provides among other things : -
- The formal introduction of the 3 tiers of broadcasting (i.e. public, private and community);
- Laws and regulations to regulate the same;
- Introduction of legislation to define Kenyan programming and the licensing of broadcasters, etc
- (e) Introduction of legislation that can potentially be used to introduce local content quotas,

iii. Adoption of unified licensing framework which will consist of the following broad market Segments:
    - Network facilities provider
    - Application Service Provider
    - Contents Service Provider

iv. Introduction of mobile money transfer and mobile banking services provided by mobile phone companies have contributed to increased access to banking services especially among the residents of remote areas.

v. Introduction of cross border one network tariff-free roaming services within East African countries.

vi. Since the liberalization of the air waves in 1990s, Kenya has now nine television stations that broadcast locally. There are 48 licensed radio stations out of which 26 are operational. Kenyans can now tune to radios that broadcast news and information in their local dialects making radio the most popular source of knowledge in Kenya. Kenya is served by five mainstream dailies, six weekly newspapers and hundreds of other alternative media publications. Several other international dailies and those from neighbouring countries can be found locally in the news stands.

vii. To improve quality and access to telephony and Internet, Telkom Kenya Ltd introduced Kenstream wireless in July 2006 to compliment landline-based Kenstream services. It also rolled out a broadband wireless connectivity in rural areas using Code Division Multiple Access (CDMA) and WIMAX. The corporation

also completed digital expansion project, which has seen improvement in services.

viii. The government was able to lower local and global telephony costs through the liberalization of international gateways interconnection rates for call between mobile and fixed, and those between mobile to mobile.

ICT Infrastructure Development

(a) Project I: The East African Marine Systems (TEAMS)

The laying of 5,500km of undersea Fibre Optic Cable from Mombasa to Fujairah in the United Arab Emirates (UAE) has been done.

(b) Project II: National Optic Fibre Backbone Infrastructure

The laying of 5,000km of terrestrial fibre optic cable has been done. The project will complement the undersea fibre optic cable and thus facilitate universal access to ICTs throughout the country.

3.8.2.2 CHALLENGES

A distinctive feature of ICT is that it is dynamic and poses major challenges in keeping pace with new technologies. In addition, using and benefiting from ICT requires learning, training, affordable access to the technology, information relevant to the user and a great amount of support to create enabling environments. The following are some of these challenges: -

- Inadequate ICT Infrastructure
- High Cost of Access and Lack of Affordable Solutions
- Language and Content Limitations
- Unfavorable Regulatory and Legislative Framework
- International Telecommunications Industry
- Slow adoption of ICT by Government
- High Competition and Technology Changes
- Human Resource Development Constraints
- Inadequate Research, Innovation and Protection of Intellectual Property

3.8.2.3 Recommendations

While it is evident that this sector has made tremendous growth in the last ten years, a set of actions are deemed necessary to both sustain or scale up the growth momentum.

- Adequately fund the sector and develop the national ICT infrastructure to bridge the digital divide within the country.

- Enhance Public Private Partnership (PPP) initiative. The government should fast track the implementation of PPP framework for successful investment coordination and relationships.
- Develop a strong national research and innovation policy.
- Strictly implement intellectual and property rights law
- Put in place favorable regulatory and legal
- Encourage development of local content
- Enhance capacity building in ICT

3.8.2.4 Major Stakeholders

i. Ministry of Science and Technology
ii. Research institutions
iii. E-Government
iv. Government Information Technology

Coordination mechanism

There is an ICT sector working group which meets annually and is chaired by the Ministry of Information and Communication and prepares annual reports.

CHAPTER FOUR

4.0 COST OF MEETING MDGs BY 2015

The Millennium Declaration (GA Resolution A/54/2000) commits member states to put in place measures necessary to attain peace, security and development in fulfillment of human rights obligations. This commitment of State parties and the international community to improve the human condition was re-affirmed at the Monterrey Conference on Financing for Development and World Summit on Sustainable Development held in Johannesburg in 2002.

4.1 Policy Context

The Millennium Declaration calls on all development stakeholders to adopt a goal-oriented approach to policy, planning, budgeting/resource appropriation and implementation and assigns differentiated responsibility to the various parties. It is expected that developing countries will be committed to the practice of good governance and sound use of resources for human development while the developed countries will increase their financial assistance to developing countries up to at least the 0.7 % of GNI mark. The developed countries are also expected to support a development friendly international economic system with specific commitments to promote fair trade, reduce the debt burden and promote technology transfer to developing countries. The MDGs offer a unique opportunity to guide development planning and resource allocation in low income developing countries like Kenya and promote peace and human rights in the world.

4.2 Motivation

With the deadline of 2015 fast approaching, UNDP in collaboration with the Government of Kenya has taken on an enhanced organizational commitment to leveraging evidence, analysis, policy and partnerships to promote the realization of the MDGs. The Government of Kenya has developed and is currently implementing its second generation PRSP termed Vision 2030; whose social pillar objective include investing in people and reducing poverty and vulnerability, reduce the spread of HIV, improve the quality of life of those infected and affected and mitigate the socio-economic impact of the epidemic. This section of the report will answer the question 'what does Kenya need in terms of human resources, infrastructure and financial resources in order to achieve each of the MDGs?" Or "are MDGs attainable by 2015 on current funding level and commitment by all duty bearer institutions?"

The results of costing will enable Kenya to systematically plan around meeting the MDGs, identify areas that have been chronically under financed and recommend sustainable and fast track options to attain those specific targets.

