Empowered lives.
Resilient nations.

PROGRESS IN ACHIEVEMENT OF MILLENNIUM DEVELOPMENT GOALS IN KENYA

Status Report

December, 2015

PROGRESS IN ACHIEVEMENT OF MILLENNIUM DEVELOPMENT GOALS IN KENYA REPORT 2015

Foreword

The report on the *progress made in achievements of millennium development goals (MDGs) during the last 15 years in Kenya* is the seventh and the last of the MDG status reporting for Kenya. Unlike the previous reports which were basically a snap shot on the status of the MDGs implementation in the country, this report presents an overview of the whole journey on the MDGs implementation process: right from the setting up of the institutional implementation arrangements, the implementation process, achievements, challenges, lessons learnt and way forward.

This report traces the MDGs implementation process in Kenya into three broad phases: Phase I focused on awareness creation and sensitization campaigns aimed at promoting the understanding of MDGs and their links to the national planning frameworks as well as the building of consensus to determine the best mode and frequency of country level reporting. Phase II entailed mainstreaming and localization of MDGs, while phase III involved acceleration, fast tracking and post-MDG dialogue.

Like many other developing countries, Kenya has made significant progress in the achievement of MDGs. In this regard, remarkable progress has been made in universal primary education; gender equality and empowerment of women; combating HIV/Aids, TB, Malaria and other diseases; sustainable environment and creating global partnerships for development. However, eradication of extreme poverty and hunger; improvement in child health and reduction of maternal mortality are below the targets. In the latter case, progress has been limited by: persistent severe droughts caused by global climatic change; insecurity; rapid population increase, urbanization, among others, which coupled with declining flows of Official Development Assistance (ODA); debt service burden; imbalanced global trading systems, has led to performance below expectation.

This report has noted that major transformational changes have taken place in the economy over the period under review. Key among them is the paradigm shift in government policy, planning and budgeting processes to mainstream MDGs, capacity building of key stakeholders on MDGs, widespread mobile telephony penetration in the country, among others. These changes shall provide major catalysts for the sustainable development agenda. Indeed, the achievement of the MDGs puts Kenya on a good footing to transit to the Sustainable Development Goals (SDGs).

Finally, the report brings to light a number of lessons learnt that are critical for the transition to SDGs. One key lesson is that the MDGs delivery Unit ought to have reflected a national outlook with leadership having a high level standing in the political/government hierarchy. For the SDGs agenda, the process has to be driven at a significantly high level. Secondly, synergies among all the key stakeholders should be fully optimized for better results. Thirdly, we need to harness domestic resources mobilization as an important source for financing SDGs. Fourth, awareness creation and advocacy should be for a limited time, while actual implementation should be hastened. These are key lessons that will put us on the right pedestal as we embark on the implementation of SDGs.

Hon. Mwangi Kiunjuri EGH
Cabinet Secretary Ministry of Devolution and Planning

Michel Balima
Resident Representative i.a.

Acknowledgements

I am delighted to acknowledge that the study on the progress made in achievements of millennium development goals (MDGs) in Kenya has successfully been completed. It is gratifying to note that the report was prepared with the support and contribution of many individuals and organizations. The financial support of UNDP for the preparation of the report demonstrates its strong commitment, and indeed that of the UN system, to future development and welfare of Kenyan citizens.

Our special thanks goes to all UNDP Advisors and technical staff, Government of Kenya (GOK) and other development Partners (DPs) who put aside their valuable time to give guidance and technical support towards the preparation of this report. In this regard, I would like to single-out the former UNDP Resident Representative Ms Nardos Bekele - Thomas and current UNDP Resident Representative Michel Balima for availing resources and their leadership in steering the report preparation. Equally significant was the contribution of the UNDP Kenya senior management staff, in particular Maria-Threase Keating, Fernando Abaga Edjang, Wilmot Reeves, Julius Chokerah and Nicholas Kipyego who took time to share their experience on the MDGs implementation process in the Kenya, and further provided useful and candid comments on the report.

I also wish to acknowledge, the tremendous effort of many Officers both from the Ministry of Devolution and Planning and other line Ministries who provided useful information that enriched the report. The exemplary contribution and support provided to the consultant by the MDGs Secretariat Officers led by Mr Gideon M. Mailu and Ms Sarah Muui is equally appreciated. Recognition also goes to several organizations who generously shared their views, comments, data and useful materials for the Report. These includes: Civil Society Organizations, Private Sector Actors, Kenya National Bureau of Statistics (KNBS), the National Treasury and other line Ministries.

Finally, my appreciation goes to Mr. Raphael Kabando the consultant who tirelessly and single handedly devoted his time and effort to provide the requisite professional and technical expertise in collection, collation, analyzes and interpretation of the data for the preparation of this report.

Mr Saitoti Torome
Principal Secretary/State Department of Planning and Statistics
Ministry of Devolution and Planning

Table of Contents

List of Figures:

List of Tables:

Acronyms and Abbreviations

ACP	-	African, Caribbean and Pacific Group of States
ACT	-	Artemisinin-based combination Therapy
ACU	-	Ambulatory Care Unit
ADF	-	Agricultural Development Fund
AGOA	-	Africa Growth and Opportunity Act
AIDS	-	Acquired Immuno Deficiency Syndrome
ANC	-	Antenatal Care
APTF	-	Anti Poverty Trust Fund
ART	-	Anti Retro-viral Therapy
ARV	-	Antiretroviral
ASAL	-	Arid and Semi-Arid Lands
AWP	-	Annual Work Plan
BeMOC	-	Basic Emergency Obstetric Care
BOP	-	Balance of Payments
BPO	-	Business Process Outsourcing
CAADP	-	Comprehensive Africa Agriculture Development Programme
CBK	-	Central Bank of Kenya
CBO	-	Community Based Organization
CDF	-	Constituency Development Funds
CDIAC	-	Carbon Dioxide Information Analysis Centre
CHEW	-	Community Health Extension Worker
CHW	-	Community Health Worker
CIDPs	-	County Integrated Development Plan
	-	Carbon Dioxide
COMESA	-	Common Market for Eastern and Southern Africa
CPR	-	Contraceptive Prevalence Rate
CSO	-	Civil Society Organization
CSW	-	Commercial Sex Worker
CT	-	Cash Transfer
CT-OVC	-	Cash Transfer for Orphans and Vulnerable Children
	-	Development Assistance Committee
DANIDA	-	Danish International Development Agency
DaO	-	Delivering as One
DCC	-	District Development Committee
DCs	-	Developed Countries
DDO	-	District Development Officers
DFID	-	Department for International Development
DIDC	-	Depository Institutions Deregulation Committee
DLTLD	-	Division of Leprosy, Tuberculosis and Lung Diseases
DOT	-	Directly Observed Treatment Short Course
DPs	-	Development Partners
DSL	-	Digital Subscriber Line
EAC	-	East Africa Community
ECD	-	Early Childhood Development
ECE	-	Early Childhood Education
EFA	-	Education For All
EPA	-	Economic Partnership Agreement
EPC	-	Export promotion Council
EPZ	-	Export Processing Zone
ERS	-	Economic Recovery Strategy
ERSWEC	-	Economic Recovery Strategy for Wealth and Employment Creation
EU	-	European Union
FANC	-	Focused Antenatal Care
FAO	-	Food and Agriculture Organization
FDI	-	Foreign Direct Investment
FGD	-	Focused Group Discussion

FM	-	Frequency Modulation
FP	-	Family Planning
FPE	-	Free Primary Education
FTA	-	Tripartite Free Trade Area
GBV	-	Gender Based Violence
GDP	-	Gross Domestic Product
GER	-	Gross Enrollment Rate
GIZ	-	Gesellschaftfür Internationale Zusammenarbeit
GNI	-	Gross National Income
GoF	-	Government of Finland
GoK	-	Government of Kenya
GPI	-	Gender Parity Index
HA	-	Hectares
HIPC	-	Heavily Indebted Poor Countries
HIV	-	Human Immuno Virus
HIV/AIDS	-	Human Immuno-Deficiency Virus/ Acquired Immuno-Deficiency Syndrome
HMIS	-	Health Management Information System
IHMS	-	Integrated Health Management System
HRH	-	Human Resources for Health
ICF	-	Intensified Case Finding
ICT	-	Information and Communications Technology
IDU	-	Injecting Drug User
IEC	-	Information Education and Communication
IGA	-	Income Generating Activity
IMCI	-	Integrated Management of Childhood Illness
IPT	-	Isoniazid Preventive Therapy
IR	-	Inception Report
IRR	-	Rapid Response Initiative
IRS	-	Indoor Residue Spraying
ISP	-	Internet Service Provider
ITN	-	Insecticide Treated Net
IUCN	-	International Union for the Conservation of Nature
JICA	-	Japan International Cooperation Agency
JKIA	-	Jomo Kenyatta International Airport
KAIS	-	Kenya AIDS Indicator Survey
KCC	-	Kenya Commercial Creameries
KDHS	-	Kenya Demographic and Health Survey
KDHS	-	Kenya Demographic Housing Survey
KENINFO	-	Kenya Socio-Economic Database
KEWOPA	-	Kenya Women Parliamentary Association
KFS	-	Kenya Forest Service
KIHBS	-	Kenya Integrated Household Budget Survey
KII	-	Key Informant's Interview
KIPPRA	-	Kenya Institute of Public Policy Research and Analysis
KISIP	-	Kenya Informal Settlement Improvement Programme
KJAS	-	Kenya Joint Assistance Strategy
KMIS	-	Kenya Malaria Indictor Survey
KNBS	-	Kenya National Bureau of Statistics
KPHC	-	Kenya Population and Housing Census
KPSA	-	Kenya Private Sector Alliance
KSh	-	Kenya Shilling
KWS	-	Kenya Wildlife Services
LA	-	Local Authority
LASDAP	-	Local Authority Service Delivery Action Plan
LATF	-	Local Authority Transfer Fund
LDCs	-	Less Developing Countries
LLIN	-	Long Lasting Insecticides Net
M&E	-	Monitoring & Evaluation

MAF	-	Millennium Acceleration Framework
MARP	-	Most-at-Risk Population
MC	-	Millennium Campaign
MCH	-	Maternal and Child Health
MCH	-	Mean Corpuscular Hemoglobin
MDA	-	Ministry, Department and Agency
MDG	-	Millennium Development Goals
MDR	-	Multi-Drug-Resistant
MDRI	-	Multilateral Debt Relief Initiative
MDR-TB	-	Multi Drug Resistant Tuberculosis
MENR	-	Ministry of Environment and Natural Resources
MFN	-	Most Favoured Nation
MICS	-	Multiple Indicator Cluster Survey
MMR	-	Maternal Mortality Rate
MODP	-	Ministry of Devolution and Planning
MOEST	-	Ministry of Education, Science and Technology
MOH	-	Ministry of Health
MoPND	-	Ministry of Planning and National Development
MP	-	Millennium Project
MPND	-	Ministry of Planning and National Development
MPs	-	Members of Parliament
MSM	-	Men who have Sex with Men
MTCT	-	Mother-to-Child Transmission
MTDS	-	Medium Term Debt Management Strategy
MTEF	-	Medium Term Expenditure Framework
MTP	-	Medium Term Plan
MWI	-	Ministry of Water and Irrigation
NAAIAP	-	National Accelerated Agricultural Inputs Access Programme
NACC	-	National AIDS Control Council
NACC	-	National AIDS Coordinating Council
NARC	-	National Alliance Rainbow Coalition
NASCOP	-	National AIDS and STI Control Program
NDPs	-	National Development Plans
NEMA	-	National Environmental Management Authority
NER	-	Net Enrolment Ratio
NGOs	-	Non-Governmental Organizations
NIMES	-	National Integrated Monitoring and Evaluation System
NSC	-	National Steering committee
NTBs	-	Non-Tariff Barriers
ODA	-	Official Development Assistance
ODS	-	Ozone Depleting Substance
OECD	-	Organisation for Economic Co-operation and Development
OVC	-	Orphan and Vulnerable Children
PAC	-	Post Abortion Care
PCR	-	Pupil Completion Rate
PDNA	-	Post Disaster Needs Assessment
PEC	-	Poverty Eradication Commission
PEV	-	Post Election Violence
PFM	-	Public Financial Management
PHC	-	Primary Health Care
PLWHAs	-	People Living with HIV/AIDS
PMDT	-	Programme Management of Drug-resistant Tuberculosis
PMTCT	-	Prevention of Mother-To-Child Transmission
PNC	-	Postnatal Care
PPP	-	Public Private Partnership
PRSP	-	Poverty Reduction Strategy Paper
PSC	-	Programme Steering Committee
PSDS	-	Private Sector Development Strategy

PS	-	Permanent Secretary
PT	-	Preferential Treatment
PWD	-	People with Disabilities
PWSD	-	People with Severe Disabilities
REMPAI	-	Resources Management and Policy Analysis Institute
SADC	-	Southern African Development Community
SAPs	-	Structural Adjustment Programmes
SDGs	-	Sustainable Development Goals
SIDA	-	Swedish International Development Authority
SLMP	-	Sustainable Land Management Programme
SMEs	-	Small and Medium Enterprises
SNA	-	System of National Accounts
Sp	-	Sulfadoxine pyrimethamine
STI	-	Sexually Transmitted Infection
TB	-	Tuberculosis
TBA	-	Traditional Birth Attendant
TC	-	Technical Committee
TIVET	-	Technical Institute and Vocational Education Training
TNTBs	-	Tariffs and Non-Tariffs Barriers
TOR	-	Terms of Reference
TOT	-	Terms of Trade
TV	-	Television
TWG	-	Technical Working Group
UN	-	United Nations
UNAIDS	-	United Nations Programme on HIV/AIDS
UNCT	-	United Nation Country Team
UNDAF	-	United Nations Development Assistance Framework
UNDG	-	United Nations Development Group
UNDP	-	United Nations Development Programme
UNEP	-	United Nations Environment Programme
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFPA	-	United Nation Fund for Population
UNICEF	-	United Nations Children's Fund
UPE	-	Universal Primary Education
USA	-	United States of America
USAID	-	United States Agency for International Development
V2030	-	Vision 2030
WEF	-	Women Enterprise Fund
WHO	-	World Health Organization
WTO	-	World trade organization
YEDF	-	Youth Enterprise Development Fund

Executive Summary

Introduction

Millennium Development Goals (MDGs) are international goals that were agreed upon during a United Nations Conference commonly referred to as the "2000 Millennium Summit" which took place in New York in 2000. A total of 189 UN Member States adopted the "Millennium Declaration" which was signed by 147 Heads of States. The declaration was a commitment to uphold the principles of human dignity, equality and equity and free the world from extreme poverty by creating an environment conducive to development. The Declaration resolved to put in place actions that would lead to marked improvements in the human conditions by 2015. Eight (8) MDGs and a set of measurable time-bound twenty one (21) targets and sixty (60) indicators were adopted as a blueprint for tracking the achievement of the common vision for pressing development challenges facing developing countries. The MDGs became the world's greatest promise to the world's most vulnerable people as they represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

With the deadline on the MDGs implementation set for December 2015, Kenya, like other countries, embarked on the process of assessing the progress made in achievement of the MDGs since they were adopted by the Government in 2000. The object of this paper is to provide this assessment as well as to document the experiences, challenges and lessons learnt during the MDGs implementation process. In addition, the paper gives recommendations for informing the Post-2015 Development Agenda and the transitioning to the Sustainable Development Goals (SDGs), including identifying risks and challenges in order to provide a foundation for successful implementation of SDGs.

Overview of MDGs Implementation Process in Kenya

The MDGs implementation process in Kenya can broadly be categorized into three phases. Phase I: 2000 - 2005 entailed awareness creation and sensitization campaigns aimed at promoting the understanding of MDGs and their links to the national planning frameworks, and building consensus to determine the best mode and frequency of country level reporting. Assessment of the resources required to achieve the MDGs by 2015 was also done during this phase identifying huge financing requirements estimated at US$ 61.0 billion over the period 2005-2015 or annual expenditures of US$ 5.5 billion. The report however did not provide a clear strategy on how the resources were to be mobilized, from where, who was to be responsible for doing what as well identifying the risks of not achieving the targeted amounts. Phase II: 2006 – 2010 marked the mainstreaming and localization of MDGs; while Phase III: 2010 – 2015 entailed acceleration of the implementation process and post – MDGs dialogue.

Institutional Framework for the Implementation of the MDGs

The MDGs Unit/secretariat under the Ministry of Devolution and Planning (MoDP) was responsible for the overall management of the MDG implementation process including; planning, accounting, reporting, monitoring and evaluation of all the activities. The Unit comprised of the National Coordinator, a Programme Steering Committee (PSC) and a Technical Committee (TC). The PSC comprised of the Permanent Secretary, Ministry of Planning; UNDP Resident Representative; the Ambassador of Finland, and the National Coordinator. The Committee was the highest decision making organ in this programme and was active throughout the implementation with high level participation of the representatives of the three parties. The committee provided governance and oversight over the programme.

A high level organ known as National Steering Committee (NSC) that was to be chaired by the Head of Civil Service to provide strategic policy direction and oversight to the Unit/secretariat had been proposed. The membership of the committee was to comprise of Permanent Secretaries (PSs) from relevant sector ministries implementing MDG-related activities, the United Nations Resident Coordinator, Representatives of multilateral and bi-lateral Development Partners, private sector and civil society organizations (CSOs), Kenya Institute for Public Policy Research and Analysis (KIPRRA), and the Resources Management and Policy Analysis Institute (REMPAI). The role of this organ was to provide policy direction for the process, give the implementation process a national outlook as well as marshal the political goodwill required to drive the process. However, despite the strategic role of the committee, it was never actualized and remained just a proposal, which may have impacted negatively on the implementation process as explained in this report.

Overview of Progress Made Towards Achievement of MDGs in Africa

Studies on progress made towards achievements of MDGs in African countries show that remarkable progress has been made despite the initial difficult conditions. The studies argue that when effort and pre-existing conditions are factored in, African countries are among the top achievers of the MDGs. According to these studies, eight of the world's top best performing countries in accelerating towards achievement of the MDGs are in Africa and specifically in Sub-Saharan Africa. Burkina Faso ranked the highest in MDG acceleration. Above all, progress was more rapid in least-developed countries (LDCs) compared to non-LDCs despite the significant investments in infrastructure and human capital that countries at very low levels of development require to achieve the MDGs.

Overview of Progress Made in Achievement of MDGs in Kenya

The implementation of the MDGs in Kenya started at a time during when Kenya's economic performance was at its worst as it was characterized by negative GDP per capita growth rate, high and widespread poverty levels, unemployment, high domestic and foreign debt, crime, deterioration in health indicators, declining school enrolments and generally a marked decline in the quality of life. Despite this, Kenya like many other developing countries has made significant progress in the achievement of MDGs. The goals that have recorded remarkable progress include universal primary education; gender equality and empowerment of women; combating HIV/AIDS, TB, Malaria and other diseases; sustainable environment and creating global partnerships for development while those which are far below targets includes: eradication of extreme poverty and hunger; improvement in child health and reduction of maternal mortality. Both endogenous and exogenous factors have contributed to non-achievement of the goals. Key endogenous factors includes persistent severe droughts caused by global climatic change; 2007/08 post-election violence and insecurity that rocked parts of the country resulting to destruction of property and displacement of people; rapid population increase, urbanization among others; while major exogenous factors includes: declining flows of Official Development Assistance (ODA); debt service burden; imbalanced global trading systems; increasing food prices and fluctuating oil prices, among others. Notwithstanding the challenges faced over the period, the Government remains committed to the achievement of the MDGs even after transiting to Sustainable Development Goals (SDGs).

The status of each of the goals is discussed here below.

<u>Eradication of Extreme Poverty and Hunger</u>
The proportion of people living on less than a US$ 1.25 a day in Kenya has been declining albeit at a slow rate since the year 2000 when it stood at 52% to about 46.2% in 2014. The slow decline in poverty levels has been attributed to factors such as the post- election violence (PEV) of 2007/8 which led to massive disruption of socioeconomic activities. Other factors include inter-clan conflicts especially in the ASAL regions, the global climate changes fuelled by the global warming which has led to frequent episodes of severe drought, the global financial meltdown, and high costs of fuel and food.

Achievement of full and productive employment and decent work for all, including women and young people, has not been fully realized as many factors have worked against it. Key among them includes the high population growth rates and depressed growth of the agriculture sector occasioned by frequent droughts. The result was a low growth of the employment to population ratio estimated at about 60% in 2010 and only increasing marginally to 61% between 2011 and 2014.

The proportion of people who suffer from hunger has registered mixed performance. On one hand, the proportion of people with below dietary energy consumption increased from 48.7% in 2000 to 51% in 2005, implying that majority of Kenyans were still experiencing episodes of dietary energy consumption below the recommended minimum threshold. On the other hand, the proportion of children under five years of age who are underweight declined from 21.2% in 2000 to 11% in 2014. Of those underweight children under five years of age, 2% were severely underweight.

Universal Primary Education

Although the country has not attained 100% universal primary education, tremendous progress has been recorded. Primary school net enrollment ratio (NER), proportion of pupils completing primary education, and literacy levels among 15-24 year olds all have registered remarkable improvements from 67.8%, 57.7% and 78.5% in 2000 to 88.2%, 80.3% and 94.4% in 2014, respectively.

The introduction of free primary education (FPE) in 2003 witnessed a significant increase in both GER and NER. The NER rose from 67.8% in 2000 to 92.9% in 2009, and to 95.9% in 2013 before it declined to 88.2% in 2014. Despite, the good performance, wide regional disparities still exist in enrolment with high enrollment in high agricultural potential areas and low enrollment in arid and semi-arid lands (ASAL).

Gender Equality and Empowerment of Women

Good progress has been made towards achieving gender equality and women empowerment. Through various government efforts, gender parity in primary school (ratio of boys to girls) reached 0.98 in 2014. The gender parity in secondary school has also improved. At the university level, affirmative action to admit girls with lower grades (2 points) than boys has seen gender parity improving. Other affirmative actions including the 30% gender in appointment of staff in public offices to be for women as well as reservations of some 30% procurement tenders for women, youth and Persons with Disability (PWDs) have are all worked towards the narrowing of gender disparities. Most importantly, equal treatment for both women and men, including the right to equal opportunities in politics, economic and socio-cultural spheres of life is now a constitutional right. Arising from these efforts, the share of women in wage employment has increased from 29.5% in 2000 to 36.5% in 2014. During the period under review, more women have been recorded in public offices, such as the national assembly and other government offices.

Reduce Child Mortality

Although there has been some progress in reducing child mortality in the country, the pace has been rather slow. Infant mortality rate declined from 61/1,000 live births in 1989 to 39/1,000 in 2014 which is far short of the targeted rate of 22/1,000 live births. Child mortality rates also dropped from 31/1,000 live births in 1989 to 14/1,000 in 2014 while children under five years mortality rate declined from 90/1,000 live births in 1989 to 52/1,000 90 in 2014 against target rate of 32/1000 live births. Despite this progress, wide disparities exists between regions with arid and semi-arid areas (ASAL) registering the least achievement. The slow pace of progress has been attributed to various challenges including the poor state of the country's healthcare system, as well as shortage of qualified healthcare service providers such as doctors, nurses and midwives.

Improve Maternal Health (MMH*)*

This is one of the MDGs which have made the least progress globally, regionally and in Kenya as well. Some marginal improvement was recorded in the period between 2003 and 2007 during which time MMH reduced to 414/100,000 from 590/100,000 live births in 1990-2000. This slight gain was reversed in the period between 2009 and 2013 when MMH rose to 488/100,000 live births. It has since made an 18% improvement to stand at 362/100,000 live births in 2014. Other indicators under this MDG have also recorded some progress. Births attended to by skilled health personnel in 2014 stood at 62% up from 42.9% in 2000. Contraceptive prevalence rate has also increased from 27% in 1989 to 58% in 2014, while antenatal care coverage has improved from 80% in 1989 to 90% in 2014. Unmet need for family planning has also marginally declined from 25% in 2000 to 18% in 2014.

Key challenges undermining achievement of this goal include: poorly equipped health facilities, lack of skilled health care providers such as doctors, nurses, midwifery, and inadequate resource allocation for maternal healthcare.

Combat HIV/AIDS, Malaria, TB and Other Diseases
Tremendous progress has been made in tackling this goal. HIV/AIDS prevalence rate among the general population has declined from 10% in 1999 to 5.6% in 2014. Similarly the prevalence rate among 15-24 year olds registered a decline from 3.6% in 2003 to 2.9% 2014. Condom use also recorded an increase, rising from 29.8% in 2000 to about 50% in 2014. The level of comprehensive knowledge about HIV/AIDS among the 15-24 year old has also shown an increasing trend from 40.5% in 2003 to 59.3% in 2014. Access to anti-retroviral drugs (ARV) for those with advanced HIV infection has also been increasing over years since the introduction of the ARV drugs. In 2014, about 78% of adult population living with HIV/AIDS was accessing ARV services, while 40.5% pediatric HIV/AIDS had access to ARV treatment.

Key indicators for malaria have shown tremendous improvement. The proportion of children less than five years with fever treated with appropriate anti-malarial drugs declined from 64.4% in 2000 to only 23% in 2014. Similarly, the number of children under five years who were sleeping under insecticide treated nets (ITNs) increased remarkably from 2.9% in 2000 to 42.2% in 2014.

Combating and reversing the trends in tuberculosis (TB) has also recorded good progress. TB incidence has dropped marginally from 280/100,000 cases in 2000 to 275/100,000 cases in 2014, while the prevalence rate has increased from 280/100,000 in 2000 to 300/100,000 in 2014. The deaths from TB have increased marginally from 20/100,000 of population in 2000 to 22/100,000 in 2014. Significant progress has been made in TB case detection and curing under the DOTS from 58% in 2000 to 88% in 2014 surpassing the 85% target mark for 2015.

The slow progress made in this indicator is attributed to various factors such as the social factors, which includes stigmatization as well as poor health system and the emergency of MDR-TB.

Ensure Environmental Sustainability
Though the targets under this goal have not been met, progress has been made in various indicators. For instance, the country is on track to realize the 10% proportion of land covered by forest. By 2014, the country's forest cover stood at 7%, up from 6.0% in 2000. Carbon dioxide emission has also been declining as shown by the reduction from 0.09 in 2000 to 0.06 in 2013. There has been a steady decrease in Ozone Depleting Substances (ODS), from 452.3 in 1990 to 50.4 in 2014. On the other hand, fish stocks within safe biological limit have shown an increasing trend with available data showing growth in volume from a total of 133,600 tons recorded in 2009 to 161,849 tons in 2014.

Reduction in biodiversity loss has recorded minimal progress. The total resources used in 2000 was 7.5 billion cubic meter/year (BCM/Y), increasing to 18BCM/Y in 2015. However, the terrestrial area under protection has been increasing from 7.696 thousand hectares in 2000 to 8.255 hectares in 2015. The total terrestrial and marine areas cover a total of 47,960.10 square kilometers in 2015. However, based on the IUCN threat criteria, Kenya still faces a threat of extinction of a total of about 106 species. These include both fauna and flora, some of which are either endangered or vulnerable.

The proportion of the country's population using improved source of drinking water has increased from 54.8% in 2000 to about 70% in 2015, with a wide disparity between rural areas with 50.5% and urban areas with an access rate of 88.9%. Access to improved sanitation facility has shown a steady increase in the period between 1990 and 2014. By 1990, 45% of population had access to improved sanitation facility, with the proportion rising to 67.2 in 2015.

Improvements in the lives of people living in the informal settlements (slums) in the country still remain a challenge. Since 1990 the population of the slum dwellers has been increasing steadily. There were 1.5 million slum dwellers in Kenya in 1990. This population rose to 7.0 million in 2015. With this explosion in slum population, such challenges as food insecurity, access to safe water, sanitation, health services, poor housing, and education continue to abound. In addition, the slums are also plagued with high levels of crimes, drug and alcohol abuse, gender-based violence, child labour and prostitution. However, over years, the government in collaboration with other stakeholders has embarked on various ambitious programmes aimed at upgrading the informal settlements. Since 2004, under the KENSUP and KISIP programmes various slums are being undertaken to upgrade slums across the country. These include the Kibera slum housing and sewerage upgrading project.

Develop Global Partnership for Development

Embracing global partnership is a call for nations and development partners to improve on and open up more and better economic opportunities for trade and scaling up of market access by creating enabling environments. In view of this and as part of Kenya's global partnership through trade, the proportion of the country's exports admitted duty-free to trading partner countries has increased from 90.56% in 2000 to 98.6% in 2014. In addition, the tariffs imposed on Kenya's goods by developed countries have remained steady between 2000 and 2014. However, Kenya has witnessed unfavourable balance of trade since 2000, with imports exceeding exports. Africa and America remain Kenya's main trading partners accounting for 39.5% and 21.9% of trade.

Despite the progress made in developing global partnership with regard to trade and market access, the country continues to face such challenges as the unfavourable trade and investments.

In dealing comprehensively with the debt problems, the country has undertaking measures to ensure that the public debt does not increase beyond the serviceable level. For instance, in 2000, the country's public debt stood at 78.3% of GDP, dropping to 48.8% in 2011. In 2014, it stood at 46% of GDP. The IMF debt sustainability analysis report of 2014 gave the country a clean bill of health on all the external debt indicators. The report indicated that all the indicators remained below the policy-dependent debt burden threshold under the baseline scenario, and, that no thresholds had been breached under any of the standard stress test (IMF, 2014). This notwithstanding, however, the country's public debt, both domestic and external, continued to grow, with overall debt level standing at Kshs. 2.8 trillion in 2014.

Prior to 2009 the government lacked an effective legal framework for managing external resources and also faced high costs of debt servicing. This has however been addressed through various measures including the approval of the public financial management law (2012), development of Kenya's foreign policy, elevation of the debt management office to a level of an agency, etc.

Widespread mobile telephony penetration in the country as well as innovations, such as M-PESA, has in addition facilitated financial inclusion by promoting savings and financial transaction among the unbanked.

However, high internet costs are impeding access, with internet penetration standing only at 14% in 2014.

Transformational Changes in the Country

The implementation of MDGs has brought many transformational changes to the country. These include:

i. Mainstreaming of MDGs in National Policy, Planning and Budgeting Process. This is well indicated in the major government policy documents, including PRSPs, ERSWEC, Vision 2030, MTPs, and the Constitution of Kenya of 2010, all of which facilitated the mainstreaming of MDGs.

ii. Capacity building of all key stakeholders on MDGs, including: public officers at both national and local/regional levels, CSOs, private sector, Members of Parliament (MPs), Local Authority (LA) officers among others.
iii. Widespread mobile telephony penetration in the country, which has created financial inclusion and economic opportunities. The growth in mobile connections has been phenomenal, with number of connections increasing by 250% between 2000 and 2012. As of 2012, 74% of the population had mobile phones.
iv. Improvement of community livelihoods from "Quick-wins" projects. These projects main aim was to mitigate some of the pressing issues facing communities at various levels in the society. The projects have targeted key sectors and populations, including: poverty and hunger eradication, women empowerment, improvement in school enrolment, retention and completion of full course of primary education, access to a safe source of drinking water, environmental sustainability, as well as reducing child mortality and improving maternal health. Over 150,000 people benefited from these projects by 2014.

What Was Done During the Implementation of MDGs

The government in collaboration with development partners and key stakeholder carried out many activities/initiatives that facilitated the achievement of MDGs. Key among these were:

i. Awareness creation and capacity building of key stakeholders on MDGs;
ii. Involvement of CSOs in the MDGs campaign - 26 CSOs was engaged to raise awareness on MDGs in the grassroots;
iii. Needs assessment study;
iv. Development of IEC materials;
v. Establishment of MDGs Website;
vi. Use of mass media;
vii. Collaboration with Schools;
viii. Introduction of MDGs award in 2010 -to recognize contributions of stakeholders who demonstrated outstanding efforts in driving the achievement of one or more of the MDGs through their core programmes;
ix. Implementation of the "quick wins" and Millennium Villages;
x. MDGs status reporting for years – 2003, 2005, 2007, 2011 and 2013;
xi. Preparation of MDG Acceleration Framework; and,
xii. Integration of MDGs indicators into NIMES, among others.

What was not done during Implementation of MDGs

Notwithstanding the above, a number of critical activities that were important in facilitating and guiding the MDGs implementation process were never undertaken as planned, impacting negatively on the process. These include:

i. Operationalization of National Steering committee (NSC) that was to spearhead and provide strategic policy direction to MDG Unit, as well as give it a national outlook and political clout necessary to push the MDG agenda at a higher political level;
ii. Completion of MDG campaign strategy- despite the development of enormous IEC materials, the MDG implementation process lacked a clear and structured stakeholder engagement framework as the MDG campaign strategy was never completed. Without the strategy, the process lacked a clear roadmap on what was to be done, how, when, by who, with whom and with what results;
iii. Mobilization of adequate resources –needs assessment and costing report only identified the resource requirements (USD 4.1 billion per annum), but failed to provide a clear strategy on how the resources would be mobilized. It assumed the 0.7% contribution from DCs would be available;

iv. Development of the National Long-term MDGs-based framework for Action that was expected to identify the full range of policies, programmes, investments, public management and institutions needed to help meet the MDG targets. This left the MDGs implementation process without a clear roadmap or a coherent plan to inform and guide the long-term implementation process;
v. Policy Research and Analysis on MDGs Related Issues- involvement of Kenyan universities in research on MDGs did not received much attention.; and,
vi. Documentation of Millennium Villages was not made public.

UN Agencies Support towards the Achievement of the MDGs

The supportive role of UN agencies in the achievement MDGs in Kenya was critical and included the following:

i. Coordination and organization of UN support towards the MDGs agenda (convening and facilitation role at country level through the Resident Coordinator system and at global level through the UNDG);
ii. MDG communication, advocacy and campaigning to raise awareness and mobilize the energies and resources required to achieve the MDGs (lead role at global, regional and country levels);
iii. MDG progress monitoring and reporting or "score-keeping";
iv. MDG-based national planning, policy and budgeting. This role was considered critical to the translation of the global MDG agenda into action at the national and local levels; and,
v. Design and roll out of MDG Acceleration Framework (MAF) that helped Kenya to overcome slow and uneven progress to meet the 2015 deadline.

Impact of Exogenous Factors on the Achievement of MDGs

Just like many other developing countries Kenya's ability to achieve the MDGs within the set deadline was impacted by exogenous factors some of which include:

i. Frequent droughts that affects all sectors of the economy and occurs within cycles of 3 or 5 years. For example the country was devastated by severe droughts in 1997, 2000, 2004, 2005 and 2011. Some of these would result to constricting of the GDP by as much as 0.3%.
ii. Global financial crisis - Kenya like all LDCs has been a victim of the global financial upheavals that have hit the world economy since the start of financial liberalization in the 1970s.
iii. Declining flow of official development assistance (ODA).
iv. Declining Terms of Trade (TOT). For example Kenya TOT for all items has been declining over the years from 105% in 2000 to 65% in 2014.

Challenges towards Achievement of the MDGs

These include the following:

i. Effects of global climatic change that has resulted to frequent droughts that affects all sectors of the economy which occurs within cycles of 3 or 5 years;
ii. Conflicts within and between communities mainly over access to scarce natural resources continue to displace people from their habitat and also drive them back into the vicious cycle of poverty and destitution. Competition for land has led to ecosystem destruction and is also a major factor contributing to conflicts;
iii. Conflicts related to elections have been witnessed every 5 years with the most severe case being the 2007 elections;
iv. The poor state of the country's infrastructure especially the road network; water and sanitation; energy; Mombasa Port; railways and telecommunications network to world standards and institution of measures to bring down the cost of production;

v. Poor governance resulting to slow impact of public sector reforms, people centered development, land reforms, security, enhanced participation of citizens in developing, implementing and monitoring development interventions and corruption;
vi. Weak linkages among organizations involved in implementation of MDGs related activities; and,
vii. Inadequate resources. The resources required for the implementation of MDGs activities in Kenya were in excess of USD 5.5 billion per annum yet the amount available was far below this.

Lessons Learnt

i. The delivery of the MDGs required an institutional framework that reflected a national outlook and a high level standing in the political/government hierarchy to facilitate the MDGs agenda. The NSC which had been proposed fitted this bill was never actualized, which as a result may have impacted negatively on the pace of implementation of the MDGs;
ii. There was need for collaborations between all stakeholders – everybody had a role to play. Synergies with other relevant programmes and activities were required;
iii. Failure by developed countries to honour their commitment of providing 0.7% of their GNI to support the MDG process was a major lesson to developing countries;
iv. Global economic performance had a major impact on the realization of the MDGs as it impacted negatively on the flow of resources both ODA and FDIs as well terms of trade for developing countries;
v. Donor dependent syndrome on the part of developing countries undermined their ability with regard to domestic resources mobilization as an important source for financing MDGs implementation. Going forward, post-2015 agenda and implementation of SDGs should focus on all alternative sources of funding and particularly local resource mobilization;
vi. Awareness creation and advocacy – took an inordinately long period of time that went beyond 2005 leaving limited time for actual implementation going by the deadline of 2015;
vii. Little involvement of national universities in research on MDGs related activities was a missed opportunity. These institutions could have informed requisite approaches towards implementation of MDGs in different regions, communities, sectors etc;
viii. Lack of an IEC strategy – led to disjointed, fragmented, not well synchronized IEC campaigns and stakeholder engagement;
ix. Alternative and innovative financing mechanisms were required to finance the MDGs. Going forward the same will be required with respect to the SDGs;
x. MDGs were conceived in a top-bottom approach which has inherent challenges such as not resonating well with local conditions; and,
xi. Need to recognize regional disparities and consequently adopt a regional approach in implementation in regard to all MDGs.

1.0 INTRODUCTION AND BACKGROUND

1.1 Background of MDGs and Context

Millennium Development Goals (MDGs) are international goals that were agreed upon during a United Nations Conference commonly referred to as the "2000 Millennium Summit" which took place in New York in 2000. A total of 189 UN Member States adopted the "**Millennium Declaration"** which was signed by 147 Heads of States. The declaration was a **c**ommitment to uphold the principles of human dignity, equality and equity and free the world from extreme poverty by creating an environment conducive to development. The Declaration resolved to put in place actions that will lead to marked improvements in the human conditions by 2015. Eight (8) MDGs and a set of measurable time-bound twenty one (21) targets and sixty (60) indicators were adopted as a blueprint for tracking the achievement of the common vision for pressing development challenges facing developing countries at the time[1]. The MDGs became the world's greatest promise to the world's most vulnerable people as they represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

Table1.1 gives the MDGs and targets from the Millennium Declaration.

Table 1.1: Millennium Development Goals and Targets (MDGs)

Goals	Targets (from the Millennium Declaration)
Goal 1: Eradicate Extreme Poverty and Hunger	**Target 1.A:** Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day
	Target 1.B: Achieve full and productive employment and decent work for all, including women and young people
	Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger
Goal 2: Achieve Universal Primary Education	**Target 2.A:** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
Goal 3: Promote Gender Equality and Empower Women	**Target 3.A:** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015
Goal 4: Reduce Child Mortality	**Target 4.A:** Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
Goal 5: Improve Maternal Health	**Target 5.A:** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
	Target 5.B: Achieve, by 2015, universal access to reproductive health
Goal 6: Combat HIV/AIDS, Malaria and	**Target 6.A:** Have halted by 2015 and begun to reverse the spread

[1] At the onset of the MDGs there were 18 targets and 48 indicators. These were later revised to 21 and 60 indicators which become effective on15th January 2008

Goals	Targets (from the Millennium Declaration)
Other Diseases	of HIV/AIDS **Target 6.B:** Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
	Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
Goal 7: Ensure Environmental Sustainability	**Target 7.A:** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
	Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
	Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
	Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers
Goal 8: Develop a Global Partnership for Development	**Target 8.A:** Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. • Includes a commitment to good governance, development and poverty reduction – both nationally and internationally
	Target 8.B: Address the special needs of the least developed countries. • Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction
	Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)
	Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
	Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
	Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Source: http://www.un.org/millennium/declaration/ares552e.htm and http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1).

Prior to the declaration, a lot of groundwork and conferences had been held in the 1990s aimed at building consensus on the development priorities of the 21th century. These Conferences' agendas covered a wide-range of issues including: education, children's rights, environment, population, social development as well as the status of women (for example, the 1994 Cairo conference on population and the 1995 Beijing conference on women in particular). Their outcomes formed the basis for the discussion leading up to the Millennium Summit in 2000.

Many countries, especially the developing countries, had in the 1980s and 1990s, also implemented economic reforms that aimed at stabilizing the macroeconomic imbalances that characterized their economies. These reforms included the structural adjustment programmes (SAPs). Though macroeconomic stability was achieved in many countries, economic growth was uneven and insufficient to register meaningful development and propel countries out of poverty. Kenya was not an exception[2].

Achieving the MDGs was widely acknowledged as offering a great opportunity to address human welfare and development in the world, especially in developing countries. Further, the goals could facilitate effective integration of Africa into the global economy. Above all, MDGs would save millions of lives; empower women; address the scourge of illiteracy, hunger and malnutrition; and ensure children have access to high-quality education and good health to enable them to lead productive lives. Investing in the MDGs and promoting the private sector were critical steps in charting a course towards stability and sustained economic growth while ensuring a more equitable distribution of resources. The results would lead to a buildup of capital, attract foreign investment and overcome needs for external assistance over the period.

It was against this backdrop that the "2000 Millennium Summit" was held to rally countries to do things differently towards improvement of human conditions by 2015. Kenya as a signatory to the declaration committed itself to the implementation of the MDGs.

1.2 Overview of MDGs Implementation Process in Kenya

The MDGs process in Kenya started with an assessment of the cost of implementing MDGs and a national stakeholder's workshop to build consensus and promote understanding of MDGs, and their links to the national planning frameworks, and to determine the best mode and frequency of country level reporting. The sensitization workshop was necessitated by low knowledge on the MDGs across the country and the need to enhance the understanding of the goals, targets and the indicators. To spearhead the MDGs campaign and prepare the first MDGs status report in Kenya, a national task force was established. The task force conducted the first assessment of Kenya's performance of the goals and published the report in July 2003. The report indicated that apart from Goal 2 (Achieve Universal Primary Education) and possibly Goal 6 (Combat HIV/AIDS, malaria and other diseases), the country would not meet the goals at the existing pace of implementation. The Report was a wakeup call to the government, which put in place the MDGs implementation framework to address the goals. The first step was the launch of the MDGs-based planning process in Kenya in 2004 which was done through a Cabinet directive to mainstream MDGs into policy, planning and budgeting process across all Government Ministries, Departments and Sectors.

In 2005, the Ministry of Planning and National Development (MPND), the precursor to the Ministry of Devolution and Planning (MODP) carried out a needs assessment to establish the amount of resources required to achieve the MDGs by 2015. The report identified a huge financing requirement estimated at ***US$ 61.0 billion*** over the period 2005-2015 or annual expenditures of **US$ 5.5 billion**[3]. The report indicated that for Kenya to achieve MDGs, more resources needed to be shifted towards key MDGs sectors

[2] MDGs in Kenya, Ten Years of Implementation and Beyond: The Last Stretch Towards 2015, Nov, 2010. UNDP

[3] Achieving the MDGs in Kenya, A Needs Assessment and Costs Report, GOK and UNDP, Kenya, 2005.

and a supportive policy environment was necessary. These facts formed the basis for an aggressive mainstreaming and advocacy campaign that was launched by the government.

By 2007 when the Mid-term Status Report was published, evidence of mainstreaming of MDGs in government policy, planning and budgeting processes was reported. The report noted a positive budgeting trend – a shift of resources in the budget towards social and economic sectors linked to MDGs. The budget for the social and economic sectors increased from 56% in Financial Year 2004/05 to 64% in the Financial Year 2007/08. In particular, health and education spending as a proportion of the total budget was reported to have been increasing. With the introduction of free primary education, free deliveries in public hospitals for expectant mothers and increased uptake of Anti-Retro-viral Therapy (ART), the 2007 Report found that there were increased chances of achieving goals 2, 5 and 6. However, it also noted threats in the form of debt burden, limited Official Development Assistance (ODA), imbalanced global trading systems, rapid population increase, HIV/AIDS, changing global weather patterns and increasing food and oil prices. The post-election violence of 2007/8 also worsened the situation for many of the poor and threatened local gains.

To date, the MDGs have been mainstreamed into all the major national policy documents, which include the following:

- The Economic Recovery Strategy (ERS) for Wealth and Employment Creation of 2003-2007 addressed most of MDGs through recognition of key economic sectors;
- Kenya's Vision 2030, which aims to transform Kenya into a newly industrializing middle income country and to provide a high quality of life and secure environment to all its citizens by year 2030, incorporated the MDGs. The Vision 2030 is being implemented through 5-year Medium Term Plans (MTPs) in which MDGs have been adequately mainstreamed. For example, the first Medium Term Plan (MTP) 2008-2012 aimed at accelerating the achievements of MDGs by redirecting spending to high priority areas;
- The Constitution of Kenya 2010, has further entrenched all the MDGs as espoused under Chapter 10 on the Bill of Rights. Sections 27, 28, 42 and 43 on equality and freedom from discrimination, human dignity, and environmental, economic and social rights, respectively, are all entail development towards ensuring that the MDGs are mainstreamed as constitutional imperatives;
- Corresponding District Development Plans, and now CIDPS in Counties, also ensured that local level planning and budgeting in all districts, and in latter period Counties, were responsive to the MDGs;
- National Integrated Monitoring and Evaluation Systems (NIMES), the tool used for tracking & reporting on Vision 2030 flagship projects, also reports on MDGs through sector reporting;
- Ministerial Strategic Plans for five years, which explain how ministries intend to carry out their mandate and implement key objectives have all mainstreamed MDGs; and,
- Annual Ministerial and government agencies' Performance Contracts take cognizance on need to implement MDGs.

The key milestones in the implementation of the MDGs process are summarized in Table 1.2 below:

Table 1.2: Key Milestones in MDGs Implementation

Phase	Period	Focus	Major Activities Undertaken
1.	2000-2005	Sensitization •Awareness Creation •Campaigns	• National MDGs Stakeholder Forum • National MDGs Dissemination Exercise • Regional Workshops • Mainstreaming MDGs into MDAs Policy, Planning and Budgeting processes • MDGs Needs and Assessment Study (2005) • Launch of 1st MDGs Status Report (2003)

Phase	Period	Focus	Major Activities Undertaken
			• MDGs + 5 Summit
2.	2006-2010	•Mainstreaming •Localization	• Shift of Budgetary resources towards MDGs Sectors • MDGs District Forums • CSO Partnership localization • Focus on MDGs-Based District Planning • Launch of 2nd, 3rd and 4th MDGs Status Reports (2005,2007 and 2009) • Launch of Quick Wins Initiative in 10 districts[4] • MDGs + 10 Summit
3.	2010-2014	•Acceleration •Fast Tracking •Intensification	• MDGs Acceleration Framework • Shift of Budgetary resources towards MDGs Sectors • Launch of MDGs 5th and 6th MDGs Status Reports .i.e. 2011 and 2013 reports. • Review of MDGs 2013 • Post-2015 MDGs Consultations at national, regional and local levels, which started in September 2012 to 2014.

Source: MDGs Status Reports

Over the period of review, Kenya has achieved reasonable progress in the implementation of the MDGs in some specific areas, as highlighted in Chapter two, but also recorded dismal performance in others. Indeed, challenges abound for achieving all the set targets by December 2015. These challenges are a result of both endogenous and exogenous factors. The latter includes, but not limited to: debt service burden, declining inflows of Official Development Assistance (ODA), imbalanced global trading systems, global climatic change, increasing food prices and fluctuating oil prices among others; while the endogenous ones include: rapid population increase, urbanization, HIV/AIDS, persistent droughts, 2007/08 post-election violence and insecurity that rocked parts of the country resulting to destruction of property and displacement of people. This notwithstanding, the Government is still committed to the achievement the MDGs targets even after transiting to Sustainable Development Goals (SDGs).

