

MoH and Country Health Management Teams (CHMTs). UNICEF will aim for a more resilience based approach and invest more in preventative approaches for Value for Money (VfM) within better contingency plans imbedded in regular systems.

3. Theory of Change

An evidence based approach is used to develop the Theory of Change (TOC) with the involvement and active participation of key partners and stakeholders of the health sector including MOH and WHO. The analysis also maps out major bottlenecks of the programme and key strategies to employ in addressing the identified determinants. The theory of change describes the building blocks, expected pathways, strategies, risks and assumptions to bring about substantive change in Kenya's health sector specifically in the areas of RMNCAH. The schematic diagram of the TOC can be seen in Annex 2.

In order that the resources invested by the programme on the planned activities be escalated and derived to targeted outcome in the country context, health strategies are developed in light of the above outlined key issues and priorities, and informed by the experience from the previous CPD. The strategies are tailored to needs, priorities and sociocultural characteristics of the three main contextual areas: pastoralist Counties (ASAL mainly), agrarian Counties (settled agricultural mainly rural people, mainly in central, western, coastal and southern Counties) and urban informal settlements.

Generally, the strategic focus of the Country Programme 2018-2022 is to improve coverage and scale up of RMNCAH interventions in targeted counties in an equitable manner, particularly vulnerable and marginalised communities in ASAL regions, rural areas and informal urban settlements, based on evidence from household surveys and DHIS2. This will be through strengthening health systems to enable improved supply side delivery, while promoting demands for and utilization of quality services by the communities through awareness raising and community empowerment.

These cover but not limited to;

- Address disparities and increase equitable coverage through prioritized investments in underserved counties, and accelerate action for underserved and marginalized populations particularly targeting ASAL regions and urban informal settlements;
- Identify, monitor and address prioritized demand side barriers to increase utilization, coverage and affordability of RMNCAH services;
- Strengthen sector leadership and coordination at both national and sub-national levels
- Improve on dissemination of contextualized policies and guidelines;
- Strengthen institutional capacities at sub-national and local levels for planning, monitoring, budgeting and service delivery, including for humanitarian assistance; and ,
- Advocate for increased domestic funding for key programs and promote social accountability.

Recognizing that many sectors use the delivery platforms of the health system to bring services to communities, UNICEF Health will proactively identify every opportunity to converge with other UNICEF programmes particularly Nutrition, WASH, HIV/AIDS, Social Policy, Education and Child Protection in order to maximize values for investments and synergize the intended results. In addition, the programme will take into consideration of potential and emerging risks including health workers' industrial action, sporadic disease outbreaks that can have serious implications on the Health programme implementation

On the other hand, addressing the unacceptable prevalence of adolescent marriages in Kenya, adolescent health is incorporated in the programme prioritizing provision of integrated Respectful Maternity Care (RMC) designed to support and improve sexual, maternal and

newborn health for pregnant girls and pregnant adolescents. Gender is also a priority and is a significant component in the health system for focusing on mothers and health providers for maternal, neonatal and child health. With the aim of delivering a fully gender-based and feminized programme where both parents become mutually involved in the health of their children, the programme will institute specific measures to ensure gender equity (“parenting” programming) in delivering its interventions and in reporting. Efforts shall be made to promote participation of youths in RMNCAH services delivery. UNICEF will scale up some of the innovative initiatives for e.g. the Real Time Monitoring pilot project supported by ESARO in other counties taking lessons learned and good practices coming out from its evaluation. While more innovations are to be tested out where applicable, proper documentation and evaluative arrangements are to be streamlined.

On resource mobilization, one of the key strategies is prioritising support to the government and partners to develop investment cases and advocacy tools to increase the existing level of funding. Efforts are to be strengthened to harness the power of business leveraging the resources taking good practices from the previous CPD e.g. working with PHILIPS. UNICEF will collaborate with sister UN agencies particularly WHO, UNFPA and UNOPS for the implementation of RMNCAH Emergency preparedness, contingency planning and humanitarian response activities are embedded in routine programming, while UNICEF will continue to work closely with national and county authorities to monitor the emerging risks which have tendency to break, develop emergency preparedness and response plans and have contingency partnerships in place with key players specifically local organizations to ensure the continuation of delivery of essential health services during emergencies. With support of ESARO, UNICEF will facilitate South-to-South learning exchange of key RMNCAH interventions with other countries in the region or beyond.

4. Results Structure Framework

The following integrated outcome has been developed to deliver as an integrated programme to address the key priorities above.

Outcome 1: Reduced Mortality & Stunting: Increased proportions of vulnerable children, pregnant and lactating women, including adolescent girls, have equitable access to and use quality WASH, Nutrition, Health and HIV/AIDS services, to reduce their risk of mortality, preventable diseases, stunting and other forms of malnutrition, and improve their birth outcomes.

To attain the Outcome, the following four outputs are to be achieved by 2022 and are organized based on the delivery platforms and uniqueness of the programme.