The Government of Kenya is committed to the MDGs and has aligned its Social Pillar of Vision 2030 to these international goals. In order to accelerate the realization of the MDGs by 2015 a strategic vision is needed. The strategic vision will be drawn on the basis of an evaluation of the achievements so far and a detailed costing, which estimates the human, physical and financial resources needed to achieve the MDGs. The need to achieve the MDGs by 2015 forms the implicit basis for this costing study.

This chapter briefly presents (a) the background, policy context and motivation for costing MDGs, (b) notes on costing MDGs by Goal, highlighting the challenges and assumptions, (c) compares resources requirements/gap with available and potential resources from various sources, and (d) concludes by giving the total MDG cost/resource gap.

4.3 Overview of Costing Methodology

MDGs outline the most important objectives of human development and assist in setting priorities around these. The goals also help to focus national and international priority setting by limiting the number of goals and targets, keeping them stable over time, and offering an opportunity to communicate progress clearly to a broad audience. There are eight goals, each associated with specific targets. The progress towards each target is measured with particular set of indicators, allowing countries to assess progress towards each goal.

4.4 Methodological issues

Generally, several empirical studies have tried to estimate the finances required for meeting the MDGs at the global level. Two methodological approaches have been typically used in these financing studies:
(a) Estimating the additional resources needed to raise economic growth so as to reduce income poverty and/or
(b) Estimating the costs of meeting specific goals in health, education, and the environment.

The first approach estimates the additional growth required to raise average incomes enough to reach the goal and then estimates the additional aid required to attain that growth. It is assumed that growth has a powerful effect on progress towards the other goals, especially those associated with health and education. The mechanism by which growth affects these other goals is two-fold: income growth increases the demand for

health and education services; and it increases public revenues that can be spent on the supply of these services.

In the second approach, calculating the additional public resources that would be used in meeting the social and environmental goals is estimated using models. It is a method with enormous uncertainties, not least because the links between public spending and health/education outcomes is tenuous at best.

Although several studies on financing the MDGs at the global level have been conducted, it has been argued that the most accurate way of estimating the cost of meeting the social and environmental goals is at the country-level. Country work and even sub-national studies allow an assessment of the efficiency of public service delivery, the costs of reaching the most vulnerable populations, and the ability to identify specific interventions which are required to accelerate progress towards the targets. Indeed, since public spending finances human development policy interventions and social service delivery, the quantity, quality and composition of public spending can have a significant influence on household human development outcomes and thereby on the likelihood of attaining the MDGs.

The costing work includes the following elements:

i. Desk literature search for costing and cost-effectiveness studies of the individual interventions including search for publicly available spreadsheets used for costing purposes (published national and international studies)
ii. Desk study of supplementary relevant material from Kenya(Government reports, donor reports and other non-published literature)
iii. The development and customization/domestication of spreadsheets interlinking individual interventions (their unit cost and feasible coverage) with a concluding total budget and resource need sheet ("coverage")
iv. The total budget 2010-2015 including a range of assumptions and real cost data per intervention is used to identify the resource gap based on the recent macroeconomic projections.
v. Estimation of feasible coverage and costs and in total in 2015 that takes into account the growth of population in target groups.

Country-studies on financing the MDGs have been piloted in several countries (including the Philippines in Asia/Pacific). The World Bank has also recently initiated an analysis of public expenditure on health, education and other social services. The key issues for this public expenditure exercise are: the extent to which the current and future (at least as envisaged over the medium term) levels and composition of public expenditure are consistent with attainment of the MDGs; the process by which public spending is currently allocated to different human development sectors and sub-sectors; whether this process results in adequate financing of human development

needs in poor communities; and the extent to which the benefits of public spending on social services accrue to different population groups.

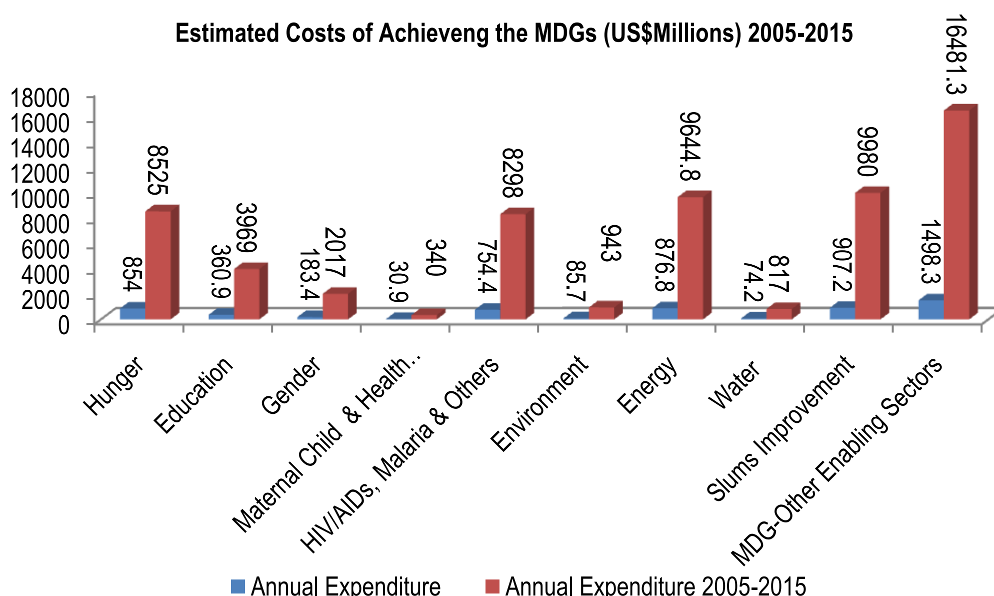
The motivation for conducting such public expenditure reviews is that improved public expenditure management and governance are especially key for the effective delivery of social services – health, education and social protection. As much of social service delivery takes place at the sub-national level, attainments of the MDGs will require both the allocation of increased public resources to these services and increased effectiveness and efficiency in delivery of these services to the poor.