1.3 Mainstreaming MDGs in Kenya's Development Process: Programme Support - Phase I

Pursuant to implementation of the MDGs agenda, the government of Kenya (GoK), UNDP-Kenya and the Government of Finland (GoF) entered into an agreement to establish the programme "Mainstreaming of MDGs in Kenya's Development Process". The programme was initiated in July 2005 with a total funding of Euros 2,808,750. It was originally designed to end in December 2008, but was later extended to 2009.

The objective of the programme was to compliment and scale-up the ongoing initiatives to institutionalize and mainstream MDGs-based planning, policy formulation, and budgeting, monitoring and reporting process in the country[5]. Working with the government, Civil Society Organizations (CSOs), and various development partners (DPs), the programme set out to achieve the following specific objectives:

i) Build the capacity of key public sectors to mainstream the MDGs in policy formulation and planning processes and of the non-state actors to participate in the process;
ii) Undertake MDG campaign and awareness creation;
iii) Develop a National MDG based long term Framework for Action;
iv) Revise the medium-term sectoral plans and the Economic Recovery Strategy (ERS) based on the long-term Framework for Action and align the ERS and Mid-term Expenditure Framework (MTEF) to the MDGs;

[4] These were the Millennium Districts which include Meru South, Murang'a, Kilifi, Bungoma, Kakamega, Suba, Bondo and Turkana

v) Undertake comprehensive MDGs tracking and reporting; and,
vi) Promote policy advocacy on MDGs including the goal on global partnerships through analytical work and research that informs policy formulation.

The expected outputs of the programme were:

i) Capacity for MDGs mainstreaming in policy formulation improved;
ii) MDG campaign strategy undertaken and awareness on MDGs created;
iii) National Long-term MDGs-based framework for action developed;
iv) Medium-term MDGs based development strategies revised;
v) MDGs tracking undertaken and progress report produced; and,
vi) Policy research and analysis on MDGs promoted.

Table 1.3 below provides a summary of the activities carried out under the programme and key achievements of the programme.

Table 1.3: Outputs and Activities of the Programme and Extent of Achievement

	Outputs	**Activities undertaken**
1.	Establishment of the MDGs Unit	The MDGs Unit under the Ministry of State for Planning, National Development and Vision 2030 was established to coordinate and harmonize MDGs activities in the country.
2.	Capacity for MDGs mainstreaming in national policy formulation improved	**Public sector** officers -Capacity building activities for these officers, at the national level, to provinces and districts, started very early in the Program (2006). Government technical officers from the line ministries in these districts were trained on the MDGs process. **Civil Society Organizations (CSOs)** - A total of 26 local CSOs were actively involved in complementing Government departments' initiatives in formulating district-based MDGs plans in the nine Millennium Districts and other selected districts. They were also involved in the awareness creation at the grassroots level which contributed to their capacity and understanding of MDGs and their role as partners in the realization of the MDG targets. In addition, they were invited to participate in the production of MDGs status reports. Further, they were given the reports when they were ready. **Private sector**- there was no clear and deliberate strategy of what was to be done or how they were to be involved. **Members of Parliament (MPs) -** were sensitized late in the project in 2009 during the extension of the Programme about their role in the achievement of the MDGs after which they formed the Parliamentary Caucus on MDGs[7] . **Local authorities (LAs) -** As in the case of MPs, the LAs were engaged late into the Programme. Senior staffs of LAs including mayors, chairpersons of councils, treasurers and clerks of various local authorities were sensitized in 2010[6].
3.	MDG campaign strategy undertaken and awareness on MDGs created	**Involvement of CSOs in the MDGs campaign** - As above **Development of IEC materials** – Significant IEC materials were developed, including calendars, diaries, T-shirts, caps, posters and brochures. A documentary on MDGs was also developed and completed in 2009 It captured efforts and successes in the

[7] T*he late involvement of MPs denied the country the opportunity to leverage on the influence of this group in harnessing devolved funds and other resources in achieving MDGs early enough. There was potential that, if the MPs were sensitized at the beginning of the program in 2005/2006, Kenya would have had five years of synergy in achieving MDGs in every part of the country especially through leveraging on devolved funds such as CDF.*

[8] *Local authorities have significant responsibilities of providing the basic services and infrastructure that directly influence the achievement of MDGs. These include education, health, water and sanitation, garbage collection, management of the environment and attracting and retaining businesses and investments in their respective areas. They also manage devolved funds (specifically LATF) that can be directly applied to achieving MDGs. Late sensitization denied the Country the opportunity to create synergies at devolved levels for more efficient achievement of MDGs*

	Outputs	Activities undertaken
		implementation of MDG-focused interventions. **MDGs Website-**This had been done by the time the mid-term evaluation was conducted. *Use of mass media*- FM radio (44 regional / vernacular and 2 national stations) and TV coverage were done in 2009. Two newspaper supplements were also produced in the local dailies. **Collaboration with Schools** - achieved through partnership with the MOE through school activities, such as drama festivals. The Programme provided a total of eight trophies which carried MDG messages to be given to winning schools. **Other Fora** - Other fora for creating awareness included the Public Service Week where MDG IEC materials were distributed to the public, and also during the World Anti-Poverty Day celebrated every year in collaboration with stakeholders. **IEC campaign strategy –** It was not clear whether the MDGs strategy was developed.
4.	National Long-term MDGs-based framework for action developed	The framework was to identify the full range of policies, public investments, public management and institutions needed to meet the MDG targets. A consultant was engaged in 2006 to develop the framework but by 2009 had not completed the work having only submitted a draft report. This left the process without a clear roadmap or coherent plan to inform the implementation process.
5.	Medium-term MDGs based Development strategies revised	Although no specific activity was undertaken that fits the description of revising ERS and MTEF, the MDGs were clearly articulated and mainstreamed in the government planning processes
6.	MDGs tracking undertaken and progress report produced	• Six MDGs status reports have been produced in good time and involved all the sector ministries through the focal point officers. The reports enabled the Country to articulate its position and status with regard to MDGs both nationally and internationally. The reports were used successfully to articulate Kenya's position in the UN General Assembly and at the donors' round table meetings in New York. • National Integrated Monitoring and Evaluation System (NIMES) has MDG indicators well integrated into the framework.
7.	Policy research and analysis on MDGs related issues, including the goal of a global partnership in the areas of debt, aid and trade	• Involvement of Kenyan universities in research on MDGs did not seem to have received any attention. • Review the Poverty Eradication Commission (PEC) of Kenya performance with regard to achieving the MDGs was also conducted.

Source: Mid-term Review of the Programme Phase I and MDGs Status Reports

1.3.1 Main Challenges in the Implementation of the Programme

i) Weak harmonization and coordination of MDGs activities implemented by different stakeholders. The MDGs provided an opportunity for sectoral collaboration and deepening of partnerships between actors in the development process because the goals are interrelated and mutually reinforcing. Civil society, private sector and development partners alike needed to participate jointly in the process at the national as well as sub-national levels to foster a rapid realization of the MDGs in Kenya. However, this did not work out well as different stakeholders implemented different activities. At the government level, the inter-ministerial committee that was expected to enhance sufficient communication and cooperation between the ministries on MDGs did not meet as regularly as envisaged[7]. Some of the Development Partners also pursued their own agendas.

ii) MDGs Unit was understaffed. The Unit had a staff complement of I Head, 4 Economists, 3 Programme Officers, 2 Secretaries, 2 Drivers and 1 Support staff. Considering the huge mandate of the lead role in coordinating MDGs related initiatives, as well as in raising awareness of MDGs, the said staff resources, could not effectively carry out these responsibilities satisfactorily and without strain. To

[7] *Each Ministry had one MDGs Focal Point Officer who was expected to share MDG-related information and developments within the Ministry.*

be effective, the Unit required more personnel or a network and strategy to carry out the tasks countrywide.

iii) Financing of MDGs Unit and MDGs related activities was a challenge.

1.4 Mainstreaming, Coordinating and Accelerating MDGs in Kenya Development Process: Programme Support - Phase II

After expiry of phase I of the programme, the governments of Kenya and Finland agreed to support a Phase II of the Programme to accelerate the mainstreaming of MDGs in Kenya Development process that started under first phase. The goal of Phase II that was implemented between 2010 and 2013 was to enhance National and District level capacities to plan, coordinate, implement and monitor MDGs related development initiatives. The focus of the programme was MDGs mainstreaming on the National and district levels. In this regard, the programme had two main objectives:

- MDGs to be mainstreamed in the Government's and relevant line ministries' policy, planning, budgetary, and monitoring and evaluation processes; and,
- MDGs to be mainstreamed at district level policy, planning, budgetary, and monitoring and evaluation processes, and practical examples and benefits are provided by implementing Pilot Interventions.

Table 1.4 provides a summary of the activities carried out under the programme:

Table 1.4: Activities undertaken under Phase II of the MDGs Programme Support

No.	Results Areas	Activities Undertaken
1.	MDGs Unit has a leading role in planning, coordinating and monitoring MDG initiatives in Kenya	• Developed further coordination instruments that were used both at national and sub-national level. • Coordination with the Ministry of Local Government and other line Ministries in activities aimed at achieving the MDGs in both urban and rural areas and involve Local Authorities in mainstreaming and localization of MDGs. • Engaged the Private Sector and Civil Society and coordinate their activities towards MDGs achievement. • Provided guidance and developed further tools for district level mainstreaming and promotion and implementation of activities aiming at attainment of MDGs. • Preparation of the Status Report on the achievement of MDGs, revised Action Plan to achieve the MDGs by 2015, and revised Needs Assessment and Financing Strategy for the achievement of MDGs by 2015.
2.	MDGs are mainstreamed in the Government's and relevant line ministries' policy, planning, budgetary, and monitoring and evaluation processes	• MDGs agenda is well integrated and well-articulated in the Vision 2030 and in both its MTP I & II. • Capacity of national level officers to incorporate MDGs in policy and development plans. Carry out capacity building needs assessment to be the basis for training and capacity building activities. • Promote national level discourse and regular collaboration with line ministries and development partners. • Regular MDGs Consultative Group meetings with the MDGs Focal Point Officers from the line ministries and other stakeholders were held. • Annual MDG-work plans for the Focal Points Officers were included in their performance contracts.

No.	Results Areas	Activities Undertaken
		• Mobilize development partners to actively support the Government's efforts to raise additional resources and mobilize devolved funds in support of the achievement of the Millennium Development Goals.
3.	The progress towards achievement of the benchmarks/indicators of the activities and the performance of the MDGs Programme is satisfactorily tracked and enables the GoK to modify their programmes.	MDGs indicators included in NIMES indicators handbook.

Source: Programme document

1.5 Project Support - Harnessing Synergies and Partnerships for Renewed Momentum on MDGs

The project was implemented during 2010-2013 and was co-funded by UNDP/DFID/GOK. The long term objective of the project was to help reduce poverty and promote sustainable development by ensuring that there are systematic linkages between the country's MDGs related development policies, planning, budgeting, and monitoring and evaluation. This was to be realized through strengthened policy dialogue, integration of environmental issues into development programming and stimulating and deepening stakeholder's partnerships.

The project had the following specific objectives:

i) Conduct policy dialogue and build consensus around MDGs across sectors and between stakeholders at national and sub-national levels;
ii) Strengthen planning, budgeting and monitoring and evaluation processes in line with the MTEF and Local Authority Service Delivery Action Plans (LASDAP);
iii) Improve coordination of resources, technical expertise and research capability from UN system, development partners, private sector, NGOs and other stakeholders on MDGs thematic focus areas for deepening impact and replication or up scaling;
iv) Carry out Research and analysis to inform MDG programming and implementation conduct dissemination;
v) Improve management of environment resources and defining the poverty and environment linkages;
vi) Improve national capacity for sustainable management and utilization of environment and natural resources for economic growth and poverty reduction; and,
vii) Mainstream HIV/AIDS strategy in sector specific policies and sector strategies.

1.6 Institutional Framework for the Implementation of the MDGs

The Ministry of Planning and National Development was responsible for the overall management and coordination of the MDGs implementation process. However, the day-to-day management and operations of the implementation process was delegated to the MDGs Unit/secretariat which was responsible for planning and overall management of the process; reporting and accounting, monitoring and evaluation of all the activities.

To support the Unit, the government planned to establish a National Steering Committee (NSC) to be chaired by the Head of Civil Service to provide strategic policy direction and oversight to the implementation process. The membership of the committee was to comprise of Permanent Secretaries (PSs) from relevant sector ministries implementing MDGs related activities, the United Nations Resident Coordinator, representatives of multilateral and bilateral Development Partners, Private Sector and Civil

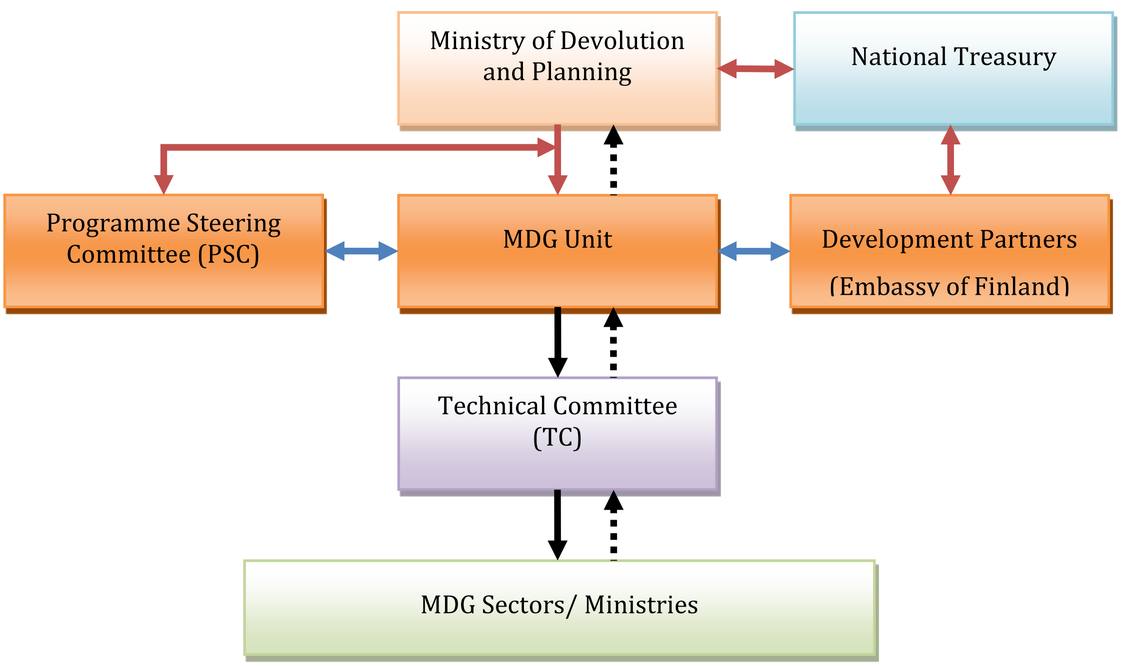
Society Organizations (CSOs), the Kenya Institute for Public Policy Research and Analysis (KIPPRA) , and the Resources Management and Policy Analysis Institute (REMPAI). The role of this high level organ was to provide policy direction for the process, to give the implementation process a national outlook as well as marshal the political goodwill required to drive the process. However, despite the strategic role of the committee, it was never actualized and remained just a proposal with negative implications in the implementation process as explained later in this report.

In the absence of the NSC, the MDG Unit comprised of a National Coordinator, a Programme Steering Committee (PSC) and a Technical Committee (TC). The PSC comprised of the Permanent Secretary, MOPND; UNDP Resident Representative; the Ambassador of Finland, and the National Coordinator. The Committee was the highest decision making organ in this programme and was active throughout the implementation period, with high level participation of the representatives of the three parties. The committee provided governance and oversight over the programme. In fact, many important decisions were made by this Committee[8].

The Technical Committee on the other hand was composed of the MDG Unit and focal point officers from MDGs related sector ministries and UN coordinating team. The Committee was effective in providing the input of the sector ministries especially in the production of the status reports. It was strengthened after the Mid Term Review that made a recommendation to this effect. However, it is doubtful that this committee provided authoritative representation of the sector ministries as anticipated in the project design.

The MDG Unit was later upgraded to a fully pledged department of the Ministry known as "Enablers Coordination Department". The structure for the MDGs implementation is shown in figure 1.1 below.

Figure 1.1: The MDGs Implementation Institutional Structure



1.7 Objectives of the Report

[8] *Final evaluation report for the mainstreaming of MDGs, Discern Africa*

The general objective of this Report was to assess the progress made by the Country as a signatory to the "Millennium Development Goals" in the year 2000. In particular the study aimed at assess the achievements of the MDGs implementation; document the experiences, challenges and lessons learnt during the implementation process; and, to assess the impact created since they were adopted by the Government of Kenya. In addition, the report seeks to highlight strategies required to address the implementation of the lagging MDGs, and further pave way for successful the transition to SDGs, including identifying risks, challenges and how to mitigate them as well as to provide the foundation for the implementation of the Post-2015 Development Agenda. The specific objectives were to:

i) Asses the progress made in achievement of the MDGs targets;

ii) Document any direct and indirect transformational changes that have occurred in the country and at the county level as a result of implementation of the MDGs;

iii) Establish what has been done and ought to have been done to attain each of the MDGs by 2015 both quantitatively as well as qualitatively clearly indicating challenges and lessons learnt;

iv) For each MDG, present main stakeholders (GOK, donor, civil society including NGOs and the private sector) and quantum and scope of interventions and propose ways on which resources have and can be better aligned and reporting synchronized towards achieving the MDGs;

v) Determine to what extent UN Agencies have aligned their activities under the UNDAF towards the achievement of the MDGs. Pinpoint deficiencies by agencies, provide critique on mode of interventions and propose how resources, activities and reporting can be better aligned to facilitate future engagements around the post 2015 development agenda;

vi) Determine to what extent the exogenous factors such as global financial, economic, commodity prices, high fuel and food prices have impacted Kenya and link the same to MDGs achievement challenges; and,

vii) Determine to what extent macroeconomic policies and related financing mechanisms and budgetary resource allocations are supportive or otherwise to the attainment of the MDGs.

1.8 Report preparation

This Report is based on a study that entailed literature review of all documentation related to MDGs implementation in Kenya since 2002, review of MDG Country Reports, relevant studies and consultations with key stakeholders involved in the implementation of the MDGs activities, and field visits to "quick-wins" projects implemented in the selected Millennium Districts. Both quantitative and qualitative data and information, as well as inferences were used to arrive at the conclusions and recommendations made in this report.

1.9 Organization of the Report

The report is organized into 12 chapters. Chapter 1 sets out the context and the background to the assignment. Chapter 2 gives an overview of the achievement of the MDG in Africa, while chapter 3 gives the progress made in achievement of MDGs in Kenya. The chapter also discusses the experiences, the challenges and lessons learnt in the implementation of the MDGs in Kenya. Chapter 4 discusses the transformational changes that have taken place in the country arising from the MDGs implementation. What was done and ought to have been done to realize the MDGs in Kenya is discussed in chapter 5; followed by chapter 6 which analyzes the UN Agencies support to MDGs implementation. The impact of exogenous factors and macroeconomic policies of the country on the achievement of the MDGs is carried out in chapters 7 and 8 respectively, while chapter 9 and 10 gives a summary of the challenges and lessons learnt during MDGs implementation. An overview of the post-2015 agenda, conclusions and recommendations are provided in chapter 11 and 12.

2.0 OVERVIEW OF PROGRESS MADE TOWARDS ACHIEVEMENT OF MDGS IN AFRICA

Recent studies on progress made towards achievements of MDGs have shown that African countries have made remarkable progress towards achieving MDGs despite the initially difficult conditions. The studies argue that when effort and initial conditions are factored in, African countries are among the top achievers of the MDGs. According to these studies, eight of the world's top best performing countries in terms of acceleration towards achievement of the MDGs are in Africa and specifically in Sub-Saharan Africa. Burkina Faso ranked the highest in MDG acceleration. Above all, progress was more rapid in least-developed countries (LDCs) compared to non-LDCs despite the fact that significant investments in infrastructure and human capital in these are required to facilitate their achievement the MDGs[9] from their low base. Table 2.1 provides a summary of the status of the achievement of MDGs in Africa.

Table 2.1: Summary of Progress Made in Africa towards Achieving MDGs

Goal	**Progress on Achievement of Targets**
Goal I**: Eradicate Extreme Poverty and Hunger**	Poverty rates declining at an accelerating rate - proportion of people living on less than US$ 1.25 a day in Southern, East, Central and West Africa as a group has decreased from 56.5% in 1990 to 48.5% in 2010.
	Job creation not growing fast enough to absorb youth-an estimated 27.2% of young people in the force were without work in 2013 compared to 26.6% in 2012.
	Labour productivity positive but growing at a declining rate – between 2012 and 2013; it fell from 1.9% to 1.6% in southern, East, Central and West as a group and from 3.3% to 0.28% in North Africa.
	Progress in halving the proportion of undernourished people has been slow in all developing regions with an average reduction of 36.5% globally and 22.3% for Africa between 1990 and 2013.
	Halving the prevalence of underweight children under five years of age is still a challenge.
Goal 2: **Achieve Universal Primary Education**	Most countries on track to meet the primary enrollment target but low completion rate and low quality of education remain a challenge. 25 countries have achieved net enrollment of 80% or above and only 11 have enrollment below 75%.
Goal 3: **Promote Gender Equality and Empower Women**	Ratio of girls to boys enrolled in primary schools continues to improve in many African countries. The proportion of seats held by women in national parliament in Africa has been increasing. In 2012, only Latin America and developed countries surpassed it.
Goal 4**: Reduce Child mortality**	In spite of a steep decline in child mortality, Africa is off-track on this target.
Goal 5**: Improve Maternal Health**	Significant progress has been made with a reduction of maternal mortality ratio from 870 deaths per 100,000 live births in 1990 to 460 in 2013, a 47% reduction.
Goal 6**: Combat HIV/AIDS, Malaria and Other Diseases**	Rising incidence and prevalence of HIV/AIDS among adults has been reversed in Africa.
	Malaria incidence, prevalence and deaths are on the decline – incidence and death rates fell by an average of 31% and 49% respectively, in southern, East, Central and West Africa as a group.

[9] *Economic Commission for Africa, 2014*

Goal	**Progress on Achievement of Targets**
	TB –related deaths are on the decline, falling by 23 % between 1990 and 2011.
Goal 7**: Ensure Environmental Sustainability**	Carbon dioxide emissions in Africa are relatively low by global standards and declining.
	Access to safe drinking water improving but sanitation still a challenge- by 2012, 69% of the African population used an improved drinking water source.
Goal 8**: Develop a Global Partnership for Development**	Official Development Assistance (ODA) to Africa is on the decline. It declined by 5% between 2011 and 2012.
	Average tariffs charged by DC on primary production are now significantly lower than in the early 2000's, and agriculture subsidies in OECD countries have been declining since 2000. Notable reductions of 50% in Turkey and Mexico, and 40% in Switzerland, Iceland and the EU have been recorded (between 2000 and 2011).
	Total external debt stock in Southern, East, Central and West Africa rose by an annual average of 11% during 2006-2011 period.
	Mobil telephony: creating financial inclusion and economic opportunities. Growth in mobile connections has been phenomenal with number of connections increasing by 2,500% between 2000 and 2012. As of 2012, 74% of the population had mobile phones.
	Innovations such as M-pesa have facilitated financial inclusion by promoting savings and financial transaction, among the unbanked.
	High internet costs are impeding access, with penetration standing only at 14%.

Source: Assessing progress in Africa towards the MDGs, Economic Commission for Africa, 2014

3.0 PROGRESS MADE IN ACHIEVEMENTS OF THE MDGS GOALS AND TARGETS IN KENYA

3.1 Goal I: Eradicate Extreme Poverty and Hunger

Goal I: Eradicate Extreme Poverty and Hunger

Introduction

Poverty is a multidimensional indicator of the lack of wellbeing, reflected in the lack of access to basic necessities such as food, clothing and shelter. While the possession of money is important for access to basic necessities, self-provisioning communities accesses necessities without using money. Poor households are characterized by low consumption of food and non-food needs, including poor access to services such as water and sanitation, health care and education.

The battle for eradication of extreme poverty and hunger and indeed for the achievement of most of the MDGs goals in Kenya can only be won through total transformation of the agriculture sector. The sector's growth remains important for alleviation of poverty and stimulation of economic growth and development. This is so because about 70% of the country's population earns their livelihood from the sector which also contributes over 50% of the gross domestic product (GDP), about 65% of the export earnings and 18% of the formal employment(Economic survey, 2015). The sector is also a major source of raw material for agro- based process industries, such as timber for paper manufacturing industry, skin and hides for leather making industry among others.

In addition, it provides a market for industrial goods such as machinery, equipment and fertilizers used in the farming process.

A farm of kales (Sukuma wiki) in Thathawa Irrigation Project in Murang'a, dairy cows in Butere, Kakamega District and a herd of Camels in Kargi area, Marsabit District

Most importantly, agriculture ensures a constant food supply and food security for the population, which ensures that the work force is fed with energy to supply labour to industries and other economic sectors.

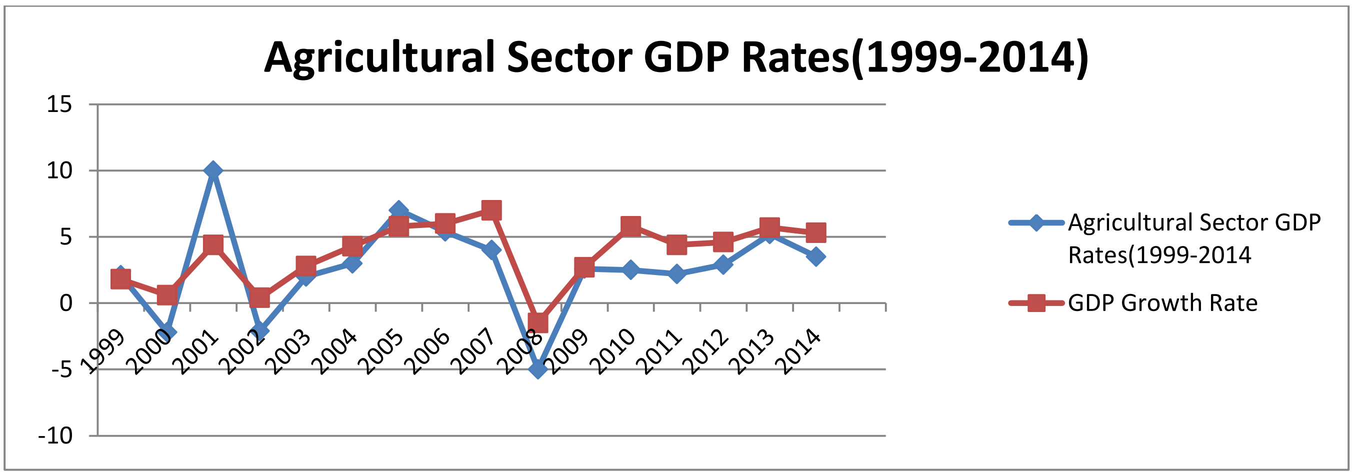
Through this these multiplier effects, agriculture is perceived as an engine of economic growth and development. It is for this reason that the sector is expected to be a key driver in the achievement of the projected 10% annual economic growth rate stipulated in the vision 2030 and its MTP II (2013- 2017).

With a population estimated at 44 million people and a poverty index of about 46%, it means that about half of the country's population in Kenya lives below the poverty line (World Bank, 2014). This is characterized by people living in a state of chronic food shortage/insecurity and endemic malnutrition. In addition, especially in the arid and semi lands (ASAL) areas, poverty levels are as high as 70% and many millions of people are in a dire need of emergence food aid. A significant proportion of children under five years of age are malnourished (30%) with 8% of them being severely stunted. Malnutrition is more prevalent in the rural areas than it is in urban settings with 29% and 20% respectively (KDHS, 2014).

Growth of the agricultural sector has both a direct and indirect impact to the growth and development of the country's economy and thus the achievement of the MDG 1 and other MDGs. Appropriate farming methods and practices also make positive contributions to environmental and natural resources management. Overall in Kenya, the agricultural sector has a significant direct and indirect impact on the country's economic growth as shown in figure 3.1 below.

The performance of the sector has over the years fluctuated widely registering negative growth rates in the year 2000, 2003 and 2008 and positive rate of 10%, 6.5% in 2001 and 2005 respectively. In 2014, the sector recorded a 3.5% growth, which was a decline from a 5% recorded in 2013. This was attributed to the erratic rains in some regions leading to a decrease in crop production and pasture for livestock (Economic Survey, 2015). This consequently led to a decline in supply of food energy in terms of calories, proteins and fats consumed by households in the country.

Figure 3.1: Agricultural Sector Performance (1999-2014)



Source: Economic Survey, 2015, Millennium Development Goals in Kenya, Status Report, 2010

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than $1

The proportion of population in Kenya living below the national poverty line($USD 1) has been declining though at a slow pace since the year 2000 when it stood at 52% to about 46% in 2014.

Table 3.1: Trends and Status in Achieving MDG1 Target 1A

Indicator	2000	2003	2005	2007	2009	2011	2013	2014
1.1 Proportion of Population Living Below the National Poverty Line (%)	52.3	48.9	45.9	46.8	45.2	44.0	44.7	45.9
1.2 Poverty Gap Ratio (%)	18.7	17.2	16.3	14.0	12.2	12.0	10.2	9.0
1.3 Share of Poorest Quintile in National Consumption (20%)	4.8	4.7	4.6	---	9.8	10.2	11.1	11.5

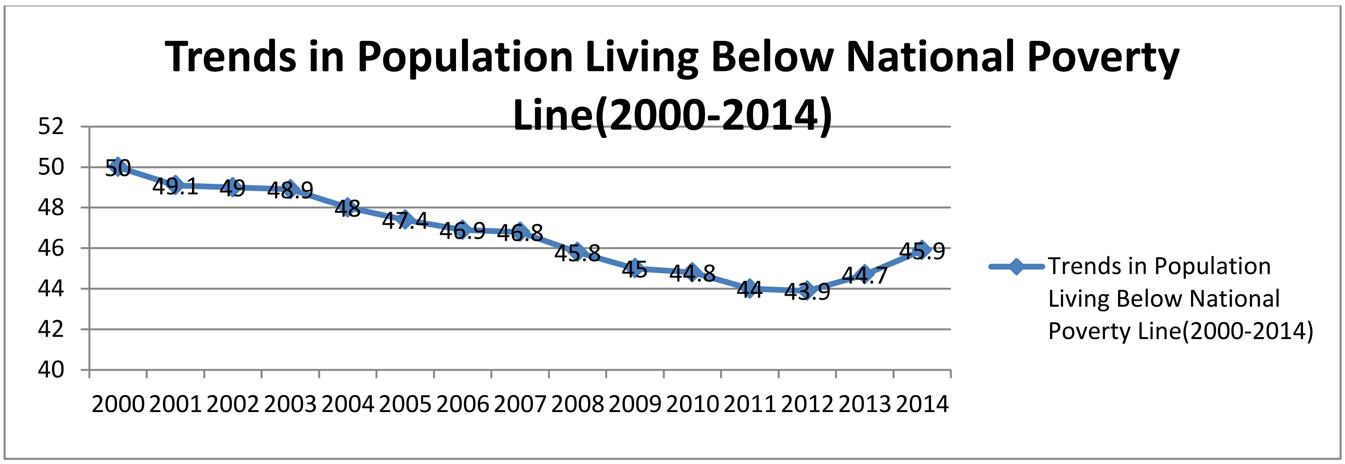
Source: KNBS, Economic Surveys 2000-2015, the World Bank, 2013, *ICT Survey, 2010*

1A.1: Proportion of Population Living Below $1.25(PPP) per day

The country's proportion of population living below the national poverty line (<$1.25 a day) has not improved significantly since the 1990s. Compared to the poverty incidence in 1990 (43.4%), it increased significantly to 52.3% in 2000 before declining and stabilized at about 45% between 2005 and 2014. The current poverty level is estimated at about 46% (Economic Survey, 2015).

The increase in poverty has been attributed to such factors as the post-election violence of 2007/08, which led to massive disruption of socio-economic activities. Others include inter-clan conflicts especially in the ASAL regions, the global climate changes fuelled by the global warming which has led to frequent episodes of severe drought, the global financial meltdown, high costs of fuel and food among others. This has meant that the country being agriculture dependent, achieving the targeted eradication of extreme poverty and hunger to the level of 21.7% by the end of 2015 is not feasible.

Figure 3.2: Trends in Population Living Below Poverty Line in Kenya (2000-2014)



Source: KNBS, Economic Survey 2000-2015, World Bank, 2013, ICT Survey, 2010

Provision of water for livestock and irrigation in the ASAL regions was one of the key elements of implementation envisioned in the needs assessment for the agricultural sector to fast track the eradication of extreme poverty and hunger in Kenya.

1A.2: Poverty Gap

The poverty gap has been decreasing over years. For instance, in 2005, it was 16.3% and declined further to 12.2% in 2009. This declined to 12% in 2013.

1A.3: Share of poorest quintile in national consumption

From the year 2000, the share of the poorest quintile has been increasing steadily (4.8%) in 2000 to 9.8% in 2009. Though there have been various programme initiatives which are being implemented by the government such as the school feeding programme, the national social protection (cash transfer) programme for the vulnerable groups, the outcome may be slow to be realized.

Beneficiaries of the government's social protection (cash transfer programme), The National Hunger Safety Net (HSNP), Orphans and Vunerable Children (OVC) and Older Persons(OP) cash transfer Programmes, during cash payment day and meeting of BWCs in Marsabit County, 2015.

The little gains made may be compromised by such factors as the price increases in food commodities and other essential commodities. This has meant that available disposable incomes are tied-up to meet the increased essential commodities prices thus reducing the poorest quintile national consumption capacity.

Target 1B : Achieve full and Productive Employment and Decent Work for all, Including Women and Young People

The government has made efforts to ensure that its people are engaged in productive economic activities by the introduction of such programmes as the Women Enterprise Fund (WEF) as well as the Youth Enterprise Development Fund (YEDF), Uwezo Funds, Kazi Kwa Vijana, development of sports, arts and culture. These aim to cushion the youth and women against unemployment. The government is implementing the one third gender rule in employment of personnel in all public offices and reserving 30% of public tender procurement for women, youth and people with disabilities. The government is also planning to undertake a review and implement the national vocational certificate in education and training (NVCETC) curriculum and offer graduate internships. It also plans to develop micro and small enterprises(SMEs) by establishing MSE centres of excellence(CoE), undertaking baseline survey and informal sector surveys, development and upgrading of SME infrastructures, ensure access to markets and marketing information for SMEs, improvement of MSEs product quality and ensure access to cheap credit, business linkages and promotion of entrepreneurship culture among the youth.

Through the second medium term plan (2013-2017), the government is committed to undertake employment promotion by establishing special economic zones (SEZs) to attract local and foreign investments, expand and diversify the production of goods and services for both domestic and export markets. The government is also to engage in value addition, promote local entrepreneurship through establishment of small and medium enterprises (SMEs), enhancement of technological development and innovation as well as promoting rural and regional industrialization by taking advantage of comparative economies of scale by using regional local resources (Vision 2030).

To tap the youth resources, the government has embarked on equipping the youth with competitive employable technical and vocational skills to enable them to be relevant in the job market and self-reliance. To achieve this, the government is undertaking such programmes as enhancement of the role of the youth in agribusiness development, revitalization and equipping youth polytechnics and subsidizing youth polytechnic tuition (SYPT) scheme, innovation and technology transfer in youth polytechnics, capacity building in youth polytechnics, revitalization of the national internship/volunteerism, upgrading the

National Youth Service (NYS), establishment of regional centres of excellence for driver training and maritime training institution.

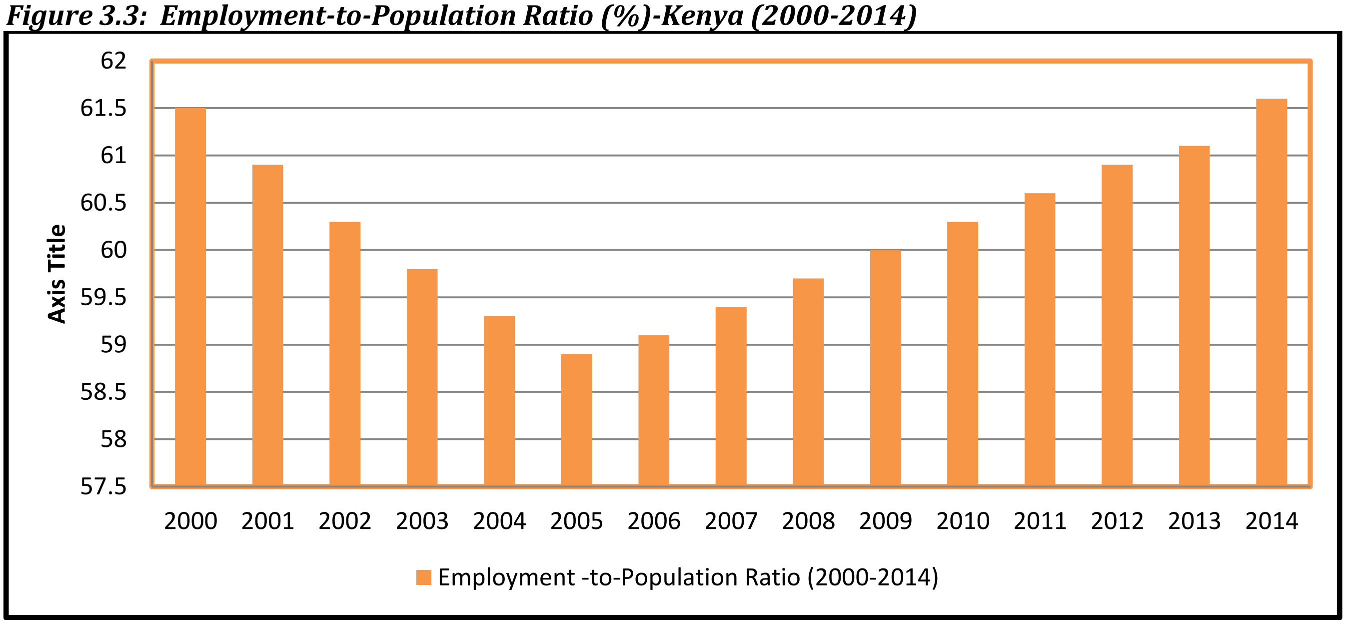
Other programmes being undertaken by the government to create employment include undertaking employment creation analysis, subsidized wage employment, regulation of private employment agencies, and the Green Jobs approach. At the international level, the government is pursuing a policy of signing and implementing bilateral labour agreements, deployment of labour attaches in key labour destination countries (e.g. South Sudan and Botswana), formulation and implementation of employment of expatriates policy, development of a foreign skills inventory, foreign employment management, orientation and re-entry programmes. These programmes are aimed at ensuring that such groups of people are able to access productive employment and contribute to the country's economy.

1B.1. Employment-to-Population Ratio (%)

The number of people employed outside small scale agriculture and pastoralist activities increased by 3.8% between 2010 and 2014. However, modern sector jobs declined from 134.2 thousands in 2013 to 106.3 thousands in 2014 (Economic Survey, 2015). The decrease in the modern sector jobs was attributed to the slowdown of activities in the agricultural sector and the reduction in the absorption of employees by the county governments. In 2010, the employment-to-population ratio was estimated at about 60% and only increased marginally to 61% between 2011 and 2014 (World Bank, 2014).

The informal sector which contributed 82.7% of the total employment opportunities created 693.4 thousand new jobs in 2014. Self-employment and unpaid domestic workers with the modern sector rose from 83.8 thousand in 2013 to 103.0 thousand in 2014. This growth was attributed to the business start-up by women and youth due to their increased access to grants and interest free loans from the government programmes such Uwezo Fund, Women and Youth Enterprise Funds, Kazi Kwa Vijana among others (Economic Survey, 2015, Statistical Abstract, 2014).

Figure 3.3: Employment-to-Population Ratio (%)-Kenya (2000-2014)



Source: Economic Survey, 2015, the World Bank, 2013

The government has been advocating for the need to create more employment opportunities in order to absorb the country's ever increasing labour force. The number of new jobs created in the modern sector has been increasing since 2010, though this trend started to decline in 2014 (Economic Survey, 2015, Statistical Abstract, 2014).

1B.1 Proportion of Own-Account and Contributing family worker in total employment

The proportion of people with own-account increased from 47.9% in 2005 to 64.3% in 2009, an indication that the rate of vulnerable employment had increased by 16.4% in 2009 than it was in 2005. The proportion of Kenya's population (44 million) people who are employed has continued to increase over the years since 2000 to 2014. However, with the increase in the country's general population, the rate of unemployment has also continued to rise.

Target 1C: Halve Between 1990 and 2015, the Proportion of People who Suffer From Hunger

The proportion of those people who suffer from hunger in the country has been fluctuating from year to year. Under this target, the indicators below are being monitored for progress.

Table 3.2: Trends and Status in Target 1C

Indicator	2000	2003	2005	2007	2009	2011	2013	2014	2015
1.6 Prevalence of underweight children<5 years of age	21.3	19.9	20.9	20.9	20.3	-------	-------	11	11.1
1.7 Proportion of population below minimum level of dietary energy consumption	48.7	-------	51	-------	------	-------	-------	-------	-------

Source: MDG Status Report, 2013, KDHS, 2003, 2008/9, 2014

1.6 Prevalence of Under-Weight Children Under-Five Years of Age

Malnutrition, especially among children remains one of the biggest challenges in developing countries. The intake of balanced diet food (carbohydrates, vitamins, proteins and vital minerals) plays a vital role in human development especially during the childhood phase. Poor intake of adequate and nutritious food in children leads to stunting, wastage, immune-compromise, and high morbidity incidences with poor health outcomes (death).

As seen in Table 3.2, the proportion of children under five years of age who are underweight has been declining though at a slow pace since 1990 when it stood at 22.3% before declining to 21.2% in 2000. It stood at 11% in 2014 against 11.1% targeted by 2015, meaning the country has achieved the target by 0.1% (KDHS, 2003, 2008/09, 2014). Of those underweight children under five years of age, 2% are severely underweight.

To sustain the progress towards the attainment of this target, the country needs to fast track interventions to enhance high quality and quantity food production, access and availability through increased agricultural productivity. Such measures are aimed at increasing household access to food in sufficient quantity, quality and surplus for sale.

1.8 Proportion of Population Below Minimum Level of Dietary Energy Consumption

The proportion of people with below dietary energy consumption in the country increased from 48.7% in 2000 to 51% in 2005, implying that majority of Kenyans were still experiencing episodes of dietary energy consumption below the recommended minimum threshold.

Table 3.3: Food Balance Sheet (2010-2014)

Indicator		2010	2011	2012	2013	2014
Per caput Daily Supply	Calories ‘000	2153	2253	2447	2284	2257
	Proteins-Grams	66	69	74	67	66
	Fats-Grams	49	47	47	46	44
SSR-Per Cent	Total	75.4	74.6	77.6	80.1	75
	Vegetable Products	72.1	71.5	75.1	77.7	72
	Animal Products	100.3	99.9	100.1	99.1	99.9
IDR-Per Cent	Total	28.2	29.1	25.7	23.3	29
	Vegetable Products	32	32.6	28.4	26	32
	Animal Products	0.9	1.1	1	1	1
Per Caput Caloric Daily Supply	Vegetable Products ‘000kd	1829	1955	2148	1993	2000
	Cereals-‘000kd	976	959	988	917	956
	Animal Products-‘000kd	325	298	299	291	256

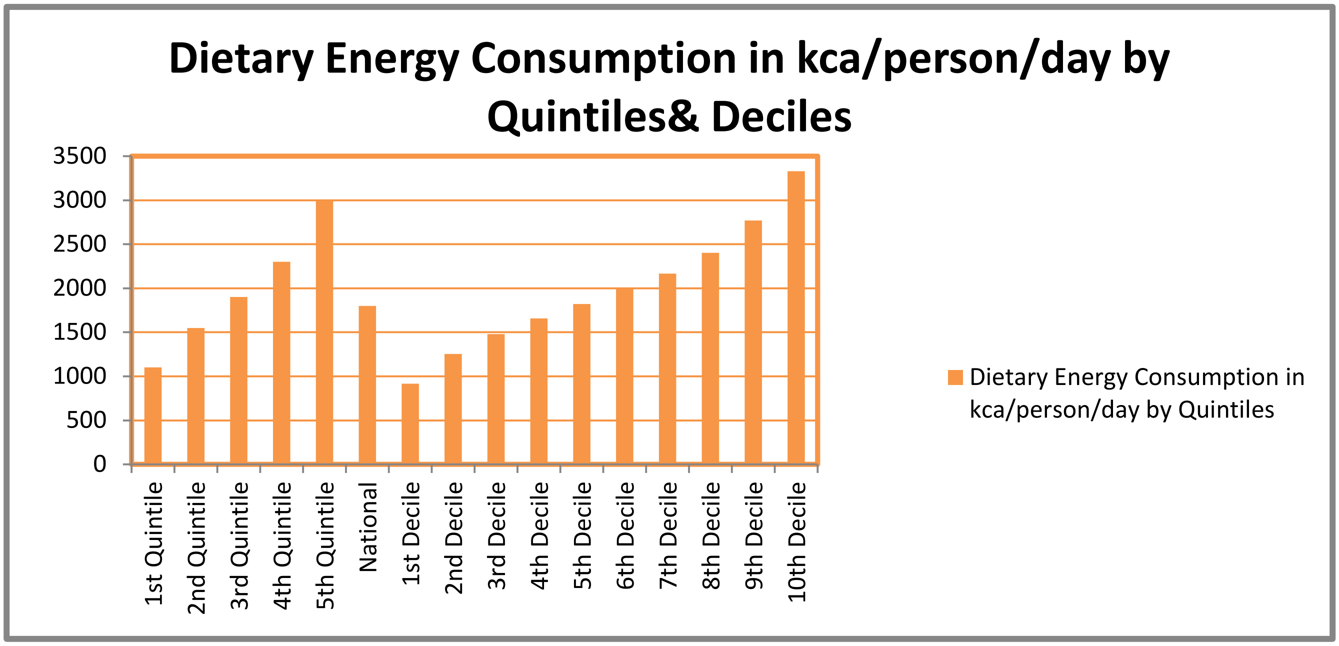
Source: KNBS, Economic Survey, 2015

Dietary Energy Consumption in Kca/person/day by region, residence, gender

	Category/Region	Kca/person/day
1.	National	1,800
2.	Rural	1,690
3.	Urban	2,060
4.	Female	1,800
5.	Male	1,700
6.	Nairobi	2,500
7.	Central	2,100
8.	Eastern	2,250
9.	North Eastern	1,450
10.	Rift Valley	1,600
11.	Nyanza	1,500
12.	Western	1,450
13.	Coast	1,950

Source: KNBS, 2008

Dietary Energy Consumption by Quintile and Deciles (kca/pern/day)



Source: KNBS, 2008

Challenges to Eradication of Extreme Poverty and Hunger

Despite the efforts made by the government and other stakeholders to help achieve the MDG1 targets, the efforts have been met with many challenges including but not limited to:

- The adverse effects of climate change leading to severe droughts, crop diseases and pests thus declined agricultural productivity,
- Poor agronomic methods and practices, inadequate or ineffective extension services to the farmers, high costs of farm inputs, tools, equipment and lack of value addition to the agricultural produce,
- High population growth rates exerting pressure onto the limited productive arable land leading to land fragmentation into unviable farming units. This has resulted into declining trends in agricultural productivity, food insecurity and poor nutritional food intake, poor health etc.,
- Frequent increases in food and fuel prices at the global markets, which usually leave majority of the population exposed to the chagrins of poverty and hunger,
- Poor connectivity in terms of infrastructure such as roads, electricity, storage facilities for perishable produce especially in areas where they are produced (rural areas),
- Emergence and re-emergence of both crop and livestock diseases and pests exacerbated by poor and inadequate response capacity as well as mitigating such problems as cross-border livestock diseases,
- Poor, inefficient and ineffective marketing strategies and systems for agricultural products coupled with poor, insufficient and low storage capacity and farm produce preservation techniques has always resulted in wastage,
- Frequent insecurity issues in some parts of the country e.g. the post-election violence of 2007/08, tribal clashes, and inter-clan conflicts over limited resources have led to massive destruction and disruption of socio-economic activities and investments in the country,
- The loss of high potential agricultural land to developments of other infrastructural investments like housing to cater for the rapid urbanization,
- Insecure land tenure system especially in the ASAL regions,
- Lack of good quality regular surveys and delays in survey results dissemination has worked to hinder the process of poverty monitoring in the country,
- Poor uptake and adoption of modern technology, especially in the agricultural, livestock and fisheries sector,

- Lack of or stringent financial services, which limits the accessibility of farmers e.g. limited access to credit facilities for farm inputs, tools, equipment, and,
- Low or lack of capacity, lack of modern technologies and infrastructures to boost deep-sea fishing activities.