Output 1.1: Demand: An increased number of communities in 9 or more disadvantaged counties adopt desirable practice on sanitation and water use, young child feeding and parenting, maternity and prevention of child disease, HIV, and have improved service seeking behaviour

The main focus in this output is to increase uptake of RMNCAH high impact interventions by populations in greatest need. Community delivery platforms will be expanded with a particular focus of ensuring caregivers, parents and children are well informed of the availability and importance of essential interventions, and to adopt standard practices and behaviors including health care seeking practices and utilization of recommended health services. UNICEF Health’s priority actions shall include the following:

Assumptions
National/sub-national action plans are adequately resourced
Existence of functional

By 2022, increased proportions of girls and boys, pregnant and lactating women, including adolescent girls and families especially in the most vulnerable communities have equitable access to and use quality WASH, Nutrition, Health and HIV/AIDS services, including during emergencies, to reduce their risk of preventable diseases and malnutrition, increase their dignity

Accountability
Outbreaks

Supply ↔ **Demand** ↔ **Humanitarian** ↔ **Enabling Environment**

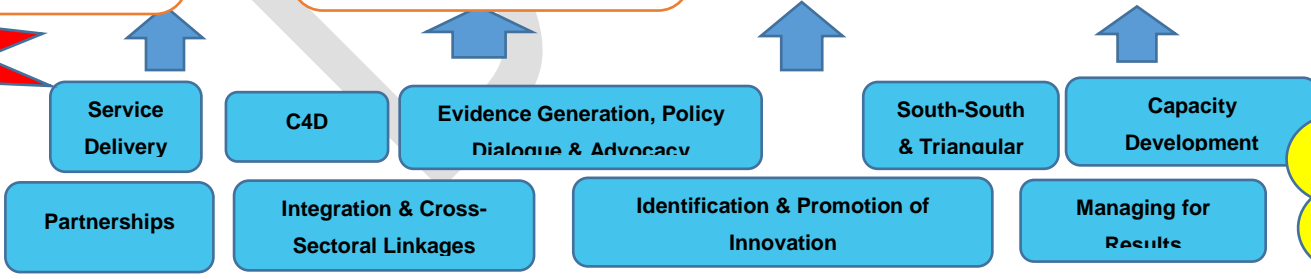
- Availability of adequately trained and motivated HR workforce
- Availability of essential commodities and commodities
- Responsive functional procurement and supply system
- Existence of an integrated NHMIS providing complete and reliable information for forecasting and decision making

- Caregivers, mothers and children are well informed of the availability and importance of essential RMNCAH interventions
- Caregivers, mothers and children adopt adequate practices and behaviors to timely use essential interventions
- Communities are aware of the services they need and are entitled to, and effectively advocate for them with the relevant authorities (social accountability)

- The government systems are responsive resilient and have business continuity plans in place
- Advocate for inclusion of contingency funds in budgets for health emergencies and disaster management
- Ensure continuation of essential health services in emergency situations

- Child friendly legislation and policies at national and county level are developed, disseminated and adopted to improve availability and utilization of good quality RMNCH interventions
- Multi-years plans are developed, costed and budgeted, and sufficient funding is allocated for their implementation
- County and local level health managers are able to plan based on evidence, manage the health system, and coordinate programs

Political instability/will
Changes in Funding



Assumptions
Cross-sectoral collaboration with other sectors/sections; Partner *capacities are strong and collaboration is effective*

[REDACTED]

[REDACTED]

Note for the Record

Subject: **Environmental Impact Assessment (EIA)**

As part of the development of the [REDACTED] and in accordance with recommended practice, the UNICEF Country Office [REDACTED] has undertaken an initial screening of all proposed activities within each draft programme component to assess their potential impact on the environment.

The Country Office applied the recommended assessment methodology as described in the PPP Manual, Chapter 6, Section 3 (the Manual's 2011 version), namely Checklist 1 "Initial Screening". The completed checklist attached to this note reflects that the Country Office considers that the programme components contemplated in the draft Country Programme Document, submitted to the UNICEF [REDACTED], should have no impact on the environment.

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

Checklist 1- Initial Screening

Does the proposed programme or project contain activities that fall under one or more of the following categories? If the answer is **NO**, and EIA is not required, and the process is complete

- Extraction of water (e.g., groundwater, surface water, and rain water) NO
- Disposal of solid or liquid wastes (e.g., human faeces, animal wastes, used supplies from a health centre or health campaign) NO
- Use of chemical (e.g., pesticides, insecticides, paint and water disinfectant) NO
- Use of energy (e.g., coal, gas, oil, wood and hydro, solar or wind power) NO
- Exploitation of natural resources (e.g., trees, plants, minerals, rocks, soil) NO
- Construction work above household level (e.g., hospital or school) NO
- Changing land use (deforestation, forestation, and developing industrial housing or recreational centres) NO
- Agricultural production (e.g., growing crops, fish farming) NO
- Industrial production (e.g., small scale town/village workshops) NO