In the Kenyan case the first set of estimates assumes that public spending will be maintained at current levels over the simulation period. The second set of estimates assumes that public spending will increase to optimal levels enabling achievement of the MDG targets.

4.5 Current status and targets by Goal

Though there are several estimates on the resources required to meet the MDGs by 2015, the most authoritative figures appear to be the MDG Needs Assessment Report of 2005 that projected estimated annual resource needs from 2005 to 2015. All other recent estimates simply quote these figures. Five years down the line, these figures are now a little bit outdated. In this report, an attempt has been made to come up with new estimates taking in to account changes in economic parameters. Nevertheless, it is important to indicate what was proposed in 2005 as a basis for discussion and then justify the new calculations and attendant characteristics.

Figure 21 Estimated Costs of Achieving the MDGs 2005-2015



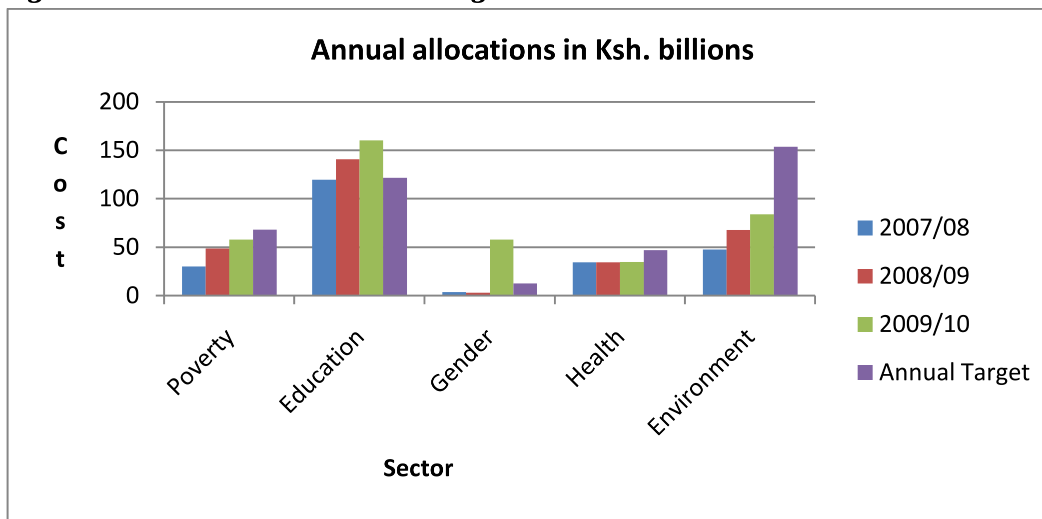
The annual estimated cost of attaining the MDGs by 2015 according to the Needs Assessment report published by the Government in 2005 was estimated at US$ 5,547 million per year or US$ 61,015 for the period up to 2015. The report details the interventions necessary to meet the MDGs and their respective costs. The available GOK resources to finance MDGs were estimated at US$ 1794 million, giving a financing gap of US$ 3752 million per year. The estimates are slightly higher than the current budgeting allocation for MDG-related expenditure. Nevertheless, it is necessary to assess and identify how much of these costs are currently being committed from domestic resource mobilization and driven by the forecasted growth of tax revenues. In addition, some of these needs assessment costs are already factored in the government budget.

4.6 Domestic Sources

The government relies mainly on domestic sources to implement various programme activities as outlined in its short term and long term development agenda. Domestic resources refer to central government resources.

Overall analysis based on the Government needs assessment report on the MDGs, which shows the needed annual allocations in related MDGs sectors to meet the Goals by 2015, GoK has been lagging behind in most MDGs. In 2007/08 and 2008/09 financial years for instance, the amount of funds allocated to MDGs related sectors have been Ksh.330 billion and Ksh.393 billion in 2007/2008 and 2008/2009 respectively compared to Ksh.411 billion required annually to meet the Goals (**See annex 2**). However, the 2009/2010 figures increased to Ksh.521 billion and this indicated Government's commitment to the achievements of MDGs. This substantial increase in resource allocation was partly attributed to the Government commitment on sectors like infrastructure development, Public Works and Housing which have a direct impact and serve as a catalyst to development and the promotion of the well being of the citizens.

Figure 22 Annual MDGs related budget allocation



This graph shows that apart from the education sector that has been consistently allocated almost sufficient resources as per annual costing of the MDGs, other sectors have been lagging behind. However, in FY2009/10 budget, gender allocations surpassed annual targets by over four folds while health sector also surpassed annual target. The boost in gender sector allocation is explained by increased gender awareness that led to the creation of a Ministry to deal with gender and specific activities such as Women Enterprise Development Fund.

4.7 Official Development Assistance

International Aid to the Developing countries remains well below the United Nations target of 0.7 per cent of gross national income for most donors. In 2009, the only countries to reach or exceed the target were Denmark, Luxembourg, the Netherlands, Norway and Sweden. The largest donors by volume in 2009 were the United States, followed by France, Germany, the United Kingdom and Japan.

Donors have committed funds to assist in financing the MDGs. The challenge is to identify strategies that can attract funding from other options including a range of international sources, the private sector and grant-based agencies.

In 2006, total net official development assistance (ODA) provided by members of the OECD Development Assistance Committee amounted to USD 943 million, with the United States, the European Commission, the United Kingdom and Japan being the four largest donors for 2005-06. Aid accounted for 4.5% of GNI.