Ongoing interventions/Strategies to Achieve the MDG 1 Targets

- The government's efforts and commitments to adopt and domesticate the Maputo Declaration(2003) for the Comprehensive Africa Agriculture Development Programme(CAADP) to accelerate economic growth and development,
- The development and implementation of various policies, strategies, initiatives and programmes as well as undertaking legal reforms e.g. the Agricultural Fisheries and Food Authority Act (2013), Crops Act (2013), the Kenya Agricultural Research Act (2013), the Veterinary Surgeons and Para-professional Apiculture Act (2012),
- The establishment of initiatives such as Njaa Marufuku, Kilimo Biashara aimed at building the capacity of the farmers to enhance agricultural productivity and improve the status of food security at the household level,
- The government initiated the youth and women empowerment funds e.g. the Uwezo Funds, the Women Enterprise Funds, Kazi Kwa Vijana programme, and is currently undertaking massive recruitment drive for youths to join the National Youth Service,
- Establishment of the national social protection programmes through cash transfer programmes to safeguard the needs of the vulnerable groups in the society such as the elderly, people with disabilities (PWD) and special needs as well as the orphans and other vulnerable children (OVC),
- Expansion of the irrigation scheme programmes through the National Expanded Irrigation Programme where 81 irrigation schemes (3800 acres) of land under crop irrigation were commissioned in 2012 while the Tana Delta irrigation scheme(4654 ha) has also started,
- The establishment of the National Accelerated Agricultural Inputs Access Programme (NAAIAP) to facilitate small-scale farmers to access farm inputs e.g. fertilizer at a subsidized rate,
- The development and implementation of the Vision 2030 under which various projects aimed at improving people's livelihoods are being implemented. For instance, the agricultural and livestock sector with various flagship projects such as preparation and passage of the consolidated agricultural policy reform legislation, development and implementation of a 3-tier fertilizer cost reduction programme, improving the value gained in the production and supply chain by branding Kenya's farm products. Other projects include planning and implementation of 4-5 disease free zones and livestock processing facilities to enhance the country's meat, hides and skins to international market standards,
- Creation of publicly accessible land registries in the improved governance framework and development of an agricultural land use master plan,
- Strengthening of small scale dairy commercialization programme, revival of the New KCC, private and farmer owned organizations in order to boost milk production in the country,
- The government established a resettlement scheme to ensure that such people as IDPs, forest evictees, the poor landless people etc have access to land. Land adjudication and reforms are ongoing throughout the country to take stock of public land,
- Building of slaughterhouses/abattoirs in livestock production areas especially the ASAL areas and revamping of the Kenya Meat Commission and opening up its outlet countrywide to vent meat. The development of the abattoirs in the ASAL areas is to be accompanied by other infrastructural development such as roads, electricity, storage facilities etc,
- Initiating sustainable land management programme (SLMP) to enhance land use, management and productivity in the ASAL regions,
- The establishment of standard disease surveillance procedures for livestock diseases to combat livestock disease vectors such as tsetse flies and ticks,
- The promotion of fish farming enterprises through aquaculture technology adoption,

- Increasing budgetary allocation to the agricultural sector from the initial 4.5% in the 2008/09 financial year to 8% of the national budget in subsequent years. Other development partners have also made commitments to provide financial support to the agricultural sector, and,
- The establishment of the Agricultural Development Fund (ADF) to scale-up funding from the 8% to finance agricultural sector development. This is driven by the MDG 1's call to reduce by half, the current poverty level of 46% to 23%.

MDG 2: Achieve Universal Primary Education

Introduction

Education is one of the most critical factors of empowering and driving positive economic development and social progression in any country. Achievement of universal primary education will play a significant role for Kenya's economic development with regard to the development of human capital, which is central in the scientific and technological advancement. The MDGs achievements in universal primary education (UPE) has positive ramification in all the other MDGs and their respective targets and indicators. The objective of this MDG is to achieve universal primary education with the target of ensuring that by 2015, children both boys and girls will be able to complete a full course of primary education (standard one to standard eight).

In response, Kenya has embarked on the development and embracing of various policies, strategies, guidelines and programmes geared toward the goal of achieving the UPE. For instance, Kenya is a signatory to the Jomtien World Conference on Education for All (1990) recommendations and the World Forum in Dakar (2000) towards achievement of Universal Primary Education. The Children's Act (2001) also stipulates that education is a basic human right which every child must enjoy and therefore has to be protected. In respond to these commitments, the Government has abolished levies and extra tuition and implemented a free primary education programme in all public schools in ensure increased access to education services countrywide.

Standard Six Pupils in a class at Katendwa Primary School in Kilifi County. The school is among those which benefited from the MDGS' Quick Wins programme(pupils and teachers' desks). Before the programme, the pupil were sitting on the floor.

The push for attainment of UPE is enshrined and protected under the Bill of Rights in the Constitution of Kenya, 2010. The National Rainbow Coalition (Narc) Government had also made strides by introducing the free primary education in 2003, which saw an additional enrolment of 1.2 million in primary schools in Kenya. This led subsequently to another policy change at the secondary education level, where in 2008; free education in public day secondary schools was introduced in order to keep pace with the high number of pupils from the free primary education transitioning to secondary education.

Target 2A: Ensure that by 2015, children everywhere, both boys and girls will complete a full course of primary school (education)

Free primary education has been entrenched in Kenya's Constitution as postulated under the Bill of Rights. With a policy change in the country's education system in 2003 under the Narc Government, free primary education was introduced which subsequently resulted into increased net enrolment from 67.8% in 2000 to 80.4% in 2003 and stood at 88.2% by 2014. The proportion of pupil starting grade 1 through to the last grade also increased from 57.7% in 2000 to 83.2% in 2009 before declining marginally to 78.5% in 2014 while the literacy level among 15-24 year olds increased consistently from 80.3 in 2000 to 94.4% in 2014.

Table 3.4: Trends and status of targets in MDG 2

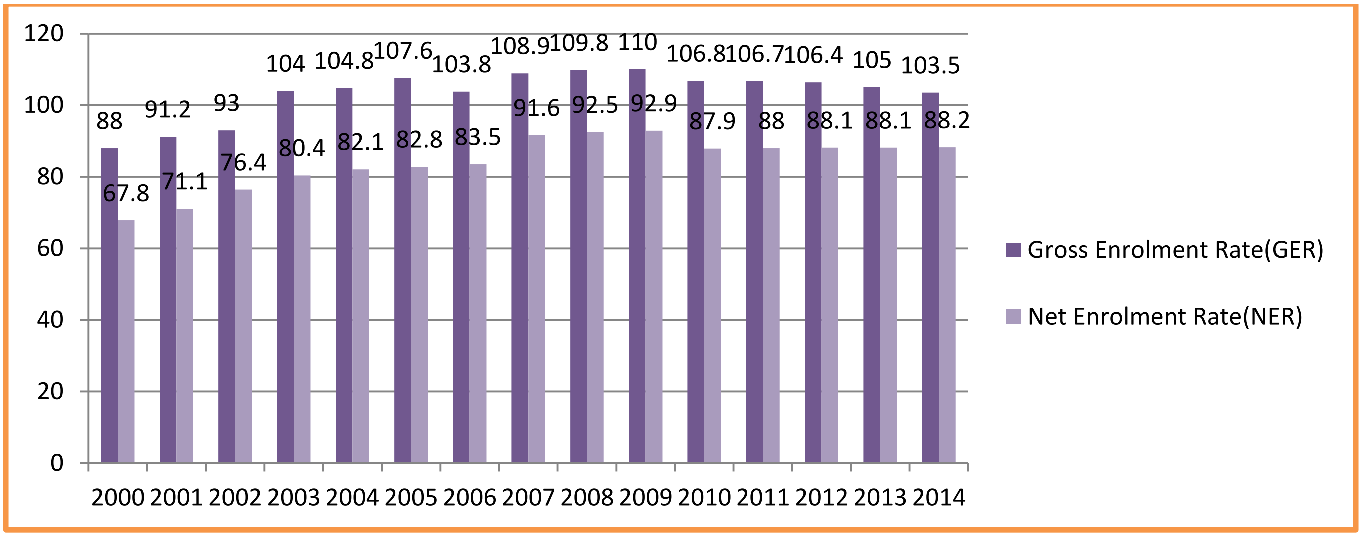
Indicator	2000	2003	2005	2007	2009	2011	2013	2014	2015
2.1Net Enrolment in Primary Education (%)	67.8	80.4	82.8	91.6	92.9	88.0	88.1	**88.2**	100
2.2. Proportion of Pupil starting grade 1 who reach the last grade (%)	57.7	68.2	77.6	81.0	83.2	76.5	78.5	**78.5**	100
2.3. Literacy Rates of 15-24 year olds (women and men) (%)	80.3	----	89.3	----	91.3	---	---	**94.4**	100

Source: Economic Survey, 2015, ICT Survey, 2010

2.1 Net Enrolment Ratio in Primary Education (NER)

Primary school enrolment has increased tremendously since 2000 when Gross Enrollment Rate (GER) stood at 91.2%. This increased to 104.5% in 2003 after the introduction of free primary education. Since then, GER has almost stabilized between 104.5% and 106.8% (Economic Survey, 2015). The high GER may be attributed to enrollment of over-age and under-age pupils in primary school.

Figure 3.4: Primary School GER and NER, 2005-2014



Source: KNBS, Economic Survey, 1999-2015

The Net Enrollment Ratio (NER) has also been increasing since 2000 when it stood at 67% rising steadily to 92.9% in 2009 before dropping to about 88.2% in 2014.

The introduction of free primary education (FPE) in Kenya in 2003 has witnessed a significant increase in both GER and NER. The NER had risen to 92.9% in 2009 from 67.8% in 2000 and started declining to 88.2% in 2015. However, regional disparities exist in primary school education enrolment. For instance, there are higher enrolment in primary schools in areas regarded as high arable land agricultural /farming compared to the enrolment in schools in Arid and Semi-Arid Lands (ASAL) as shown.

Table 3.5: Comparison of School Enrolment between ASAL and High Agricultural Counties

Counties with Low School Enrolment Rates						
County	2008	2009	2010	2011	2012	2013
Baringo	14253	14605	15117	15885	16991	16994
Garissa	35069	44698	52661	55337	51056	52567
Mandera	46929	54417	56303	59164	77427	78284
Marsabit	41915	47321	48052	50494	50625	75248
Turkana	53625	60839	64456	67731	12578	13410
Wajir	33373	39057	43028	45214	56555	59128
Counties with High School Enrolment Rates						
Bungoma	419312	433528	460825	484241	532038	532074
Kakamega	495218	507169	528560	555417	583728	583766
Nakuru	223311	235135	247658	260242	239727	239764
Makueni	305343	305275	305235	320745	320503	320343

Source: KNBS, Statistical Abstract, 2014

However, the trends show that Kenya is making progress towards the achievement of enrolment in primary school education as shown in figure 3.4.

2.2 Proportion of Pupils Starting Grade 1 who Reach Last Grade of Primary School Education

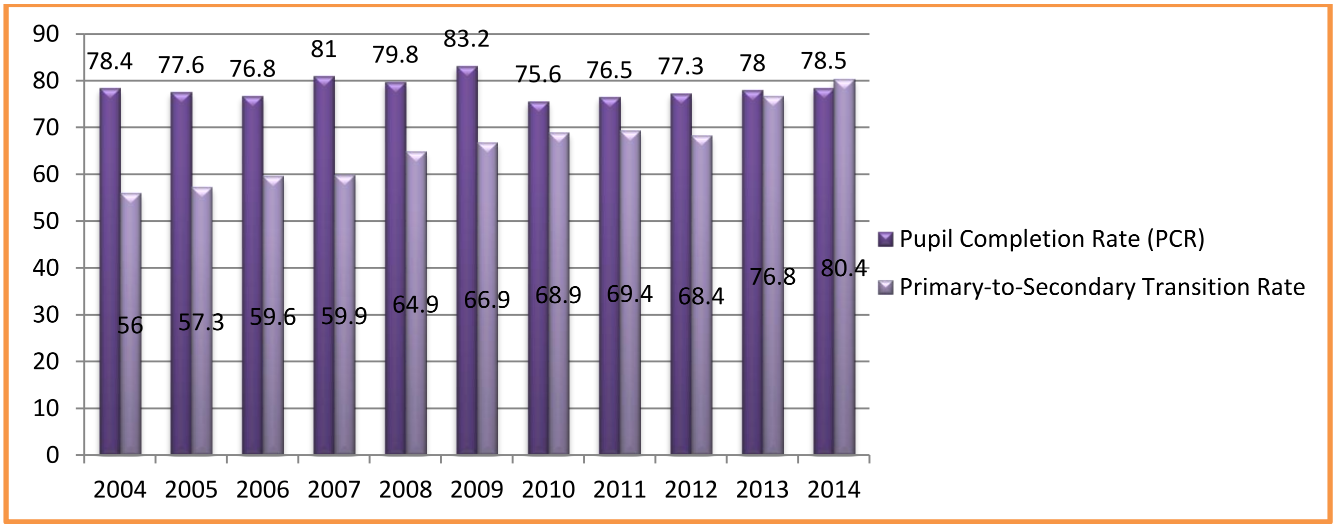
Significant achievements have been made in the proportions of pupils reaching and completing the last grade of primary school education. For instance, in the year 2000, the country had 57.7% Primary

Completion Rate (PCR) while it registered 83.3% in 2009 and had risen to 80.3% by 2013 (MDG Status Report 2013) but declined marginally to 78.5% in 2014 (Statistical Abstract, 2014). This implies that it may not be possible to fully attain the 100% PCR by 2015 deadline target. This unachieved proportion of the PCR is mainly contributed by the ASAL regions and urban informal settlements.

Though there has been a remarkable increase in PCR over the years to an average of about 80%, a significant proportion of about 20% of pupils who enroll in first grade do not complete the last grade of primary schools education (STD 8). This has been attributed to such factors as;

- Late entry to primary school (advanced age at enrolment),
- Poverty which despite the FPE programme , children fail to proceed because of their basic needs e.g. food, lack of school uniforms etc,
- Poor quality of education e.g. very high pupil to teacher ratio,
- Poor or lack of learning facilities (classrooms),
- Lack of knowledge about importance of education (ignorance),
- Natural events e.g. droughts, flooding, hunger especially in ASAL regions, and,
- Frequent insecurity incidences among the ASAL communities such as in Turkana, Garissa, Wajir, Mandera and some other parts of the country e.g. during the post-election violence (PEV) and in other inter-ethnic clashes prone areas.

Figure 3.5: Pupil Completion Rate and Primary to Secondary Transition Rate (2010-2014)



Source: KNBS, Economic Survey, 2004-2015

2.3 Literacy rates of 15-24 year Old Women and Men

Kenya has a remarkably high literacy levels compared to other countries in Africa. There has been considerable progress in literacy since the year 2000. The Multiple Indicator Cluster Survey (MICS) of 2000 showed that the literacy rate for people aged 15-24 age group had increased to 91.3%. In 2010, the Information Communication Technology (ICT) Survey indicated that the literacy levels of the 15-24 age group was at 94.4%. The reasons for the country not achieving the 100% target is attributed to the regional disparities contributed especially by the ASAL areas and informal settlements e.g. urban slums. However, the literacy levels among 15-24 year old in Kenya is among the highest in Africa and the drive towards the attainment of the 100% target by the set deadline is likely to be sustained even if not achieving 100% by 2015.

Challenges in Achieving MDG 2 target

Despite the current achievement in UPE, a number of factors have hindered good progress in achievement of the MDG 2. These include but not limited to:

- Neglect and lack of funding for the ECD, which is a gateway into the basic education,
- High costs in sustaining the financing of FPE and free education for secondary education,
- Inadequate and poor infrastructures e.g. lack of water and sanitation facilities in some schools, especially in rural and urban slum areas,
- Overcrowding in schools in general and class especially in areas with high population densities e.g. the urban slums,
- Quality and relevance of education at the primary level has come under a sharp focus especially with the free primary education in public schools,
- Inadequate resources (teacher and equipment) to cater for children with special needs,
- Socio-cultural beliefs and practices relating to disabled persons where children with disabilities have lesser chances of accessing basic education compared to their able counterparts in the community,
- Inadequate number and inequitable distribution of teachers resulting to high pupil: teachers ratio in majority of public schools thus affecting quality of education,
- Inadequacies in infrastructures e.g. physical facilities, overcrowding and risks of emergence of health risks,
- Perennial droughts in most parts of the country coupled with the resultant hunger e.g. in the ASAL regions exacerbate the already high rates of school dropouts,
- Recurrent incidences of insecurity and social conflicts e.g. in ASAL regions and other political tensions e.g. the PEV of 2008 make it hard for children to access schools,
- Existing regional disparities which continue to negatively impact on the country's commitments to attain education for all and universal primary education (MDG 2) as well the Vision 2030 aspiration,
- Lack of consistency in the national qualification education system framework especially as relates to assessment and examination. There is also lack of recognition of the non-formal education in the country,
- Limited attention to education for pupils with special needs e.g. those with disabilities,
- Gender, socio-economic and regional disparities in access to resources have negative implications with regard to access, retention and participation of pupils in school,
- Lack of awareness about MDGS among the general Kenyan population, especially among the general population who are the intended MDGS' programme beneficiaries.
- Frequent teachers strikes which not only threatens the enrolment of pupils but also retention and quality of education and transition to secondary education,
- Inadequate funding to support the expansion of secondary schools. This has consequently hampered the attainment of the MDG's target especially with regard to the pupil transition from primary to secondary school,
- Existence of socio-cultural beliefs and practices in some communities which discourage formal education, especially that pertaining to the girl child.
- The adverse effects of the HIV/AIDS pandemic on both the children (OVCs), families and the teachers (absenteeism),
- Poor or inefficient institutional frameworks/structures to address such issues as leadership, governance and accountability in education system. This has led in part to corruption and resource misappropriation in the education system,
- Poor data/information management and planning system. Lack of or unreliable data has made the MoE's Education Management Information System(EMIS) to be functionally ineffective,
- Inadequate ICT facilities, high cost in developing interactive e-learning contents as well as ICT not being used as a medium of instruction and management apparatus, inadequate ICT teachers and capacity to maintain ICT equipment, lack of electricity/poor electricity supply in rural areas to facilitate access to ICT, and,

- Poor leadership and governance which has led to misappropriation of resources such as funds allocated for free primary education (corruption leading to leakage of funds) and resources wastage.

Ongoing Interventions/Strategies to Achieve Universal Primary Education (UPE)

To sustain and propel the current achievement in UPE the country has put in place several interventions, programmes and strategies which include:

- Implementation of FPE programme and in collaboration with the ministry of interior and coordination of government affairs to ensure that all the school going age children are enrolled and attending school,
- Mainstreaming the ECDE into the country's education system to provide basic education by increasing access to and ensuring quality ECDE services for children aged 4-5 years especially those in disadvantaged areas like the ASAL, slums and poverty stricken areas in the country. Under this ECDE mainstreaming programme, other interventions being undertaken include the ECDE Policy Framework Review, the establishment of the ECDE resource centres, and provision of capitation grants (Ksh.1, 020) per child enrolled in ECD centres for procurement of teaching and learning materials. Recruitment of ECDE teachers is also ongoing,
- Government's efforts to employ and deploy more teachers in primary and secondary schools to mitigate the high teacher shortages witnessed countrywide to improve pupil: teacher ratio,
- The expansion of free day secondary school education programme to encourage increased primary completion and transition,
- The continued infrastructural development in the country's education institutions to reduce overcrowding e.g. the establishment of model schools in each constituency to bolster improved quality of education. This for example is being pursued through strengthening institutional framework for infrastructure development, raising the efficiency and quality of infrastructure and by increasing the pace of the infrastructure project implementation during second MTP,
- Improvement in the school equipment supply e.g. the school textbooks which has seen the ratio of textbook-to-pupil reduce from 1:10 to 1:2 in 2000 and 2009 respectively,
- Efforts and commitments in the implementation of the Children's Act of 2001, which provides the legal framework for effectively implementing, enforcing and monitoring the universal education dream,
- Recent focus on policy initiatives on education for all, with particular emphasis on UPE,
- Implementing affirmative action in order to address challenges which deny right to access to education such as economical, socio-cultural, geographical, environmental or political. This is being addressed in the second MTP of vision 2030 to provide equitable, quality education to all through an all-inclusive approach for learners with special attention to those with special needs and disabilities, those in marginalized, hard-to-reach areas, the gifted, talented and vulnerable groups e.g. the OVCs,
- Efforts to expand school feeding programme to cover all the ASAL areas. This is being undertaken under the school health and nutrition priority area of the second MTP with an aim of promoting universal basic education of those children who are socio-economically disadvantaged and nutritionally vulnerable e.g. girls in both pre-primary and primary schools in some ASAL areas,
- The ESP, CDF and now the current county government to expand school infrastructure through the construction of new schools and rehabilitation of existing ones, purchase and rehabilitation of equipment.
- The development and implementation of Kenya vision 2030 through which various projects are being undertaken to address priority areas identified,
- Efforts to ensure quality and relevance of education and training through the curriculum development and review, assessment and examination, teacher education, recruitment and management, science technology and innovation in education and improving planning, management and implementation capacity in the education system,
- Integration of ICT into the education system to foster teaching and learning to be more child-centred and self-directed, and,
- Reforms to improve on the education sector governance and improve on data quality/reliability.

MDG 3: Promote Gender Equality and Empower Women

Introduction

Gender equality and empowerment of women has existed in Kenya's policy-making system over a long period of time. The aim of promoting gender equality and women empowerment is to ensure equal access, control and resource distribution to improve livelihood for the marginalized categories of people, including women, youth, people with disability (PWDs) and other vulnerable groups.

The Constitution of Kenya, promulgated in 2010, under the Bill of Rights, Articles 52-59, obligates the State to address the needs of the vulnerable persons in the society. The aim is to improve and promote the socio-economic aspirations of Kenyans with special needs with emphasis on protection of the marginalized persons in the society. The government has recognized that women empowerment is key in effectively combating poverty, hunger and disease and also a way to stimulate development. Gender equality and women empowerment is a critical factor in the achievement of the other MDGs. For instance the establishment of the Women Enterprise Fund (WEF) by the government launched in 2007 has played a key role in empowering women and their families in the country. Now women are accessing loans from the fund and are able to start income generating activities(IGAs) such as business, crop farming, formation of micro finance women groups, merry-go-round, table banking etc.

Target 3A: Eliminate Gender Disparity in Primary, Secondary Education and at all Levels of Education not later than 2015

The introduction of free primary education and subsidized secondary education has contributed to increased ratio between girls and boys in institutions of learning. The ratio of girls to boys in primary, secondary, tertiary institutions has been increasing over years though at a slow pace since 2000. By 2014, the set target of 1.0 had not been achieved but had recorded tremendous progress. Women's share in wage employment and proportion of seats held by women in National Assembly had also been growing though slowly since 2000 as indicated in table below.

Table 3.6: Trends and Status of MDG 3 Targets (2000-2015)

Indicator	2000	2003	2005	2007	2009	2011	2013	2014	2015
3.1 Ratio of girls to boys in primary schools	0.98	0.95	0.94	0.96	0.96	0.98	0.98	0.98	1.0
3.2 Ratio of girls to boys in Secondary schools	0.89	0.92	0.89	0.85	0.87	0.86	0.89	0.89	1.0
3.3 Ratio of females to males in tertiary	0.63	0.75	0.74	0.80	0.72	0.78	0.81	0.80	1.0
3.3 Share of women in wage employment in the non-agricultural sector (%)	29.5	30.6	31.3	31.2	29.3	31.9	35.9	36	50
3.4 Proportion of Seats held by women in National Assembly (%)	4.1	8.1	8.1	9.9	9.9	9.9	19.7		50

Source: KNBS, Statistical Abstract, 2014, Ministry of Education, Science and Technology, 2013, KEWOPA, 2013

Numerous policy initiatives/interventions/programmes have been put in place to address the promotion of gender and empower women e.g. Women Enterprise Fund (WEF) launched in 2007, and the 30% public procurement preference and reservation for women, youth and people with disabilities (PWDS). In the public sector, the new constitution provides that at least one third of all appointments are for a particular gender are intended in increasing the number of women in decision-making positions. In education, female students are being admitted on an affirmative action basis to institutions of higher learning e.g. universities. Vision 2030 also comprehensively addresses the issues of gender equality and women empowerment in both MTPs I and II. The government has included gender targets in the performance contracts in order to mainstream gender concerns in the public sector.

3.1: Ratio of Girls to Boys in Primary, Secondary and Tertiary Institutions of Learning

Gender Parity Index (GPI) with regard to education has over the years been stable in Kenya. For instance, the ratio of girls to boys stood at 0.98 in 2000.The ratio in secondary school has also impressively remained stable between 2000 and 2015 e.g. in 2000, it was 0.89 and increased to 0.92 in 2003 before dropping to 0.89 in 2014.

The ratio of girls to boys in primary, secondary schools, tertiary and university has traditionally shown a declining trend as you climb up to the higher levels of learning institutions as indicated in figure 3.6 and 3.7.

Figure 3.6: Ratio of Girls to Boys in Primary, Secondary, Teachers' Colleges and TIVET Institutions (2000-2014)

Year	*Primary School*		*Secondary School*		*Teacher's College*		*TIVET Institutions*	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
2000	1.02	0.98	1.13	0.89	1.12	0.89	0.95	1.03
2001	1.02	0.97	1.12	0.89	1.09	0.91	0.97	0.97
2002	1.05	0.95	1.08	0.92	1.09	0.90	1.03	0.94
2003	1.06	0.94	1.13	0.89	0.99	1.01	1.06	0.95
2004	1.06	0.95	1.12	0.89	0.94	1.07	1.05	0.95
2005	1.04	0.96	1.13	0.89	0.98	1.02	1.05	0.95
2006	1.05	0.95	1.18	0.85	0.99	1.01	1.06	0.96
2007	1.04	0.96	1.17	0.85	0.99	1.00	1.04	0.94
2008	1.04	0.96	1.16	0.86	1.05	0.95	1.06	0.94
2009	1.05	0.95	1.05	0.95	0.98	1.02	1.01	0.99
2010	1.05	0.96	1.05	0.96	1.03	0.97	1.03	0.97
2011	1.04	0.96	1.04	0.96	1.01	0.99	1.11	0.90
2012	1.04	0.96	1.04	0.96	0.98	1.02	1.53	0.65
2013	1.03	0.97	1.03	0.97	0.97	1.04	1.47	0.68
2014	1.03	0.98	1.13	0.89	0.96	1.04	1.54	0.65

Source: KNBS, Economic Survey, 1999- 2015

Figure 3.7: Ratio of Female to Male in Public and Private Universities (2000-2014)

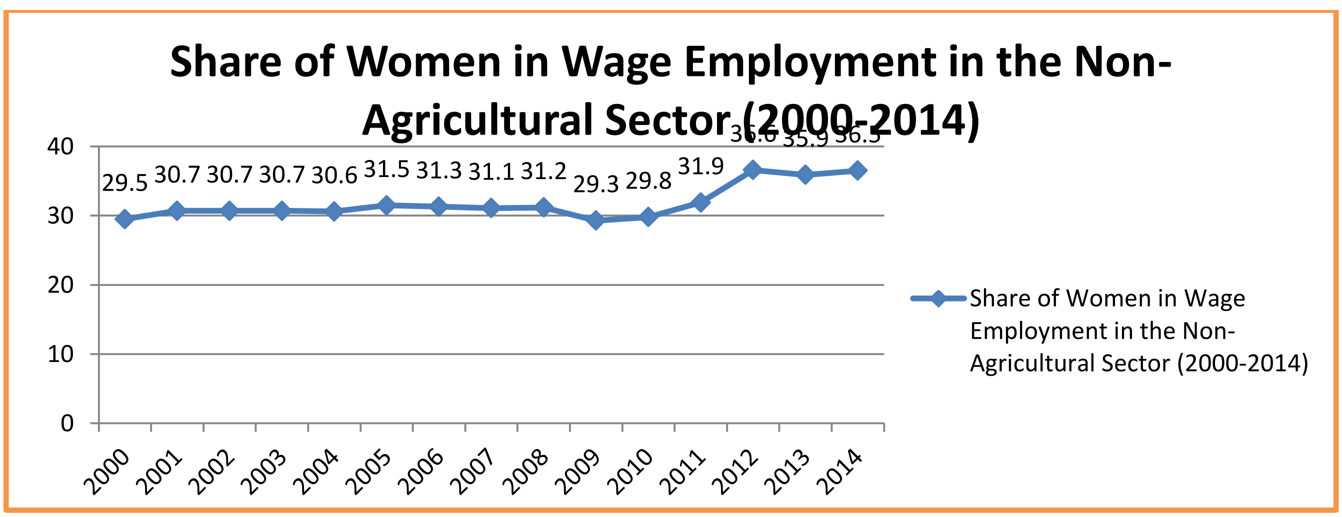
Academic Year	Public Universities		Private Universities	
	Males	Females	Males	Females
1999/2000	1.72	0.55	0.89	1.13
2000/01	1.88	0.58	0.86	1.16
2001/02	1.85	0.53	0.86	1.16
2002/03	1.85	0.54	0.84	1.19
2003/04	1.90	0.54	0.83	1.18
2004/05	1.94	0.52	0.91	1.10
2005/06	1.56	0.51	1.30	0.77
2006/07	1.49	0.64	0.95	0.77
2007/08	1.49	0.67	0.95	1.06
2008/09	1.49	0.67	1.43	1.06
2009/10	1.64	0.61	1.36	0.69
2010/11	1.48	0.67	1.20	0.83
2011/12	1.49	0.68	1.19	0.84
2012/13	1.29	0.78	1.26	0.79
2013/14	1.50	0.67	1.21	0.80
2014/15	1.49	0.67	1.12	0.89

Source: KNBS, Economic Survey, 1999- 2015

3.2: Share of Women in Wage Employment in Non-Agricultural Sector

The Constitution of Kenya (2010) guarantees and encourages the recruitment and appointment of women in public service sector by reserving at least ⅔ of either gender in all positions (a gender affirmative action). This affirmative action has resulted into a significant increase in the number of women representations in the public sector institutions. For instance, by 2014, women representation in the wage employment was about 36.5% from 29.5% recorded in 2000 as shown in Table 3.2. Overall, women constituted about 36% of modern labour force in 2015 (Table 3.2). This is despite the fact that women in Kenya constitute over half of the country's population. Though women's representation has been increasing over years, their representation in senior level decision-making positions within the public sector is still low. This has been attributed to lack of full implementation of the one third gender rule among public staff and gender discrimination, especially against women.

Figure 3.8: Women in Wage Employment in Non-Agricultural 2000-2015



Source: KNBS, Economic Surveys, 1999-2015

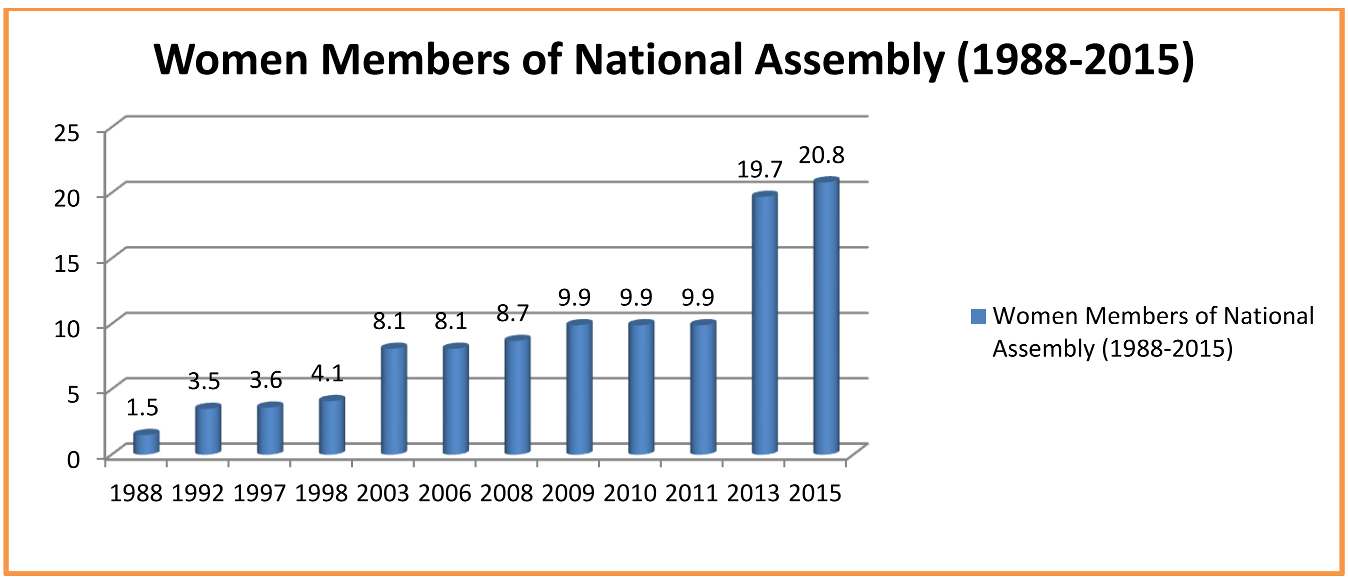
3.3: Proportion of Seats Held by Women in National Assembly

Over years since   , women have always had a low representation in the National Assembly. However, the numbers of women representation in the national assembly has been rising steadily. With the devolved system, the country currently boasts of 47 seats reserved for women as county representatives. In addition to those elected as members of parliament and those nominated, of the 47 elected senators, none is a woman but there are 16 nominated women senators (34%) and 1 nominated senator (woman) to represent the youth.

The number of women in the national assembly has traditionally remained lower than that of their male counterparts. The promulgation of the country's new constitution in 2010 has since worked to ensure and safeguard women's participation in major decision making institutions. This has especially been provided by way of affirmative action enshrined in Articles 27, 81, 97, 98 and 177 which work to ensure that there should not be more than ⅔ of the membership in any bodies (elected or appointed) of the same gender. These provisions are intended to increase the number of women's representation in both the national and county assembly. Currently there are more than 600 women nominated in the county assemblies across the country. This has raised women representation at the county assemblies from only 68 who were elected in the 2013 general election from a total of 1450 members (KNBS, Statistical Abstract, 2014). The national assembly has 19.7% women representatives, 16 elected women and six nominated members of parliament.

Though women in the senate constitute only 26.5% representation, none is elected. There are only 87 women (20.8%) compared to a total of 331 men in both houses. The current women representation is the highest (20.8%) compared to that witnessed in the previous parliaments e.g. 9.9% in the 10th parliament. At the governorship level, no woman was elected though there 19.2% for the position of deputy governorship. The women representation in national and now county assemblies has been increasing over time as seen in figure 3.9.

Figure 3.9: Proportion of Women Representation in National Assembly (2000-2015)



Source: Statistical Abstracts various, Kenya Women Parliamentary Association (KEWOPA), 2013

Challenges and Gaps to Achieving Gender Equality and Women Empowerment

- Persistent school dropout and poor transition to secondary school education by girls due to forced and early marriages and high prevalence of teenage pregnancies,

- Persistent harmful and prohibitive socio-cultural traditional practices and beliefs such as female genital mutilation/cutting (FGM) in some communities, which limit the chances of girls from accessing and /or completing their education,
- The extra gender roles placed upon the girl child in household means girls have less access to education and thus less empowerment than boys,
- There is still high gender based violence (GBV) in some communities, with inadequate mechanisms to mitigate GBV cases e.g. apprehension of culprits, prevention, management and rehabilitation interventions,
- Social-cultural beliefs which discriminate girls' access to education and other productive resources such land and finance,
- Lack of enabling learning environment which contributes to girls continued/smooth school attendance such as lack of sanitary towels,
- Lower transition rate of women from secondary to tertiary and university education,
- Societal belief that certain professions are a reserve for males/boys, and,
- Continued existence of gender inequalities with regard to access and control of resources, economic opportunities, political as well as power e.g. underrepresentation of women in socio-economic, political leadership.

Ongoing Interventions to Achieve Gender Equality and Empower Women

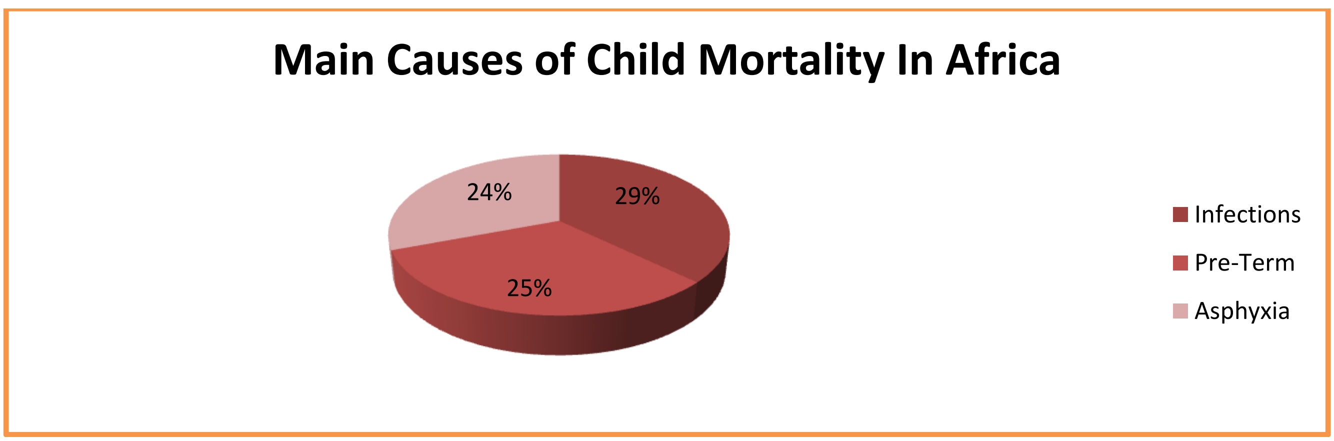
- Enactment and continuing implementation of the New Constitution of Kenya (2010) which contains various issues enshrined in the Bill of Rights,
- The enactment and implementation of the Employment Act (2007) which prohibits sexual harassment and all other forms of discrimination against either gender,
- The implementation of affirmative action applied in public office personnel recruitment(1/3 gender rule) as well as the 30% preference reservation in public tender procurement for women, youth and persons with disabilities,
- The ratification of the protocol to the African Charter on Human Rights on the rights of women in Africa for the elimination of discrimination against women,
- Government and other stakeholders' efforts to provide sanitary materials e.g. sanitary towels to school going girls (those at puberty) to ensure their school activities are not disrupted by their monthly physiological body functions,
- Enactment of the Prohibition of Female Genital Mutilation Act (2011) and implementation of the Sexual offences Act (2003) that provides a comprehensive legal framework for the protection of the female gender from sexual and gender-based violence,
- Development and implementation of the National Sexual and Gender-Based Violence Policy to guide in providing measures to stakeholders in formulating and implementing non-tolerance to SGBV,
- The enactment and implementation of the Gender in Education Policy of 2007 to provide a framework in mainstreaming gender issues in intervention programmes,
- Implementation of affirmative action in admission of students to public universities (female students to be admitted to public universities with 2-points lower than male students),
- Establishment of the Women Enterprise Fund and Uwezo Fund to enable women access funds to engage in income generating activities and be facilitated through the export promotion council to enable them access markets both locally and internationally for their goods and services,
- Readmission of girls who drop out of school due to pregnancy to continue and complete their education, and,
- Implementation of gender research and documentation centre that encourage joint research about gender both in Kenya and in the Great Lakes Region,

MDG 4: Reduce Child Mortality

Introduction

Child health is a critical phase determining the future of a country. Information on morbidity and mortality rates is critical in identifying segments of the country's population that is vulnerable to high risks of ill-health in order to develop targeted intervention programmes to improving their health and reduce child mortality. Child mortality rate is also a basic indicator of a country's socio-economic development level and quality of life. Globally, there are about 133 million births of which 3.7 million of whom die in their neonatal period and 5.9 million in their perinatal period.

Figure 3.10: Main Causes of Child Mortality in Sub-Saharan Africa

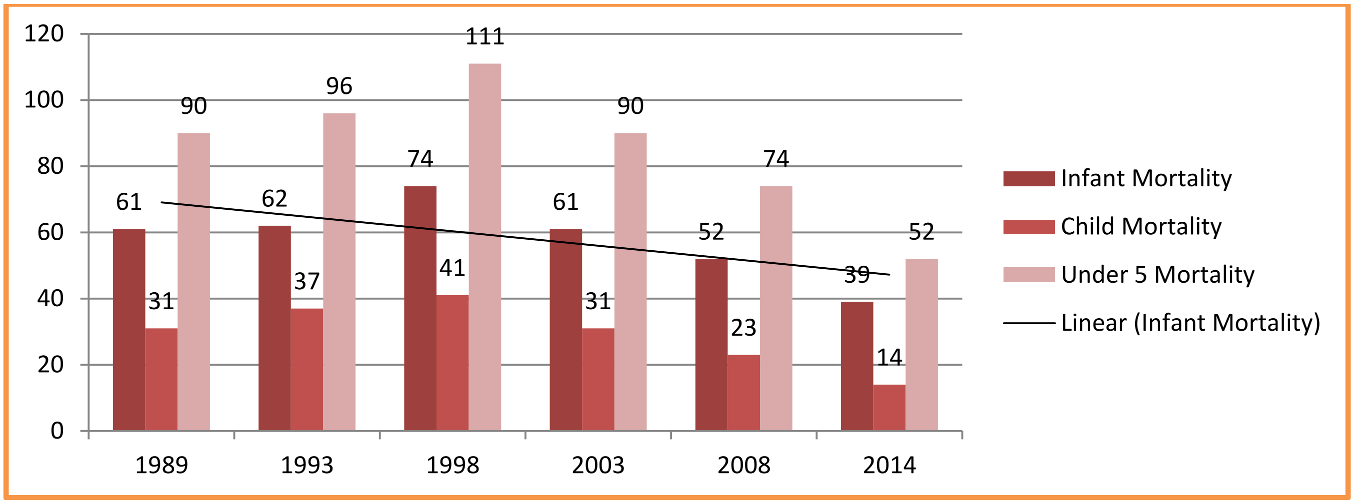


Source: Kenya MDG Acceleration Framework and Action Plan, 2014

About 98% of these deaths occur in the developing countries which accounted for 90% of babies born (WHO, 2007). In Africa the top three killers of newborn include infections (29%), pre-term (25%) and asphyxia (24%) as shown in figure 3.10.

In Kenya, the population of Children under-five of age is estimated to be 18% of the population while the infants account for 4 % (KDHS, 2014). This means that the country has a daunting task to provide for this sub-population's health in order to have healthy adults for a healthy nation. Child mortality causes include neonatal factors e.g. acute respiratory infections (ARI), pneumonia, diarrhea, malaria etc. They are exacerbated by high levels of poverty and prevalence of malnutrition especially in the ASAL areas. Currently, the country's child mortality rate is 52/1,000 live births, translating to 1 out of 19 children dying before reaching their fifth birthday. The infant mortality rate is currently at 39/1,000 live births.

Figure 3.11: Infant, Child and Under 5 Mortality Rates (1989-2014)



Source: KNBS, Economic Survey, 2015, KDHS, 2014

The progress observed in the child health indicators has been attributed to such interventions as integrated management of childhood illnesses(IMCI) and the introduction of pneumonia vaccines for children aged one year and below, promotion of exclusive breastfeeding, and increased facilities to provide immunization services (GoK, 2013).

4.1. Under 5 Year old Mortality Rate

Though the trend of children dying before they reach the age of five has been declining since 2009 from 74/1000 live births to 52/1,000 live births in 2015 (KDHS, 2014) the target of reducing the mortality rate of the children under five years of age to 32/1000 live births is not likely to be achieved by the end of 2015. The country is still short of reduction of 20/1000 live births.

4.2. Infant Mortality Rate

The country had committed itself to reducing infant mortality from 67/1,000 live births in 2000 to 22/1000 live births in 2015. However, current statistics (KDHS, 2014) show that the trends have been declining from 2005 when the country recorded 60/1000 live births, 52/1,000 in 2011 and 39/1,000 in 2015. The target of 22/1000 live births may not be achieved by end of 2015.

4.3. Proportions of 1Year Old Children Immunized Against Measles.

During the period 1990-2015, the country recorded tremendous increase in immunization coverage against all vaccine preventable childhood disease such as measles. For instance, immunization of 1 year old against measles had risen from 76.7% in 2005 to 85% in 2009 and currently stands at 96.7% surpassing the set target of 88%. This can be attributed to the government's efforts to scale both active and passive interventions.

Challenges and Gaps in Reducing Child Mortality

- Shortages in qualified health care service providers such as doctors, nurses, midwives etc. This is compounded by poor training, deployment, and retention of human resources for health(HRH),
- Financial and geographical inaccessibility to healthcare services especially in emergencies,
- Poorly equipped healthcare facilities to be able to prepare in times of emergencies e.g. lack of equipment to cater for basic emergency obstetric care (BeMOC), neonatal and child health, poor referral system, and lack of comprehensive care for emergencies in most health facilities,

- Poor health seeking behavior coupled with socio-cultural belief and practices e.g. decision making to seek for healthcare and where to go etc,
- High prevalence of poverty in some regions e.g. ASAL and households have worked to increase cases of poor nutritional status of mothers, thus leading to poor health of the children,
- Over 55% of deliveries still occur in the villages with either the help of TBAs or relatives without the use of appropriate expertise, medical supplies and conducive environment with no infection prevention procedures,
- Low levels of knowledge to recognize danger signs and seek medical care promptly, i.e. poor observation and adherence to the 4Ds.