The Paris Declaration on Aid Effectiveness stressed that ownership at national level is critical and is central to achieving development results. Aid is most effective when it supports a country owned approach to development; aid is less effective when countries feel that aid policies and approaches are driven by donors that provide assistance. In the context of the Paris Declaration, ownership specifically concerns a country's ability to carry out two, interlinked activities: exercise effective leadership over its development policies and strategies; and co-ordinate the efforts of various development actors working in the country.

In the 2006 Baseline Survey, Kenya received a rating of D for ownership, along with 21% of other assessed countries participating in the Baseline Survey. This rating implied that some elements of an operational development strategy were in place, but that gaps remained, particularly in relation to the long-term vision for development, the capacity and resources for implementation. However, in the 2008 Survey, Kenya received a C for the extent to which it has an operational development strategy, indicating that progress was being made. This is very encouraging and suggests that with strong government leadership Kenya could achieve the 2010 target of a B rating.

For aid to be effective, it must be aligned with national development strategies, institutions and procedures. The Paris Declaration envisions donors basing their support fully on country partner aims and objectives. Indicators 2 through 8 examine several dimensions of aid to assess the degree to which partner countries and donors achieve alignment. For Kenya, progress on alignment has been modest at best.

Indicator 2a of the Paris Declaration assesses the degree to which partner countries either have public financial management (PFM) systems that are in line with broadly accepted good practices or have credible reform programmes in place to establish reliable PFM systems. The assessment is based on the World Bank's Country Policy and Institutional Analysis (CPIA) score for the quality of PFM systems, which uses a scale running from 1 (very weak) to 6 (very strong) with half-point increments.

Comprehensive and transparent reporting on aid, and how it is used, is an important means of ensuring that donors align aid flows with national development priorities. The degree to which development assistance to the government sector is fully and accurately reflected in the budget provides a useful indication of the degree to which serious effort is made to connect aid programmes with country policies and processes. It also allows partner country authorities to present accurate and comprehensive budget reports to their parliaments and citizens.

Indicator 3 is a proxy for alignment. It measures the percentage of aid disbursed by donors to the government sector that is included in the annual budgets for the same fiscal year.
The indicator is a joint measure of two components: the degree to which donors report aid flows comprehensively to partner countries; and the degree to which partner countries accurately record aid.

The World Bank's Aid Effectiveness Review reports that some efforts are being taken to Enhance government leadership of aid co-ordination. The government made commitments to holding meetings at least once per quarter through the Kenya Co-ordination Group –a forum for government and donors, chaired by the Ministry of Finance. In fact, the group has met infrequently and been somewhat ineffective. In the absence of effective government leadership, donors have co-ordinated their activities through a 17-member Harmonisation, Alignment and Co-ordination group. Despite the enormous challenges over the last few years the Government has remained committed to these international obligations strengthening the national efforts towards achievement of the MDGs.

4.8 Estimated Cost of Meeting MDGs – 2010-2015

In the estimates from the 2010-2015 funding projections used in this report, some variations to the 2005 figure projections have been made based on the assumptions expressed here. In calculating the cost for Goal 1, the assumption is that with the current poverty level at 46%, the MDG requirement is to reduce this by half to 23%. Each poor person will require KSh. 2000 per month for the five years to remain above the absolute poverty line, whereby KSh. 1903 is the mean for urban and rural areas plus KSh. 100 for inflaTable 6 gives the summarized cost per Goal.

Table 7 Cost of Meeting MDGs 2010- 2015

MDG Goal Target	Current Status Prevalence	2015 Target Status	Estimate in Million USD	Current and Projected Financing Government	Estimated Gap in Million USD
Halving Poverty and hunger	46%	23%	14,526.3	2,960.5	11,565.8
Halving Population without access to safe drinking water	56%	10%	13,815.8	1,447.4	12,368.4
Achieving UPE	92.50%	100%	4,093.1	3,007.5	1,085.6
Achieving gender equality in primary education	0.94	1	1,800.0	1.0	1,799.0
Health Goals(excluding HIV/AIDs)	**	**	4,478.0	2,599.0	1,879.0
Halting and reversing HIV/AIDS	6.75%	3.50%	1,313.7	234.0	1,079.7
Providing special assistance to orphans	0.005	75%	3,789.5	2.2	3,787.3
Environment	1.7%	10%	10,602.1	65.0	10,537.1
Housing for slum dwellers			1,103.0	32.5	1070.5
Total			55,521.5	10,355.6	45,165.9
** This includes Malaria, TB, MMR,under 5 goals					

Total Gap in million USD=45,165.9 or approximately three years annual budget for this FY 2010/11

Finally, a critical step in devising MDG strategies involves making realistic estimates of the costs so that these can be fully incorporated into the national budget to the greatest extent possible. In this respect, the line ministries need to work quite closely with the MDG Unit and Ministry of Finance to up date these estimated costs accordingly as new data from monitoring of the implementation of planned activities is received.

CHAPTER FIVE

5.0 CONCLUSIONS, RECOMMENDATIONS AND WAY FORWARD

The projections in this report assume that macroeconomic and fiscal policies, along with government spending, will be successful at boosting private investments. Efforts to create a favourable investment climate through macroeconomic stability and public infrastructure investments are expected to boost economic growth. The stability in the interest rates and prudent fiscal policy are expected to underpin the business environment and lead to a rise in private investment. The facilitation of region trade through blocks such as COMESA and the East African Community (EAC) is also expected to play a role in bringing in investments and for domestic businesses to reach a larger market. The regional economies are expected to grow strongly, even in non-COMESA Sub-Saharan Africa countries that are important destinations for Kenyan exports. If private investments rise by an average of 9 percent over the years 2011 and 2012 as projected and government operations assume higher efficiency levels, Kenya will have great chance of achieving most of the MDGs even before 2015.

The progress in attainment of most of the MDGs has been modest. Kenya is perceived to be on course to meet Goals 2,3, 6 and partly Goal 1 (on food security), while recent good progress in Goals 4, 7 and 8 suggest that it is quite probable that these too will be met. However, poor indicators in maternal health point to difficulty in achieving goal 5, unless structural and programmatic changes are instituted immediately. With regard to Goal 1, there is great concern on persistent poverty and high unemployment suggesting that more effort is indeed necessary to attain these targets in 2015.. The mood in the districts and among communities is one full of optimism, and it is important to scale up the initiatives that are working well with full support from the national level

For this to happen, the coordination, reporting and monitoring between government departments on one hand and between government and development partners need to be strengthened. At the implementation level, the District Development Offices appear to be well placed to spearhead some of the leadership tasks with the support of the District Commissioners, though this does not necessarily work in all places. Without more thinking on this relationship and creating an enabling and well resourced environment, these good initiatives are likely to fall prey to “business as usual” attitude. Such a scenario would be an unfortunate derailment of the positive strides made in meeting MDGs so far.

Good initiatives such as Economic Stimulus Package, Njaa Marufuku Kenya, Kazi Kwa Vijana, Quick Wins, Women and Youth Enterprise Fund among others, have great potential of impacting directly and effectively the livelihoods of the poor. Focus should

be placed on ways of improving targeting, ensuring the poor are not only included but also involved in protecting the gains that have been made. There is need for a better communication strategy. Some of these initiatives are still largely unknown to many of the potential beneficiaries. Where gains have been made public communication is necessary so that stakeholders participate in safe guarding these gains and information given on identification of factors and incidences that indicate a reversal is beginning so that corrective action is taken at the lowest levels of accountability. In almost every goal, success is threatened by the attitude of "business as usual". There is some disconnect between the policy makers and planners on one hand and the poor and vulnerable on the other. Advertising in the numerous local FM stations and popular print media can increase the uptake of these innovations.

At the national level, there are several structures that need to link more and define a more effective collaborative approach. There are still glaring gaps in coordination and reporting on MDG initiatives undertaken by the line ministries or initiatives directly implemented by the development partners and NGOs. The MDG Secretariat in the Ministry of Planning does not receive updates on the progress made in meeting MDGs by the line Ministries even though there is a desk officer responsible for each implementing ministry. In addition, it is not clear how ministries implementing MDG related activities channel their progress to the Secretariat.

A similar challenge confronts the UNDP in its coordination role of MDG activities supported by the UN Agencies. Many UN Agencies work closely and quite effectively with the relevant line ministries but there is no clear reporting system to involve or inform the UNDP. There are cases where two or more UN Agencies give support to one ministry and yet their activities are not coordinated. Targeted efforts are necessary to put in place better coordination and reporting systems and reduce duplication and other inefficiencies.

It is recommended that strengthening of the national MDG Unit should be given high priority to take on more oversight roles by giving timely support to line ministries and be assisted to develop a national framework that will coordinate the roles of all players in MDG related activities in government, development partners, civil society and private sector.

The MDGs goals are going to be more achievable if nationally owned development strategies, policies and programmes are supported by international development partners. At the same time, it is clear that improvements in the lives of the poor have been unacceptably slow, and some hard-won gains are being eroded by the climate, food and economic crises   Ownership by the country calls for political will, honoring of budgets to priority MDG activities, increased involvement of the private sector and civil society and informed participation of the poor.

In Kenya more effort is needed towards creating greater synergy between the Government, the civil society and the private sector. Working together as one community will boost the progress to attainment of the MDGs as one party will compliment the work of the other and vice versa. More so, the Government should take as a priority the involvement of the private sector and other stakeholders towards achievement of MDGs. This could be done through fast-tracking the ongoing efforts on the establishment of the public sector stakeholders' partnerships framework to enable them pool their efforts and resource capacity to achieve MDGs. Further, there is need to coordinate NGOs activities to limit duplication of activities and also to monitor the use of funds meant to achieve the set MDGs targets.

Policies and interventions will be needed to eliminate the persistent or even increasing inequalities between the rich and the poor, between those living in rural or remote areas or in slums versus better-off urban populations, and those disadvantaged by geographic location, sex, age, disability or ethnicity:. Data collection should be disaggregated to give these variances and fed to the National MDG Secretariat for use and monitoring progress in the line ministries.

Achieving the MDGs will require increased national attention to the welfare of the most vulnerable. In addition, financial support for social safety nets to protect the poor, the unemployed and the socially marginalized should be better targeted and scaled up.

It's important to ensure that youth programmes are promoted and that these programmes actually benefit the youth. There is also need to evaluate with a view to scaling up the social protection initiative in which old people are given monthly cash allowances to safe guard them from extreme poverty. Similar action should apply to the support extended to orphaned and vulnerable children,

Children in rural areas are more likely to be underweight than urban children. The monitoring of under weight children should not be seen as the function of the Ministries of Medical Services and Public Health and Sanitation and needs to be better linked with the initiatives of the ministries of Education, Agriculture, Livestock and Fisheries in order to give better results. The mother has to see these links and utilize the opportunities offered

In Kenya regional and rural-urban disparities continue to pose a challenge. It is recommended that district education boards and the Provincial Administration, considering that administrative units are now much smaller, should be assisted by the District Planning Units to create a comprehensive data of girls and boys from poor households who are out of school. This exercise could also involve the civil society and faith based organizations to add more value.