Ongoing Interventions/Strategies to Reduce Child Mortality

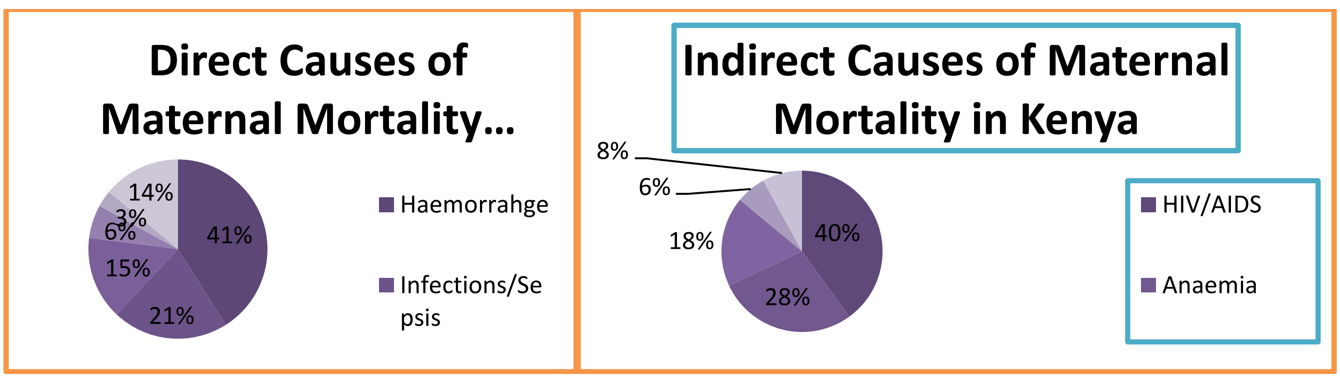
- Construction of model health facilities in 200 areas /constituencies to focus on maternal, neonatal and child health under the economic stimulus strategy,
- Developing guidelines to strengthen integrated health management system e.g. HMIS,
- Malezi Bora initiative established to provide comprehensive package of health care services including vitamin A supplements, PMTC,
- Expansion of immunization of children to include other childhood illness e.g. Haemophilus influenzae and pneumococcal vaccines,
- Children <5 are now under routine de-worming in addition to the treatment and management of common childhood illness under the IMCI program,
- PMTCT to address HIV infection in children born of HIV/AIDS+ mothers,
- Prevention of malaria through case treatment and management being undertaken by distribution of free ITNS for mothers and children <5 years,
- Establishment of the Beyond Zero initiative to cater for pregnant women and newborns,
- Mobilization of community health workers (CHWs) and community health extension workers (CHEWs) through community health strategy. This was in line with the development of a comprehensive Human Resources for Health Strategic Plan to address issues of staff recruitment, deployment and training,
- Improvement of ANC, PNC and child welfare health services,
- Increasing the number of health facilities to provide child health services e.g. immunization and emergency service,
- Establishment of a policy on the re-allocation of financial resources towards primary health care (PHC),
- Strengthening of the Kenya Medical Supply Agency(KEMSA) through the introduction of the demand driven ”PULL” system of distributing essential medicines and other medical supplies (EMMS) from KEMSA to public health facilities This was a departure from the “PUSH” system,
- Health care financing through the development of equitable Health Financing Strategy, establishment of the Health Sector Service Fund (HSSF) and the Hospital Management Service Fund (HSMF),
- Some county governments, for instance Kakamega County initiating health programmes targeting maternal and child health, e.g. Afya ya Mama na Mtoto (Oparanya Healthcare) to curb poor maternal and child health outcomes, and,
- The Vision 2030 and the Sector Plan for health have put into place various programmes and projects for the period 2013-2017 with emphasis on improving health infrastructure, service delivery, human resources for health (HRH), health information systems, health products and health financing. Other areas of focus include leadership and governance, research and development as well as public private partnerships (PPP) to be implemented in the Second MTP (2013-2017) under various flagship projects.

Introduction

Maternal mortality ratio in Kenya remains unacceptably very high at 400/100,000 live births. It is evident that the disability and death of a mother in any household hinders child survival, makes families weak, makes children drop out of school, and weakens household and community's means of livelihoods. Yet, an estimated 7,700 women die in Kenya annually due to pregnancy related causes. The current maternal mortality rate (MMR) shows a marginal decline from 488/100,000 live births in 2008/09. Central to the high MMR in the country is the poorly functioning health system, characterized by inadequacies in skilled healthcare providers, poor health facilities, equipment and medical supplies and commodities, lack of focus to provision of high quality healthcare services as well as the low demand for healthcare services for the women and their newborns. This has been exacerbated by disparities in healthcare coverage and health seeking behaviour in different regions and certain sub-populations in the country.

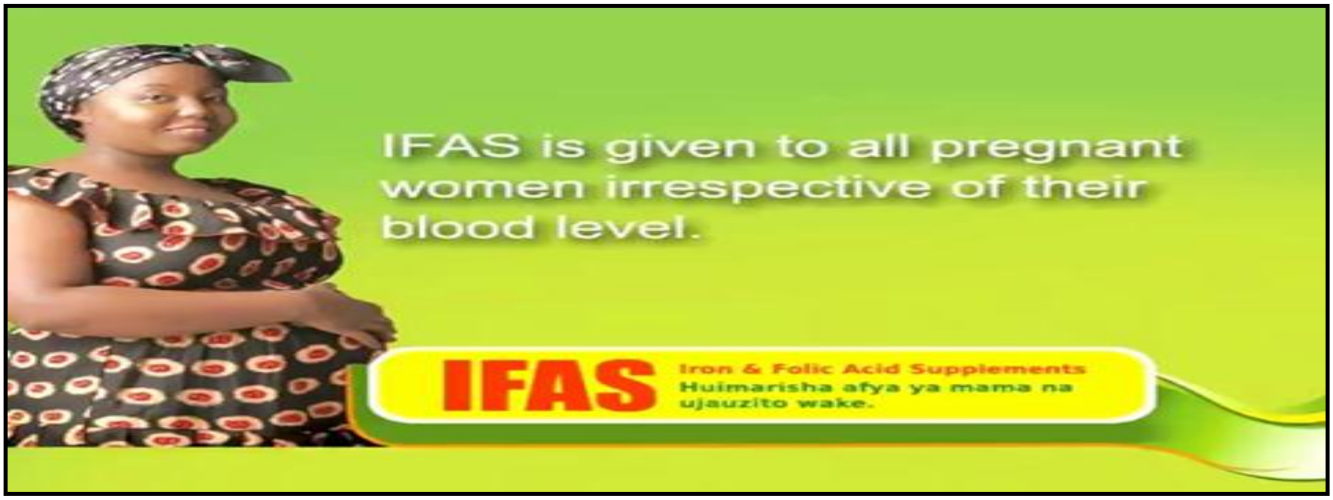
The major causes of poor maternal outcomes/high MMR are as indicated in figure 3.12. Globally, a substantial proportion of about 13% of all maternal deaths occur among adolescents due to complications resulting from unsafe abortions (WHO 2008). In Kenya, the common causes of maternal morbidity and mortality are shown in figure 5.1. The proportion of mothers attending antenatal care (ANC)at least once has increased significantly with at least 9 out of 10 mothers attending skilled provider at least once for ANC. According to the World Health Organization (WHO) recommendations, a pregnant woman should make at least 4 ANC visits during her pregnancy. Only 58% of women in Kenya currently use ANC four or more times during their pregnancy.

Figure 3.12: Direct and Indirect Causes of Maternal Mortality in Kenya



Source: MDG Acceleration Framework, 2014

One of the current strategies being used to improve maternal health in Kenya is to provide iron and folic acid supplements such as shown in picture below.



Source: Ministry of Health

Target 5A: Reduce by three Quarters the Maternal Mortality Ratio

Reduction in maternal mortality ratio remains one of the country's poorly performing MDG's indicators since 2000. Between 1990 to 2000, the national MMR was 590/100,000 live births before dropping to 414/100,000 in 2003 to 2007 then rose to 488/100,000 in 2008. Currently it stands at 400/100,000; still way above the target of 147/100,000 live births. About half of mothers in Kenya suffer from anemia and only about 3% of them take recommended iron and folic acid supplementation (IFAS), (Vision 2030, 2007). Utilization of antenatal care is currently high (about 90%) but use of skilled birth attendance at delivery still remains low (62%) against the 90% target by the year 2015 (KDHS, 2014). About 98% of maternal mortality in Kenya is contributed by only 15 counties.

Table 3.7: Trends and Status of MDG 5 Targets (1990-2015)

Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2014	2015
5.1 Maternal Mortality Ratio	590	590	414	414	414	488	488	488	400	**147**
5.2 Proportion of Births Attended to by Skilled Health Personnel	45.4	42.6	41.6	38.2	51	44	43	46.2	62	**90**
5.3 Contraceptive Prevalence Rate (CPR)	27	39	39	39	39	46	46	46	58	**70**
5.4 Adolescent Birth Rate	152	111	114	114	114	109	--	--	120	**90**
5.5 Antenatal Care Coverage(at least one and four visits	80	--	88	--	89.6	92	92	92	90	**100**
5.6 Unmet Need for Family Planning	23.9	25	--	--	25	25	25	23	18	**0**

Source: KDHS, 2003, 2008/9, 2014

5.1: Maternal Mortality Ratio

The country's maternal mortality ratio (MMR) remains unacceptably high at 400/100,000 live births but with regional disparities. This is however an improvement from 488/100,000 and 590/1000 live births recorded in 2008/09 and 2000 respectively. The high MMR is mainly contributed by only 15 counties which account for more than 98% of MMR such as Mandera, Wajir, Garissa, Marsabit, Kakamega, Nakuru, Nairobi, and Turkana among others.

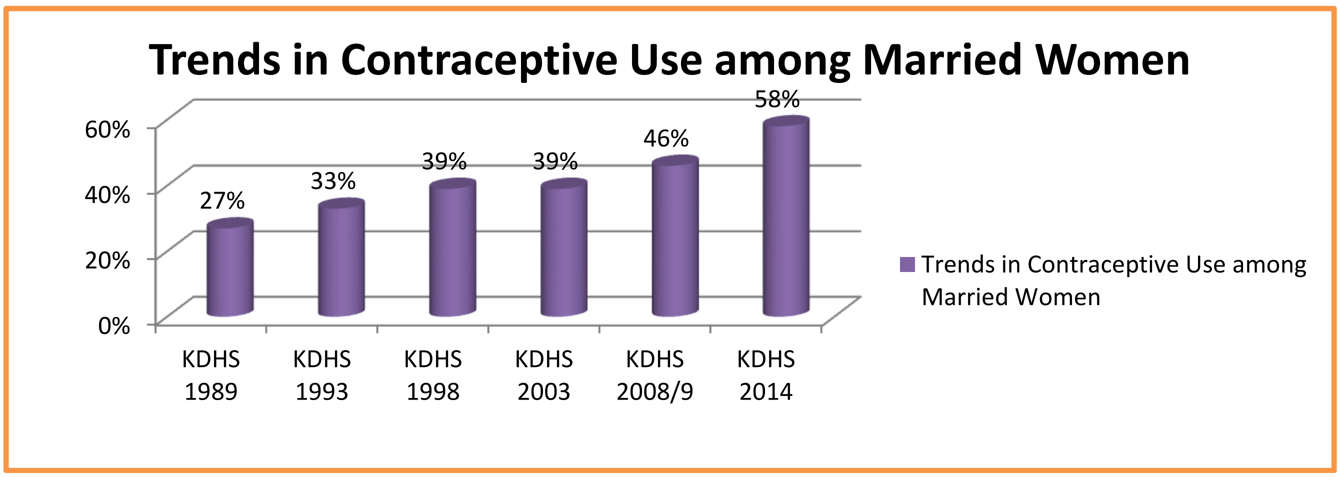
5.2: Proportion of Births Attended by Skilled Health Personnel

Appropriate medical attention and hygiene environment during delivery minimizes risks of death of the mother and the neonate. The latest KDHS statistics shows that only 62% of births in Kenya are attended to by skilled health provider, an increase from 43% recorded in 2011 (KDHS 2014). This increase however is far much below the target of 90% by the MDGs deadline in 2015. However, this has shown some remarkable progress because in the year 2000, only 45.4% of deliveries were attended to by skilled health provider.

5.3: Contraceptive Prevalence Rate (CPR)

The contraceptive prevalence rate showed a steady increase between 1990 where the country recorded a CPR of 27% and in 46% 2009 (KDHS, 1989). The current status shows a significant increase to 58% (KDHS, 2014). However, this current CPR falls short of the targeted 70% by 2015 MDG's target and it will require extra efforts to cover the 12% deficit in order to achieve the target CPR. The CPR is higher in urban areas than rural areas, 61.8% and 55.5%) respectively (KNBS, Economic Survey, 2015).

Figure 3.13: Trends in Contraceptive Use among Married Women in Kenya (1989-2014)



Source: KDHS, 2014

5.4: Adolescent Birth Rate

High adolescent pregnancy is still evident in Kenya. According to the KDHS, 2014, there was 15% of women aged 15-19 who have already had a birth while 18% have begun bearing children (have had a live birth or were pregnant with their first child at the time of survey). The proportion of teenage women who had begun child bearing increased with age, for instance, 3% of women of 15 years and 40% for women of 19 years. The decline was recorded among women aged 15-19 years from 111/1000 in 2000 to 103/1000 in 2009, only accounting for 11% of the total fertility. Contraceptive use among women aged 15-19 years is very low (40.2%) compared to women of other age groups (KDHS, 2014).

Table 3.8: Teenage Pregnancy in Kenya

Age	Have had a live Birth	Pregnant with First Child	% of who have Begun child Bearing
15	1.7	1.6	3.2
16	5.9	2.0	8.0
17	10.3	4.7	15.0
18	21.5	4.4	25.9
19	35.3	4.6	39.9

Source: KDHS, 2014

5.5: Antenatal Care Coverage

The world Health organization recommends at least four ANC visits during a woman's pregnancy. Currently in Kenya, only 58% of women are said to have had four or more of ANC visits while those who have visited the ANC clinics at least once is 90%.

Table 3.9: Antenatal Care (ANC) Coverage and Delivery

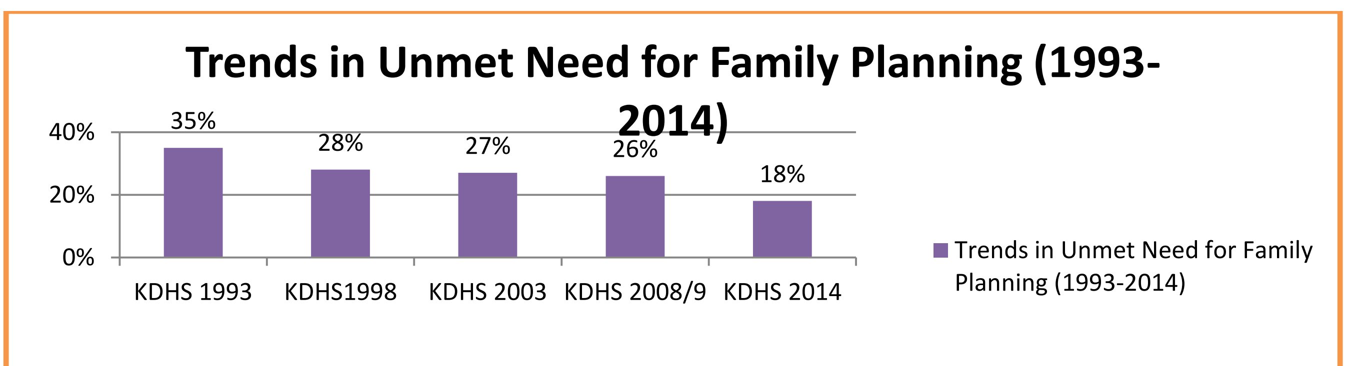
Mother's Age at Birth	% ANC from Skilled provider	% with 4+ ANC visits	% Delivered by a skilled provider	% Delivered in a health Facility
<20	94.9	48.9	62.1	61.7
20-34	96.0	59.9	63.1	62.5
35-49	93.2	53.2	53.9	52.5
Residence				
Rural	94.0	51.3	50.4	49.5
Urban	97.8	67.7	82.4	82.0

Source: KDHS, 2014

5.6: Unmet Need for Family Planning

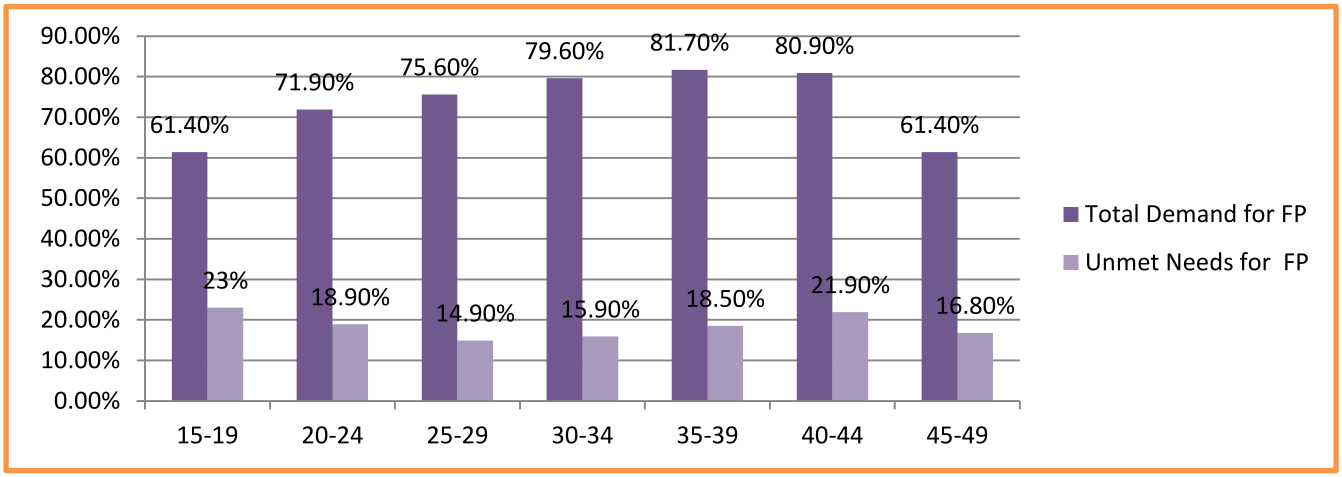
Kenya has recorded a declining trend in the unmet need for family planning since the year 1993 when the proportion of women with unmet need for FP services was 35%. To date, the proportion is about 18%. Wide disparities between age, residence, region, education, economic status however exist (KDHS, 2014). Unmet need for FP among women in Kenya has only slightly declined from where it had remained stable during the last fifteen years. About 18% of currently married women are in need of FP but they are not able to access. The unmet needs for FP has however been declining since 1993 to the current rate of 18% as shown in figure 3.14.

Figure 3.14: Trends in Unmet Need for Family Planning in Kenya (1993-2014)



Source: KDHS, 2014

Figure 3.15: Demand and Unmet Needs for Family Planning for Women Aged 15-49 years



Source: KDHS, 2014

Challenges and Gaps in Improving Maternal Health MDG in Kenya

Various factors have been identified as playing a role in the continued poor status of material health. These include:

- Inadequate resource allocation for maternal healthcare i.e. financial allocation, where currently, the health sector is only being allocated about 7% of the national budget, which is only half of the recommended 15% of the Abuja Declaration target,
- Lack of inadequate or poor data collection on maternal health indicators for purposes of monitoring and evaluation, planning etc,
- Inadequate, lack of skilled health care providers e.g. doctors, nurses, midwifery. Those who are available lack or have inadequate training in maternal health e.g. FP, obstetric care, newborn and child health care etc,
- Inequitable distribution of the available skilled healthcare personnel across the country, which also explains the regional disparities in MMR,
- Lack of or inadequate community/household involvement in maternal and child health e.g. male involvement in sexual and reproductive health due to socio-cultural barriers,
- Low or lack of knowledge about the importance of skilled healthcare provider and hence reliance of TBAs and other,
- Low coverage of ANC, delivery and PNC services from skilled healthcare personnel,
- Poor access to health facilities due to poor infrastructure, financial or social-cultural factors compounded by the poor geographical distribution of health facilities in some parts of the country, poor road and communication network, poor and insufficiently equipped referral and follow-up system along the healthcare continuum,
- Poorly equipped health facilities with no capacities to provide either basic emergency obstetric care (BeMOC) or comprehensive emergency obstetric care (BeMOC),
- Low coverage and uptake of both basic and comprehensive emergency obstetric and neonatal, infant and child health services,
- Negative attitude of the health care personnel prevents women from seeking skilled services. This is compounded by weaknesses in the healthcare system to address health needs which are unique to sub-sections of the population such as SRH for the youths,
- Non-adherence or poor observation of the 4Ds (1st D-Delay in recognition of danger signs, 2nd D-Delay to make decision to seek for medical care in health facility, 3rd D-Delay to reach healthcare facility, 4th D-

Delay to be provided with health services by the health provider) which play a crucial role in the poor health outcomes of the women,

- Poor implementation of the community health strategy leading to a huge gap between the women and their communities (demand side) and the health system (supply side),
- High poverty levels, low levels of education and limited access to information have perpetuated high teenage pregnancies,
- Reliance on unpredictable donor aid to support healthcare services for FP services, and,
- Socio-cultural beliefs and practices, misconceptions and myths have also played a negative role towards the family planning uptake in the country.

Ongoing Interventions/Strategies to Improve Maternal Health

- Upgrading of the functions of the health system with a focus on providing maternal, neonatal and child health,
- Increasing the demand for reproductive health services being undertaken through awareness creation,
- Ministry of health also initiated a paradigm shift from the provision of the normal ANC services to Focused Antenatal Care (FANC) in order to enhance high quality and comprehensive ANC services,
- The government in 2010 developed a maternal and Newborn Health Roadmap with an aim of fast-tracking the reduction in maternal and neonatal morbidity and mortality,
- Strengthening the sub-county and county health information system (HMIS) to facilitate the collection of more accurate data for timely planning and monitoring and evaluation,
- To increase demand, initiative for health financing and the introduction of the output-based Approach to target the very poor in the society,
- Introduction of free maternity health care services in 2013 in all public healthcare services. The government abolished user fees in public health facilities for maternity services and encouragement of pregnant women to deliver at the nearest maternity facilities with the assistance of skilled personnel,
- Human resources for Health (HRH) strategy was developed and launched by the ministry of health in collaboration with the Capacity Project-Kenya to address issues of staff training, recruitment development and retention,
- The development, strengthening and implementation of the community health strategy to strengthen the community health approach of primary health care, building the capacity of households,
- Expansion of community health system e.g. in 2008-2012, 2530 community health units were established. There has been recruitment of community health extension workers(CHEWS) to support the community health approach of primary health care,
- Recruitment of CHEWS to support the CHWS to link the community households with the health facilities,
- Development of a comprehensive Reproductive Health Services Strategy for the period 1997-2010 to guide various safe motherhood service provision such as family planning, ANC, PNC clean and safe delivery, essential obstetric care, neonatal care and post abortion care (PAC),
- Increased financing of the free maternity health services by the government, and reallocating financial resources from curative services to preventive healthcare services in 2010/2011 financial year, and,
- The establishment and launch of the Beyond Zero campaign/initiative which was established by the Kenya's First Lady, Margaret Kenyatta in 2013 to promote maternal, newborn and child health in Kenya. This will go a long way to address issues of emergencies through support in emergency referrals.

MDG 6: Combat HIV/AIDS, Malaria and Other Diseases

Introduction

Had a sharp peak globally in the 1990's with over 3.5 million people newly infected. This dropped to 2.7 million by 2008. Africa and especially Sub-Sahara Africa still remains the hardest hit. In Kenya, the first case of HIV was diagnosed in 1984 and through two decades, the country had high prevalence (about 9.9%

in 1994 rising to 14% in 1998 among the general population) and incidence rates of about 7% during the same period.

Since the epidemic was declared a national disaster in 1999, Kenya has made tremendous progress in responding to the fight against it. However, HIV/AIDS epidemic still remains one of the country's challenges, both to its developmental agenda as well as health and other sectors. By 2013, the country had an estimated 1.6 million people living with HIV/AIDS (PLWHAs). In 1999 when HIV/AIDS was declared a national disaster, the country was witnessing prevalence rates of well over 10% in the general population. During the early years of HIV in Kenya, heterosexual intercourse was the main mode of its transmission. Other modes of transmission of the virus have been identified e.g. through men having sex with other men (MSM), Mother-to-child transmission (MTCT), and sharing sharp objects such as injecting drug use.

In response to the effects of HIV/AIDS, Kenya in consultation with other stakeholders e.g. UNAIDS, WHO etc., established the National AIDS Control Council (NACC) to act as the coordinating organ, to lead and coordinate a multi-sectoral HIV/AIDS strategic plan which was developed to act as a framework for bringing all the players - the government, CSOs, private sector and development partners - together. At the same time, Kenya also domesticated the three-ones principles i.e. One agreed HIV and AIDS Action Framework that provides the basis for coordinating the work of all partners, One national AIDS coordinating Authority with a broad-based multi-sectoral mandate and One agreed country-level monitoring and evaluation system. The domestication of these three ones principles are used to lead the multi-sectoral approach against HIV/AIDS.

Target 6A: Halt and Begin to Reverse the Spread of HIV/AIDS

Recent trends and status of HIV/AIDS in Kenya indicate a very positive progress towards the halting of HIV/AIDS. This is evident with the steady declines in prevalence rates between 2003 and 2014 especially among Kenyans aged 15-49 years. For instance in 2003, women aged 15-49 recoded a prevalence of 8.9% while men had a prevalence of 4.6% (KDHS 2003), with an average of 6.8%. The 2007 KAIS statistics indicated a slight increase in HIV/AIDS prevalence at 7.6% (women at 9.0% and men at 5.6%). The KAIS of 2012 showed a significant decline in the national prevalence (women of 6.9%, and men at 4.2%) thus a national prevalence of 5.6. %. There are however, disparities observed by sex, age and regions (NACC, 2014/15.

Trends and Status of HIV/AIDS (2000 – 2015).

Table 3.10: Trends and Status in MDG 6 Targets in Combating HIV/AIDS

Indicator	2000	2003	2005	2007	2009	2011	2013	2014	2015
6.1 HIV prevalence among population aged 15-24 years	---	3.6	3.7	3.8	2.9	2.5	2.1	2.9	---
6.2 Condom Use at high-risk sex	29.8	34.9	---	---	48.4	48.4	48.4	49.9	---
6.3 Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	---	40.5	---	---	50.95	50.95	50.95	59.3	----

Indicator		2000	2003	2005	2007	2009	2011	2013	2014	2015
6.4 Ratio of School attendance of orphans to non-orphans aged 10-14 years		---	0.97:0.92	---	---	---	---	----	----	----
6.5 Proportion of population with advanced HIV infection with access to ARV drugs	Adults	0	3.0	2.5	51.7	77.8	31.4	42.5	78	----
	Children	0	0	2.3	16.6	7.4			40.5	----

Source: Kenya AIDS Strategic Framework, 2014/15, KAIS, 2012, KDHS, 2014

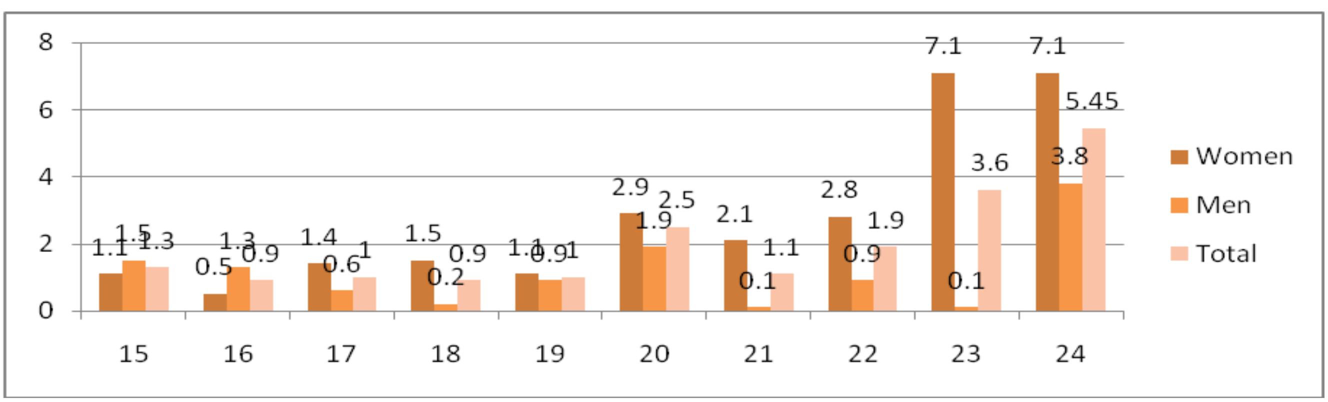
In 2003, 2007 and 2012, HIV prevalence among men aged 15-19 years remained steadily low but was highest among men aged 45-49 years. During 2003 to 2012, HIV prevalence was highest among urban women than their rural counterparts.

The country also continues to witness HIV/AIDS prevalence and incidences differentials among various population subsets such as the injecting drug users (IDUs), men who have sex with men (MSM), commercial sex workers (CSWs) as compared to the general population as shown in figure 6.3 above.

6.1 HIV Prevalence Among Population Aged 15-24 Years

Available national survey evidence shows that HIV prevalence among youth aged 15-24 was higher among women than men (KDHS, 2014). The prevalence increased with age, with the significant increased recorded in the youths aged 22 and 23 years. HIV prevalence remained low and stable up to age 24 years as shown in figure 3.16.

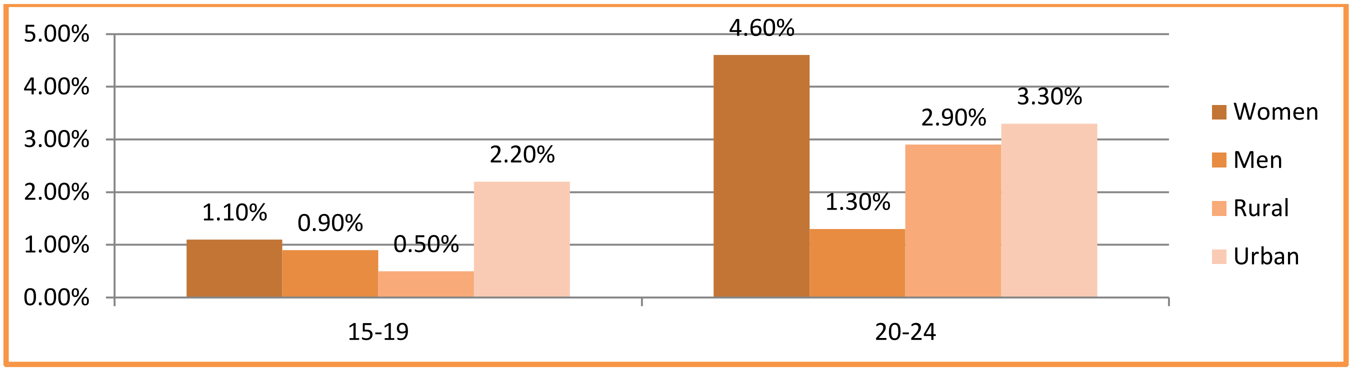
Figure 3.16: HIV Prevalence among Women and Men Aged 15-24 Years



Source: KAIS, 2012

HIV prevalence among this population subset is also differentiated by many other variables as shown in figure 3.17.

Figure 3.17: HIV Prevalence by Age, Sex and Residence (15-24 years)

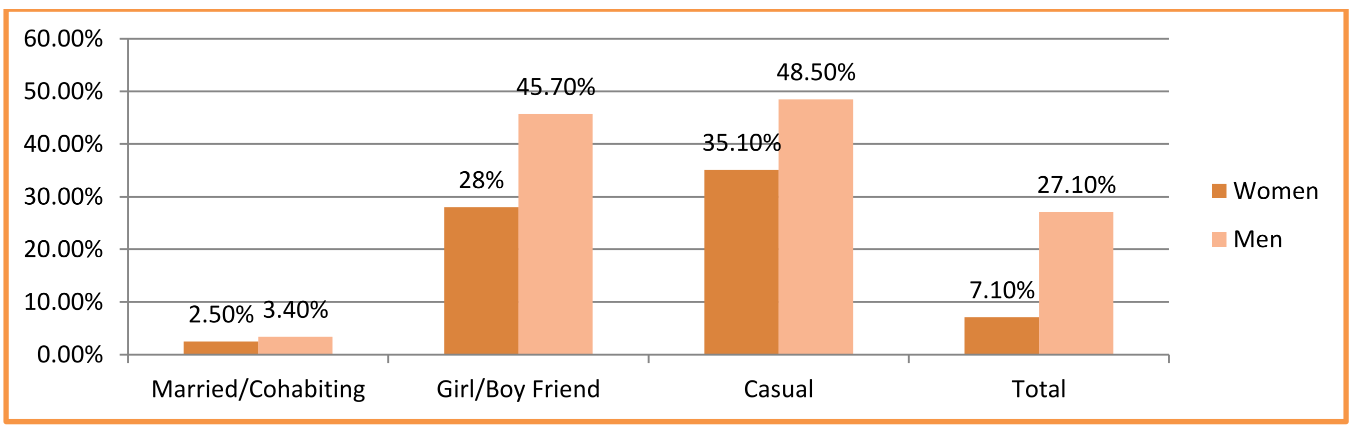


Source: KAIS, 2012

6.2 Condom Use at High Risk Sex

High risk sex may be defined as having any form of penetrating sexual intercourse (vagina, oral or anal) with a partner with unknown HIV/AIDS status. Though condom use has been increasing over years since 2003, the percentage use by women aged 15-64 years has remained lower than that of men of the same age group. In casual relationships, 35.1% women and 48.5% men used condoms consistently with partners of unknown HIV status (KDHS, 2014). On the other hand, condom use with sexual partners of unknown HIV status was lowest among married and cohabiting partnerships (2.5% and 3.4%) for women and men respectively (KAIS 2012). Consistent condom use with sexual partners of unknown HIV status was highest among casual and other sexual partnership as shown in figure 3.18 below.

Figure 3.18: Consistence Condom Use with Sexual Partners of Unknown HIV Status among Men and Women aged 15-64 years by type of Partnership



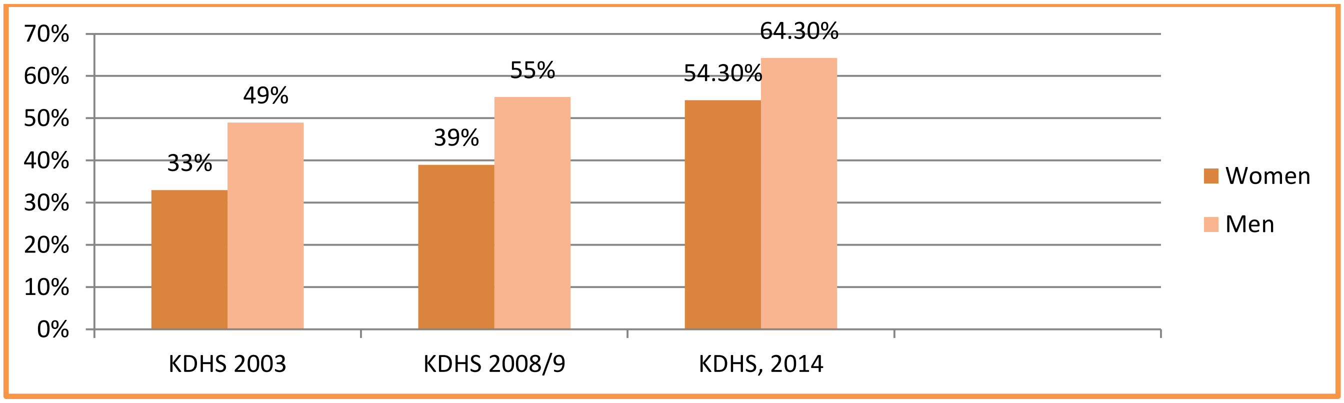
Source: KAIS, 2012

6.3 Comprehensive Correct Knowledge of HIV/AIDS among People Aged 15-24 Years

Good knowledge about HIV/AIDS plays a key role and has important implications for HIV prevention especially in reducing high risk sexual behavior. In general, knowledge about HIV/AIDS among Kenya's population is high with no significant differences observed on the basis of sex, age group, wealth index or education (KAIS 2007, KAIS 2012). Good knowledge of HIV transmission, prevention is important in the fight against HIV/AIDS. This is because HIV prevention programmes focus their messages and efforts on several important aspect of behavior to avoid the spread of HIV including correct use of condoms, limiting number of sexual partners and being faithful to one partner.

In Kenya, by 2014, knowledge about HIV/AIDS was generally high with 80% of women and 88% of men knowing HIV can be prevented using condoms, and 92% of women and 94% of men limiting number of sexual partners to reduce spread of HIV (KDHS 2014).

Figure 3.19: Knowledge of HIV/AIDS among people aged 15-24 years



Source: KDHS, 2003, 2008/9, 2014

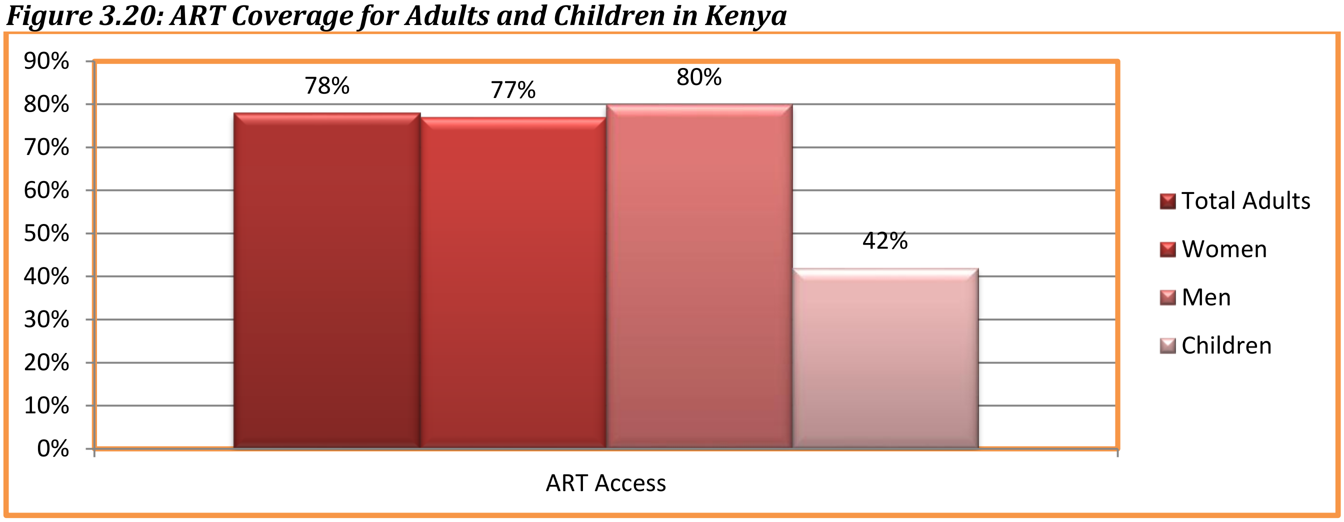
About half of young people in Kenya are knowledgeable about HIV transmission and prevention at 54% and 64% for women and men respectively. Knowledge of prevention methods is slightly lower among those who have never had sex than among these who have married or those never married but have had sex (KDHS 2014). Knowledge about HIV/AIDS is higher among young people in urban settings than their rural counterparts (KDHS 2008/2009, KDHS 2014).

It should be noted that though there has been a significant increase in comprehensive knowledge about HIV/AIDS among the youth aged 15-24 years, women continue to record lower levels of knowledge than men.

6.4 Achieve by 2010, Universal Access to Treatment for HIV/AIDS for All those in need

Since the introduction of Antiretroviral Drugs (ARV) in Kenya in 2003 and the subsequent scale-up, many people living with HIV/AIDS (PLWHAs) have been enrolled and initiated on ARV drug treatment programmes. The ARV uptake has been increasing over the years at a rate of 3% since 2003 and had risen to 77.8% in 2009 among adult population. By 2012, only 40.5% of HIV infected children aged 18 months to 14 years were attending healthcare clinics and all were on Co-trimoxazole (Septrine).

Figure 3.20: ART Coverage for Adults and Children in Kenya



Source: NACC/NASCOP, 2014

The country has been revising the ARV drug initiation eligibility from the initial CD4 count of 250 to 350 which means that more PLWHAs qualify for ART uptake. By end of 2013, over 640,000 PLWHAs were on ART compared with 596,228 in 2011 PLWHAs. Currently, an estimated 689,156 adults are on ARV drugs (NACC, 2014). This increase in access to ART is attributed to the rapid scale-up to over 1,000 treatment sites. Pediatric ART uptake has since increased significantly from 2% in 2005 to 42% in 2013. Though there are concerted efforts by the public and private sectors to scale-up ART coverage, achieving the universal access treatment for HIV/AIDS by 2015 still remains elusive.

Challenges and Gaps in Combating HIV/AIDS

- Low levels of knowledge/ awareness of HIV status among those infected,
- Persistent high incidence/ new infection rates despite the public awareness/ knowledge of HIV prevention methods being over 75%, new infection rates (7%) or 88,620 among adults and (44%) or 12,940 among children annually,
- HIV testing coverage in the country still remains low with only 63% of men and 80% women having taken a test and known their test results. This is compounded by the ever increasing proportion of couples which is sero-discordant (260,000) i.e. one partner is HIV+,
- Low condom use in risky sexual intercourses, especially with partners with unknown HIV status coupled with weak female condom promotion and distribution system with frequent male and female condom stock-outs,
- Low levels of access to HIV prevention, care and treatment services facilitated by social-cultural and infrastructural factors e.g. stigmatization and discrimination against the infected,
- Low coverage of voluntary medical male circumcision programme (47%) was initiated at the backdrop of reducing chances of HIV infection among non-circumcising communities by 60% and targeted to reach a total of 860,000. However, so far, only 530,000 have been circumcised,
- Low ANC attendance and retention of mothers in the service where about 10% of those mothers attending ANC and are HIV+ are not receiving PMTCT care and a significant proportion of newborns (17%) of HIV+ mothers are not tested for HIV,
- Heavy reliance on external donors for funding HIV/AIDS programmes/activities. . However, from around 2010, donor funds have been dwindling thus putting HIV/AIDS service provision into jeopardy,
- High prevalence of drug abuse among a growing number of people in the country e.g. injection drug users (IDUs) which lead to sharing of unsterilized injection devices,
- Weak HIV/AIDS linkage to care and treatment services e.g. ART coverage still remains low with high numbers of PLWHAs in need of ART. Paediatric HIV care services especially ARV drugs remains low (42%),
- Lack of nutritional support due to high poverty levels in many households which makes difficulty for some HIV infected people to afford nutritional requirements for those on ART leading to non-adherence to the ART regimes,
- With the emergence of HIV/AIDS, STI screening and treatment services have been sidelined. It has been shown that at least 1.34% of women tested positive for syphilis in ANC clinics while 81% of adults who are HIV+ have genital herpes. The existing gaps are low STI screening, treatment and care, low HPV vaccination thus exacerbating HIV infections,
- Until in recent years, MARPs were ignored in most of the HIV/AIDS services e.g. commercial sex workers (CSWs), injecting drug users (IDUs), men who have sex with men (MSM). Criminalization of sex and MSM has played a role in heightening the HIV spread. In addition, there still exist numerous gaps such as identification of MARPs. There is low coverage of comprehensive interventions for key populations coupled with inadequate interventions to address structural barriers for behaviour change and access to health services, and,
- Low coverage of social protection programmes such as cash transfers for the orphaned and vulnerable children (CT-OVC), which can assist in decreasing the risk among young people by way of reducing their likelihood of engaging in early sexual debut by 23%.

Ongoing Interventions to Combat and Reverse HIV/AIDS

- The adoption and domestication of the "Three Ones" into the country's fight against HIV/AIDS programming,
- The development and implementation of the National Health Strategic Plan two (2005-2012) which refocused and increased access to healthcare,
- The development and implementation of the Kenya National HIV/AIDS Strategic Plan (KNASP one), 2005-2010 and second KNASP 2012/2013-2017/2018. Some of the areas of focus of the strategic plans are prevention, treatment and care and social-psychological support,
- The establishment of the National AIDS Control Council (NACC) to lead, coordinate and provide institutional framework for intervention activities aimed at combating HIV/AIDS,
- Establishment and scaling-up of HIV testing centres across the country and initiating various HIV/AIDS counselling models such as VCT, PITC, stand-alone centres, PMTC, Youth-Friendly HIV/AIDS centres to cater for a wider spectrum of clients. This was aimed at increasing HIV/AIDS knowledge and linkage to post-HIV/AIDS test to appropriate services such as treatment, psychosocial support etc,
- The introduction and scaling-up of MTCT of HIV prevention in order to reduce Paediatric HIV/AIDS. Currently, efforts are aimed at eliminating mother-to-child transmission under the e-MTCT(elimination of mother-to-child transmission of HIV),
- Establishment of AIDS Control Units (ACUs) in government ministries and agencies/institutions as well as the constituency HIV/AIDS Control Committees at the grassroots levels to fight HIV/AIDS,
- Enhanced wider partnership between the public and private sector i.e. wider public-private partnership(PPP) comprising the government ministries/agencies, private sector, NGOs, CSOs and multilateral and bilateral agencies,
- Development, reviews and implementation of various policies, guidelines relating to HIV/AIDS service provision such as VCT, ART, PMTCT, paediatrics, MARPs, ART etc service guidelines,
- Introduction of various behaviour change communication intervention programmes focusing on both the general population and the MARPs to curb risk behaviour,
- Introduction of HIV/AIDS education in both primary and secondary schools as well as other institutions of learning,
- In 2011, the government in collaboration with other stakeholders such as the World Bank, NACC, AMREF and CSOs, embarked on CSOs capacity building aimed at organizational/institutional development and systems strengthening (ODSS) in order to undertake HIV/AIDS and other activities at the community levels,
- Introduction and scale-up of free antiretroviral drugs(ARV) to those who qualify to initiate the ART uptake,
- Development and currently in implementation, guidelines to address paediatric HIV/AIDS which has seen increasing number of HIV positive children being initiated on ART,
- Harmonization of implementing, monitoring and evaluation of HIV/AIDS activities through a one agreed monitoring and reporting system. This was aimed at ensuring that quality and reliable data/information about HIV/AIDS is available timely to those who need it, and,
- The establishment of collaborative HIV/AIDS and TB activities to reduce the emerging problem of HIV/AIDS and TB comorbidity.

Target 6C: Have Halted by 2015 and Began to Reverse the Incidence of Malaria, Tuberculosis and Other Diseases.

Introduction

Globally half of the population is at the risk of malaria infection with 243 million cases leading to nearly 863,000 deaths in 2008. The largest proportion (767,000 or 89%) of cases occurred in Africa. It is evident that sustained malaria control and prevention will play a central role in achieving many other MDGs. Data from various surveys and operational research point to declining trends in prevalence of malaria parasite, malaria trends as well as the malaria vector concentrations etc in the country over the last ten years. However, malaria alone still contributes 30% of outpatient visits, 19% of admissions in health facilities while being the leading cause of mortality in children under five years of age.

Status and Trends of Malaria

Kenya has invested considerable effort and resources in the fight against malaria. One of the efforts has been in the procurement and distribution of insecticides treated nets (ITNS). By the end of 2008, over 16 million ITNs had been procured and distributed through various channels (KDHS 2008/09).