Special focus is needed to address the plight of children with disabilities and get them to school and the job market. Even in countries close to achieving universal primary education, children with disabilities are the majority of those excluded.

Maternal health is one of the areas in which the gap between rich and poor is most conspicuous, and in rural areas long distances to the health facilities or the lack of health care where facilities are near discourage mothers from seeking care. While almost all births are attended by skilled health personnel in the developed countries, less than half of women receive such care when giving birth in many parts of the developing world including Kenya.. It is recommended that owing to various challenges that keep pregnant mothers away from the health facility, a programmatic change should be considered; and that health care should be taken to the mother rather than the poor and weak mother going to health facility that is likely to be far and health care personnel unwelcoming. By going to the mother, the health care givers will change attitude and see the mother as an essential client, and be friendlier.

Lack of education is another major obstacle to accessing tools that could improve people's lives. For instance, poverty and unequal access to schooling perpetuate high adolescent birth rates, jeopardizing the health of girls and diminishing their opportunities for social and economic advancement. Contraceptive use is four times higher among women with a secondary education than among those with no education. For women in the poorest households and among those with no education, negligible progress was seen over the last decade. More synergy is necessary between the ministries of health and education to link these benefits.

Considering the high population of youth and knowing that the youth are unlikely to seek reproductive health services as currently provided, it is important to find of serving them in a more friendly, caring, welcoming, and youth responsive environment. Collaboration between the ministries of Education, Youth and Health is indeed overdue to define a national strategy for investing in the youth and helping them to develop good health seeking habits at early stages to secure a healthy future and save the country costs in health.

Only about half of the developing world's population are using improved sanitation and the nuisance of 'flying toilets' is still a menace in our slums and addressing this inequality will have a major impact on several of the MDGs. Disparities between rural and urban areas remain daunting, with only 40 per cent of rural population covered. Sanitation needs to be given not only a higher budget and profile, but also adopt more innovative and hygienic facilities that combine health benefits with income generation especially for slum dwellers where the need is greatest. Several NGOs have successful initiatives that can be scaled up.

It is important to preserve the modest gains in poverty reduction and access to basic social services achieved in the past. In this regard, the Government should maintain adequate levels of public spending on health, education (including special programmes such as school feeding programmes), nutrition and sanitation. In addition, financial support for social safety nets to protect the poor, the unemployed and the socially marginalized are required.

The government needs to find ways of raising the profile of MDGs throughout the country and at all levels especially at the grassroots where action is most urgently needed, and as much as infuse MDG targets in to other development agenda with the participation of the people. Meeting MDG targets is not just about getting funding, it is as much important to inculcate national commitment to action for the good and benefit of all, especially the poor. This is the message to the policy makers, planners, partners, implementers and communities

This shift towards an all inclusive approach to development calls for harmonized planning, pro-poor budgeting, consensus building and monitoring both at the national and local level. The UN should support the efforts for enhanced inclusive stakeholder engagement in policy formulation that would lead to promotion of activities that favor broad based growth and social equity well taking cognizance of gender parity. The UN system should also support capacity building for monitoring especially at the district level and reporting focusing on the MDGs, integrating the targets specified in Vision 2030 and the first 5-year Medium Term Plan.

The new constitution has placed additional responsibilities on the State by giving constitutional rights to citizens by guaranteeing environment, health, education, economic and social rights in sections 42 and 43. Every person has the right to clean and healthy environment, to the highest attainable standard of health, accessible and adequate housing and to reasonable standards of sanitation. Further, every person has a right to be free from hunger, and have food of acceptable quality, clean water in adequate quantities, social security and education.. It is also stated that a person shall not be denied emergency medical treatment and that the State shall provide appropriate social security to persons who are unable to support themselves and their dependants. There is need to define how these new responsibilities and other obligations imposed by the new constitution in general will be addressed especially in view of their strengthening the attainment of MDGs

ANNEXES

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Annex 2: Summary of Estimates for MDGs Sectors 2009/10 (Kshs. Million)

Vote	Details of Vote	Recurrent		Development		Total		% change of Total Expend. from 08/09 to 09/10	% share of Total Budget 2009/10
1.	Min of Education	106,193.0	117,008.3	9,581.1	17,654.6	115,774.1	134,662.9	16.32	15.6
2.	Min of Water and Irrigation	4,677.6	4,378.8	29,006.3	24,695.5	24,683.9	29,174.3	18.19	3.4
3.	Min Medical Services	23,126.1	21,212.6	3,451.5	6,326.4	26,577.6	27,539.0	3.62	3.2
4.	Min of Higher Education, Science & Tech	19,334.6	21,616.2	3,385.9	4,045.9	22,720.5	25,662.1	12.95	3.0
5.	Min of Public Health & Sanitation	4,563.3	6,971.8	3,624.3	12,500.6	8,187.6	19,472.4	137.83	2.2
6.	Min. of Agriculture	7,819.4	7,799.1	8,896.4	5,673.6	16,715.8	13,472.7	(19.40)	1.6
7.	Min. of Youth Affairs and Sports	4,230.9	5,335.6	7,830.2	4,950.2	12,061.1	10,285.8	(14.72)	1.2
8.	Min. of State for Special Prog.	12,078.1	3,002.0	3,880.2	4,255.7	15,958.3	7,257.7	(54.52)	0.8
9.	Min. of Gender, Children and Social Development	1,640.2	2,592.3	1,421.4	3,150.8	3,061.6	5,743.1	87.58	0.7
10.	Min. of Forestry and Wildlife	3,704.8	3,769.7	1,882.5	2,004.0	5,587.3	5,773.7	3.34	0.7
11.	Min. of Environment and Mineral Resources	2,164.0	2,065.0	1,661.1	2,268.7	3,825.1	4,333.7	13.30	0.5
12.	Min. of Livestock	3,579.4	3,171.9	2,272.3	1,496.7	5,851.7	4,668.6	(20.22)	0.5
13.	Min of Regional Devt Authorities	711.7	835.1	1,206.7	3,640.7	1,918.4	4,475.8	133.31	0.5