Target 6C: Have Halted by 2015 and Began to Reverse the Incidence of Malaria, Tuberculosis and Other Diseases

Table 3.11: Trends and Status of Combating Malaria

Indicator	2000	2003	2005	2007	2009	2011	2013	2015
6.6 Malaria Prevalence per 100,000 population	---	----	----	----	29.1			No Information 30
6.7 Deaths from malaria per 100,000						72	15	No Information
6.8 Proportion of Children <5 years with fever treated with appropriate anti-malarial drugs	64.4	26.5			23.2	35.1	---	23
6.9 Proportion of Children <5 years sleeping under ITNs	2.9	4.6	24.2	33.0	41.1	42.2	----	42.24

Source: Ministry of Health-DOMC, 2010, KDHS, 2014

The supply of the ITNS mainly targeted children under five years and pregnant women. However, there has always been a discrepancy between ITNS ownership and use. The targets set under malaria and tuberculosis are outlined in Table 3.10.

6.5 Malaria Prevalence Per 100,000 Population

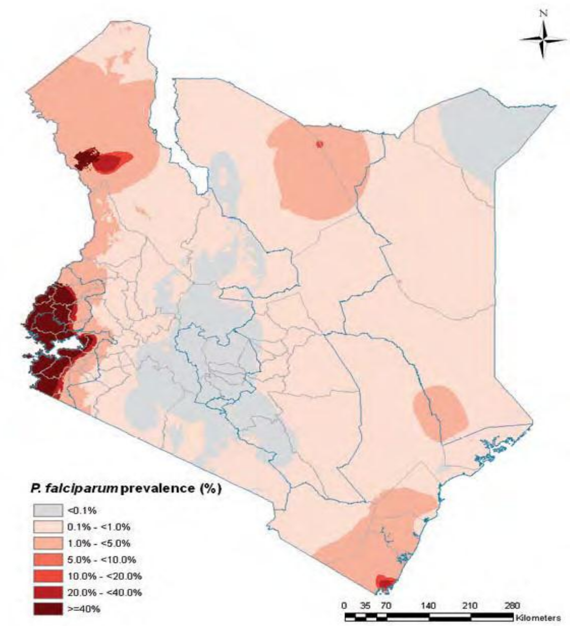
Malaria is the leading cause of morbidity and mortality in Kenya with nearly 70% of the population being at risk of infection. Malaria affects all people but small children under five years and pregnant women are more susceptible, especially those living in malaria endemic regions (KDHS 2008/09, 2014). Current data shows that clinically diagnosed malaria accounts for 30% of outpatient consultation and 15% of hospital admissions. It also accounts for 3-5.8% of inpatient deaths in the public health sector (DOMC, 2010). In 2007, 9.2 million people were clinically diagnosed with malaria. The Health Management Information System (HMIS) of 2008 indicate that deaths attributed to malaria are about one-fifth of admissions countrywide. (Currently, no records exist about malarial prevalence and mortality in Kenya).

Malaria prevalence and incidences in Kenya is mainly determined by the country's zones which are categorized as:

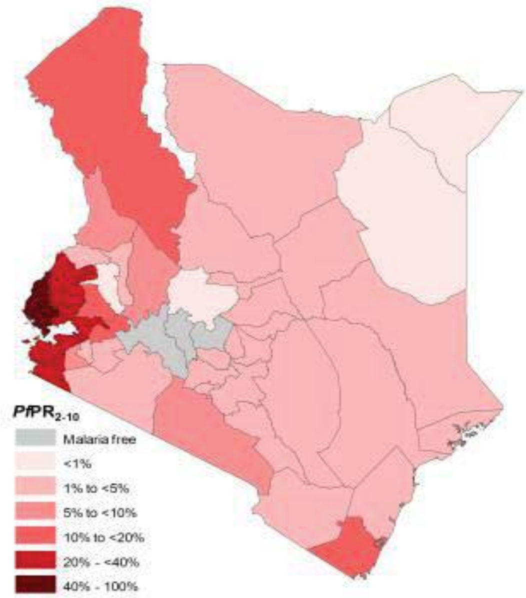
- Malaria endemic areas (prevalence of more than 20%) and include areas such as the Lake Victoria and Coastal regions,
- Seasonal malaria transmission areas (prevalence of 1-5%)
- Highland malaria epidemic prone areas (prevalence of 5-20%) and,
- Low malaria risk areas including central highlands of Kenya including Nairobi.

The prevalence of malaria varies from region to region. For instance, malaria prevalence by county indicates that highest *P. falciparum* prevalence is in the lake-endemic counties as represented by the darker shaded areas.

Kenya Malaria risk Map, 2009



***P. falciparum* Prevalence by County Map**

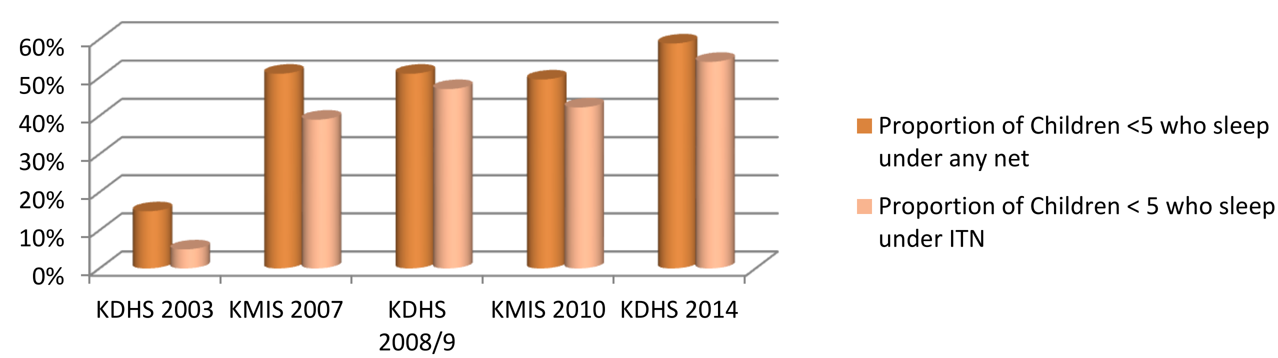


Source: Ministry of Public Health and Sanitation, 2010, USAID, 2015

6.6 Proportion of Children Under 5 of Age Sleeping Under ITNS

There has been a tremendous increase in the proportion of children under five years who sleep under insecticide treated nets (ITNS). In the last three decades, there have been significant advances made in malaria prevention using ITN due to the availability of synthetic pyrethroids. In 2008/9, 61% of Kenya's households owned at least one net, 36% owned more than one net which compares with data from Kenya Malaria Indictor Survey (KMIS) of 2007 which showed 63% and 34% (KDHS 2008/9). On average, Kenya has been a progressive increase of household ownership of ITN. By 2014, 54.1% of children under the age five years slept under ITNs (KDHS, 2014) as indicated in figure 3.21.

Figure 3.21: Use of Mosquito Nets by Children Under Five Years



Source: KDHS, 2003, 2008/9, 2014, KMIS, 2007, 2010

6.7 Proportion of Under Five with Fever Treated with Appropriate Anti-Malarial Drugs

Prompt and effective diagnosis and treatment of malaria plays a very crucial role in preventing the disease from becoming severe, complicated and fatal. Currently in Kenya, Artemesinin combination therapy (ACT) is the recommended drug of choice as first line anti-malaria treatment for uncomplicated malaria (KDHS 2014). The rolling out of ACT was in response to reported cases of drug resistance to the then sulfadoxine pyrimethamine (Sp).

The proportion of children under five with fever decreased from 42% in 2003 to 24% in 2008/9. Among those under five children with fever, 23% were treated with anti-malarial drugs in 2008/9 while 27% were treated in 2003. The proportion of those given anti-malaria drugs within the required time (24 hours of fever onset) was generally same at about 11% (KDHS 2008/9, 2014). In 2014, 24% of children under five had a fever out of which 72% were sought for either treatment or other medical advice. And of all those with fever, 35% received anti-malaria drugs with 23% receiving the recommenced drug (ACT). Only 13% were given the ACTs within the same day or next day after the onset of fever as per the national malaria case management guidelines (KDHS, 2014).

Challenges and Gaps in Combating Malaria

- Emergence of drug resistance of malarial infections in the country have been witnessed over the years,
- Malaria transmission vectors resistance to insecticides used for indoor residue spray(IRS) and in ITNs repellants in use,
- Lack of rapid test kits in the country and thus inadequate or lack of parasitological diagnostic services in the health sector which makes monitoring and surveillance of malaria trends and rational drug use impractical,
- Negative social-cultural factors in some communities where sleeping under a net is against culture, thus making use of ITNs low,
- Existence of harmful behavioral factors, where ITN ownership doesn't necessarily translate into bed-net use,
- Low coverage of malaria vector control through use of ITNs/LLINs and IRS due to financial constraints to the malaria control interventions exacerbated by the DOMC's dependency on donor support,
- Poor health seeking behavior where in some cases people don't seek professional health services but instead resort to over-the-counter/ self-medication or traditional healers and may only seek for professional health services when it is already late,
- Infrastructural factors where in some areas where access to health facilities is hindered by geographical factors such as long distances and poor road and communication network,
- Poor, ineffective and insufficient procurement and supplies management system for malaria commodities leading to stock-outs and logistical management at the points of health services delivery,
- Inadequate resource allocations to the health sector, which currently is about 7% of the country's GDP and far below the Abuja Declaration target of at least 15% of the national GDP,
- Inadequacies in the malaria programmes management and coordination activities due to shortages in health workers, especially malaria focal personnel and necessary logistical support,
- Low ITN household coverage/ownership (0.8 nets per household) which is way below the universal threshold of at least 2 nets per household,
- The inadequate and weak systems for monitoring and evaluating the implementation impacts of the set targets of indoor residual spray in malaria epidemic zones, and,
- Incompleteness of information in the national Health Management Information System (HMIS).

Ongoing Interventions to Combat Malaria

- The establishment and elevation of the malaria programme unit to a full Division of Malaria Control in the Ministry of Health,
- The development and subsequent update of the malaria endemicity map aimed at identifying and focusing malaria prevention and control efforts/resources in such areas,
- Procurement and distribution of the ITNs and LLITNs which has been scaled-up through collaborative efforts with other stakeholders (such as NGOs e.g. PSI) and undertaken through routine clinic visits during ANC, PNC or child welfare services, periodic mass distribution as well as through private health practitioners,
- Introduction and implementation of insecticide residual spray (IRS) and other mosquito repellants to eliminate malaria transmitting parasites (female anopheles mosquitoes) especially in malaria endemic areas,
- Introduction of rapid diagnostic kits for malaria parasites,
- The implementation of the community health strategy which has seen recruitment and training of community health workers (CHWs) and community health extension workers (CHEWs). In addition, healthcare providers have been trained on malaria prevention, diagnosis and case management as well as control,
- In the malaria endemic and high transmission and epidemic areas, the sub-county malaria coordinators have been trained and capacity built in malaria epidemic preparedness and response,
- Development of malaria communication strategy for the period 2010-2017 to provide strategic behaviour change communication (BCC) objectives, the target community/groups, messages and channels of communication,
- The development and implementation of the National Guidelines for diagnosis, treatment and prevention of malaria and the National Malaria Strategy 2009-2017,
- In 2009, the government developed the National Malaria Strategy (NMS), 2010-2017, which is a collaborative long-term plan with a focus on such thematic areas as advocacy, communication, social mobilization, vector control, case management, malaria in pregnancy, programme management and programme M&E,
- The switch from the SP to ACT as the first line of antimalarial drugs to address the emerging issues of antimalarial drug resistance by the malaria causing agents,
- The government through the Ministry of Public health and Sanitation then launched free treatment of malaria for pregnant women and children under five years of age, and,
- In collaboration with other stakeholders such as ICIPE and Merlin, the Ministry of Health has scaled-up efforts in undertaking surveillance and insecticide spraying in malaria prone areas e.g. in South Nyanza region.

Trends and Status on Tuberculosis

Existing data indicates that there has been a decreasing trend in tuberculosis incidences since the year 2005, while a decline in prevalence was recorded from the year 2007. There was a steady increase in TB related mortality between the year 2000 to 2007 when it declined marginally then started increasing again in 2011.

Table 3.12: Trends and Status of Combating Tuberculosis

Year	2000	2003	2005	2007	2009	2011	2013	2014
6.10 Tuberculosis Incidence per 100,000	280	350	360	350	320	290	290	275
6.11 Tuberculosis Prevalence per 100,000	280	320	350	350	310	300	300	300
6.12 Tuberculosis deaths per 100,000	20	22	23	23	20	21	21	22
6.13 Proportion of Tuberculosis cases detected & cured under DOTS short course	58	63	68	72	<75	<75	79	88

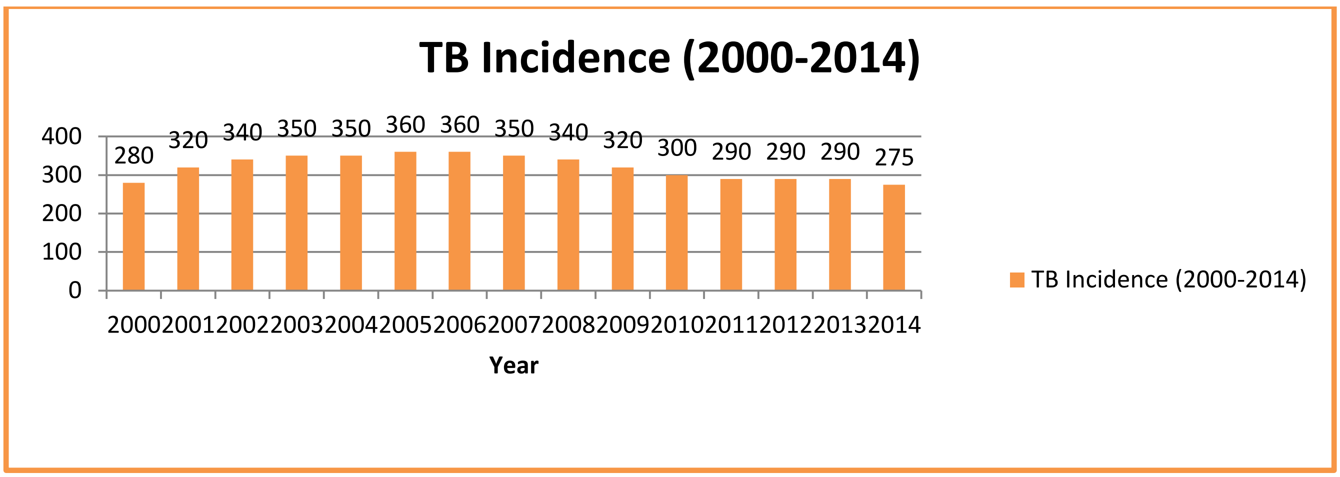
Source: Ministry of Health (DLTLD), 2015

6.8 Tuberculosis Incidences (Cases/100,000)

Tuberculosis remains one of the most infectious diseases globally. The global burden of TB has been declining over years. For instance in 2004, the incidence rate was 143/100,000 people but declined marginally to 139/100,000 in 2008. Kenya is one of the 22 high burden TB countries which collectively account for 80% of the global TB cases. By 2012, WHO estimated 120,000 new cases of TB reported in Kenya. Tuberculosis mortality is about 9,500 annually, making it the fourth leading cause of death in the country.

Kenya has made some progress in the fight against tuberculosis especially with the rolling out of the directly observed treatment (DOTS) strategy in 1997. Currently Kenya has halted the spread of TB and has begun to reverse the incidences thus achieving target eight of the MDG6. Evidence shows that TB prevalence has been on a declining trend since 2005. The integration of TB and HIV/AIDS services has worked positively with regard to early TB detection and treatment.

Figure Showing TB Incidence per 100,000 Population (2000-2014)



Source: NTLD, National Strategic Plan for Tuberculosis, Leprosy and Lung Health, 2015-2018

6.9 Death Rates from Tuberculosis

Since 2000, tuberculosis mortality rates have not changed significantly. In 2012, the WHO estimated death rates from TB was at 22/100,000 people in Kenya and in 2013, the country was in 16th position among the

22 countries with the highest burdens of TB globally. This was a one position improvement from position 15 in 2012. Table 3.11 shows the trend in TB prevalence case notification and mortality rates as per the Division of Leprosy, Tuberculosis and Lung Disease (DLTLD) and WHO estimates. The current TB mortality rate is estimated to be 22/100,000 population (DLTLD, 2015).

6.12 Proportion of Tuberculosis Cases Detected and Cured Under DOTS Short Course.

As shown in the table, tuberculosis detection and treatment presents a success story in Kenya because it is the only target which has so far been achieved under MDG6 and all other MDGs. The current proportion of TB case detection and cured under the DOTS short course is 88%, having surpassed the MDG declaration target of 85% (DLTLD, 2015).

Challenges and Gaps in Combating and Reversing Tuberculosis

- Limited use of isoniazid preventive therapy (IPT) among PLWHAs and children in contact with people diagnosed with TB i.e. prevention control practices are poor,
- Inadequate facilities and equipment for TB diagnosis and treatment e.g. laboratory and chest clinics.
- Low levels of involvement of stakeholders in TB control and prevention, such as involvement and empowerment of communities living and affected by TB,
- Stigmatization of the TB disease in some communities,
- Inadequate diagnostic network in finding the TB cases which is exacerbated by lack of an updated strategic plan,
- Limited access, high out-of-pocket costs to patients, quality challenges with regard to interpretation of radiographs for TB diagnosis,
- Inadequacies in quality testing practices and lack of timely feedback of results to inform good clinical practices,
- Irregular mentorship and technical assistance to the laboratory technicians,
- Development of MDR-TB which has become a threat to TB treatment and elimination,
- The TB and HIV co-infection and collaborative activities,
- There is limited intensified case finding (ICF) activities especially among contacts of TB and MDR-TB patients. This is facilitated by transport, food and radiography costs,
- Misconceptions and myths about TB treatment that TB is untreatable or incurable,
- Paediatric tuberculosis in Kenya just like paediatric HIV/AIDS remains a challenge. Lack of skills, knowledge and lack of clear guidelines on paediatric TB case management has hampered management of TB in children,
- Very poor integration of services with the maternal and child health (MCH) clinics, paediatric clinics, emergency rooms and TB service providers,
- Health care service providers across all levels of the health system have low levels to suspect paediatric TB case for further examination and management,
- Drug resistance testing has overly been limited to retreatment patients thus leaving out a large proportion of cases with primary drug resistance,
- Poor social and nutritional care support for patients with MDR-TB is prevalent despite the treatment outcome for PMDT having improved significantly since 2008,
- Limited isolation facilities at the county health facilities, lack of operational PMDT clinical teams and insufficient pharmacovigilance,
- High burden of MDR-TB among refugees in the country poses a public health challenge to combat and control TB,
- Sub-standard monitoring and evaluation of the TB control interventions. The supervision, monitoring for quality control and evaluation of programme activities at all levels of the health system are below the required standards,
- Lack of clarity about the availability of funding for supervision at the county level after the devolution. Locally generated data has been found to be inadequate,

- Poor synergy between the community-based TB care and the health facilities due to poor systematic linkages between the healthcare service providers at the community and the health facilities,
- The social determinant of health (TB), which is closely related to poverty index,
- Poor Public- Private Partnership in the fight to combat TB, and,
- Threats to sustainability of government commitment and leadership in devolved system due to risks which need to be addressed to ensure a cohesive national programme are sustained by way of prioritizing TB and other lung disease.

Ongoing interventions to combat tuberculosis

- The establishment of the Division of Leprosy, Tuberculosis and other Lung Diseases (DLTLD) to coordinate activities about TB, leprosy and other lung diseases,
- Development and implementation of a policy to initiate provision of high quality DOTS and scale-up,
- Introduction of HIV/AIDS and TB collaborative intervention programme activities(HIV/TB integration) to address the growing cases of TB/HIV/AIDS co-infections,
- Developing guidelines for TB and MDR-TB treatment, management and mitigation of other special needs,
- Establishing 3 isolation facility units for MDR-TB treatment and management,
- Initiating an all-inclusive approach which engages all the healthcare providers, the TB patients and communities and also empowering them with appropriate knowledge and information about TB and related issues. The involvement and participation of the communities through the CSOs and community leadership has enhanced advocacy, communication as well as community social mobilization,
- Development of paediatric TB guidelines and training of healthcare providers to address issues relating to diagnosis, treatment and management of paediatric TB. A paediatric TB centre has been established through focal paediatric TB coordinators aimed at enhancing paediatric TB service provision. In addition, the paediatric TB treatment is being provided free of charge in public health facilities,
- Policy on TB control intervention activities being coordinated by the Ministry of Health, all TB drugs to be sourced from the government facilities and screening of all PLWHAs for TB, and,
- Promotion of research on the emerging MDR-TB.

MDG 7: Ensure Environmental Sustainability

Introduction

Environmental sustainability refers to current usage of the environment to meet the present needs without compromising the ability to meet future needs. Environment is a central factor in the country's economic development. For instance, 42% of Kenya's gross domestic product (GDP) comes from those resources that are closely related to the natural resources (KNBS, Economic survey 2013)

Kenya has made some progress in environmental sustainability as it is now enshrined in the New Constitution 2010. Articles 42, 69 and 70 of the constitution provides for people a rights to a clear and healthy environment while article 43 gives people a right to clean and safe drinking water for all in adequate quantities, accessible and adequate housing and reasonable sanitation. Article 69 provides that the state should ensure and maintain a tree cover of at least 10% of the land area.

Target 7A: Integrate the Principles of Sustainable Development into Country Policies and Programmes and Reverse the Loss of Environmental Resources.

Globally, only 12% of the earth's land and 1% of the water mass is protected, while the rest of areas critical to the earth's bio-diversity are not protected or are not adequately protected. By 2009, about half of the world's 821 terrestrial eco-regions (large areas with characteristics of habitats species, soils and landforms) had 10% of their areas protected. The convention on biological diversity requires that by the year 2010, at least 10% of the earth's area should have been put under protection.

Environmental sustainability is central to Kenya's economic development and growth. This is because about 42% of the country's GDP is drawn from the environment and natural resources (KNBS, Economic Survey, 2013**).**

7.1 Proportion of Land Areas Covered by Forest

Kenya's land under tree cover has remained below 10%, for over two decades. In 1990, the country's land under tree cover was 7.9% and started declining steadily to 5.9% in 2007 before starting to increase marginally to 6.9% by 2013. By 2014, Kenya's forest cover stood at 3,450,000 ha excluding bush lands, grasslands and trees on farmlands (KNBS, Statistical Abstract, 2014).
Different types of forest (Mountain forest, Mangrove forest and Bamboo forest cover).

Table 3.13: Trends and Status of Targets 7A (1990-2015)

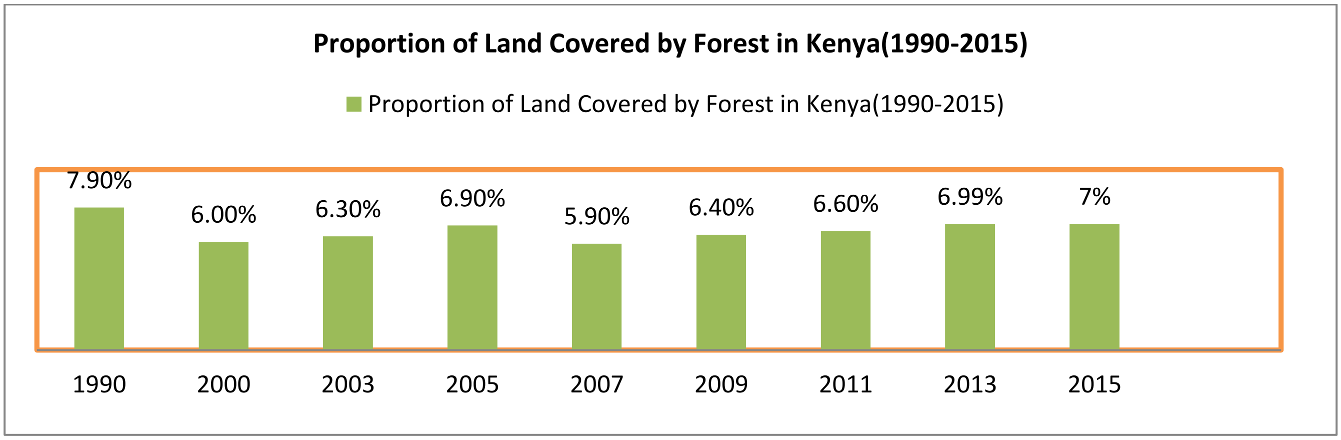
Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2014	2015
7.1 Proportion of land covered by forest (%)	7.9	6.0	6.3	6.9	5.9	6.4	6.6	6.9	7.0	10
7.2 CO_2 emissions total per capita per & 1 GDP	0.24	0.34	0.20	0.24	0.26	0.31	0.32	0.31	0.31	----
7.3 Consumption of ozone depleting substances	452.3	381.4	268.4	267.5	88.8	58.3	52.6	50.4	50.4	0
7.4 Proportion of fish stock within safe biological limit	---	---	---	-----	----	133,600	149,046	161,849	161, 849	----

Source: KWS, 2015, Carbon Dioxide Information Analysis Centre, FAO, 2010

Figure Showing Different Types of Forests in Kenya

Source: KWS, 2014

Figure 3.22: Proportion of Land Covered by Trees in Kenya (1990-2015)



Source: Source: KFS, 2015, FAO, 2010

Kenya's current tree cover improved after UNFCC-FAO classification but initial statistics were based on forest cover which was within the gazette areas only.

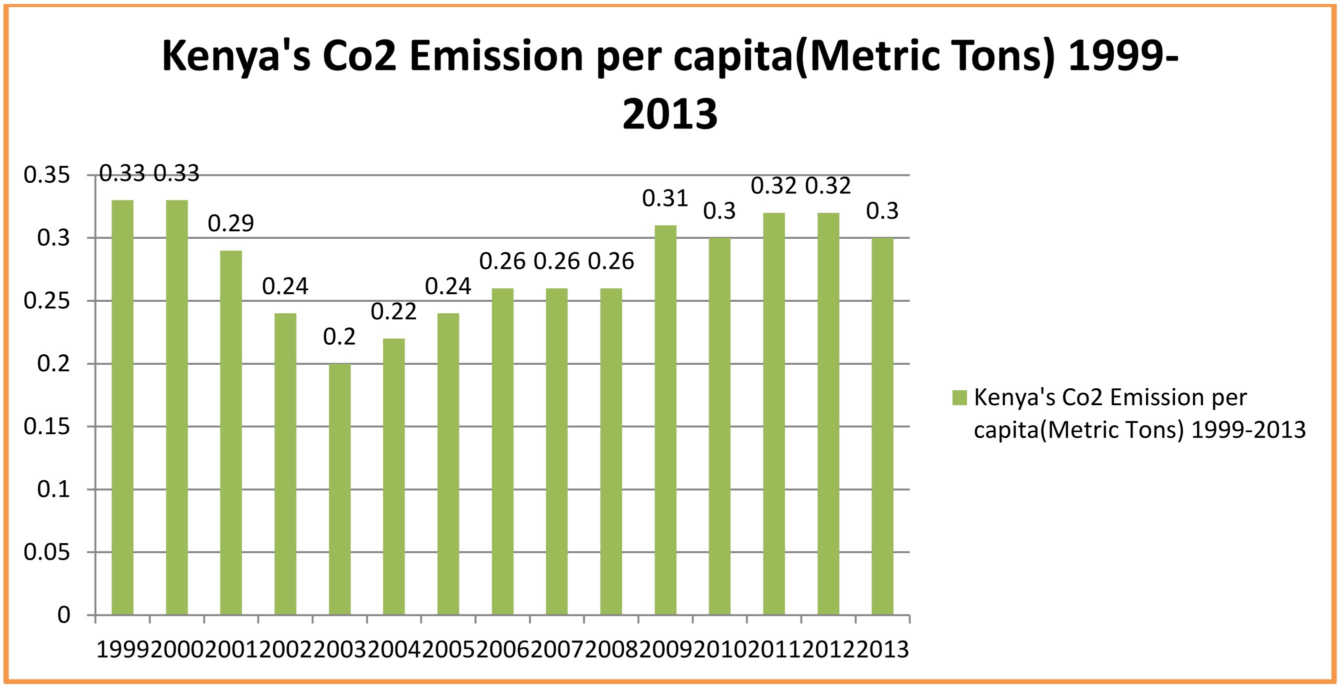
Photos taken during field visit at Nauros in Turkana District and a tree nursery at Binyamninia primary school in Siaya District.

By 2014, it was estimated that the country's land covered by forest was about 7% as indicated in figure 3.21. The country's mangrove forests (54,000ha), especially along the coastal areas of the Indian Ocean work to stabilize the shoreline as well as being central in the fisheries industry.

7.2 Carbon Dioxide Emissions, Total Per Capita and Per $1 GP

Kenya's carbon dioxide emission volume has been increasing over the years despite the prevailing challenges. For instance, in 2008 the country's CO_2 emissions were 2834 thousand metric tonnes and was then ranked by Carbon Dioxide Information Analysis Centre (CDIAC) at 98th of the 216 countries. This increased to 3389 thousand metric tonnes of CO_2 emission ranking. The country's CO_2 emission is mainly from burning of fossil fuel and cement manufacturing among others. They include carbon dioxide produced during consumption of solid, liquid, and gas fuels and gas flaring. The country's CO_2 emission has been fluctuating over years as indicated in figure 7.1. In 2010, the CO_2 intensity i.e. per kg of oil equivalent energy use was estimated at 0.66 per capita, expressed in metric tonnes of carbon as shown in figure 3.23.

Figure 3.23: Kenya's CO_2 Emission per Capita (Metric Tons), 1999-2013



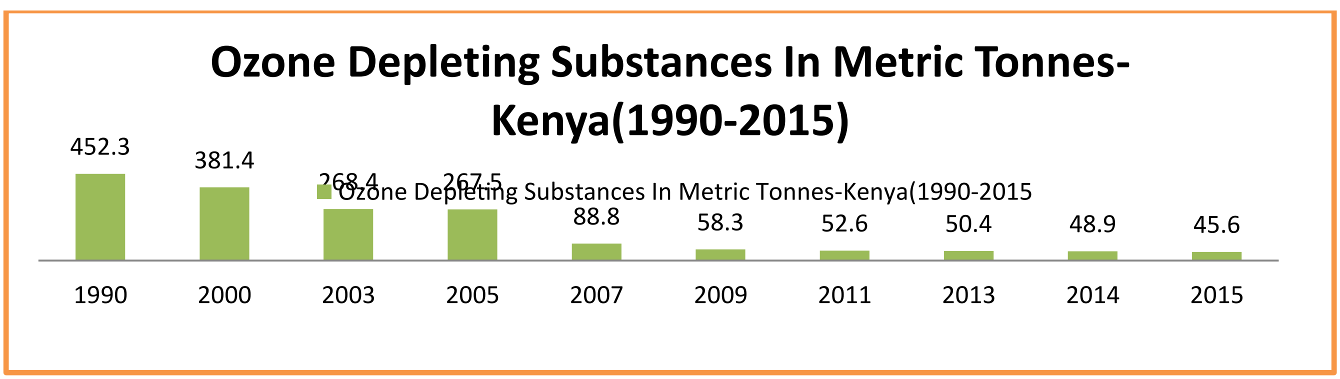
Source: Carbon Dioxide Information Analysis Centre/World Bank, 2013

7.3 Consumption of Ozone Depleting Substance (ODS)

The depletion of the ozone layer is currently a global problem as a result of human behavior/activities especially as relates to use of various forms of chemicals .The ozone layer depletion leads to human ill-health, environmental effects such as global warming and hence negatively affecting the country's development.

In Kenya, since 1990 there has been a steady decline of volumes of ozone depleting substances. For instance in 2000 there was a total of 381.4 metric tonnes of ODS in the country. This downward trend saw a record of 267.5 metric tonnes in 2005 and by 2013, the volumes of ODS had drastically declined to 50.4 metric tonnes. As of 2014 the ODS volumes were 48.9 metric tonnes and 45.6 tonnes in 2015.

Figure 3.24: Ozone Depleting Substances in Metric Tonnes - Kenya (1990-2015)



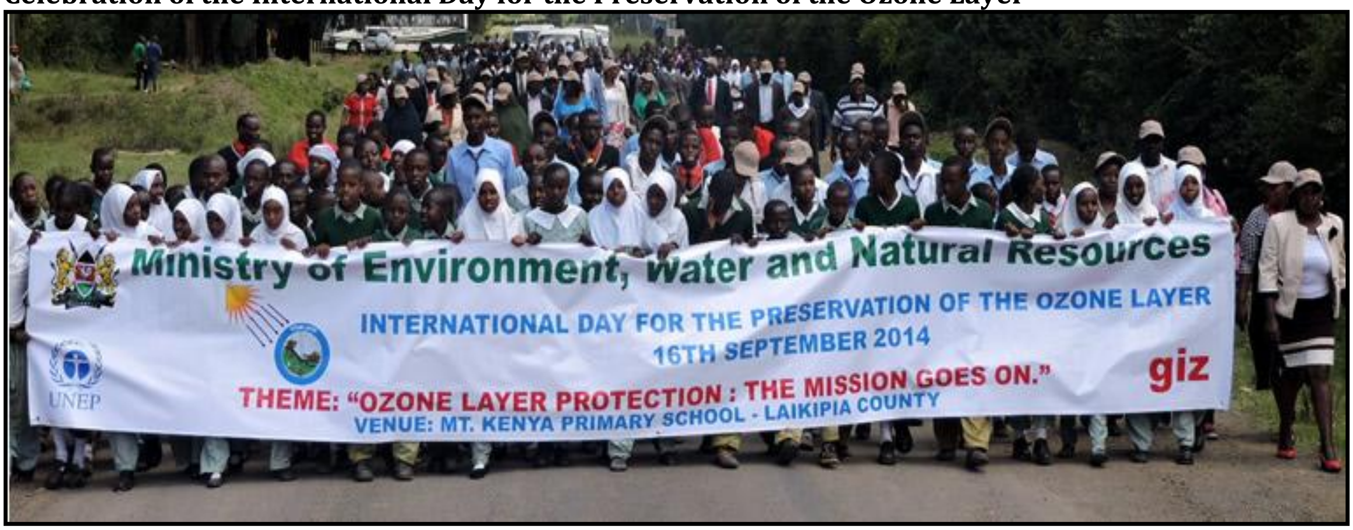
Source:www.epa.ozone/science/process/Gtml

The largest sources of ODS are refrigeration and air conditioning services/appliances which are mainly imported from outside the country. As per the MDG target, the country is yet to hit the zero target by 2015. Kenya has been undertaking collaborative measures to curb the production of the chlorofluorocarbons(CFCs) and the hydrochlorofluorocarbons (HCFCs) by implementing the Vienna Convention for the protection of the Ozone Layer (1985) and the subsequent Montreal Protocol on

Substances that Deplete the Ozone (1987), whose objective is reducing and finally phasing out the production and consumption of Ozone Depleting Substances (ODS) such as the (CFCs), HCFCs), Carbon tetrachloride (CTC), methyl chloroform, halons and methyl bromide. To effectively achieve this, the government enacted the EMCA (1999) as the country's environmental legislative framework. Implementation of this framework has made some progress with regard to the enforcement and compliance of reducing the ODS. For instance, between 2010 and 2012, the enforcement agency impounded illegal ODS in the country. Therefore, through the country's enactment and collaborative implementation and enforcement of the ODS regulations, the country is on the right track towards the achievement of reduction of the ODS as spelled out in the Montreal Protocol.

Kenya has made considerable progress in phasing out substances that deplete the ozone layer that shields the earth from harmful ultraviolet radiation from the sun. For example, the country had phased out chlorofluorocarbons, halons and methyl bromides which are ozone depleting substances (ODS) found in applications such as fire-fighting equipment and fumigation for soils and cereals. The Ministry of Environment and Natural Resources is supporting industries, companies and agricultural enterprises to shift from using ODS for ozone friendly alternatives (MENR, 2014).

Celebration of the International Day for the Preservation of the Ozone Layer



Source: Ministry of Environment, Water and Natural Resources, 2014

In Kenya, the common ozone depleting substances used include chlorofluorocarbon (CFC) Hydrochloflourocarbon (HCFC), Harlon (used in firefighting) Carbon Tetrachloride (a solvent) and methylchloroform (a solvent), Methtlbromide (used in agricultural production) and metham sodium. However, the use of these ODS are restricted under both the national regulations and global conventions.

7.4 Proportion of Fish Stocks within Safe Biological Limits

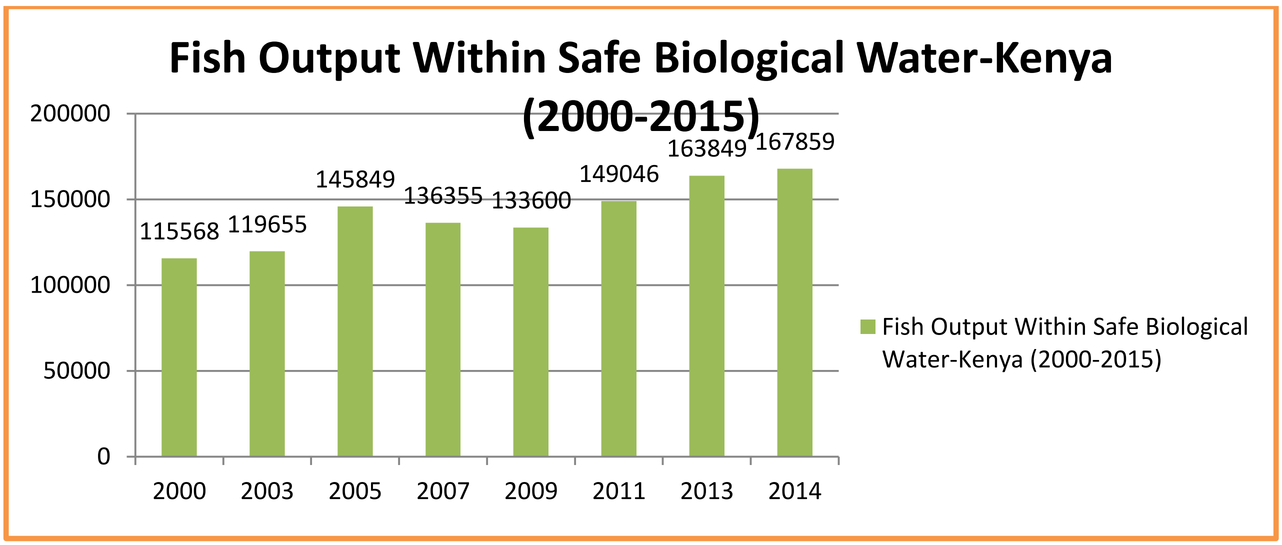
The Fisheries sector continues to play a central role in income generation in Kenya. Fresh water fish has remained the major source of fish landed in the country, accounting for 94.4% of the total fish output in 2014 (KNBS, Economic Survey, 2015). Out of this source, Lake Victoria and the increasing fish farming in the country have continued to be the major sources of fresh water fish (76.7% and 14.4%, respectively).

Fresh fish catch from Lake Victoria and landing bay at Mbita Point, Suba District

Source: Photo taken on a field visit at Mbita Point, Suba District (one of the MDG Districts) at a fish landing bay, August, 2015.

The government efforts to protect the forests which are the major water towers resulted into increased water volumes especially in the Rift Valley Lakes boosting the fish stocks in the lakes (KNBS, Economic Survey, 2015). As a result in 2010, the total fish output (both from fresh and non-fresh water) was 140,751.0 metric tonnes, steadily rising to 167,859.0 metric tonnes in 2014 as indicated in the table 3.24 below.

Figure 3.25: Fish Output Within Safe Biological Water-Kenya (2000-2015)



Source: KNBS, Economic Survey, 2015, Statistical Abstract, 2014

Target 7B: Reduce Biodiversity Loss Achieving By 2010, Significant Reduction in the Rate of Loss

Kenya is endowed with a rich biodiversity spread across the country. The importance of protecting the country's biodiversity is far reaching. For instance, the country's biological resources are central to the national economic prosperity as source of food, fuel, wood, shelter, employment, and foreign exchange earnings especially through tourism. Other crucial benefits include the maintenance of water cycles, regulation of climate, photosynthetic fixation, and protection of soil, storage and cycling of essential nutrients, as well as absorption and breakdown of pollutants.

Kenya has envisioned maintaining a clean and healthy environment with abundant biodiversity resources through various activities like sensitization and empowerment of communities through participatory management practices and use of techniques and technologies that are friendly to the environment. The government is employing a management approach that ensures the need to sustainably utilize these resources, while ensuring that benefits from them are used to equitably improve social, cultural and economic wellbeing of the people. To achieve this, the government developed the National Biodiversity Strategy and Action Plan (NBSAP) 2000 to facilitate the biodiversity management.

Table 3.14: Trends and Status towards Achievement of Target 7B

Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2015
7.5 Proportion of Total Water Resources Used	7.5	---	---	---	----	----	14.2	---	18
7.6 Proportion of Terrestrial and Marine Areas Protected	7.696	8.244	8.244	8.244	8.244	8.244	8.255	8.255	8.255
7.7Proportion of Species Threatened with Extinction	-5	-5	-5	-5	-5	-5	-5	-5	-5
	-9	-9	-9	-9	-9	-9	-9	-9	-9
	-5 Critically Endangered -9 Endangered								

Source: MEWNR, 2015, KWS Annual Reports

7.5 Proportion of Total Water Resources Used

Though Kenya is characterized with different ecological or climatic zones and catchment areas, it was estimated that the country has a total of 22.5 billion cubic meters of water annually (BCM/y) (National Water Master Plan 2030).

Demand for available water in the country has grown tremendously due to population increase and increased industrial activities. For instance, in 1990 the demand was only 7.5% increasing by threefold to 14.2% in 2010 and 14.6% 2014. The main demand for water resources in Kenya include domestic, industrial, irrigation, livestock, wildlife and fisheries as indicated in table 3.14.

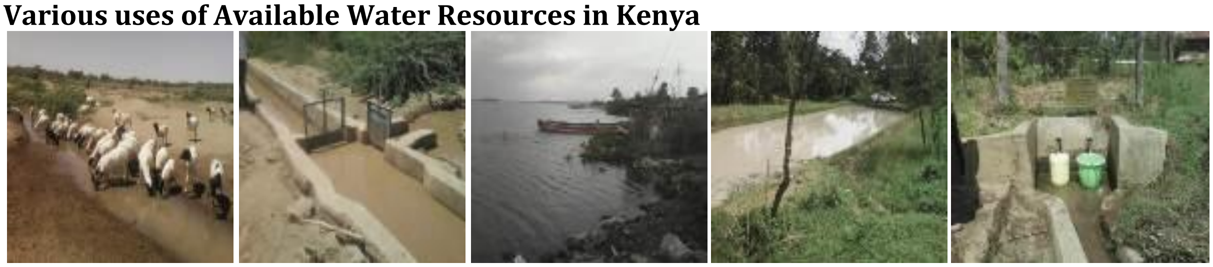
Table 3.15: Demand of Available Water Resources and Use (Million Cubic Metres)

Water Use	1990	2000	2003	2005	2007	2010	2011	2013	2015
Domestic	386					3.2			3.2
Industrial	42					0.25			0.25
Irrigation	522					9.44			9.44
Livestock	78					1.63			1.63
Wildlife	1					0.04			0.04
Fisheries	14					0.07			0.07
Total	1,043					14.2			14.6

Source: MEWNR, National Master Plan, 2030

The water demand is projected after every 20 years and therefore the proportional of water demand for 2015 is still that projected for 2010 (National Water Master Plan, 2030).

Various uses of Available Water Resources in Kenya

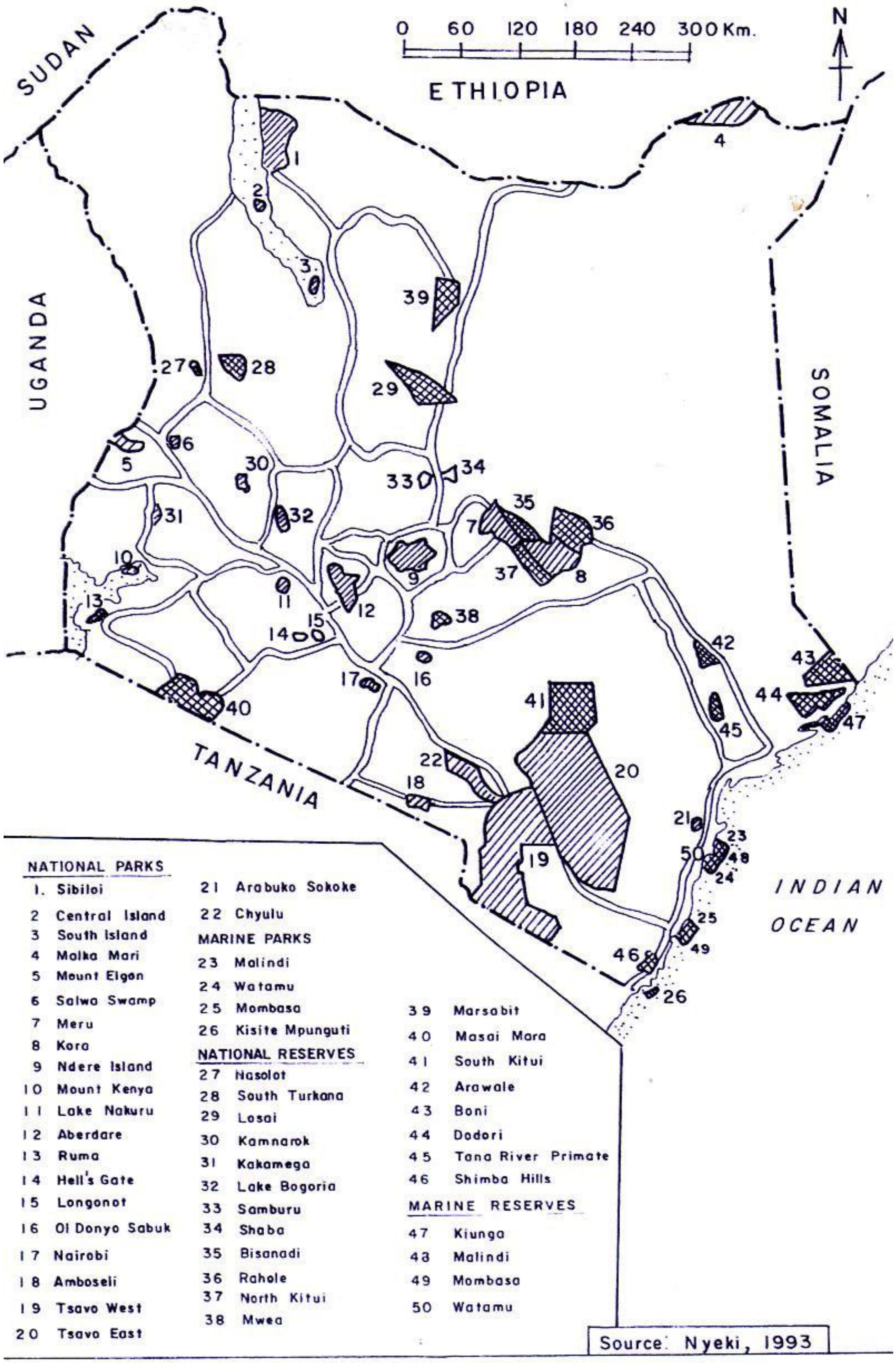


An irrigation canal on River Turkwel for irrigation in Nauros Irrigation Scheme in Turkana District, Fishing on Lake Victoria, at Mbita Point, Suba District, Fish pond and protected water spring in Bungoma District (photos taken during field visits, August, 2015).