14.	Min. of Fisheries Devt.	891.8	1,264.5	156.3	1,337.0	1,048.1	2,601.5	148.22	0.3
15.	Min. of Devt of Northern Kenya and other Arid Lands	196.3	315.8	2,584.2	4,013.7	2,780.5	4,329.5	55.71	0.5
16.	Min. of Lands	1,756.3	1,674.8	595.7	860.0	2,352.0	2,534.8	7.77	0.3
17.	Min. of Labour	999.6	1,204.9	399.8	911.5	1,399.4	2,116.4	51.24	0.2
18	Min. of Cooperative and Development and Marketing	863.2	934.0	134.8	223.2	998.0	1,157.2	15.95	0.1

Source: Printed Estimates Expenditure

Annex 3: Progress and Projection MDG 3

Baseline	Reforms	Progress	Targets	
			2010	2015
Long term policy framework in place (Sessional Paper)	FPE, FSE, Bursary Fund, Review of the curriculum, Review of the legal framework and constitutional provisions	In the last 7 years most of the indicators like GER, NER, PTR, PCR etc have improved significantly	GER 110% NER 93% GPI 1:1	GER 100% NER 100% GPI 1:1
Medium term Plan strategy in Place (KESSP)	23 areas of education investment are in place	Policies are now linked to budgets	Primary to Secondary Transition 64% Primary education Completion 79.5% Pupil Text Book Ratio 1:2	100% 100% 1:1
Specific Education policy guidelines on FPE, FSE, SNE etc developed	Each of the policy guideline is mainstreamed into the staffing needs at all the directorates	Policies are linked to human resource and staffing levels and performance index	Constitutional Provisions Education Act Children Act	Align all to the Convention on the Rights of the Child (CRC) and EFA goals
Devolution of finances to schools in place	School capitation and financial management at school level	Head teachers empowered to manage schools like small units of the ministry	Poor governance at school level	Improved governance and financial management
Restructuring of the ministry into the core areas of intervention	5 directorates have been created to attend to five levels of education starting with ECD	All the levels of education have been aligned to the national goals as contained in Vision 2030		

Annex 4: Stakeholders Supporting Health by Area of Focus

Through collaborative effort of various development partners, notable improvements in health services covering Goals 4, 5 and 6 have been noted. The following table illustrates the various development partners by area of focus: The role of stakeholders in the push towards attainment of health goals has been very critical in several ways.

	AGENCY	PROGRAMME	IMPLEMENTING PARTNER	FOCUS AREA	NOTES
1.	AFDB	ADF Loan	GOK	Infrastructure	
		ADF Grant	GOK	Infrastructure	
2.	CLINTON	HIV-AIDS	MOH	Paediatric HIV-AIDS	
3.	DANIDA	HSPSII TOTAL	MOH		
		HSSF systems	MOH	Services financing	
		EMMS	MOH	Procurement	
		EMMS systems	MOH	Procurement systems	
		HRH contracting	MOH	HRH	
		HMIS / monitoring	MOH	HMIS	
		Policy & planning	MOH	Policy & planning	
		Province / district support	MOH	District mgmt support	
		Infrastructure / equipment	MOH	Infrastructure development	
		AMREF	MOH	Policy & planning	
		Audit, support unit, TA	Danida	Programme support	
4.	DFID	HIV-AIDS	AMREF, UNAIDS	HIV-AIDS	HIV-AIDS response NGOs, NACC
		Malaria control	MOH DOMC	Malaria	support to DOMC
		LLITNs Social marketing	PSI	Malaria ITNs	procurement, social marketing
		Condoms Social marketing	PSI	HIV-AIDS / RH	procurement, social marketing
		EHS Project	LATH	MCH	MCH Nyanza Province, TA to MOHs

		HAPAC Project	Futures	HIV-AIDS	TA to NACC
5.	EC	NGO programmes	NGOs	PHC, RH, HIV-AIDS	NGO programmes community level
6.	FRANCE	TA to GFATM	MOF	GFATM oversight	TA to Min Finance - GFATM tracking
7.	GDC	GTZ Health Sector Programme	MOPHS, MOG, IPs	RH, GBV	Mumias, Wajir, Bondo, Vihiga, Gucha, Tharaka districts; some thru MOG for GBV
		KfW OBA Voucher Programme	NCAPD	RH	Nairobi, Kiambu, Kisumu, Kitui
		KfW Family Planning	MOPHS	FP	Countrywide
		KfW Development	NCAPD, MOPHS	FP, OBA	Countrywide; FP, contraceptive procurement, OBA
		DED HIV-AIDS / GBV	GOK, NGOs	HIV-AIDS, GBV	HIV-AIDS Workplace, GBV; Central, Western, Rift Valley, Nyanza districts
		InWENT HIV/AIDS; pro-poor structures; leadership; hosp reforms			
8.	ITALY	PPP	NGOs	HIV-AIDS, community services	Eastern, Nyanza provinces
		KIDDP	GOK	Community Strategy	Nyndarua, West Pokot, Suba districts
9.	JICA	SPEAK Project	NASCOP	HTC	Increasing HIV testing annually
		Blood Safety Project	NBTS	Utilization/Products	Nakuru RBTC, PGH, Naivasha & Koibatek DHs
		SAMOKIKE Project	MOPHS	Safe Motherhood	Old Kisii and Kericho districts
		Nyanza Health Management	MOPHS	Management	Siaya and Kisumu West as model districts
		School Health	MOPHS	CSHP	Pilot in Kilifi and Msambweni districts, Coast
		Community Health (Taita)	MOPHS	Community Strategy	DHMT Support for Implementation
		Community Strategy	MOPHS	Community Strategy	National level Advisor to DCH (DPHS)
		Arbovirus Research	MOPHS	Research	KEMRI/Nagasaki University Project