7.6 Proportion of Terrestrial and Marine Areas Protected

Terrestrial land is basically the areas covered by land mass excluding water mass while marine areas include the areas of intertidal and sub-tidal terrains. Therefore, terrestrial and marine protected areas are those areas under the above categories which have been reserved by law or other means such as the government gazette notices to protect either a portion of it or whole of it. They may include but not limited to the country's national parks and reserves, national sanctuaries, Ramsar sites, national heritage sites, Biospheres as shown in table 3.15 below. Kenya has only 8% of her land mass under protection for wildlife conservation among others. The protected areas consist of ecosystems such as forests, wetlands, savannahs, marine, ASAL areas among others. Such areas are normally surveyed, demarcated and gazetted in the official government gazette and certain government authorities such as Kenya Wildlife Services (KWS), Kenya Forest Services (KFS), Kenya Marine Authority etc given the mandates to safeguard and manage them. Kenya's marine and coastal areas consist of over 800 species such as 169 species of corals, 9 species of mangroves, 11 species of sea grasses, 344 species of mammals, 5 species of reptiles, bedsides among others. As of the end of 2014, the areas which had been placed under protection were as shown in table 3.15 and map below.

A Network of Protected Areas in Kenya



Source: *The School for Field Studies, Center for Wildlife Management Studies*

Table 3.16: Protected Terrestrial and Marine Areas in KM Square

Type of Protected Area	Area in km Square
National Parks	30,348.3
National Reserves	16,478.4
Marine National Parks	70.1
Marine National Reserves	706.0
National Sanctuaries	71.3
Rmsar Sites	286.0
Total Area	47,960.10

Source: KWS Annual Reports and Conservation and Management Strategies

7.7 Proportion of Species Threatened with Extinction

Kenya is endowed with countless forms of biodiversity, out of which five of them constitute hotspots of species facing extinction. There is a total of about 32,000 species (Fauna and Flora), out of which about 25,000 are animals and 7,000 plants. In addition, there are 2,000 different microorganisms such as fungi and bacteria. Of the faunal biodiversity, 21,575 are insects, 1,133 birds, 315 mammals, 191 reptiles, 180 fresh water and 692 marine and brackish fish.

There are 88 amphibians (NEMA, 2009). With her rich heritage of biodiversity however, the country has been faced with the problem of tackling the threats posed to her biodiversity such as poaching and illegal trafficking of prohibited species of animals and plants. Using the International Union for Conservation of Nature (IUCN) Threat Criteria developed in 2008, various species of plants and animals in the country have now been categorized as critically endangered, endangered or vulnerable as outlined in table 3.16 below.

Table 3.17: Endangered and Vulnerable Species in Kenya

Species	Critically Endangered	Endangered	Vulnerable	Total
Mammals	4	11	18	**33**
Birds	4	12	14	**30**
Reptiles	2	4	2	**8**
Fish	7	4	15	**26**
Plant	-	4	6	**10**
Total	**16**	**35**	**55**	**106**

Source: KWS, 2013

It has been indicated that about 5% of Kenya's biodiversity species are critically endangered (have a score of -5 on the IUCN threat criteria), 8% are endangered (-9 on IUCN threat criteria). These endangered species include mammals such as the country's black rhino, elephants, Cheetah, Rothschild Giraffe (Giraffa camelopardalis rothschildi) and leopards, birds such as the Sokoke Scops Owl, the Clarke's Weaver, reptiles such as the Gold's Cobra and the Kaimosi Blind snake, fish such as the Plectropomus laevis as well as various types of plants such as the Sandalwood, as shown in table 3.16 above.

Clarke's Weaver bird (Ploceus golandii), Plectropomus laevis fish in Watamu Marine Park.


Source: Nature Kenya, 2013

Endangered Roan Antelope of Ruma National Park and Grevy's Zebra (*Equus grevyi) of Lewa conservancy*


Black Rhino

Elephants

Cheetah

Sokoke Scops Owl

Source: KWS, 2012-2017 and USAID/KE

Target 7C: Reduce By Half By 2015, the Proportion of People Without Sustainable Access to Safe Drinking Water and Basic Sanitation

A large proportion of Kenya's population both in rural and urban areas depend on sources of drinking water which are not safe and reliable.

Photos taken during field visits(a stream in Bungoma North District, a protected spring in Bungoma South, a water storage tank in Gere, Suba District and Butere in Kakamega District and a protected water spring in Bungoma North District)

Table 3.18: Trends and Status in Achieving Target 7C

Indicator	Residence	1990	2000	2003	2005	2007	2009	2011	2013	2015
7.8 Proportion of population using improved source of drinking water	Rural	---	43.5	---	---	---	44.0	---	---	48.0
	Urban	----	89.7	----	----	----	71.7	---	---	63.0
	Total	----	54.8	57.1	56.5	59.4	52.6	---	53.3	53.3
7.9 Proportion of population using improved sanitation facility	Rural	----	----	----	----	----	53.5	---	---	63.8
	Urban	----	-----	----	----	----	78.0	----	----	66.2
	Total	45	---	----	48	---	61.1	---	66.7	65.2

Source: KNBS, Kenya Housing and Population Survey, 2009

7.8 Proportion of Population Using an Improved Source of Drinking Water

Safe drinking water is a prerequisite to prevent many infectious/communicable diseases especially the water-borne infections such as typhoid, diarrhea, dysentery, amoeba etc. In Kenya, access to safe, adequate and reliable water supply is one of the central indicators of socioeconomic development (KNBS, Economic Survey, 2014).

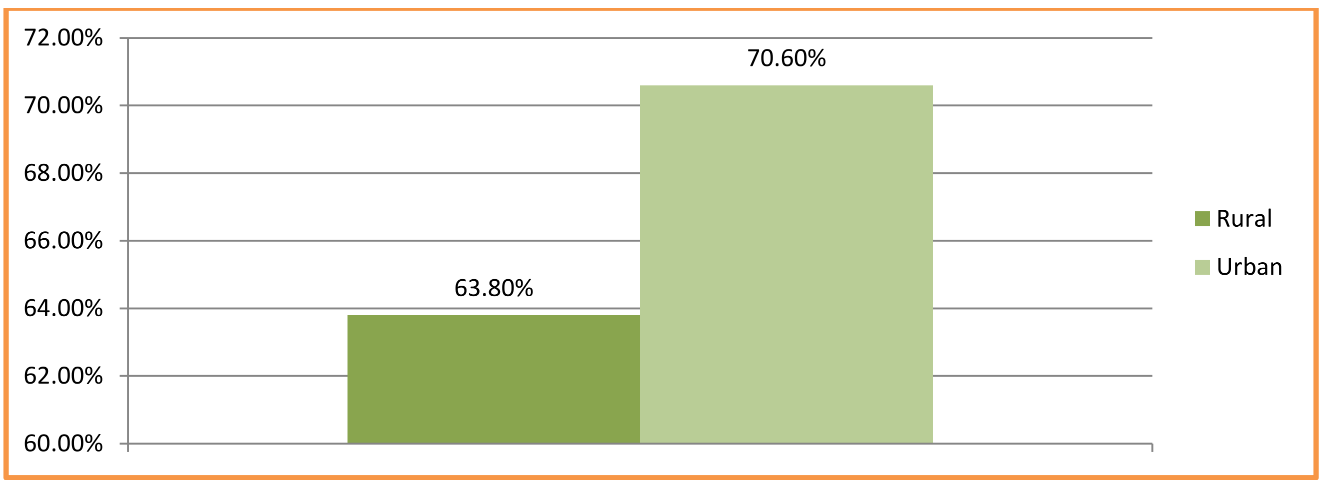
Access to safe drinking water by the Kenyan populace has been increasing albeit at a slow pace. For instance by 2009, 52.6% of Kenya's households had access to safe source of drinking water, of which 44% were in rural areas and the rest in urban areas (KNBS, Kenya Population and Housing Census, 2009). This compares well with Annual Water Sector Review Report of 2012/13 which put the proportion of population accessing safe source of drinking water at 51.3% in 2011 and 53.3% in 2013. Currently, 63.0% of population in urban areas has access to safe drinking water and 48.0% in the rural areas with a national average of 59.9% . This is a low coverage meaning that almost half of the country's population doesn't have access to safe drinking water.

7.9 Proportion of Population with Improved Sanitation Facility

A sanitation facility is any type or form of system of human and domestic waste disposal. According to KDHS 2008/9, a household is classified as having an improved toilet if that toilet is used only by members of one household i.e. t is not shared among other households and the facility used separates waste from human contact (KDHS, 2008/9). It is indicated that by the above definition less than one quarter of Kenya's households (22.6%) had access to an improved toilet just as only 24.3% proportion of population use an improved sanitation facility (KDHS, 2014). However, according to the annual water sector review 2012/13, the proportion of the country's population using an improved sanitation facility had increased to 66.7% in 2013 with 63.8% and 70.6% in rural and urban areas, respectively. The Ministry of Environment, Water and Natural Resources Strategic Plan, 2013 indicates that 66.7% of urban population and 63.8% of the rural population has access to sanitation facilities while. Sewerage system for collection of waste water especially in urban Centers is a very important facility for sanitation needs. The national water master plan 2030 indicates that only 31 of 137 urban centers in Kenya have sewerage systems.

Source: Photos taken at Katendwa primary school, Kilifi County during MDGs assessment field visits, August 2015

Figure 3.26: Proportion of Population with Improved Sanitation Facility



Source: DOMC, 2010, KDHS, 2014

Target 7D: By 2020, to Have Achieved a Significant Improvement in the Lives of Slum Dwellers

The world is currently urbanizing at a rapid rate and consequently, the global population living in slums is also growing tremendously. The United Nation's HABITAT (UNHABITAT) estimates that at present, there are about one billion people living in slums, majority of them in developing countries. About one-third of all city dwellers in developing countries live in poor-quality housing settlements known as slums (informal settlements). Kenya, like many other developing countries has been witnessing a steady increase of slum dwellers over years as indicated in the table below.

Table 3.19: Trends and Status in Achieving Target 7D

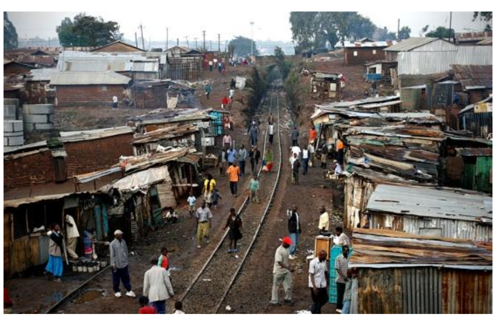
Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2015
7.10 Proportion of Urban Population Living In Slums (Millions)	**1.5**	**2.1**	**2.7**	**3.6**	**4.7**	**---**	**5.5**	**6.6**	**7.0**

Source: KNBS, Kenya National Housing and Population Census, 2009

Kenya has been characterized by perennial shortage in urban areas and poor quality housing in rural areas. This has led to high incidences of poor living conditions, unhealthy living environmental conditions and coupled with the rapid urban population growth rate, has led to formation and expansion of slums and informal settlements. The resulting effects has been the poor living conditions such as lack of access to clean and safe water, sanitation facilities, poor access to health services, congestion and susceptibility to communicable diseases such as TB etc.

7.10 Proportion of Urban Population Living in Slums

With the country's surge in urban population due to rural-urban migration and natural urban population growth, housing facilities have become a perennial problem. The country's urban population had grown from about 10% in 1969 to 33% by 2009 and is projected to hit 39% by 2017 (KNBS, population and Housing census, 2010). Urban areas have also been characterized by poor housing as well as poor quality living environments. Due to this urban population upsurge, the effects have been proliferation of informal settlements/slums). With the current trends, it's estimated that half of Kenya's population (30 million) will be living in urban centers in the next 50 years.




Kibera slums in Nairobi, Kenya (one of the world's biggest slums)

Ongoing Kibera Slum House Upgrading

Kibera Slums undergoing an upgrading to better housing

The rapid expansion of Kenya's urban slums is consequently leading to a myriad of challenges relating to food security, health services, water, and sanitation. The country's slums such as those in Nairobi are in deplorable conditions such as overcrowding, poor water and sanitation among others. However, over years now, the government in collaboration with other stakeholders has been undertaking various programmes aimed at upgrading the slums in various parts of the country. Some of the big slums in the country include Kibera, Mathare Valley, Korogocho, and Mukuru (Viwandani).

Challenges and Gaps in Achieving Environmental Sustainability

The efforts by Kenya and other stakeholders geared toward implementation of intervention programmes to manage and sustain the environment and natural resources have faced challenges as:

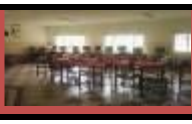
- Population explosion continues to exert enormous pressure on the scarce land resources leading to poor and unsustainable land use and practices
- Rapid population increase has resulted into a large proportion of protected areas being encroached on by people for economic activities
- Persistent heavy pollution and poor waste management system, the resultant effect is eminent desertification
- Inadequate institutional, human, financial and technological capacity hinder effective and adequate management of the environment and natural resources by relevant institutions e.g. the MEWNR
- Invasive and alien species that threaten indigenous species by way of predation, alteration of habitat or disruption of ecosystem processes. The prevention, control and elimination of these species is a big challenge in environmental management efforts
- Slow and ineffective management and enforcement of environmental guidelines, policies, regulations and standards has negatively impacted on the implementation of intervention activities geared toward the achievement of environmental conservation, management and sustainability
- Low investments in the water and sanitation sectors and high levels of Non-Revenue water
- Poor environmental and water governance structures e.g. non-adherence to local and global policy commitments has not been addressed and coordinated adequately. For instance, there is inadequate management monitoring systems, inadequate capacity and mechanisms to respond to environmental challenges, and inadequate capacity to mainstream environmental economics into national policies and plans
- Poor or weak environmental and natural resources conservation enforcement and monitoring, coupled with rampant corruption practices by those entrusted with the enforcement of the laws, regulations and rules makes conservation and management of the environment and natural resources difficult
- Inadequate modern ICT-based systems for data and information collection, analysis and dissemination. In addition, there is lack of integrated data management and inadequate technologies to collect data due to inadequate funding, data sourcing, quality, storage, management and dissemination, inadequate capacity for access, restrictions, collection, analysis, storage facilities, networking and inadequate integration of indigenous knowledge in the sector management

- The adverse effect of the global climate change occasioned by global warming
- Inadequate or unavailability of data for management still remains a big challenge
- Weak system of National Accounts where the national environmental accounting and valuation system feeds into the SNA with an aim of mainstreaming environmental issues within the planning, budgeting processes at the national level
- Lack of or inadequate technological capacity to use the more cost effective environmental management mechanism, carbon credits trading as well as the polluter pays principle in managing the environment and its related natural resources
- Poor coordination among the housing upgrading stakeholders especially in the urban slums upgrading programmes such as the Kenya Informal Settlement Improvement Programme (KISIP)
- Political and other forms of vested interests, political interferences which have worked to slow or stop various interventions aimed at achieving MDG 7
- The persistent conflict of interest coupled with misplaced priorities in the conservation and management of the environment and natural resources
- The high influx of refugees into the country from the neighbouring countries and settling in the already fragile ecosystem especially in the ASAL areas poses a great threat to the already scarce resources

Ongoing interventions to achieve environmental sustainability

- Concerted efforts in ensuring population growth decline from the 3.0% to 2.4% by 2017,
- Development and implementation of an integrated growth and development strategy for Nairobi Metropolitan Region and other five metropolitan areas such as Mombasa, Kisumu, Kakamega, Nakuru, Eldoret, Wajir, Garissa, Mandera, Kitui, Mwingi and Meru,
- Development of National Urban Development Policy, development of Market Development Policy, Development of Physical and Social infrastructure in the informal settlements (slums), expansion of housing units as well as promotion of research and utilization of low-cost and appropriate construction materials and technologies and improving access to housing finance,
- The development and implementation of the National Housing Policy to enhance access to housing as outlined in Vision 2030,
- Efforts to intensify conservation and management of environment and natural resources under which various policy, legislative and legal frameworks have been developed including the Master Plan for the conservation of water tower, the National Climate Change Response Strategy (NCCRS), the National Climate Change Action Plan, the National Chemical Profile, the Water Hyacinth Management Strategy (WHMS), Framework and report for the Lake Victoria Environment Trust Fund, Harmonized water resources management policies, and Action Plan for operationalization of Fish Levy Trust Fund,
- Through its environmental management and protection mandate, the MEWNR domesticated MEAs, developed master plan of water catchment areas, Atlas of our changing Environment, Kenya Wetlands Atlas, ESD Strategy, Waste management guidelines, SEAs guidelines, NCCRS Action plan and review of the EMCA. Efforts have also been made for establishment of DOE and climate change unit and finalization of the mining bill,
- The establishment of the Kenya Forest Service to implement and enforce the forest rules/laws and regulations,
- Under the forest and wildlife policy regulation and coordination, the government undertook the redrafting of the Forest Conservation and Management Bill, Forest Policy, Wildlife Conservation and Management Bill and Policy to realign them to the Constitution of Kenya, 2010. The National Forestry Programme was also initiated,
- Formation of the Community Forest Associations (CFAs) to cultivate the culture of community participation and involvement in management of the forests,
- Institutional capacity building e.g. the inventory management by the deployment of personnel (2) to the Climate Change Secretariat to focus on the Green House Gases inventory,

- The development of the Least Cost Power Development Plan (2013-2033) with the aim of providing clean energy. The plan aims to increase clean energy generation capacity by 5,000MW by the year 2017,
- Development of the National Climate Change Response Strategy to provide a framework in addressing the issue of climate change,
- The country's adoption and domestication of the Montreal Protocol and the development of the Ozone Depleting Substances Regulations (2007) to address the ODS issues,
- Development of Solid Waste Regulations (2006) as well as Air Quality Regulations (2009) to address emission of toxic and obnoxious substances, and,
- The collaborative establishment of the Kenya Slum Upgrading Programme to improve the livelihoods of millions (7 million now) slum dwellers in the country by 2020.



MDG 8: Develop Global Partnership for Development

Introduction

The UN call for countries to develop global partnership for development takes a center stage in cognizance that nations cannot develop in isolation from others. Embracing global partnership takes into cognizance of the countries operating as part of the whole system. In essence therefore, embracing global partnership is a call on nations and development partners to improve on and open up more and better economic opportunities for trade, and scaling up market access through creating enabling environment such as enhancing duty-free access, provision of debt relief and ensuring that poor countries are benefiting from ICT.

In trade, global partnership is viewed in terms of tradeable goods and services, balance of trade as well as the terms of trade between countries. Establishing a conducive business and trade environment has been very central to Kenya's reform agenda aimed at improving market access at local and global levels. The development of Vision 2030 for the trade sector has also underscored the importance of global trade to Kenya.

Target 8A: Develop Further an Open Rule –Based Predictable Non-Discriminatory Trading and Financial System

Creation of an enabling business environment has been one of Kenya's reform agenda with regard to enhancing market access at the national and international stages. This is also underscored in Vision 2030, which recognizes the central role played by global trade to Kenya. While undertaking various initiatives such as enhancing the wholesale hubs, retail markets among others, Kenya is also making efforts to enhance its bilateral trade portfolio by exploring new markets in addition to the existing ones.

8.1 Trade and Markets Access

Market access may include the commitments of the developed countries to create enabling environment by removing the existing barriers such as tariffs and taxes and non-tariff barriers for both developing and less developed countries to export their goods and services.

Table 3.20: Trends and Status of MDG 8A Targets

Indicator		1990	2000	2003	2005	2007	2009	2011	2013	2014	2015
8.1 Proportion of total of country's imports from Kenya admitted duty-free (%)		----	90.56	97.54	96.32	98.55	98.61	97.88	----	98.6	100
8.2 Average Tariffs imposed by developed countries on agricultural products, textiles and clothing from Kenya (%)	MFC	---	8.34	8.02	7.96	8.10	8.41	8.35	----	8.4	0
	PC	---	4.71	2.65	2.74	2.44	2.28	2.23	----	2.1	0

MFC-Most Favoured Countries, PC-Preferential Countries

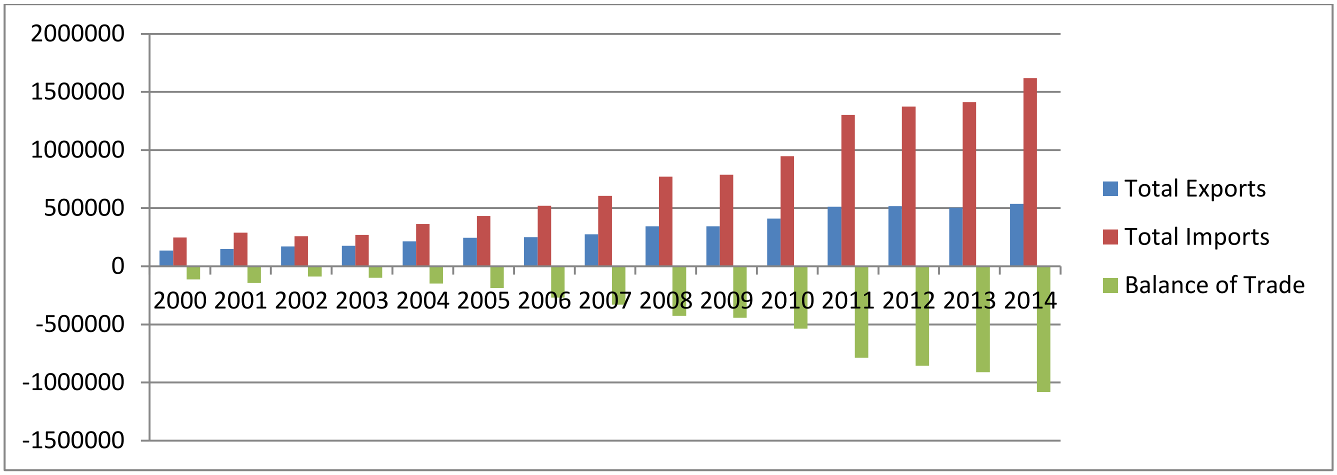
Source: KNBS, Economic Survey, 2015

From table 8.1, it is evident that though Kenya has not and may not achieve this target by 2015, it has enjoyed high export volumes entering developed countries duty free (90.56%) in 2000, increasing to 97.54% in 2003, 98.61% in 2011 and 98.6% by 2014.

Kenya's global partnership stretches from the regional socio-economic blocs such as the East Africa community (EAC) and the Common Market for Eastern and Southern Africa (COMESA). Apart from her trade within the EAC and COMESA blocs, Kenya enjoys trade with many individual countries in Africa. From a global scene, outside Africa, Kenya has strong trading ties with such countries as the United States of America (USA) through a common trading agreement called the African Growth and Opportunity Act (AGOA), bilateral trading with the United Kingdom, Asian Countries such as Pakistan, India and bilateral trade agreements with the Republic of China. Kenya is an active member of the World Trade Organization (WTO) and her advocacy and adoption of the tariff bounds and the removal of the non-tariff barriers (NTBs) is a strong indicator of her commitments and efforts towards MDG 8 achievement.

At the regional level, Kenya and other East African Countries have been pursuing the enhancement of economic integration and free market access within the region and by 2010, the East African Union had been formed and operationalized. In line with this, the East African Common Market Protocol was signed in 2009 and ratified by the members states in 2010, paving the way for free movements of goods and services across the region.

Figure 3.27: Kenya's Balance of Trade Value in Ksh. Millions (2000-2014)

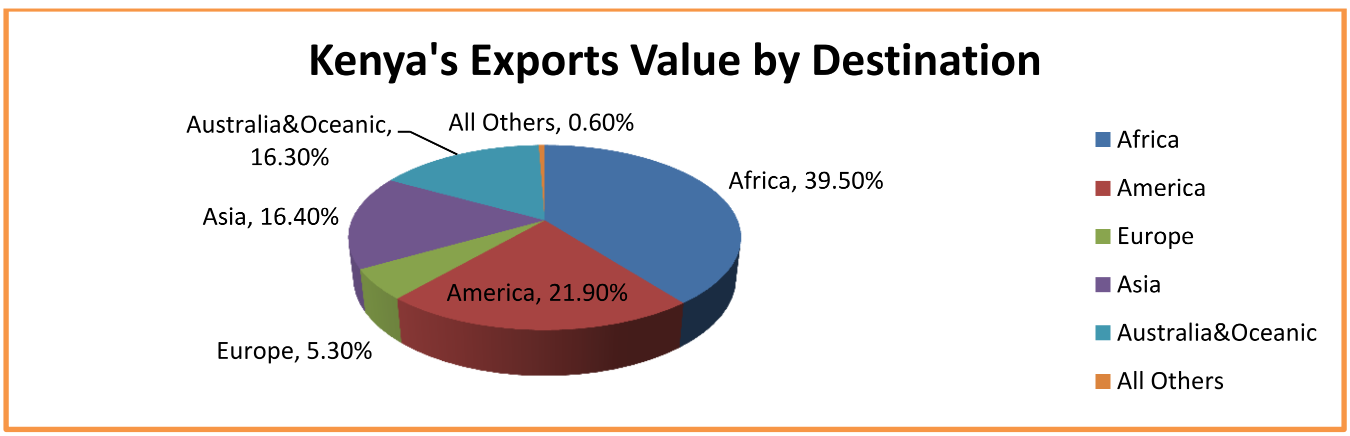


Source: KNBS, Economic Surveys, 1990- 2015

Currently, there are efforts for the EAC region to establish a common currency. Kenya has been pursuing for economic partnership Agreement (EPA) arrangements with the European Union (EU) to enhance and sustain the preferential market access to the EU markets. The objective of these efforts is to have trade barriers removed between the trading partners in European Union countries and those countries in the African, Caribbean and Pacific (ACP) in order enhance and strengthen her trade and economic cooperation.

Kenya's global partnership in terms of trade is largely on the African continent followed by Europe, Asia, America, Australia and Oceanic and all others in that order as shown in figure 3.27 below.

Figure 3.28: Value of Total Exports in Ksh. Millions by Destination (2009-2014)



Source: KNBS, Economic Survey, 2015

Kenya has made tremendous progress towards the achievement of MDG 8 as relates to the target of market access. Her access to markets in the developed countries has been declining and becoming unfavorable due to non-tariffs barriers (NTBS), trade distorting subsidies and sanitary and phyto-sanitary restrictions imposed by the developed countries. Other trading frameworks include Most Favoured Nations (MFNs) and Preferential Treatment (PT), which Kenya should invoke in her trading engagements with her global partners.

Kenya's volumes of exports and imports have been increasing over years but the volumes of imports have been increasing faster than exports and this coupled with the unstable exchange rates has led to an ever widening gap in balance of trade deficit as shown in the tables above. Progress made towards trade and market access include the Private Sector Development Strategy (PSDS), the Medium Term Plans (MTP), 2008-2012, 2013-2017 and the National Trade Policy.

The country continues to have a lean basket for export from the manufacturing sector. Manufactured products for exports are iron, steel, pharmaceutical products, cement and essential oils. This therefore underscores the need for Kenya to scale up her efforts in enhancing value addition and product diversification in the manufacturing sector.

Challenges in Achieving Targets of Trade and Market Access

Since 2000, Kenya's external trade has significantly increased both in exports and import. However, the ever increasing balance of trade deficits in favour of imports is an indicator that the trade sector is constrained due to such challenges as:

- Unfavourable trade and investment environment in the country,
- Narrow export base based mainly on agricultural products and low value addition in manufacturing industry,
- Unfavourable global environment fueled by the existence of such factors as tariffs and non-tariffs barriers (TNTBs), erosion of preferential treatment for market access, trade distorting subsidies and restrictive sanitary and phyto-sanitary measures imposed by developed countries.
- Low levels access to financial services for both industrial development, entrepreneurship, coupled with inadequate funding for research promotion activities,
- Until in the last decade, there was a low level of ICT adoption,
- Political tensions and conflicts which have seen disruption in the economic activities especially in the agricultural and manufacturing sectors,
- Inadequate financial support to adequately meet the MDGs activities implementation in the phase of devolution towards the county government structure,

Ongoing Interventions/Strategies to Increase Trade and Access to Market

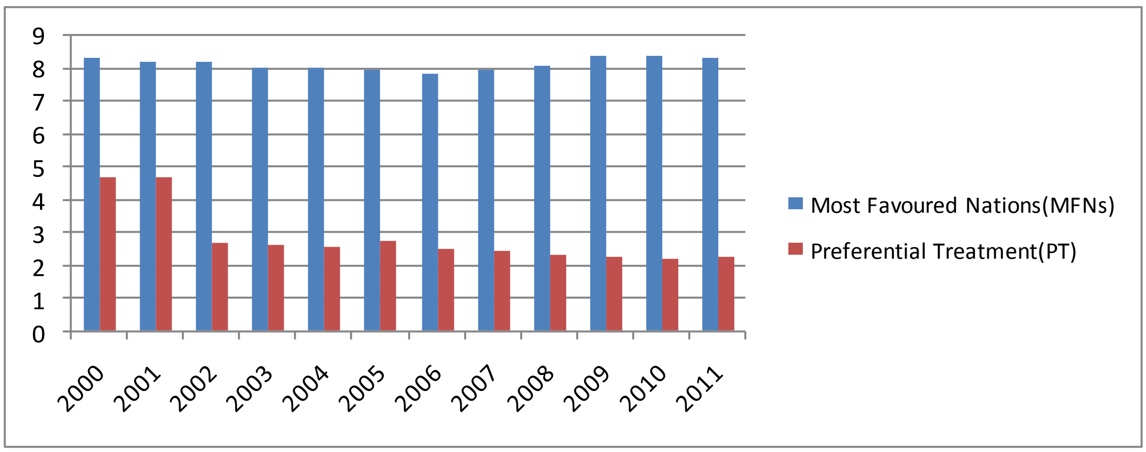
- The Government has made efforts to empower the manufacturers and exporters through the export processing zones (EPZ)aided by the Export promotion Council (EPC),
- The government through relevant organs initiated the developments of a national negotiation strategy aimed at securing reliable commitments from the country's global trading partners to open up and expand markets for the country's goods and services,
- Through relevant line ministries and the ministry of Foreign Affairs and international trade, the government has embarked on promoting the country's goods and services in its traditional global markets as well as in the emerging and potential markets,
- Through the EPC and EPZ, the government continues to facilitate Kenya's entrepreneurs to participate through exhibitions at international trade fairs and exhibitions in order to consolidate, secure new and expand its global market.
- The EPC initiated the process of adopting the international harmonized system of customs control, international road transport with the aim of enhancing export competitiveness through improvement on its trade logistics system and processes,
- The EPC undertook capacity building programme for small and medium enterprises (SMEs) exporters and facilitating business enterprises to develop new products which were test-marketed in the regional markets of the EAC, COMESA and the rest of Africa through trade fairs and exhibitions. The SMEs were also linked to mainstream local exporters for experience (KNBS, Economic Survey, 2015),
- Re-assessment of the country's foreign policy aimed at re-establishing the country's global priorities and strategies to ensure that its trading arrangements are both robust and fair at the bilateral and multilateral levels,

- Market research and trade policy through the trade flow analyses, Kenya has been able to establish the direction of her bilateral trade and her global trading partners, and has been able to evaluate potential trade with specific countries across the world, the goods to focus on and the markets for diversification,
- Kenya with other EAC states are involved in lobbying negotiation of the comprehensive Economic Partnership Agreement (EPA) with the European Union, and,
- The launch of the COMESA-EAC-SADC tripartite Free trade area (FTA) negations and a roadmap for establishing it adopted in 2011,

Target 8D: Deal Comprehensively with the Debt Problems of Developing Countries Through National and International Measures in order to Make Debt Sustainable in the Long Run

According to the Debt Sustainability Analysis by the World Bank and IMF in 2011, it was shown that Kenya's debt sustainability framework was worsening. The implication is that the country is to continue experiencing a fast debt accumulation in the subsequent years as indicated in figure 3.28.

Figure 3.29: Average Tariffs Imposed by Developed Countries on Agricultural Products, Textiles and Clothing from Kenya

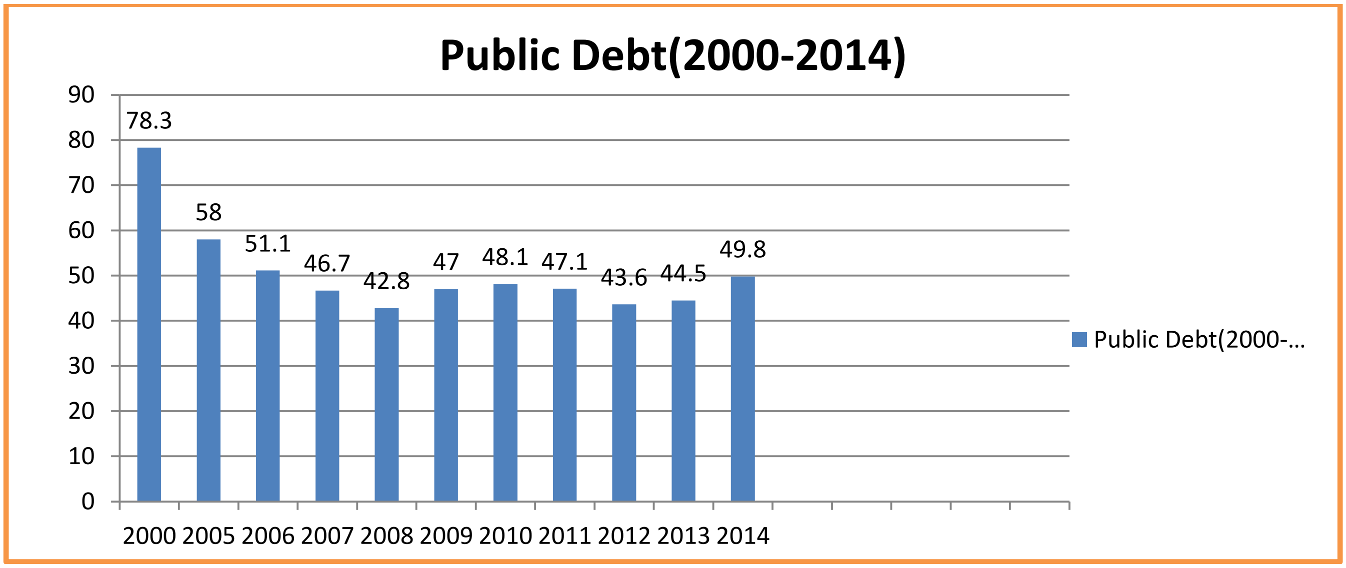


Source: International Trade Centre/UNCTAD/WTO

Target 8D: Deal Comprehensively with the Debt Problems of Developing Countries Through National and International Measures in Order to Make Sustainable in the Long Term

The country's public debt service, expressed as a percentage of export of goods and services has been fluctuating over the years. For instance, the debt service was 4.4% in 2000, 4.14% in 2005, 4.24% in 2009 and 4.91 in 2014. The country's latest debt sustainability analysis has indicated that the public debt is bound to remain sustainable though it has been rising. The country has been committed to managing its debts in order to avoid debt burden in years to come as well as avoid risks of macroeconomic instability. In the year 2000, Kenya's public debt had reached a high of 78% of the GDP and 48.8% by 2011, and currently is KSh 2.5 trillion which translates to 46% of GDP (Central Bank of Kenya, 2015). According to the International Monetary Fund's debt sustainability analysis report of 2014, all the external debt indicators had remained below the policy-dependent debt burden thresholds under the baseline scenario and no thresholds had been breached under any of the standard stress test (IMF, 2014).

Figure 3.30: Kenya's Public Debt to GDP Ratio (2000-2015)



Source: Central Bank of Kenya, 2015, KNBS, Facts and Figures, 2014

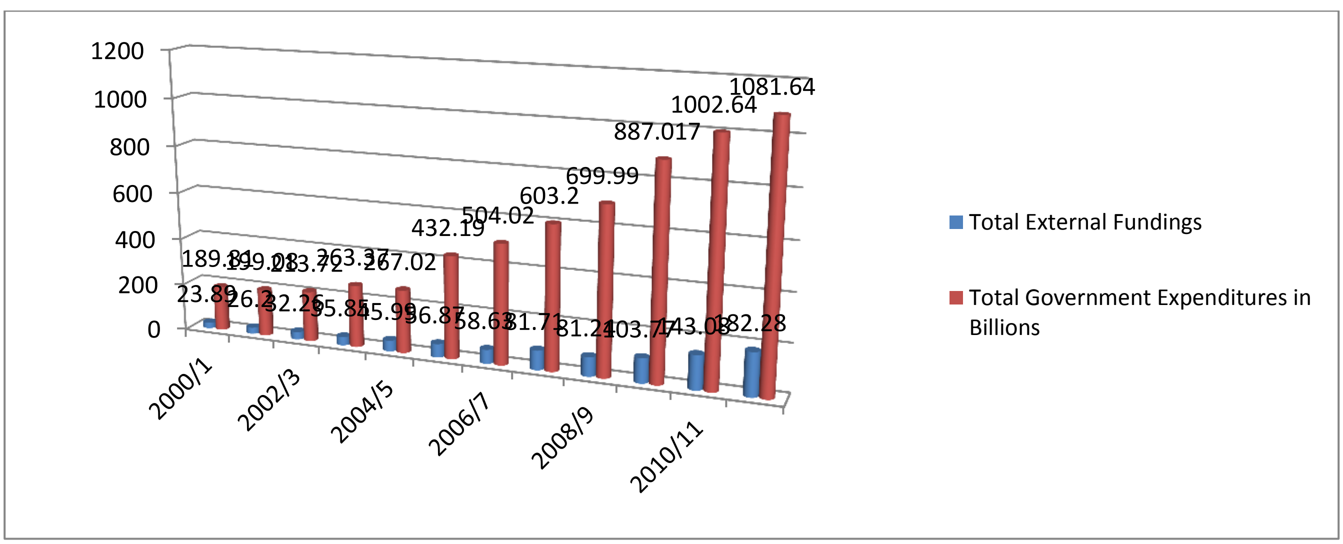
The public debt management in Kenya is enshrined in the Constitution of Kenya 2010 and entails a set of new form of governance which calls for fiscal devolution. In relation to this, the Public Finance Management (PFM) Act of 2012 was developed as a legislative framework for effective management of public debt.

Table 3.21: Trends and Status of Target 8D

Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2014	2015
8.3 Debt Services as a percentage of exports of goods and services	14.47	12.5---	4,9	4.14	3.76	4.24	3.57	5.6	4.99	----

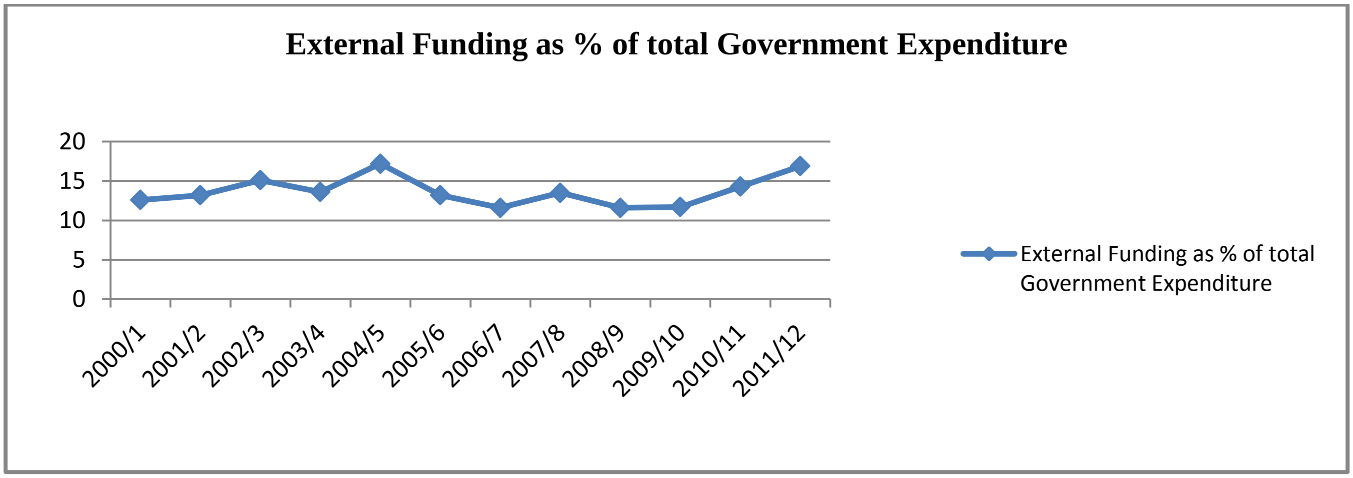
Source: National Treasury (Annual Public Debt Report 2000-2015), the World Bank, 2013.

Figure 3.31: External Funding and Total Government Expenditures in Kshs. Billions (2000-2014)



Source: National Treasury (Annual Public Debt Report 2000-2011)

Figure 3.32: External Funding & as Percentage of Total Government Expenditures in KSh. Billions (2000-2012)



Source: National Treasury (Annual Public Debt Report 2000-2014)

In the times of low external funding, the government has been making efforts to fund its development activities through borrowing from domestic sources. The country's public debt has been increasing over years as the country's expenditure also increased. For instance, the debt was KSH 1,622,802 million (49.5% of GDP) in the 2011/12 financial year from KSh 1,487,110 million (53.4% of GDP) during 2010/11. By 2012 the external debt stood at KSh 763,971 million though it had decreased from 25.9% to 23.3% of GDP between 2011 and 2012 financial years. By 2014, the external debt stood at KSh 1,138.50 while domestic debt was KSh 1,673.9 trillion translating to 46% of GDP (KNBS, Economic Survey, 2015).

[[[The funding from Kenya's development partners (DP) has been increasing though not significantly. For instance, in 2013, it was 20% as a percentage of the total GDP. The total external funding as a percentage of expenditure estimates increased between 2000/01 and 2003/04 FY(62.2% and 65.7%) respectively before starting to decline steadily to 40.1% in the 2009/10 FY. It started to increase steadily and by 2012/13 FY, it stood at 49.9%.]]]

Table 3.22: Kenya's Debt Services (KSh. Millions)

Period	Principal	Interest	Total
2006/7	13,884	4,433	18,317
2007/8	16,318	6,111	22,430
2008/9	17,389	5,903	23,291
2009/10	18,762	6,375	25,137
2010/11	22,737	5,736	28,473
2011/12	25,399	7,351	32,751
2012/13	25,474	11,131	36,605
2013/14	139,963	47,041	187,003

Source: National Treasury

The government's effort towards debt management has been promising. Coupled with greater reforms in public finance, public debt management is bound to improve further and pave way for opportunities to provide resources toward MDG activities implementations.

Challenges and Gaps in Achieving Debt Sustainability

Though Kenya has been making efforts geared towards the achievement of her debt sustainability, several challenges encountered include:

- Until 2009, the government lacked an effective legal framework to manage external resources,
- High costs of debt servicing which means that the available resources (funds) are reduced to a level which is not enough to fund the implementation of MDG programmes,
- Unfavorable, lengthy, stringent/bureaucratic conditions imposed by the development partners such as donors. Global economic crisis may also result into more stringent credit conditions and lower the FDI,
- On many occasions, the country has experienced non-fulfillment of the development partners' commitments to support the country. For instance, at the declaration of the MDGs, the developed countries committed to provide a 0.7% of their GDP to support developing countries in implementing the MDGs. This commitment was never honoured by most developed countries apart from a few such as Great Britain, Netherlands and Finland and therefore .the unpredictability of donor funds to support MDG programmes has meant that the government reallocates its limited resources to implement the MDGs,
- There have been reductions in the development expenditure by the government as a result of budgetary constraints, and,
- Kenya has had poor history of governance and ethics especially as it relates corruption, weaknesses in economic institutional and insufficient revenue collection.

Ongoing Interventions to Achieve Debt Sustainability

In order to comprehensively deal with debt sustainability the government embarked on:

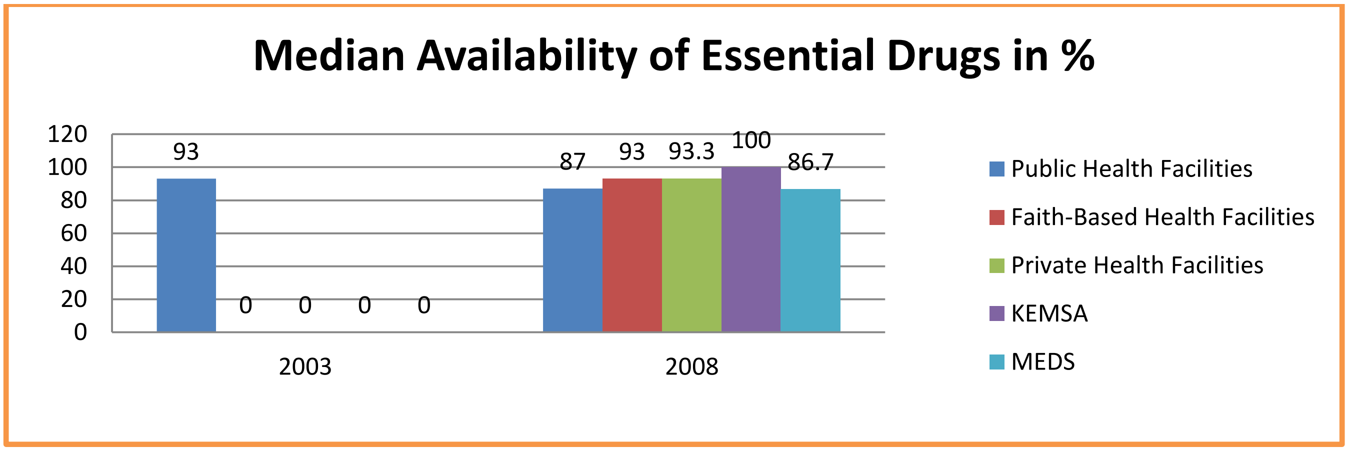
- Approval of the Public Financial Management (PFM) law in 2012,
- Development of Kenya's external resources policy to address issues relating to external resources, both at the central and county governments,
- In the financial year 2011/12, the government produced the budget policy statement which outlined a framework for greater fiscal discipline,
- Approval of the public financial Management(PFM) law in 2012 elevating the Debt Management Office (DMO) to a level of an agency in the national treasury with a mandate to manage the country's public debt,
- The development and implementation of the Public Finance Management (PFM) Act 2012 for effective public debt management,
- The implementation of the 2012 Medium Term Debt Management strategy (MTDS) borrowing plan to ensure public debt sustainability, and,
- The government's borrowing more on concessional loans arrangements and implementing measures aimed at moderating government expenditures.

Target 8. E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

In order to ensure good health for the country's population and achieving universal coverage of access to quality and equitable health, access to and utilization of quality pharmaceutical services, and essential medicines and health technologies is paramount. The attainment of this target will go a long way in the attainment of all the health related MDGs 4, 5 and 6. Access entails the availability of essential medicines, their affordability, storage, record keeping, prescribing, dispensing and the personnel concerned with reference to the national laws, established norms and standards. There are various cross-cutting factors which influence people's access to essential medicines due to the dynamism in the pharmaceutical sector.

Therefore, timely monitoring and evaluation activities should be undertaken to find out the extent to which existing policies, strategies and interventions affect access to essential medicines.

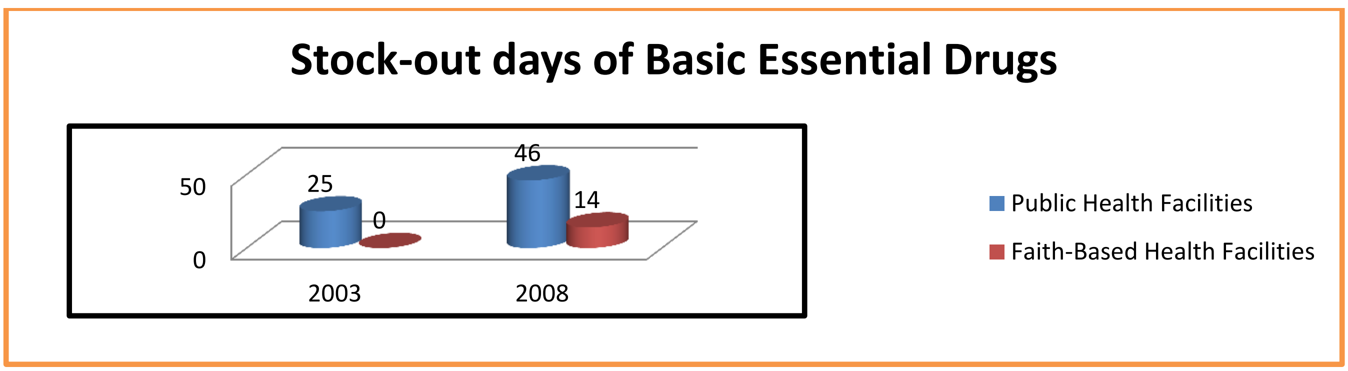
Figure Showing the Median Availability of Essential Drugs in Kenya, 2003 and 2008



Source: WHO/Ministry of Public Health/hai Africa, 2009

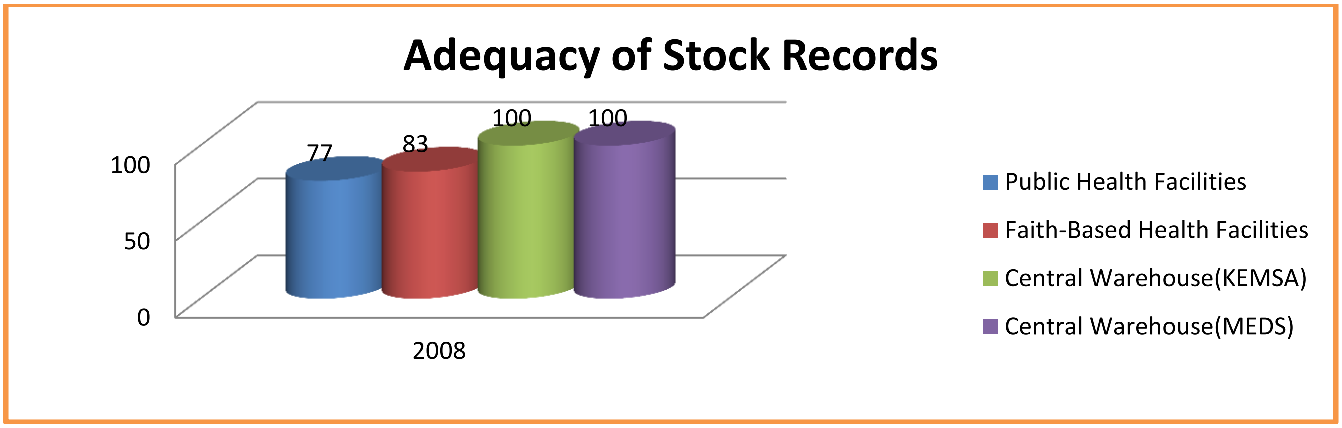
In all the health facilities, access to basic essential drugs for those who needed them was above 80% (based on 15 Essential Medicines). Public health facilities have a history of essential drugs stock-outs for long periods of time as represented by 46 days of stocks in 2008 compared to only 14 days in faith-based health facilities.

Figure Showing Days of Essential Drugs Stock-outs in Health Facilities



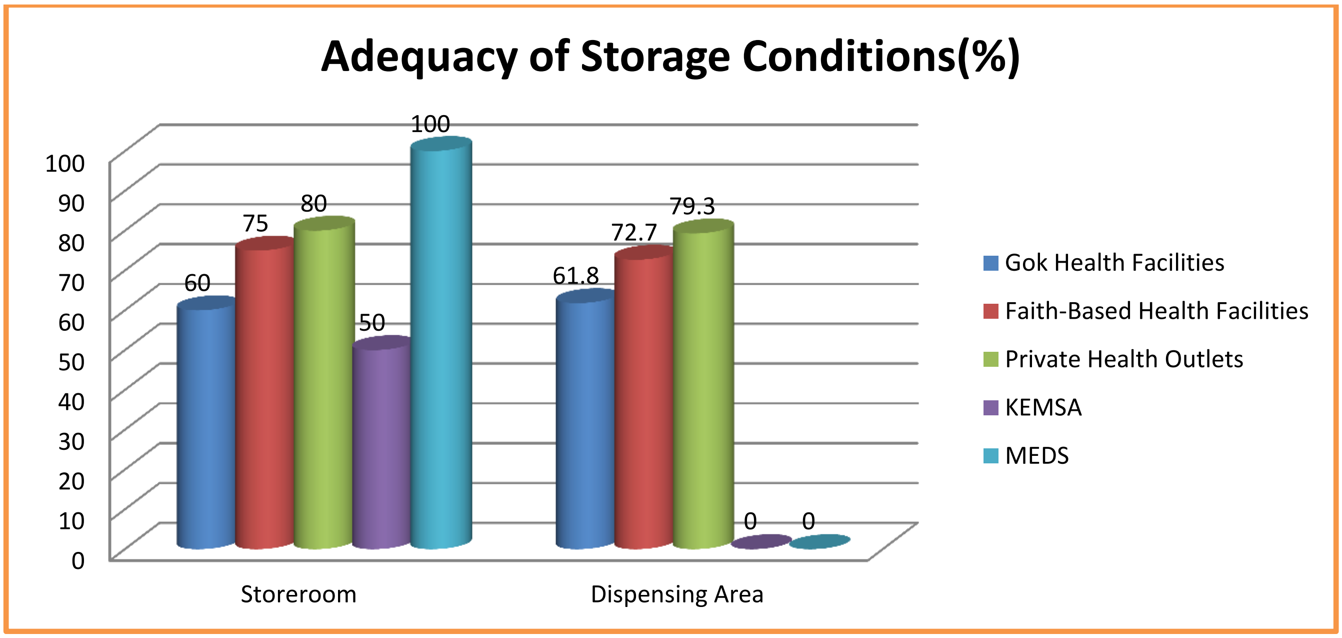
Source: WHO/Ministry of Public Health/hai Africa, 2009

Figure Showing Adequacy of Stock Records at Health Facilities and Central Warehouses



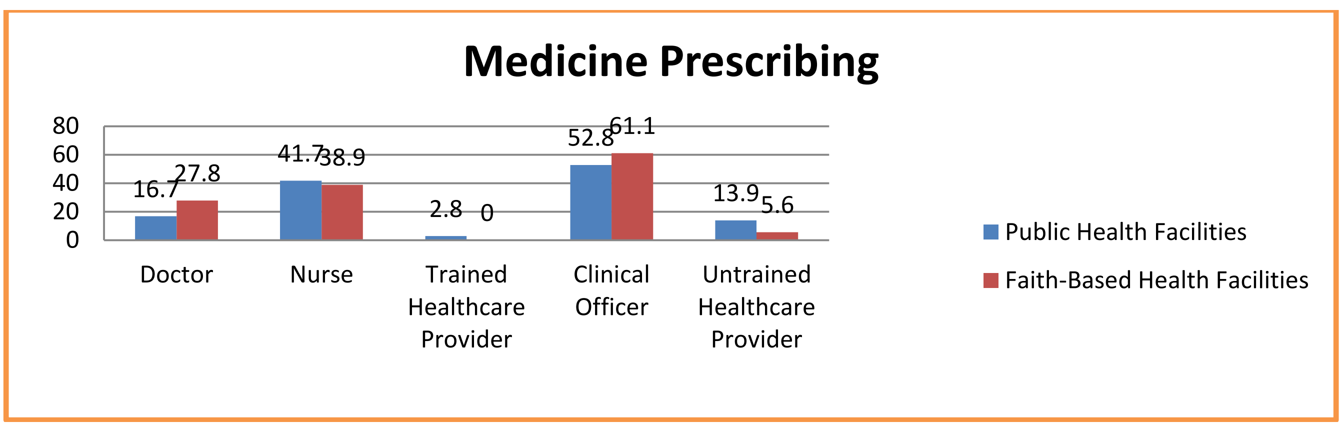
Source: WHO/Ministry of Public Health/hai Africa, 2009

Figure Showing the Adequacy of Storage Conditions for the Essential Drugs



Source: WHO/Ministry of Public Health/hai Africa, 2009

Figure Showing Medicine Prescribing in Health Facilities



Source: WHO/Ministry of Public Health/hai Africa, 2009

Issues relating to compliance with the law have been recurring in various health facilities around the country. For instance, the 2008 access to essential drugs survey reports that only 38% of public and 31% of faith-based health facilities complied with the requirements. Health facilities still use untrained staff to dispense drugs (42% untrained staff in public health facilities and 47% nurses in faith-based health facilities). The best drug dispensing practices are observed in private health facilities.

Labeling of drugs was identified as another issue that is not in accordance with the standards set under the definition of access to essential drugs. This was reported in all health facilities while critical shortage of pharmaceutical staff negatively affects appropriate use of medicines with respect to stock records, availability, stock-outs, storage, dispensing etc. Another problem affecting access to essential drugs has been household finances. Available information shows that about 95% of health expenditure among the poorest households is spent on medicines which make them to experience heavy burdens of medicines-related expenditures.

Challenges to Achieving Access to Affordable Essential Drugs in Developing Countries

- Poor pharmaceutical surveillance, monitoring and evaluation systems in place,
- Inadequate qualified personnel for deployment at health facilities to safeguard patient safety and medicines use as well as those to prescribe rational use of medicines,
- Persistent essential drug stock-outs in the health facilities, especially in the public sector,
- Heavy reliance on public health facilities by the poor households for their healthcare needs, and,
- Long distances coupled with uneven distribution of the health facilities and providers in the country.

Ongoing Interventions to Achieve Access to Essential Drugs

- Expansion of healthcare infrastructure by constructing more health facilities in various parts of the country,
- In collaboration with other development partners e.g. Intrahealth International through the Capacity project, Clinton Foundation etc, the government is making efforts to increase the number of human resources for health (HRH) through training, recruitment, deployment and retention, and,
- Implementation of the community health strategy with the use of the CHWs and CHEWs

Target 8F: In Cooperation with the Private sector, Make Available the Benefits of New Technologies Especially the Information and Communication Technologies (ICT)

The achievement of this MDG 8 target implementation is being pursued through three specific MDG targets as indicated in table 3.22 below.

Table 3.23: Trends and Status of ICT Target Indicators

Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2015
8.14 Telephone lines per 100 population	----	1	1	0.8	0.9	1.8	1	0.5	
8.15 Cellular subscribers per 100 population	----	1.9	8.4	15.2	25	51.3	68.2	74.9	78.3
8.16 Internet users per 100 population	----	----	----	3	4.6	4.6	15.7	31.7	38.3

Source: KNBS (Economic Survey, 2015)

Kenya has realized and identified information and communication technology (ICT) as being central and having the potential to enable and fast track the country's economic growth and performance and contribution to the achievements of the country's MDG vision. Kenya's development agenda has embraced real time knowledge and information by through access to high quality, affordable and reliable ICT goods and services.

ICT Center in Nyamnynia Primary School in Siaya District

Source: Photo from field visit at Nyamnynia primary school, one of the Millenium villages (Barsauri Millenium Village Project) in Siaya District

Over the years especially since the mid-1990s, the ICT sector in Kenya has been growing at a very fast rate, mainly driven by the private sector. The government has also made efforts to ensure that the ICT's business demand and supply sides are addressed. The government's commitment to meet and fast track ICT development in the country was mainly through investing in the establishment of a conducive environment such as modern communication infrastructure.

Trends and Status in ICT

Information and communication technologies evolution and growth has made it easier and more affordable in terms of information transfer and business transaction. In the last decade, Kenya has witnessed a robust ICT sector growth as a key driving force to economic growth.The country has kept pace with the fast changing technology and is currently the global leader in the mobile money transfer system (KNBS, Economic survey, 2015).

By the end of 2014, the ICT output value had increased by 12.7% to stand at KSh 262.3 billion while mobile telephone capacity had increased by 18.2%. Mobile subscription increased by 7.4% to stand at 33.6 million, while mobile telephone penetration rose from 74.9% in 2013 to 78.3% in 2014. The internet subscription also witnessed a significant increase where it registered a 6.7% increase to 38.8% in 2014. Both international and domestic short text messages (SMS) increased by 38.5% to record a value of KSh. 27.5 billion in 2014 due to the increase in domestic SMS (KNBS, Economic Survey, 2015).

The total amount of money transfers increased from KSh. 1902 billion in 2013 to KSh. 2,372 billion in 2014. The ICT equipment imports also increased and their value was KSh. 41.7 billion in 2014, with that of telecommunication accounting for a larger proportion of 56.7% of the total imports. However, the export value declined by 45.3% to KSh. 1.3 billion in 2014.

Table 3.24: Fixed and Mobile Network Services (2010-2014)

Fixed Telephony	2010	2011	2012	2013	2014
Wireline Capacity ('000)	422	401	380	408	363
Total Connections ('000)	461	380	263	206	180
Wireline Connections	235	188	75	57	48
Wireless Connections	226	192	188	149	132
Mobile Telephony					
Mobile Telephone Capacity('000)	46,629	47,677	49,977	55,077	65,077

Fixed Telephony	2010	2011	2012	2013	2014
Connections ('000)	24,969	26,981	30,433	31,309	33,633
Mobile Money Transfers Agents	32,949	42,313	49,079	93,689	121,924
Mobile Money Transfer Service Subscribers('000)	10,615	17,396	19,319	26,016	26,023
Total Deposits through Agent Subscribers in Ksh. Billions	391	566	811	1,033	1,269
Total Transfers in KSh. Billions	**732**	**1,169**	**1,544**	**1,902**	**2,372**

Source: KMBS, Economic Survey, 2015

As shown in table 3.23, the country's fixed telephone line capacity declined to 363,000 in 2014 (11.0%). This was due to the decommissioning of various exchanges in the country. The mobile network services especially mobile telephone capacity, connections as well as the mobile money transfers have continued to grow exponentially since 2007. For instance mobile telephone capacity increased by 18.2% from 55 million in 2013 to 65 million in 2014 while mobile connections improved by 7.4% to hit 33.6 million in 2014. Mobile money transfer agents rose by 30.1% to 121,924 in 2014. The table below shows fixed and mobile network services (2010-2014).

The internet services and use has been increasing tremendously over years. For instance, there was an upsurge of internet users by 23.0% to hit 26.2 million Kenyan users in 2014. The increase was attributed to the decrease in the data bundle prices and the wired internet subscriptions jumped by 24.8% for the wireless and 20.5% for the fixed in 2014. Wireless internet was powered through the terrestrial ratio mobile data while fixed fiber optic data. There has also been an increase in the numbers of licensed internet service providers (ISP) from 171 in 2013 to 185 in 2014 as indicated in table 3.24

Table 3.25: ICT Growth 2000-2007

Year	2000	2001	2002	2003	2004	2005	2006	2007
Number of fixed lines	313470	326482	331718	328358	299225	281764	272003	264882
Number of mobile phone subscribers	0.180	0.4	0.9	1.6	2.24	4.6	7.5	11.4
Number of internet subscribers	------	0.2	0.4	1.0	1.05	1.4	2.7	2.7
Internet service providers	43	66	72	76	78	58	73	83
Licensed cybercafés& telephone bureaus	------	----	----	51	70	90	100	1000
Private letter boxes	351441	388281	394121	397731	395811	399667	409966	412306
Licensed courier operators	21	40	52	63	74	90	105	140
Teledensity	------	----	1.1	1.0	0.9	0.9	0.8	0.9

Source: MDG Status Report, 2007

Table 3.26: Internet Service Providers, Users and Subscriptions 2010-14

	2010	2011	2012	2013	2014
Licensed internet service providers	57	90	165	171	185
Estimated Internet Users	4,772,446	11,334,694	13,541,868	21273738	26,163,560
Total Wireless Internet Subscriptions	3,082,993	6,104,019	8,458,818	13,107,459	16,338,990

Terrestrial Mobile Data	3,059,906	6,0776,444	8,436,578	13,090,348	16,338,990
Terrestrial Wireless Data	22,134	26,615	21,709	16,429	17,537
Satellite	953	960	531	682	712
Total Fixed(Wired) Internet Subscriptions	13,959	48,961	48,351	79,509	95,780
Fixed Digital Subscriber Line (DSL) Data	9,631	11,422	10,098	12,014	14,512
Fixed Fiber Optic Data	4,303	37,514	38,228	67,470	81,243
Fixed Cable Modem(Dial Up) Data	25	25	25	25	25
Total Fixed and Wireless Internet Subscription	**3,096,952**	**6,152,980**	**8,507,169**	**13,186,968**	**16,453,019**

Source: Economic Survey, 2015

The ICT penetration rate for total population measures the ICT penetration for the country's total population. The mobile penetration rose by 3.4% to 78.3% in 2014 while fixed telephone penetration decreased from 0.7% in 2013 to 0.5% in 2014. The internet use penetration had hit a 38.3% by 2014. This was a similar rate with the wireless.

Access to information is very crucial as regards service delivery both in public and private sectors. The strides made in regard to ICT growth demonstrates that Kenya is committed to the implementation and achievement of the MDG's ICT related targets. This leap in the ICT sector has been made possible through the government's efforts and commitments by undertaking a broad range of service delivery, efficiency, and competitiveness both locally and globally.

Challenges and Gaps in Achieving the ICT Targets

Despite the steady growth in the ICT sector, there are various factors which continue to pose challenges to the country's realization of the full potentials in the ICT sector and its contributions to the economic growth and development. These include:

- Inadequacies in the ICT infrastructure e.g. low capacity level and affordability especially in the rural settings,
- Low levels of knowledge and awareness, demand and use among the rural populace
- High costs of access,
- Inadequate research, innovation and patent rights (protection of intellectual property),
- Persistent and rampant vandalism to the existing ICT infrastructures e.g. vulnerability of the undersea cable to vandalism which may result in massive connection disruptions,
- Lack of or inadequate regulations, policies and guidelines for electronic waste (e-waste) management e.g. collection and disposal of e-wastes and its adverse effects to the environment,
- The issues of electronic (e-security), cyber-crime, internet contents have become a real time threat to the growth of the ICT sector,
- The country still lacks or has inadequate ICT connectivity coverage in the country,
- Despite the establishment of cross-border roaming services, the regional communication (East Africa) costs are still well beyond majority of the telephone users, especially that proportion of population which is poor and cannot afford the cross border telephone charges,
- There are high levels of completion and fast paced technological changes occurring at the global stage of which the country has to keep pace with,
- The country's adoption of ICT by the government has been slow, and,
- Restrictive regulatory and legislative frameworks and policies e.g. the language and content limitations.

Ongoing Intervention to Achieve Global Partnership

- The government's efforts to facilitate migration from the analogue to digital TV transmission platforms,
- Development of the national optic fibre backbone to connect all county headquarters in the country,
- Laying of 4 submarine cable fibres including the East African Marine Cables (TEAMS), Lower Indian Ocean Network (LION), Southern Eastern African Communication (SEACOM) and East African Submarine System (Eassy),
- The promotion of the IT-enabled services (ITES) e.g. the business process outsourcing (BPO),
- The development and launch of the M-Pesa (mobile money transfer), and,
- Promotion of the development of the local digital content (digital media).

4.0 TRANSFORMATIONAL CHANGES THAT HAS OCCURRED IN THE COUNTRY

4.1 Direct Transformational Changes

4.1.1 Mainstreaming of MDGs in National Policy, Planning and Budgeting Process

The call during the 2000 World Summit for countries to adopt and implement development strategies taking into account the MDGs has resulted to a major transformational change in the country's approach to policy, planning and budgeting process. Subsequent key government policy documents have always ensured the MDGs are well mainstreamed in their frameworks. A review of some of major government policy document since then attests to this fact. These include the PRSPs, ERS, DPs, the vision 2030, MTPs I and II, Constitution of Kenya 2010, budget statements and sectoral plans, among other official documents.

<u>The Poverty Reduction Strategy Paper (PRSP)</u>

This paper focused on the country's priorities and measures necessary for poverty reduction and economic growth. The paper outlined four basic components and policy objectives in the fight against poverty namely:

- To facilitate a sustained, rapid economic growth,
- Improvement in governance and security,
- Increase the ability of the poor to raise their incomes, and,
- Improve the quality of life of all citizenry, and especially the poor.

The four components address nearly all the MDGs goals except goal 8.

The paper recognized the role of other non-state actors as key stakeholders in poverty reduction efforts. Before then, poverty eradication efforts remained in the hands of the civil society such as NGOs and welfare associations (women, youth and religious organizations). The PRSP was hailed as the most comprehensive and most focused policy document in the fight against poverty since independence. The PRSP drew from the failures of the past policies, and a consultative process marked its preparation with the involvement of stakeholders, government, the donors, civil society, the private sector and the citizens. Secondly, the government was implementing the Medium Expenditure Framework (MTEF) which addressed short term, medium term, and long-term strategies of alleviating poverty. This particularly highlights projects which could be initiated and implemented to realize sustained development within clear time frame and budgeted resources.

<u>The Economic Recovery Strategy (ERS) 2003-2007</u>

The Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003-2007, programme was the precursor to the Vision 2030 long-term government blueprint for economic development. When NARC Government came to power, Kenya's economic performance was at its worst; GDP per capita growth was negative; and poverty, unemployment, high domestic and foreign debt, crime, deterioration in health and declining school enrolments a marked general decline in the quality of life of the people. It was against this background that the NARC Government was elected in December 2002 with a primary mandate of reversing the many years of poor economic performance and weak governance.

The ERS main objective was to reverse the decline and spur the recovery by focussing on four critical areas:

- Enabling and stable macroeconomic stability to facilitate economic growth,
- Strengthening of institutions of governance,
- Rehabilitation and expansion of physical infrastructure,
- Raising productivity,
- Investment in the human capital of the poor, and,
- Security and the rule of law.

The ERS addressed most of MDGs through recognition of key economic sectors of the economy.

The overall implementation of the ERS is widely acknowledged as having been successful. Kenya's economy grew significantly during the period largely due to the implementation of sound fiscal and monetary policies supported by strong structural reforms. Key reforms in the education sector targeted improvement in accessibility and quality of education, while there was significant impact in provision of health care and reducing prevalence of HIV/AIDS through numerous campaigns and intervention. The country witnessed a sustained economic growth in all sectors of the economy from a slow growth of 0.6% in 2002 to a 7.0 % in 2007. Poverty declined from an estimated 56% to 46% during the same period, average bank lending fell from 18.3% in 2002 to a low of 13.3% in 2007, NSE-Index increased by over 399.5% from 1,363 in 2002 to 5,445 in 2007 signifying improved business profitability, and the ratio of fixed capital formation to GDP from 15.8% in 2003 to 19.5% 2007[10].

<u>Vision 2030</u>

The Vision 2030 is the Government blueprint for the country's long-term development whose overarching goal is *"to transform the country into a newly industrializing middle-income country that provides high quality life to all its citizens by the year 2030".* After the successful implementation of the ERS that moved the country from decline to a recovery position, the Government challenge shifted to that of consolidating the gains made during the ERS. The Vision 2030 blueprint was the vehicle through which the consolidation of the gains would be made, as the policy expanded the ERS priorities to include interventions in key productive sectors such as agriculture and tourism. Programmatic interventions in the social sector that led to the much acclaimed implementation of a Universal Free Primary Education (UPE) as well as interventions in the Health sector were expanded to include free secondary education for the first two years of the four-year programme and provision of free or subsidized healthcare for the poor.

The vision is founded on three pillars, namely:

a) Economic Pillar,
b) Social Pillar,
c) Political Pillar.

The economic pillar envisions a country firmly set on a path towards industrialization and sustained economic growth of no less than 10% per annum, while the social pillar seeks to move the country towards greater equity and balance in the distribution of national resources by creating a just and cohesive society

[10] End Term Review of the Economic Recovery Strategy for Wealth and Employment Creation (ERS) 2003-2007, Government of Kenya, 2009

that enjoys equitable social development in a clean and secure environment. The political pillar is geared towards creating an issue-based, people-centered, results-oriented and accountable democratic political system that will promote national cohesion, integrity, accountability and political stability as the hallmarks and vehicles for securing future economic growth[11]

The Vision 2030 is implemented in five year rolling plans known as the Medium Term Plans (MTPs), the first of which covered 2008-2012 while the current one covers 2013-2017 period. The Vision together with its MTPs is the most comprehensive policy document in terms of mainstreaming the MDGs. The economic pillar which sets to achieve and maintain a 10% economic growth annually targets to eradicate extreme poverty and hunger; achieve gender equality and women empowerment; and achieve environmental sustainability through growth. Table 4.1 shows how the MDGs are mainstreamed in Vision 2030.

Table 4.1: Mainstreaming of MDGs in Vision 2030.

Pillar	Aim/Objective	MDG Goal Targeted
Economic Pillar	To maintain a 10% economic growth rate annually.	1.To eradicate extreme poverty and hunger
		3.To achieve gender equality and empower women
		8. To build global Partnerships for development
		7. Achieve Environmental Sustainability[12].
Social pillar	To build a just and cohesive society that enjoys equitable social development in a clean and secure environment	8. To build global partnerships for development
		2. Achieve universal primary education
		4. Reduce child mortality
		5. Improve Maternal health
		6. Combat HIV/AIDs Malaria and other diseases
Political pillar	To strengthen rule of law and ensure good governance in the country.	Millennium Declaration that Developing countries will spare no effort to promote democracy and strengthen the rule of law, respect internationally recognized human rights and fundamental freedoms, including right to development

Source: Vision 2030

<u>Medium Term Plan I (2008-2012) (MTP I)</u>

The MTP I was the foundation for the first phase of implementing the Vision 2030. The overall objective of the Plan was to realize a higher and sustainable growth for the economy in a more equitable environment, accompanied by increased employment opportunities. The plan focused on improving and modernizing infrastructure and achieving long term structural transformation in terms of increasing the share of manufacturing and industry in GDP as well as manufactured exports in total exports. In addition, the plan aimed at accelerating the achievements of MDGs by redirecting spending to high priority areas. Strategies to tackle poverty and inequality in the Plan included implementation of policies and programmes that minimize the differences in income opportunities and access to social services across Kenya's geographical regions, and paying special attention to the most disadvantaged communities in the Arid and Semi-arid (ASAL) districts, urban informal settlements and pockets of poverty in high potential areas. Increase in

[11] The Vision 2030

[12] *Environment is a central factor in the country's economic development .for instance 42% of Kenya's gross domestic product (GDP) comes from those resources that are closely related to the natural resources*"

community empowerment through "devolved" funds for both social and income programmes was also a key strategy[13].

4.1.2 Capacitating of Key Stakeholders on MDGs

Public Sector

Capacity building for public sector officers at national, provincial and district levels had been well done, effective and the desired objectives achieved[14]. All the government officers who were interviewed during this study including MODP staff, contact officers from key sector ministries, provincial planning officers, district development officers and key sector heads and all had a good understanding of MDGs. The staff reported having participated in either trainings or retreats that deliberated on MDGs. In addition, the staff actively participated in MDGs related activities such as;

- MDGs status reporting that involved officers from MOPND&V2030, Ministry of Finance and contact officers from line ministries,
- Provincial MDG forums,
- Briefs, development of proposals and implementation of Quick Win interventions in the districts, and,
- Participation in study tours and other trainings within and outside the country.

The active participation helped to deepen their understanding of the MDGs, their relevance to MDG work and their role in realizing the goals. Arising from this, the officers participated successfully in producing MDG status reports, mainstreaming MDGs in the key policy documents including the First Medium Term Plan of Vision 2030, district development plans and sector plans.[15]

Civil Society Organizations

Civil Society Organizations (CSOs) were considered important partners in the realization of the MDGs and were therefore capacitated to enable them play their rightful role in the process. They were invited to all fora that discussed MDGs at the national, provincial and district levels. They were involved in the stakeholders' conferences convened at various times during the implementation process including participation in the production of MDGs status reports. In addition, the CSOs were involved in the MDGs awareness creation at the grassroots level.

The involvement of CSOs in the awareness creation at the grassroots level - facilitated and funded by the Program – also contributed to their capacity and understanding of MDGs and their role as partners in the realization of the MDG targets.

Private sector

The need for involvement and engagement of the private sector in the implementation of the MDGs was well recognized and acknowledged in government. In this regard, a strategy paper on collaboration with the private sector was formulated. Effort to engage the private sector at the national and sub-national levels through sensitization workshops and seminars were also made. However, this did not come out well, as the private sector's interest became more of building entrepreneurship for profit making. Awareness around the MDGs for the private sector was seen as second level initiative compared to profit-making. While the

[13] *MTP1 2000-2012. The Plan had a set target of reducing poverty from 46.9% in 2008 to 28% by 2012 through the said programmes*

[14] Final Evaluation of Mainstreaming MDGs in Kenya's Development Process: MDGs Program Phase I, MoPD & Vision 2030, 2011

[15] Final Evaluation of Mainstreaming MDGs in Kenya's Development Process: MDGs Programme Phase I, MoPD & Vision 2030, 2011

critical need to involve the private sector was recognized and deliberated on at various levels during the implementation of the MDGs programme, there was no clear and deliberate strategy of what was to be done and how it was to be done; neither was there any serious initiatives undertaken to involve the private sector. This is a very good lesson to take forward, which should definitely help in developing a robust strategy to engage the private sector in the Post-2015 development agenda and implementation of the SDGs. However, the private sector was involved from the onset in the various consultations held by the Government of Kenya on the Post-2015 development agenda in collaboration with development partners including the UN system under the technical leadership of UNDP.

Members of Parliament

Members of Parliament (MPs) are a critical constituency for rallying political support for any development agenda. It was very important for the MPs to have been brought on board the MDGs implementation process. Thus, although the sensitization and capacity building of the MPs was done, it was a bit late in the implementation process in 2009. But after that they highly appreciated their role in the achievement of the MDGs and also formed the Parliamentary Caucus on MDGs and requested six-monthly status updates on MDGs.

The late involvement of MPs denied the country the opportunity to leverage on the influence of this group in harnessing devolved funds and other resources in achieving MDGs early enough. If the MPs were sensitized at the beginning of the program in 2005/2006, Kenya would probably have had five years of synergy in achieving MDGs especially through leveraging on devolved funds such as CDF, LATF, Road maintenance levy among others[16]. At the same time, the MPs may have further influenced resource allocations in the national budget and other policies in support of the achievement of MDGs. It is therefore important to focus effort in areas of greatest leverage, particularly in fostering political will and influencing the allocation of resources. This will definitely be a good lesson to take forward into the implementation of the SDGs.

However, it is necessary to note that engaging the MPs was not easy as it took two years to organize the forum with the parliamentarians.

Local Authorities

The Local Authorities (LAs) had significant responsibilities of providing basic services and infrastructure that directly influenced the achievement of MDGs. These included education, health, water and sanitation, garbage collection, management of the environment and attracting and retaining businesses and investments in their respective areas. They also managed devolved funds, specifically Local Authority Transfer Fund (LATF), that could directly be applied to achieving MDGs. For this reasons, senior staff of LAs were sensitized in two workshops in March and May 2010 using GoK funds. Participants included mayors, chairpersons of councils, treasurers and clerks of various local authorities. The sensitization workshops were very successful given the number of issues raised and recommendations made. Notable among them was the need for improved local planning and coordination of development initiatives between the different agencies and actors, and capacity building.

As in the case of MPs, the LAs were engaged late into the implementation process in 2010, thereby denying the country opportunity to create synergies at devolved levels for more efficient achievement of MDGs.

[16] *Devolved funds include but not limited to: the community Development Trust Fund -CDTF(1966), Secondary Schools Education Bursary Fund (1993), Road maintenance levy Fund (1993) and HIV/AIDS Fund (1997), Rural Electrification Programme (1998), Local Authority Transfer Fund –LATF-(1999), Poverty Eradication Funds (1999), Water Service Trust Fund (2002), Constituency Development Fund –CDF-(2003), Free Primary Education Fund (2003), Youth enterprise Development Fund (2006) and the Women Enterprise Development Fund (2007). All these funds have been operational from when they were established to the present times although some of them including LATF were abolished in the spirit of the Kenya Constitution (2010).*

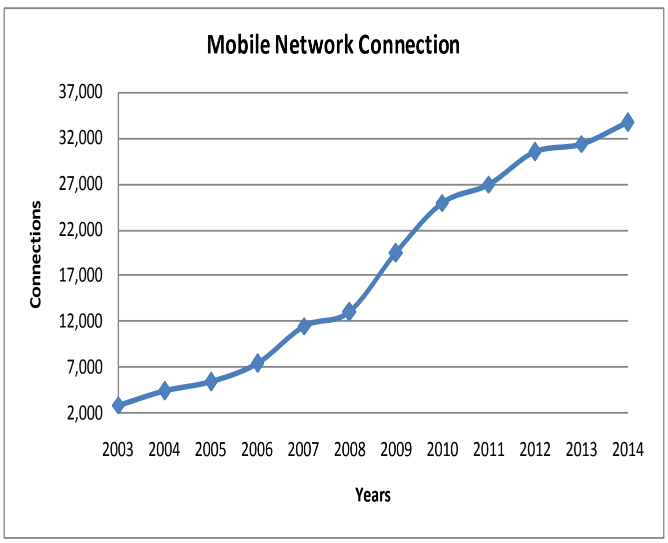
However, the fact that GoK resources were used for sensitization is a demonstration of the level of ownership of the process by the Government

4.1.3 Widespread Adoption of Mobile Telephony Services in the Country

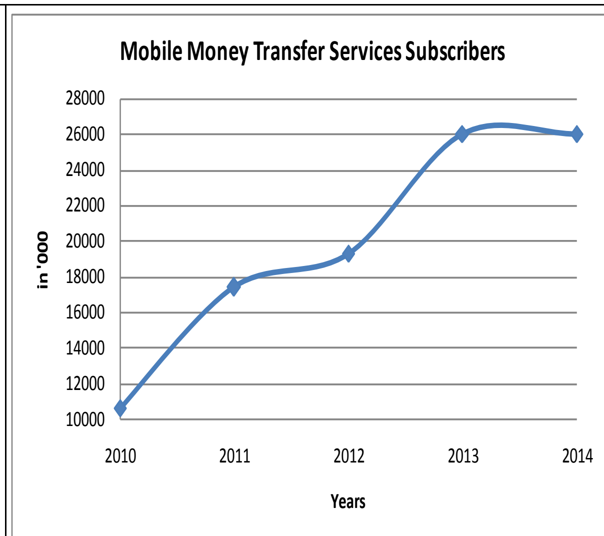
A major transformation that has taken place during the last decade is the widespread adoption of mobile telephony services. The industry has revolutionized the communication industry, financial inclusion and access to financial services to the poor and marginalized groups. Although wide disparities still exist in the adoption rates and existence of facilities in different parts of the country, the differences are not as glaring as is characteristic in other types of infrastructure. Since its introduction, the industry has experienced tremendous growth in its capacity, subscriptions, and connections. It has also expanded the range of services such as the money transfers which was launched in March 2007 by Vodafone for Safaricom and Vodacom.

Despite the late introduction of the services in Kenya compared to other countries in the region, the industry grew in leaps and bounds and by year 2005 it was boasting more than 4.6 million telephone connections up from O.18 million in 2000, representing a growth rate of over 250% in only five years. By 2010, the number of subscribers had increased to 20.1 million and continued rising hitting the level of 32.2 million in 2014, a growth of over 60%. Table 4.3 shows the growth of the industry in terms of number of mobile telephone connections, number of mobile money transfer subscribers, number of money transfer agents and amount of money transferred from 2000 to 2014.

Table 4.2: Number of Mobile Telephone Connections, Mobile Money Subscribers, Total Number of Agents and Amount of Money Transfers

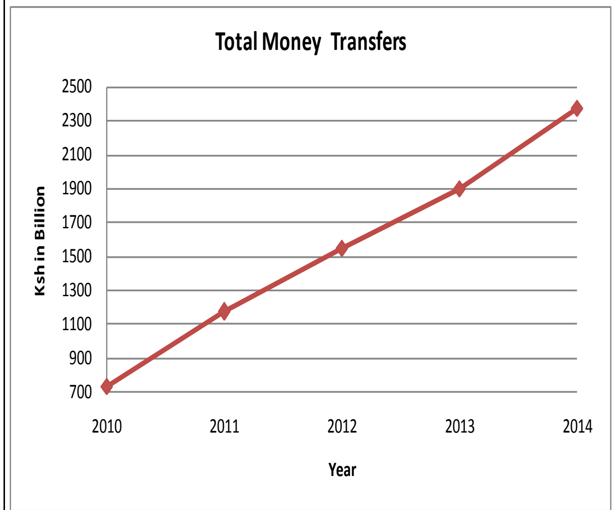


(a)



(b)

(c)



(d)

Source: Kenya Economic Surveys-Various Issues

The growth of the money transfer services, the so called M-PESA was also phenomenal[17]. From 2007 to 2010, the number of money transfer services subscribers, number of mobile money transfer agents and the total money transfers grew from zero to 10.6 million, 32,949 thousand to Kshs 90 billion respectively as seen in table 4.3 (a), (b) and (c). By 2014, the services had grown to 33,633 connections, 121,924 agents, 26,023 subscribers and 2,372 billion transfers.

The growth in the industry is further attested by the number of service providers who are currently four, namely, Safaricom, Airtel, Orange and Yu. A fifth one Equitel owned by Equity Bank only joined the market in September 2015.

Impact of the Mobile Telephony Services

Mobile phones have revolutionized communication which has many roles that include making contacts, exchanging of ideas, interacting, transferring and making consultations, and transmitting information. The impact of mobile industry has also been felt in the wider industry which includes the process of distribution (selling), servicing of handsets including repair and maintenance, to the provision of mobile telephone service which includes the provision of voice and data services. The impacts of mobile services include but not limited to:

i) Enhanced social relationship - a study on the impact of cell phone connectivity in Kenya reported that 65% of the cell owners said that phones make it " a lot" easier to stay in touch with people they care about while only 6% said their phone have not improved their connections with friends and family at all[18].

ii) Enhanced productivity - about 50% of cell owners said that their phones have made it at least somewhat easier to plan and schedule their daily routines, and to be productive while doing like sitting in traffic or waiting in line.

[17] M-pesa is a mobile phone based platform that enables users to store money on their mobile phones, pay a utilities bill or send money and the recipient converts it into cash at their local M-Pesa office. It is cheap, easy to use and, for millions of citizens unable to access a bank account or afford the hefty charges of using one, this is nothing short of revolutionary.
[18] Aaron Smith, 2012

iii) Enhanced businesses transactions – by lowering the costs of money transfer, M-PESA has helped to increase market activity, especially outside urban areas and that trend will continue. Business people no longer spend days traveling to distant urban centers and back to provide funds for their suppliers. Funds arrive via M-PESA and suppliers draw on them to produce or obtain goods that are then sent to the business people. In addition to time savings, M-PESA provides a secure alternative to traveling with relatively large amounts of cash. In the remote villages, owners of small shops use M-PESA to pay for goods from distributors in towns. Whereas there used to be little economic activity in these village markets – there wasn't much cash around and thus shopkeepers had little incentive to keep inventories of goods – M-PESA has made cash less scarce and businesses have responded.

iv) Convenience, accessibility and cost - many users adopted the use of the service due to its convenience in accessibility of cash in cases where there were distance barriers and mostly for emergency purposes. Despite the distances, money could still be received within minutes of its dispatch thus proved reliable in many aspects. Secondly with the rise in crime rate it promoted security in operating a cashless economy as goods and services could directly be purchased from the mobile phone.

In terms of cost, M-Pesa is by far cheaper. Prior to the M-Pesa, the cost of sending Kshs 1000 through postal money order was Ksh60, 120 by Money Gram and 200 by bank wire transfer. The cost was lower for informal channels such as bus companies (Kshs 30) but was more risky. Through M-Pesa, this would only cost approximately Kshs 25 in early 2008 for non-registered customers, while the cost would even be lower for a registered user (Safaricom, 2008).

The service has clearly meets need for convenience, secure and low-cost money transfer.

v) Source of government revenue - the sector has emerged to be the leading source of government revenue through taxation. In 2007 the sector remitted Kshs 4.8 billion in taxes to the exchequer, accounting for slightly higher than 10.89% of total GDP.

vi) Source of Employment - the sector employs about 3.5 million people directly and indirectly, from technical fields such as qualified engineers and administrators to indirect employment which has helped spread the wealth to those who do not have the benefit of education or the right connections such as kiosks and hawkers. For example hawkers and kiosk operators earn as much as $400 per month, much more than what some people employed in white collar jobs earn. The sale of prepaid recharge vouchers and mobile telecommunication accessories is evidently everywhere as opposed to other businesses, an indication of high penetration. Most convenient stores also do brisk business selling prepaid phone cards to motorists. Mobile phone repair business has increased and there is increased competition from different mobile service providers in the industry. All these activities help to generate more revenue for the operators.

vii) Brought financial inclusion and transactions services to the people – money transfer is an important feature of the Kenya economic system and a critical financial need for many people. Prior to M-Pesa, the most popular means of transferring money was via family members, friends or bus companies or "matatu" which was both inefficient and high risk. This transfer service now enables the sender and receiver to transact business at their convenient time and location as opposed to the traditional methods or use of mainstream banks which operate in exclusive locations (19% penetration, urban) and time of day. Added to this was the benefit of low charges for using the service. A sender uses a fixed sum of money as little as Kshs 100 to send money amounting to Kshs 10,000 whereas banks charge exorbitantly ledger fees. Mobile telecommunication cash transmission is instant as opposed to bank transfer which takes time. Subscribers to this service have grown to about 5 million customers within two years of launch. Banks too have been beneficiaries of increased mobile telecommunication penetration. Banks are increasingly using the broadband services of mobile telephone operators to open up and operate branches in areas they would have hitherto not done so before.

It is interesting to note that in 2007, the ratio of private credit to GDP was around 20% with only about 2.5 million bank accounts in a population of 39 million. By February 2009, there were more than 4.5 million accounts for M-Pesa, i.e. more than the total number of accounts in the banking sector. To-date, the situation has not changed dramatically as the proportion of the adult population using formal financial services increased from 44.3 % in 2009 to 66.7% in 2013. This means the formal banking penetration is still low.

viii) There other areas that are directly benefiting from the mobile phone penetration in Kenya includes the following:

- Advertising agencies,
- Media (electronic and print),
- Printing firms,
- Marketing firms, and,
- Promotion firms.

4.1.4 Impact on Community Livelihoods from "Quick-wins" Projects

To fast track the achievement of MDG, the government, in collaboration with the development partners including the UN system under the technical leadership of UNDP, adopted the "***Quick win concepts***" which entailed implementation of small high impact and innovative projects in designated districts referred to as MDG districts across all sectors of the economy.

The Quick Wins projects were mainly focused on implementing projects which were aimed at mitigating some of the pressing issues facing people at various levels in the society. The projects focused on such issues as poverty and hunger eradication, women empowerment, improvement in school enrolment, retention and completion of full course of primary education, increasing access to a safe source of drinking water, as well as reducing child mortality and improving maternal health.

The pilot phase of the quick impact initiatives covered nine districts, namely, Bondo, Bungoma, Garissa, Kilifi, Meru South, Murang'a North, Siaya, Suba and Turkana (so called the Millennium Districts). The projects were identified and prioritized by the communities during the district MDGs briefings held by the District Development Committees (DDCs), while the funds for projects were disbursed through the District Development Officers (DDO) offices in the respective districts. These projects were based on the Rapid Results Initiatives (RRI). The projects impacted on the livelihoods of the targeted communities in various ways as discussed in the next section.

Eradication of Extreme Poverty and Hunger (MDG 1)

Notable among the projects implemented to mitigate the problem of food insecurity were those focusing on irrigation. The projects were implemented through support from the MDGs project to community members in various parts of the country, especially in ASAL areas, to assist them to tap water for irrigating their farms. For instance, in Murang'a County, various farmers were supported through the MDGs initiatives to start farming and producing food for their households. One of the groups is Thathawa irrigation scheme, formed in 2006 with a membership of 350 and are now growing various crops on their farms. The MDG support has transformed the communities away from dependency on food aid to self-reliance in food production. They produce enough for own consumption and surplus for sale, thus eradicating extreme hunger and poverty. The group mainly grows rice, horticulture (e.g. vegetables), maize and the by-products of the farm produce used as livestock fodder. See photo below.

Photo A and B: Thathawa Irrigation Scheme in Murang'a County

Rice Harvesting at Thathawa Irrigation Scheme in Murang'a District. where?

Cow Peas Harvesting at Thathawa Irrigation Scheme

Photo C4-an Irrigation Channel at Naoros Irrigation Scheme, Turkana

Goats Drinking Water from an Irrigation Channel Drawing Water from River Turkwell in Naoros Area of Turkana

Photo C: Bee Hives preparation, honey processing and Processed Honey from Bairunyi Bee Keeping Association-Meru County. County

The group was supported to improve livelihoods through establishing bee hives and processing honey and marketing the products as a group.

Universal Primary Education (MDG 2)

Some of the main support interventions are geared towards the attainment of universal primary education (UPE) including financial support for procurement and distribution of desks for pupils and lockers and chairs for teachers in various primary schools identified through needs assessments carried out in the country.

Photo D&E: MDGs' Support to Universal Primary Education (Kilifi County)

In Photo (A), a classroom with no desks for pupils to sit on and in photo (B) a classroom after MDGs' Quick Wins support.

Some schools did not have desks for pupils, and pupils were sitting on the floor or improvised stones. This in itself discouraged pupils in enrolling and class attendance as seen in photos D&E above.

Gender Equality and Women Empowerment (MDG 3)

The projects which were supported by the MDGs under this goal included financial support, especially for women, aimed at assisting them to start income generating activities and be self-reliant in the long run. Some of such projects include dairy cow and goat rearing, bee keeping among others. In Homa Bay District, there are various MDG Quick Wins being implemented under gender equality and women empowerment as well as poverty and hunger eradication. Some of such projects include Kodiengo Women Group (started in 2006). The group has 18 members who were trained and supported by the MDG with female dairy goats and four he-goats in 2013 . The group reported that the milk produce has increased, especially from the pure breed dairy goats. The milk is used mainly domestically though some is sold to the readily available market, while goats' dung is used as manure. The pure dairy goat breed also matures quickly, and thus gives early returns. The group is currently also benefiting from networking with other organizations and supporting the orphaned and other vulnerable children (OVC).

Photo (A), a woman with severe disabilities and her dairy cow; and in photo (B) a dairy goat, courtesy of MDGs' support. MDGs supported projects for gender equality and women empowerment. Photo H: Dairy Cows and Calves Ready for Pass-On. Photo J, a Dormitory and Photo K, a School food Garden established to cater for OVCs who are in School.

Through these activities, the women beneficiaries are able to generate sufficient incomes to cater for their household needs such as food, clothing and school fees for their children and dependants. They are also able to cater for their health needs such as purchasing of medications and other health related needs and meeting their nutritional needs among other benefits. At the community level, the beneficiaries are selling their milk to the local community in addition to supplying various local cooperative societies. Other benefits include formation of micro-finance groups such as women groups' table banking and merry-go-round etc.