		HIV Test Kits Supply	MOPHS/MOMS	Procurement	Grant Aid
		District Hospitals (West Kenya)	MOMS	Infrastructure	Kisii and Kericho Hospitals
		Parasite Control	MOPHS	Training	ESACIPAC/KEMRI - for 10 Countries
		Medical Engineering Training	MOMS	Training	Countrywide
10.	UNAIDS	NO INFO			NO INFO
11.	UNFPA	Projects through NGOs	IPs	SRH / FP/HIV&AIDS/GBV	Focus districts: Kilifi, Nairobi West, Naivasha & Migori
		MOH programmes	MOH	SRH / FP/HIV&AIDS/GBV	
			MOH	SRH / FP/HIV&AIDS/GBV	
12.	UNICEF	VACCINE – PROCURE	GAVI, MOPHS		
		CHILD HEALTH – TRAINING	MOPHS		
		CHILD HEALTH – TA	MOPHS		
		CHILD HEALTH – OTHER	MOPHS		
		HEALTH PROMOTION	MOPHS		
		NUTRITION – TRAINING	MOPHS		
		RH – PROCUREMENT	MOPHS		
		RH – TRAINING	MOPHS		
		COMMUNITY HEALTH STRATEGY	MOPHS		
		HSSF IN THE TRANSITION FROM VOUCHER SCHEME	MOPHS		
		PMCT and Paediatric ART	NSCOP/MOPHS		
13.	USG	PEPFAR	MOMS, MOPHS, Peace Corps, CDC, APHIA IPs	HIV/AIDS	USG resources are used in such a way that 35% of total funding is used in regional service delivery and 65% is used at the national level. 64% of the resources at the national level is used for commodities and 36% for support to issues of policy, national BCC activities etc. The figures shared are direct costs to the field.
		MALARIA (PMI)		Malaria	
		RH / FP		RH / FP	
		TB		TB	

14.	WFP		GOK	Nutrition / food support	
		School meals, HIV-AIDS		Nutrition / food support	School Meals - ASAL districts, informal urban settlments. HIV - Rift Valley, Western, Coast, Nairobi provinces
		Relief & recovery		Nutrition / food support	Arid and semi arid districts
		Refugee food support		Nutrition / food support	Dadaab and Kakuma refugee camps
15.	WHO				
		Comm Dis	MOHs	Communicable Diseases	
		HIV/AIDS, TB and Malaria	MOHs	HIV/AIDS, TB and Malaria support	
		Chronic Non Communicable	MOHs	Chronic Non Communicable Conditions	
		MCH / Ageing	MOHs	Child Adolescent and Mother Health , and Ageing	
		Emergencies and Disasters	MOHs	Emergencies and Disasters	
		Risk Factors for Health	MOHs	Risk Factors for Health	
		Determinants of Health	MOHs	Social and Economic Determinants of Health	
		Healthier Environment	MOHs	Healthier Environment	
		Nutrition / Food Safety	MOHs	Nutrition and Food Safety	
		Health Systems / Services	MOHs	Health Systems and Services	
		Med Products / Technologies	MOHs	Medical Products and Technologies	
16.	WORLD BANK	TOWA - condom procurement		All procurement being carried out in AOP5	
		TOWA - TB drugs			
		TOWA - ITN procurement			

Source: Ministry of Health, 2010

Annex 5: Progress and Projections Goal 7

Baseline	Reforms/strategies undertaken	Progress	Target		
			2010	2015	Remarks
Forest Cover (3,562 ha)	Forest Policy 2007 Forest Act 2005	-Rehabilitation of 82.5% of degraded gazetted forests. -Establishment of 25 nature based enterprises. - 5000 ha of industrial forest plantation/	1.7% (2,158)	4% (3,500)	
Proportion of the population living in urban slums	- Initiation of Kenya Slum Upgrading Program to upgrade existing slums and prevent formation of new ones. -Formulation of a comprehensive national Housing policy is in 2004 -Adoption of National Land Policy 2009 -Introduction of housing development incentives	Installation of physical and social infrastructure in slums in main urban areas	60%	-	Continued growth of new slums and politics are main constraints to the realisation of the target
Integration of environmental issues in planning and sectoral polices	Biodiversity regulations 2006 Air quality regulations 2009 Ozone depleting substances regulations 2007 Solid waste management regulations 2006	Enforcement of the various regulations developed on going			
Proportion of land		Proportion increased			

area protected for biodiversity 12.1% in 1990		to 12.7% in 2007			
None in place as at 2000		National climate Change response strategy developed			
Proportion of population using improved Drinking water source	Water sector reforms undertaken in the year 2003 which separates policy formulation, regulation and services provision	National Water Resources Management and National Water Services strategies developed	61	75	
Proportion of population using improved sanitation facility		National Environmental and Sanitation policy developed	84	96	