Reduce Child Mortality, Improve Maternal Health and Combat HIV/AIDS, Malaria, TB and Other **Diseases (MDGs 4, 5, 6)**

The MDGs support towards interventions to address poor child health outcomes (morbidity and mortality) was mainly geared towards the capacity building of various health facilities in the country. Such support was mainly focused on procurement of essential medical supplies and equipment which are necessary in the provision of neonatal, infant and child as well as maternal health services. They included disinfectants, resuscitation machine, MVA kits, delivery chairs/beds, maternity beds, screens, autoclaves and other minor surgical procedure tools.

Photo L and M: Health Centre Supported by MDG in purchasing Medical Supplies and Equipment for Maternal and Child Health in Kakamega and Siaya Counties.

The MDGs support in purchasing medical supplies and equipment has equipped the health facilities especially in addressing the gaps in maternal and child health. The support has enabled the supported health facilities to improve maternal and child health by reducing maternal and child morbidity and mortality rates in their respective catchment areas. In addition, the support has enhanced beneficiary health facilities to scale-up interventions to combat HIV/AIDS in the communities.

Environmental Sustainability (MDG 7)

The call for this goal is to ensure environmental sustainability for the benefit of all. Some of the root causes of environmental degradation relate to population explosion and over-exploitation of limited resources, and irresponsible human behaviour such as discharge of pollutants into the environment. The greatest threat to environment is poverty in the poor's quest for basic needs such as food, shelter, clothing and healthcare services.

Some of the key interventions supported by the MDGs to ensure environmental sustainability include increasing access to safe sources of drinking water, access to improved sanitation facilities especially in schools, and increased tree cover. Observations and interviews with communities in the Millennium Districts and Villages indicated tremendous progress in these indicators as depicted in the photos below.

Photo M&R-Commissioned Water Kiosk, Photo N-Gravity piped water supply, Photo O, Photo P-protected water spring, piped water storage tank and tap, Photo Q-water storage tank in Bungoma, Kakamega and Suba Counties. In addition to the access to safe source of drinking water, some of the activities have also been geared toward protection of the indigenous forest trees which act as water catchment as shown in photo S below.

Photo S, T, U: Spring water catchment in Gembe, Suba District and Green School initiative project in Siaya County

Photos from from field visit(Gembe Hills Water Tower, Piped water from Gembe Hills

Some of the benefits from the MDGs supported activities include access to safe drinking water, which is distributed from the sources to the nearest points of people's residences. In addition, people access water for their livestock, and on a limited basis, some use it for irrigating their crops, especially in drier districts like Suba. Apart from domestic use, the water is used in institutions such as schools, health facilities, churches, nearby administrative offices among others. For instance, in some primary schools in Kilifi County, the water supply has improved sanitation conditions in school, is used for drinking by pupils and staff members, and preparing meals for the pupils (school feeding programme). Water kiosks in some areas are selling water to collect funds to pay workers and for maintenance.

The MDGs support has enhanced fishing activities around Lake Victoria, especially in such areas like Mbita-Point by supplying cooler boxes to the fishing communities. The cooler boxes are being used to store/preserve fish catch before being transported to various consumption markets like Nairobi. Before the MDGs support, the fishermen did not have adequate, effective and efficient fish storage facilities and their fish catch therefore used to go to waste. The fishing activities have improved and the fishermen are making good sales compared to sales before they were supported with the new and more effective cooler boxes.

Photo V

Photo W

Photo X

Photo V-fresh fish catch from the lake, Photo W-a fish cooler box provided through MDGs support.

5.0 WHAT WAS DONE AND OUGHT TO HAVE BEEN DONE TO ATTAIN EACH OF THE MDGS BY 2015

5.1 What Was Done in Implementation of MDGs

Since the declaration of the MDGs in 2000, the government with support of development partners has taken many initiatives geared towards facilitating the achievement of the goals. This section highlights some of the key activities undertaken in this respect.

5.1.1 Awareness Creation and Capacity Building of Stakeholders

In recognition of the fact that the achievement of MDGs depended largely on the extent to which all national stakeholders, especially local communities, were aware of MDGs and most importantly, understanding of their roles and responsibilities in achieving the goals, awareness creation and capacity building of the stakeholders was the first activity to be undertaken. These activities were mainly carried out during 2000-2005 and included capacity building and sensitization of the following stakeholders:

i) *Public sector* officials. Capacity building activities for the public officers, at the national level to provinces and districts, was done very early in the implementation process. The officers have therefore been able to participate effectively in progress reporting and mainstreaming of the MDGs in planning, policy formulation and budgeting process. Details of the activities carried out are discussed in section 4.1.2 of this report.

ii) *Civil Society Organizations (CSOs).* The involvement of the CSOs in the awareness creation at the grassroots level contributed to build their capacity on understanding of MDGs, and appreciation of their role as partners in the realization of the MDG targets. They were also invited to participate in the production of MDGs status reports.

iii) *Private sector*- In the early stages of the process, there was no clear and deliberate strategy on how to involve the private sector, nor were there any serious initiatives undertaken to involve the sector. This result was that the private sector that was not fully engaged in the MDGs implementation process.

iv) *Members of Parliament (MPs)* - were sensitized albeit late in the programme in 2009 (during the extension of the Project) on their role in the achievement of the MDGs out of which they formed the Parliamentary Caucus on MDGs[19] .

v) *Local authorities (LAs)* - The LAs were also engaged late into the Programme. Senior staffs of LAs including mayors, chairpersons of councils, treasurers and clerks of various local authorities were sensitized in 2010[20].

[19] The late involvement of MPs denied the country the opportunity to leverage on the influence of this group in harnessing devolved funds and other resources in achieving MDGs early enough. There was potential that, if the MPs were sensitized at the beginning of the program in 2005/2006, Kenya would have had five years of synergy in achieving MDGs in every part of the country especially through leveraging on devolved funds such as CDF.

[20] Local authorities have significant responsibilities of providing the basic services and infrastructure that directly influence the achievement of MDGs. These include education, health, water and sanitation, garbage collection, management of the environment and attracting and retaining businesses and investments in their respective areas. They also manage devolved funds (specifically LATF) that can be directly applied to achieving MDGs. Late sensitization denied the Country the opportunity to create synergies at devolved levels for more efficient achievement of MDGs.

Other activities undertaken in this respect were:

i) *Involvement of CSOs in the MDGs campaign* - 26 CSOs selected on a competitive basis were engaged to raise awareness on MDGs in the grassroots. They were facilitated through capacity building and provided with grants. They were also supported to erect a billboard to promote awareness of MDGs in each of the nine millennium districts.

ii) *Development of IEC materials* – significant IEC materials were developed including calendars, diaries, T-shirts, caps, posters and brochures. A documentary on MDGs was also developed and completed in 2009 which captured efforts and successes in the implementation of MDG-focused interventions.

iii) *MDGs Website*-This had been done by mid-term evaluation.

iv) *Use of mass media-* FM radio (44 regional / vernacular and 2 national stations) and TV coverage were done in 2009. Two newspaper supplements were also produced in the local dailies.

v) *Collaboration with Schools* - achieved through partnership with the Ministry of Education (MOE) through school activities such as drama festivals. The Programme provided eight trophies which carried MDG messages to be given to schools winning drama festivals.

vi) *Other Fora* - Other fora for creating awareness included the Public Service Week.

5.1.2 Mainstreaming of MDGs in National Policy, Planning and Budgeting Process

Government commitment for the mainstreaming of the MDGs was demonstrated in 2004 when a Cabinet memo was issued instructing all government ministries and agencies to ensure that all national policy, planning and budgeting process mainstreamed the MDGs. To this end, all major government policy documents from the PRSPs, ERS, Vision 2030 and its MTPs I & II to sectoral plans have all mainstream MDGs.

Above all, the achievement of the MDGs is now a constitutional requirement as it is entrenched in the Kenya Constitution under chapter 4 on the Bill of Rights. Section 19 states that the Bill of Rights is an integral part of Kenya's democratic state and is the framework for social, economic and cultural policies. Section 20 asserts that the Bill of Rights applies to all law and binds all State organs and all persons to their achievement. Section 42 and 43 specify the environmental, economic and social rights guaranteed in the constitution.

5.1.3 CSOs were brought on Board to Support Implementation

Government enlisted the support of CSOs and NGOs to support implementation at the district level. They were used to create awareness on MDGs at the grassroots level.

5.1.4 Recognition of Private Sector as a Key Stakeholder

The need to involve the private sector was recognized early in the programme and was deliberated on at various levels of government during the implementation of the MDGs Programme. This culminated into formulation of a strategy paper to provide guidelines on how the engagement process was to be structured and organized. However, the strategy paper fell short of providing clear direction of how the interest of the "entrepreneurship for profit making" was to be accommodated in the process. It therefore failed provide clear guidelines on what was to be done and how it was to be done. Despite the above initial challenges, the private sector was eventually brought on broad and got involved on several activities as discussed in the next section.

5.1.5 Introduction of MDGs Awards

The MDGs Award was established and initiated in 2010 to acknowledge the contributions of NGOs, development partners, institutions, private sector and individuals that had demonstrated outstanding efforts in driving the achievement of one or more of the eight MDGs through their core programmes. The purpose for the awards was to provide incentives to organizations and individuals to participate in the process of achieving the MDGs. The initiative was implemented by the GoK through the then MoPND& Vision 2030, in partnership with the UN System under the technical leadership of UNDP-Kenya, Synovate and the GoF.

The Awards were given and judged based on the activities of the individuals or organizations during the last 10 years. These awards had 11 categories as shown in table 5.1.

Table 5.1: Shows the MDGs Awards Categories

NO	MDGs AWARD CATEGORY	AWARD CATEGORY DESCRIPTON
1	MDGs, Eradicating extreme poverty and hunger award	The recipient of this award was required to have shown progressive and tangible contribution towards poverty eradication in Kenya
2	MDGs, Achieving universal primary education	The recipient of this award was required to have shown progressive and tangible contribution toward promotion of literacy and education in general in Kenya
3	MDGs, Promoting gender equality and empowering women	The recipient of this award was required to have shown progressive and tangible contribution towards ensuring gender equality and empowering women in Kenya
4	MDGs, Reducing Child Mortality award	The recipient of this award was required to have shown progressive and tangible contribution towards reducing infant mortality in Kenya
5	MDGs, Improving Maternal Health care award	The recipient of this award was required to have shown progressive and tangible contribution towards delivery of sound maternal health care services in Kenya
6	MDGs, HIV/AIDS award	The recipient of this award was required to have shown progressive and tangible contribution towards mitigation and prevention of HIV and AIDS in Kenya
7	MDGs, Malaria and other major diseases award	The recipient of this award was required to have shown progressive and tangible contribution towards controlling the spread of Malaria and other major diseases in Kenya
8	MDGs, Environmental Conservation	The recipient of this award was required to have shown progressive and tangible contribution towards conserving and promoting sustainable ecosystems in Kenya
9	MDGs, Water Management award	The recipient of this award was required to have shown progressive and tangible contribution towards water management and conservation in Kenya
10	MDGs, Housing award	The recipient of this award was required to have shown progressive and tangible contribution towards increasing access to affordable and decent housing in Kenya
SPECIAL AWARDS		
11	MDGs, Youth empowerment award	The recipient of this award was required to have promoted youth-based institutions with the primary objective of reducing youth unemployment and eradicating poverty in Kenya
12	MDGs, Media award A) Print B) TV C) Radio	The recipients of these awards were media houses or Journalists who have shown progressive and substantive coverage on the print and electronic media in highlighting one or more of the eight MDGs in Kenya
13	MDGs, Lifetime Achievement award	The recipient of this award was an individual whose contribution is expansive towards advocating for the MDGs, with demonstrative impact at the national and/or sub-national level in Kenya.

5.1.6 *Implementation of "Quick Wins" Projects*

As discussed in section 4.1.4 of this report, these are small high impact projects implemented in MDG districts in key MDG sectors to fast track the achievement of MDG targets. The projects were financed under the GOF, GOK and UNDP funded programme on "Mainstreaming MDGs in Kenya". Besides these, there were other projects implemented in non-MDG districts using GoK funds only. Despite their size in terms of funding, the projects had the following positive aspects:

- There is good evidence of implementation. There is also evidence of significant results /impact at the micro level. These include improved enrolment and performance in primary schools, improved varieties of irrigated crops with potential for better incomes for households, better facilities in a hospital, etc,
- The projects have a clear focus on meeting community needs based on MDGs,
- Majority are designed to produce quick demonstrable results which have immediate impact on the livelihoods of the communities,
- The process is sound: The projects are proposed and prioritized by relevant government agencies after appropriate sensitization and briefings and approved by the relevant district development committees (DDCs). They are also implemented by the same agencies in close collaboration with the communities who then take the management of the projects,
- They have the impact of raising awareness on the relevant state agencies and communities on MDGs and their role in their realization. This is demonstrated by the high level of awareness in these groups at the local level,
- The projects clearly demonstrate how limited resources can have significant impact on the livelihoods of communities and in the realization of MDGs. This provides great lessons on the use of devolved funds including CDF, LATF and the ESPs but also to the other non-state actors on the ground including CSOs, CBOs and FBOs,
- They provide significant opportunity for learning, replication and scale up, and,
- They provide evidence of ownership of the Program through the use of GoK funds in both MDG and non-MDG districts in the implementation of the projects.

The implementation of the projects was however not without shortcoming some of which include:

- Many of the projects were started as standalone initiatives and have no synergies with other interventions or investments within the vicinity,
- The level of funding is sometimes too low with no follow-up activities. This has resulted in some projects not being completed without predictability of future follow-up actions to complete them e.g. Cold Room in Kilifi,
- Some are not well designed: For example, in some cases, there is no linkage between investment and results e.g. Cultural Center in Garissa. In this case, attracting tourists would require other actors to be involved, a factor which was not taken into account. Another project that was poorly designed is the commercial palm oil production project in Webuye in Bungoma East District, Bungoma County. First the farmers were not involved in decision making regarding the choice and the planning of the project. Secondly from the discussions with the farmers it appeared like the project was political in the sense that it was being promoted and popularized by the area MP. Thirdly, it did not address the entire value chain process of the crop such as processing and marketing. As of now the crop is mature but the farmers have no idea what to do with it or where to take it for processing or for sale (Insert the photos on palm oil here),
- Coordination and synergies with other actors is almost non-existent. A good example is a water project in Fafi District, where two shallow wells at Jambele Centre in Jambele location were done through "Quick Wins" initiative next to River Tana, and two more agencies put up other shallow wells on the same spot.

- Weak implementation in some cases e.g. poor ground work, inadequate capacity building for the target communities, and poor involvement of stakeholders among others. This may have caused poor results in the milk-goats in Fafi district, Fish Cold Room in Kilifi District, shallow wells in Bondo and ice boxes in Rarienda,
- The overall impact of this component beyond the micro level is not well articulated at national and district levels,
- Monitoring and evaluation of the project can be improved as the results of these interventions are not readily articulated by the officers on the ground,
- Funds for the projects were coming late (towards the end of the financial year) resulting in a hurried process to get things done. These are likely to be funds from the GoK, and,
- There was low absorption of funds meant for "Quick Wins" held by UNDP. This is interesting as the Government was at the same time struggling to get funds from its budget for this purpose. According to UNDP, it engaged GoK in meetings aimed at focusing more attention and effort on the use of resources meant for "Quick wins". In one of these meetings, areas of interventions were discussed but no further action was undertaken. The Government has explained that the identification of credible and accountable NGOs /CSOs to partner with delayed the process.

In conclusion, this component, even with its challenges, is being implemented well and is leading to good results. It has direct early impact on communities. Even where results are poor, there are lessons for improvement in future interventions. The fact that the Government allocated its own resources to the projects in both MDG and non-MDG districts enhanced ownership and sustainability of results of these interventions.

However, sustainability of these projects remains a critical issue. Unless they lead to something bigger and more profound, "Quick Win" projects on their own, they are a drop in the ocean. Even if more funds are allocated to these projects, they will still have a limited impact.

The recommendation is that "Quick Win" projects be used for learning lessons. They should be well documented and a mechanism should be put in place for disseminating the lessons throughout the Country. The lessons should also inform policy, planning and action on a larger scale (involving all actors both state and non-state) to support the faster achievement of MDGs nationally.

5.1.7 Millennium Villages

Bar Sauri

- The model uses an integrated approach by clustering MDGs into logical groups,
- The interventions are conceived by experts but localized,
- The intervention uses existing government structures as much as possible. Majority of technical officers are government officers – a factor that increases ownership and sustainability of the interventions, but also builds the capacity of those who will be called upon to design, support and maintain future interventions,
- There is extensive involvement of the communities from planning to implementation. Community members also contribute and this enhances ownership of the results, and,
- There is close collaboration with the CDF management and the local MP. This is a great lesson for the entire country as devolved funds are likely to play a critical role in the realization of MDGs if well coordinated and managed.

There are significant infrastructural developments in the villages.

5.1.8 Millennium Cities Initiative

The Millennium Villages is a set of 12 rural African communities receiving significant and prolonged support to lift them out of poverty and demonstrate that MDGs can be achieved at a reasonable cost – implemented in association with the Earth Institute at Columbia University.

5.1.9 Acceleration Framework

- Was necessitated by the lagging goals such as goal 4 and 5.

5.1.10 MDGs Status Reports

This is one area where Kenya did very well. In total six reports were produced in good time. The process of production of these reports involved all the sector ministries through the focal point officers. The reports enabled the country to communicate its position and status with regard to MDGs, both nationally and internationally. The reports were also used successfully to articulate Kenya's position in the UN General Assembly and at the donors' roundtable meetings in New York.

5.1.11 Integration of MDGs Indicators into NIMES

The National Integrated Monitoring and Evaluation System (NIMES) have integrated the MDGs indicators into its framework.

5.2 What Ought to Have Been Done To Attain Each of the MDGs by 2015

5.2.1 Operationalizing National Steering committee (NSC)

As discussed in section 1.4 of this report, the NSC was established early in the MDG implementation process but was never actualized[21]. From the choice of the position of the chair, the composition of the members to the role of the committee, it is clear the committee was intended to give the MDG implementation process a high profile national outlook in government cycles. However, despite the good intentions, it was never actualized and remained just a proposal with negative implications in the implementation process as explained in this report.

Arising from this, challenges in management were evident in the early stages of implementation and may have contributed to the mixed performance of the process.

5.2.2 Development of MDG Campaign Strategy

Despite the development of enormous IEC materials, the MDG implementation process lacked a clear and structured stakeholder engagement framework. This can be attributed to failure to complete the development of the MDG campaign strategy that was planned and supported under phase I of the UNDP/GOF/GOK project. Without the strategy, the process was without a clear roadmap on what was to be done, how, when, by who, with whom and with what results.

This explains why engagement of the private sector, sensitization and awareness creation of such key stakeholders like MPs and LAs were not done until very late in the process with implications such as loss of opportunities for leveraging on devolved resources from LAs and MPs.

[21] Programme document

5.2.3 Mobilization of Adequate Resources

Developing countries started the process of MDGs implementation with high expectations based on the assumption that the required resources would be facilitated by the Developed Countries (DCs) who had pledged to contribute 0.7% of their gross national income (GNIs) to the process. In addition, the MDGs needs assessment and costing report only identified the resource requirements, but failed to identify where the resources were going to come from and the implications of not raising the said resources. For all practical purposes, the report did not serve a very useful purpose as it was just a "wish list". The magnitude of the challenge only became a reality around 2006 when the financing of MDG activities became critically constrained by unavailability of resources.

It was against this backdrop that the GOF in 2005 agreed to support a project on "Mainstreaming MDGs in Kenya Development Process" whose aim was to complement and scale up ongoing initiatives to institutionalize and mainstream MDGs-based planning, policy formulation, and budgeting, monitoring and reporting in the country. The project was to be implemented by MODP between 2005 -2009.

A Phase II of a similar project was again agreed for the period 2009- 2011 focusing on innovative interventions, fast tracking the MDGs, and coordination.

The interest of the DPs did not start until 2010 – e.g. EU started asking for MDGs

5.2.4 Development of National Long-Term MDGs-Based Framework for Action

The implementation approach for the MDG-based planning included three major steps namely: (i) carrying out a needs assessment to identify the necessary resources to achieve the MDGs by 2015, (ii) developing MDG-based long-term plan, and (iii) MDG-based medium-term national strategy for a 3-5 year period.

The MDG-based long-term plan/framework was expected to identify the full range of policies, programmes, investments, public management and institutions needed to meet the MDG targets. A consultant was engaged in 2006 to develop the framework but by 2009 had not completed the work having only submitted a draft report. To date there are conflicting information on whether the framework was ever completed. This left the MDGs implementation process without a clear roadmap or a coherent plan to inform and guide the implementation process.

The consequences of not having a roadmap or a process that was not well informed and guided by a coherent plan were that; the stakeholder engagement process was not well structured creating overlaps and conflicts, lack of synergies, weak linkages among key actors and stakeholder among others. All these either singly or collectively limited the scope for the achievement of MDG targets in the country.

5.2.5 Policy Research and Analysis on MDGs Related Issues

A lot of work on policy research and analysis on MDGs related issues including the goal of a global partnership in the areas of debt, aid and trade was expected to have been carried out during the MDGs implementation process. For example one of the issues to be investigated was the relationship between debt, trade and aid which could have been used by the government to improve negotiation skills in upcoming trade rounds as well as discussions about debt cancellation. A study on the gaps left by GoK budget on MDGs to provide guidance on areas that other actors including development partners could focus their efforts in was also supposed to have been carried out. Although the report was said to have been completed, it was done so late in the implementation process to be of very great value. Whether the report can be useful during the post-2015 agenda is a different matter altogether.

The involvement of Kenyan universities in research on MDGs did not seem to have received much attention.

5.2.6 Extension of UNDP/GOF/GOK Support to Other MDGs Sector Ministries

UNDP/GOF/GOK programme support toward MDG implementation was only extended to the MoDP, which was responsible for the management and coordination of the MDGs activities. This arrangement presumed that the line ministries implementing MDG-related activities had their own resources for the said activities. The fact of the matter was that ministries did not have specific resources specifically for MDGs activities other than the general ministerial budgetary allocations for the ministry core programmes and operations.

5.2.7 Time Spent on Sensitization and Awareness Creation

This process took inordinately too long, estimated at well over three years. Although the need to ensure all the national key stakeholders appreciates and understand MDGs and their roles and responsibilities in their achievement, care must be taken to avoid taking a lot of time on this item alone. Lack of an MDG campaign strategy could have led to this situation. The lesson learnt here is that it is critically important to have a clear strategy of engagement before the start of such process. The post-2015 agenda need to guide against such an eventuality.

5.2.8 Documentation of Millennium Villages

There seems to be very little documentation on the activities being implemented in the millennium villages and the impacts of the interventions if any in the targeted areas and communities The study team field visit to Bar Sauri village established that the many interventions are still being implemented and consultants' efforts to get monitoring reports from Bar Sauri did not bear any fruits. Notwithstanding this, the field observations

6.0 UN AGENCIES SUPPORT TOWARDS THE ACHIEVEMENT OF THE MDGS

UN Agencies support towards the achievement of MDGs is guided by the UN Development Assistance Framework (UNDAF) for Kenya for the relevant periods. UNDAF articulates the structure of UN System in Kenya operations in support of Kenya's development priorities over a five year programme cycle, and facilitates a holistic, nationally owned approach to the country's challenges. UNDAF guiding principle is to work together to "***Deliver as One***" (DAO). Under the coordination of the UN Country Team (UNCT), UN agencies were expected to undertake joint programmes, common monitoring and evaluation (M&E) and ensure transparent and accountable use of resources.

6.1 Core Areas of Support

The focus of UNDP's work in support of MDGs achievement has changed over time. Initially, the focus was on raising awareness and ensuring stakeholder buy-in about the MDGs through a series of campaigns. At the same time, the Millennium Project (MP) that was charged with identifying policy options and investment strategies that could help translate the MDGs into practice, including an effort to look at the macro-economics of MDG-consistent programming was undertaking such activities. After 2005, the focus moved to policy advisory services to support the incorporation and mainstreaming of MDGs in national development strategies, including the estimation of the cost of achieving MDGs in specific countries, preparing MDG-consistent macroeconomic frameworks, and aligning poverty reduction strategies to the MDGs. Since 2010, UNDP has concentrated directly on supporting countries to close the gaps in lagging MDGs through the MDG Acceleration Framework (MAF).

In a nutshell, UNDP has over the past 15 years played the following six 'MDG roles' in support of national efforts towards the MDGs:

1) Coordination and 109organization of UN support towards the MDGs agenda. This role entailed convening forums and facilitating processes involving the UN country team, whether in MDG scorekeeping, campaigning or programming. In essence UNDP has played this role quite effectively.

2) MDG communication, advocacy and campaigning to raise awareness and mobilize the energies and resources required to achieve the MDGs by playing a lead role at global, regional and country levels. UNDP effectively ensured that MDGs were kept at the center of the national development debate. UNDP supported MODP in a number of activities namely; development of national MDGs advocacy and campaign strategy, development of campaign materials and messages, organization of stakeholders meetings, and preparation of a documentary on MDGs to capture efforts and successes in the implementation of MDG-focused interventions. These materials helped to raise awareness and understanding of MDGs for national level officers. It was through this support that that the country was able to record tremendous progress in galvanizing the key stakeholders and the country's behind the MDGs agenda.

   Notwithstanding this important role, the process was not linked to any clear funding prospects or mechanism, and therefore resulted in raising expectations that could not be fulfilled. This is lesson learned as the country move towards the implementation of the Post-2015 development agenda.

3) MDG progress monitoring and reporting or "score-keeping". UNDP played a lead and critical role at country level in partnership with the government, UN agencies and International Financial Institutions as well as contributing role at regional and global levels. The goals of MDG monitoring were to: (1) monitor achievement; (2) enhance the Goals visibility and create greater political interest for them at country level; and (3) hold governments, UN agencies and donors accountable for progress achieved against intentions. MDG reporting at the country level has been an operational success.

Kenya performance in respect to reporting is rated highly as it rolled 6 status reports namely; 2003, 2005, 2007, 2009, 2011, and 2013 as well as other reports. This performance is attributed to the support provided by UN agencies led by UNDP Country office and the GOF. Specifically MDG status reports for 2003, 2005 2009, 2011 and 2013 were produced with both the technical and financial support of UNDP, Kenya while 2007 report was produced with support from the GOF.

4) MDG-based national planning, policy and budgeting. This role was considered critical to the translation of the global MDG agenda into action at the national and local levels. Owing to the need for national and sub-national ownership of development plans, UNDP identified national development policies as a key entry point, with particular emphasis on the PRSPs. The processes included 'MDG localization', 'needs assessment' or 'MDG costing' and policy changes to achieve the revised national targets. The third step consisted in helping insert and mainstreams the national MDG targets in the most relevant medium-term national development strategies, such as the PRSP.

The second step was a recognition of the fact that achievement of MDGs depended largely on the extent to which all national stakeholders, especially local communities are aware of MDGs, their roles and responsibilities. To this end, UNDP provided support for:

- Development of a national MDGs advocacy and campaign strategy,
- Organization of stakeholder meetings,
- Development of campaign materials,
- Capacity building of CSOs on MDGs,
- Engagement of CSOs selected on a competitive basis to support awareness raising on MDGs in the grassroots for MDGs. They were also supported to erect a billboard to promote awareness of MDGs in each of the nine millennium districts, and,
- Facilitating the conduct of the needs assessment or 'MDG costing' study was carried out in 2005 to assist in establishing resources requirements and policy changes required to achieve the national MDG targets.

The third step was equally well supported by UNDP whose efforts facilitated the mainstreaming of MDGs in the following planning process:

- ERS (and the PRSP before it), ruling parties Manifestos e.g. NARC (ruling party at the beginning of 2002) and Jubilee (current ruling party) Manifesto are all fairly aligned/friendly to MDGs. ERS Investment Plan included MDG targets,
- Cabinet Memo of February 2004 required that MDGs be mainstreamed in all government policy, planning and budgeting processes,
- MTEF processes took into account the mainstreaming of MDGs,
- All Treasury circulars and Budget Strategy Paper,
- Budget Outlook Papers (2006/07 – 2008/09) December 2005. This paper gave criteria for resource allocation with MDGs interventions appearing as top priority,
- Vision 2030's First Medium Term Plan I (2008 – 2012) and MTP II (20013-2017) have fully mainstreamed MDGs,
- District Development Plans (2008 – 2012) had also mainstreamed MDGs,
- National Handbook of Indicators to monitor the MTP fully included the MDG indicators, and,
- UNDP's support to counties to mainstream MDGs in their County Integrated Development Plans (CIDPs).

It is worth noting that the budget (2011/2012) significantly increased the budgetary allocations for MDGs sectors as discussed earlier.

5) MDG Acceleration Framework (MAF) design and roll out. MAF was designed to help countries overcome slow and uneven progress to meet the 2015 deadline. MAF process entailed four steps: i) in collaboration with the government, identification of the 'lagging MDGs'; ii) identification and analysis of bottlenecks constrains slowing MDG progress with the concerned government and the UN country team (including policy issues); iii) development of a Plan of Action for addressing the bottlenecks; and iv) the implementation of that Plan of Action.

Generally, the UNDP support can be divided in three phases as follows:

- <u>2001-2005 – Campaign & Research:</u> During this initial period, the 111organization focused on raising awareness and ensuring stakeholder buy-in about the MDGs through a series of awareness raising campaigns managed by the United Nations Millennium Campaign (UNMC). In parallel, the Millennium Project (MP) was charged with identifying policy options and investment strategies that could help translate the MDG into practice, including an effort to look at the macro-economics of MDG-consistent programming. The MP operated quite independently from the rest of UNDP until 2006, when it was folded under the BDP MDG Support Team.
- <u>2006-2009 – Mainstreaming the MDGs in National Policies</u>: After the 2005 World Summit which urged every country to adopt and implement development strategies taking into account the MDGs, the emphasis in UNDP support moved to policy advisory services to help countries develop MDG-based national development strategies, including PRSPs, e.g. through estimating the cost of achieving MDGs in specific countries (MDG costing), preparing MDG-consistent macroeconomic frameworks, or aligning poverty reduction strategies with the MDGs.

- <u>2010-2015 – Accelerating Progress:</u> In preparation for the 2010 MDG Summit, UNDP published the *MDG Breakthrough Strategy* (May 2010), which encapsulated the MDG Acceleration Framework (MAF), and since 2010, has concentrated on supporting specific countries in the achievements of lagging MDGs through the MDG Acceleration Framework (MAF). UNDP also contributed to the development of the Post 2015 development agenda during the period.

6.2 Challenges of UNDAF

As discussed earlier, the UN agencies support to the MDGs implementation in Kenya has been crucial. Kenya's success story can largely be attributed to this support. However, a number of challenges undermined this contribution. These include:

- The UNDAF principle was a new concept and therefore there was an issue of learning curve. The start of the MDGs implementation coincided with the introduction of the UNDAF concept in Kenya. Agencies therefore were learning how to operationalize the principles on the job. It took time for UN agencies to buy-in into the principle of the UNDAF principle,
- UN agencies in Kenya are many and large entities with clear wide range of mandates including economic, social and political development and encompassing good governance, human rights, health and nutrition, education, gender mainstreaming and management of disasters. The holistic, cross-sectorial nature of the MDGs implies a tension with the sectorial agendas of the specialized agencies, which often considered the MDGs as too simplistic. They therefore did not see the need for pulling together, preferring the status quo to prevail,
- Competition for resources among the agencies was also another challenge,
- UNDAF was done in a hurry to conform to the National economic blueprint, the MTP I, and,
- UNDP was to do the coordination of MDGs implementation but faced many challenges including lack of quorum in meetings.

In all the roles played by UNDP, the involvement of the UN Agencies' was useful, though often insufficient.

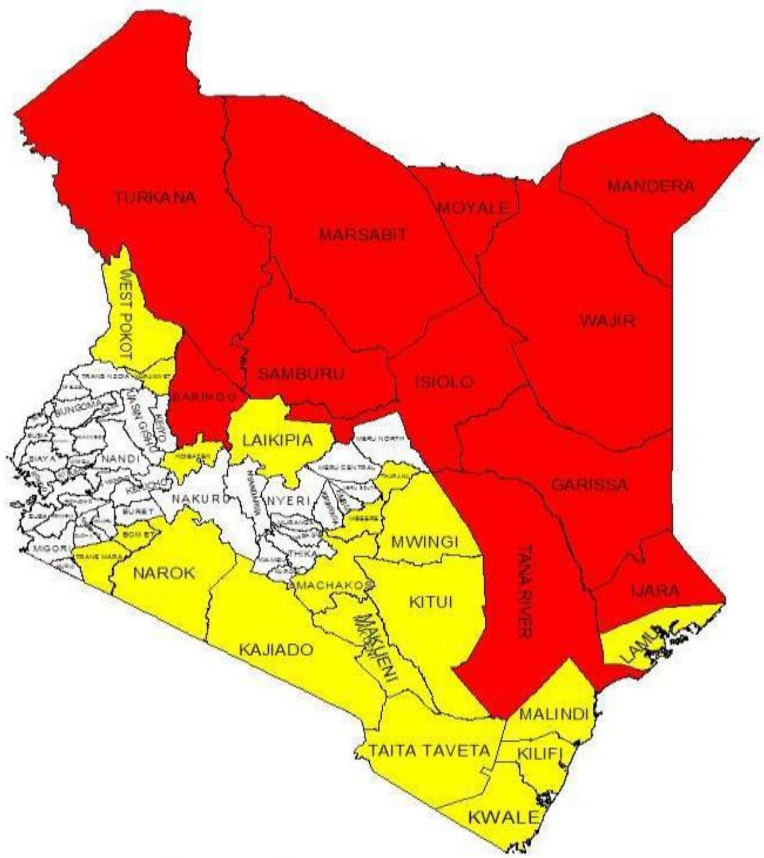
7.0 IMPACT OF EXOGENOUS FACTORS ON THE ACHIEVEMENT OF MDGS

The achievement of the MDGs goals and targets was faced with many challenges some of which were occasioned by external factors. This section discusses some of these factors and how they have impacted on the achievement of the goals and targets.

7.1 Frequent Droughts

Kenya is a drought-prone country, primarily because of its peculiar eco-climatic conditions. Although dissected by the equator in its southern half, Kenya contains only a few pockets of high and regular rainfall (>2000mm). Arid and semi-arid lands (ASALs) cover 80% of the territory. In these areas, where annual rainfall varies from 200 to 500 mm, periodical droughts are part of the climate system.

While geography and climate largely explain Kenya's exposure to drought, the root cause of the country's vulnerability is its dependence on rainfall for its economic and social development. Agriculture, the backbone of the economy, is almost entirely rain-fed. Most water for human consumption and other uses is derived from rivers whose recharge depends on rainfall. Kenya's per capita water availability is one of the lowest in Africa, and the situation is expected to get worse due to population growth and climate change.



RED ARE ARID DISTRICTS
YELLOW ARE SEMI ARID DISTRICTS

Droughts in Kenya adversely affect all sectors of the economy and the population at large. This is because it (i) affects water supply in both rural and urban areas, (ii) leads to reduced hydropower generation and power rationing, (iii) causes crop failures and reduced food security, (iv) causes deaths of humans, livestock and wildlife, (v) leads to job losses when industries shut down as resources get depleted, (vi) causes the deterioration of human health due to malnutrition and poor access to quality water, and (vii) causes conflicts between communities and wildlife. The scorching effect of droughts also leads to environmental degradation – desertification and bio-diversity loss[22].

Droughts have to a very great extent undermined Kenya's ability to achieve MDGs goals, especially those related to poverty eradication, attainment of food security and promotion of environmental sustainability[23]. In the last decade alone four major food crises, triggering huge food relief efforts, were declared in Kenya all emanating from drought. These include the:

[22] Kandji, Serignes, 2006

[23] Kandji, Serignes, 2006.

- **1997**: a severe drought threatened the livelihoods of 2 million people,
- **2000**: 4 million people were in need of food aid after Kenya was hit by its worst drought in 37 years. Drastic power rationing was imposed, the Kenya Power and Lighting Company lost US $20 million, the economy was paralyzed, and the national GDP contracted by 0.3%. During the 2000/2001 fiscal year, Kenya spent 140 million dollars on relief food. It is argued that with a quarter of this amount, the country could have put in place a much more effective and sustainable system to address long-term food insecurity in the ASALs[24],
- **2004**: the long rains (March–June) failed and the subsequent crop failure left more than 2.3 million people in need of assistance,
- **2005**: another "national catastrophe" was declared in reference to the famine that affected 2.5 million in northern Kenya, and,
- **2010/2011**: worst drought in 60 years. Affected 13.3m people in Kenya, Ethiopia and Somalia (Mwangi E., 2012)[25].

The way climate-related disasters impact on people's lives is highly differentiated across Kenyan society. The most vulnerable are the rural poor who depend on agriculture and livestock for their livelihoods. One clear consequence of the recurrent droughts is the escalation of poverty and food insecurity among dry-land communities that live in risky environments such as ASAL areas. The negative impact of drought on the environment cannot be overemphasized. Desertification and loss of biological diversity are some of the challenges of the 21st century, and Kenya is not spared by these phenomena.

The macroeconomic impact of drought is at three levels:

i) Government level - droughts results to a fall in revenues from direct taxes and export duties, increased demand for government services with a shift to short-term relief.

ii) Domestic markets level – droughts impact on the following markets:

  - Livestock markets – This market is hit hardest by droughts leading to dramatic short- term fall in prices with high off-take and longer term rise in prices as herds reconstitute, and,

[24] ibid

[25] GoK-interagency post disaster needs assessment (PDNA) report of 2011 which indicated that, livestock worth Kshs. 56.1 billion died because of the droughts, in addition to approximately Kshs. 643.2 billion lost as a result of emerging constraints along the production and food supply value chains (e.g. water, feed and veterinary services; decline in production of meat, milk and other by-products). The report further indicated that in agriculture (crop farming), production of food and industrial crops reduced by an amount of Kshs. 121.1 billion in the same period

- Grain markets– droughts culminates to short-term rise in prices of grain with rising demand and fall in supply and medium-term fall in prices as harvests return to normal.

7.2 Global Financial Crisis

Kenya like all developing countries has been a victim of the global financial upheavals that have hit the world economy since the start of financial liberalization in the 1970s. The first crisis in the 1980s devastated the Latin America and the Eastern Bloc. The second in the 1980s battered the Asian "Tigers" including Russia, Argentina and Turkey. The disaster that commenced in 2007 on the other hand, affected the core of the global financial and economic system mainly the European Union (EU), the United States of America (USA) and the United Kingdom (UK), (World Bank, 2013).

The entire three crises have been associated with the so-called 'financialization' of capitalism and hence exhibit common patterns. Stricken countries have often faced strong growth of domestic credit, but also heavy borrowing from abroad. Domestic and foreign credit frequently went to real estate speculation, financial transaction and consumption rather than production. When the inevitable crisis burst out, borrowers are left with vast debts, domestic and foreign, private and public. Multilateral organizations then arrive, imposing austerity measures, protecting the interests of lenders, and shifting the costs of the debt to society at large. The results have been years of falling incomes, high unemployment and above all increasing indebtedness, (IMF, 2012). The 2007 financial crisis led to a dramatic increase in public debt in most advanced countries. Total public debt as a percentage of GDP in OECD countries as a whole went from an average of about 70% throughout the 1990s to 112% in 2014. Individual countries debt ratio within OECD in 2012 ranged from a low of 14.5% of the debt to GDP in Estonia to 224.3% in Japan (IMF, 2012).

The aftermath of the crisis was depressed economies of the OECD countries which impacted negatively on their ability and capacity to extend financial support to developing countries such as Kenya. This has resulted to decrease in resources flow both ODA and FDI to developing countries, affecting projects and programmes some of which had direct bearing on the achievement of the MDGs.

7.2.1 Flow of Official Development Assistance (ODA)

ODA is defined as government aid designed to promote the economic development and welfare of developing countries. It is usually given by member countries of OECD-DAC and is mainly concessional loans with a grant element of at least 25 percent. Loans and credits for military purposes are excluded. Private contributions or private capital flows and investments are also excluded. Aid may be provided bilaterally, from donor to recipient, or channeled through a multilateral development agency such as the United Nations or the World Bank. Aid includes grants, concessional loans and the provision of technical assistance.

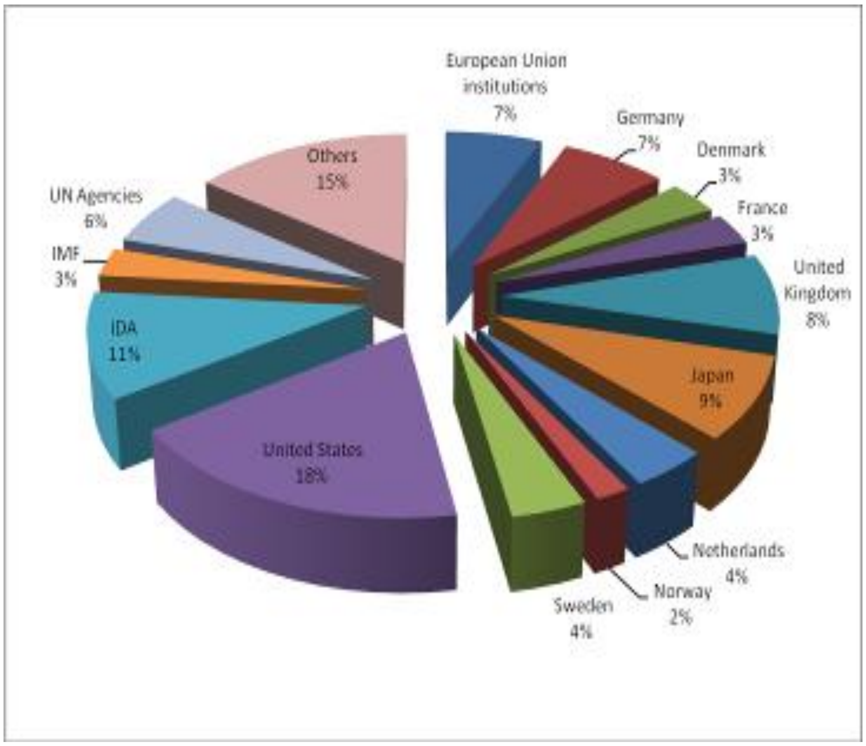
The main objective of ODA is to promote development. The donor governments pledged to contribute 0.7% of their Gross National Income (GNI) as ODA in support of MDGs but majority of these nations have failed to reach the agreed targets. So far only five countries have met the target, namely, United Arab Emirates 1.17%, Luxembourg 1.07%, Sweden 1.01%, Denmark 0.85%, and UK 0.71%. Majority of the countries contributed between 0.2 and 0.4%, an estimate of $150 billion short each year although some donate more in terms of amount of dollars, but are low on GNI percentage. For example, USA contribution was only 0.19% of its GNI which is almost the lowest of all the industrialized nation of the world, but paradoxically since 2000, its dollar amount has been the highest at almost 18%. Similarly, between 1992 and 2000, Japan had been the largest donor of aid in terms of raw dollars but 2001 the US claimed that position, a year that also saw Japan's amount of aid drop by nearly 4 billion dollars. Table7.1 shows the contributions of the major industrial countries which did not meet their targets while figure 7.1 shows the composition of ODA flows from the various donors.

Table7.1: Contributions of the Major Industrial Countries who did not meet their Target

No.	Country	Percentage Contribution (%)
1	Italy	0.16
2	USA	0.19
3	Japan	0.19
4	Canada	0.24
5	Australia	0.27
6	France	0.36
6	Germany	0.41
8	Belgium	0.45

Source: World Bank Data

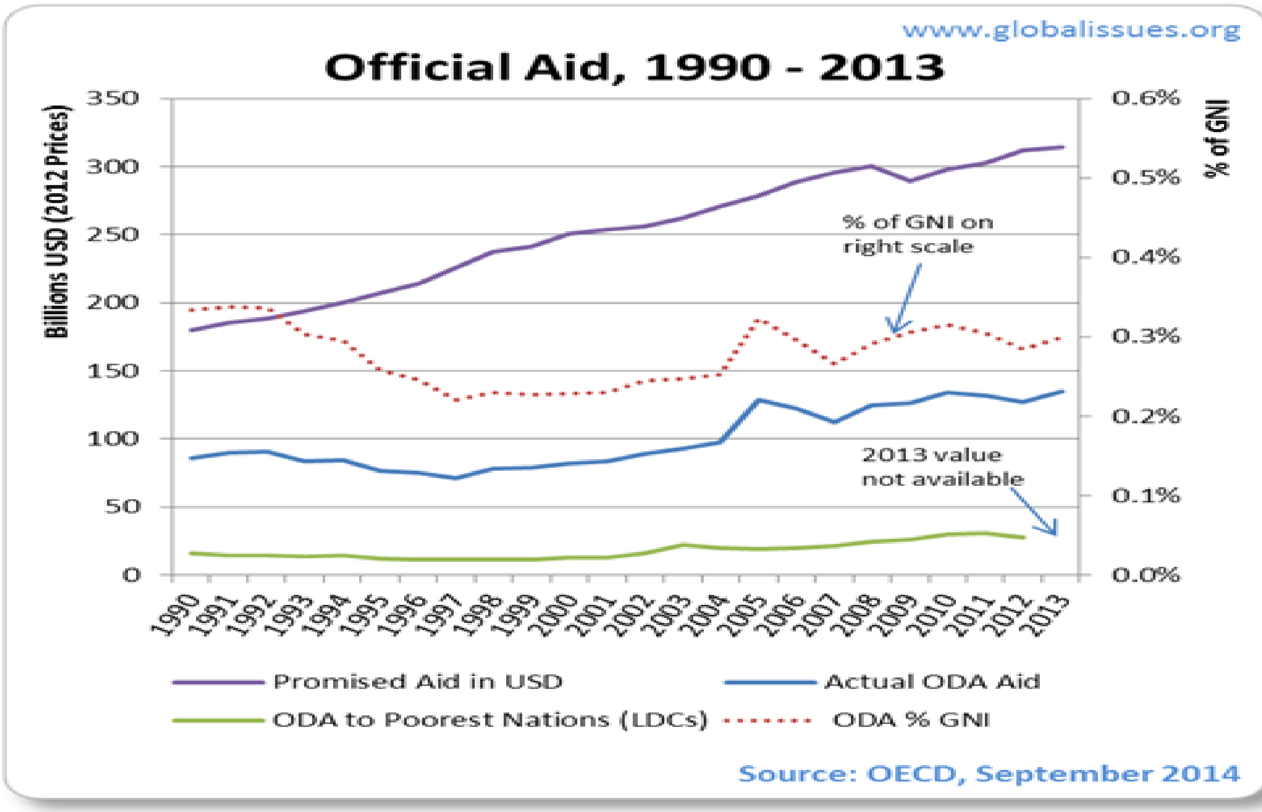
Figure 7.1: Composition of Net ODA Sources from Major Donors Over the Period 2000-2013



Source: World Bank

Despite the above, ODA flows have been increasing since 2001 but way below obligations as seen in figure 7.2. Between 2001 and 2004, there was a continuous increase in aid, but much of it was attributed to geo-strategic interests of the donors, such as fighting terrorism. Increases in 2005 were largely due to enormous debt relief for Iraq and Nigeria, plus some other one-off large items.

Figure 7.2: ODA Flows 1990- 2013



Source: World Bank

The graph above shows the following:

- Donor nations' incomes generally increased between 1990 and 2010. But in 2009, donor countries had a lower GNI due to the global financial crisis,
- Aid did increase slightly in percentage terms although the expected decline in aid eventually occurred in 2011, as the effects of global financial became effective,
- Aid for the poorest countries remained at a steady state for the period 1990 to 2012, and,
- Given the overall income of donors increased, this in effect meant that they reduced their aid to the poorest countries.

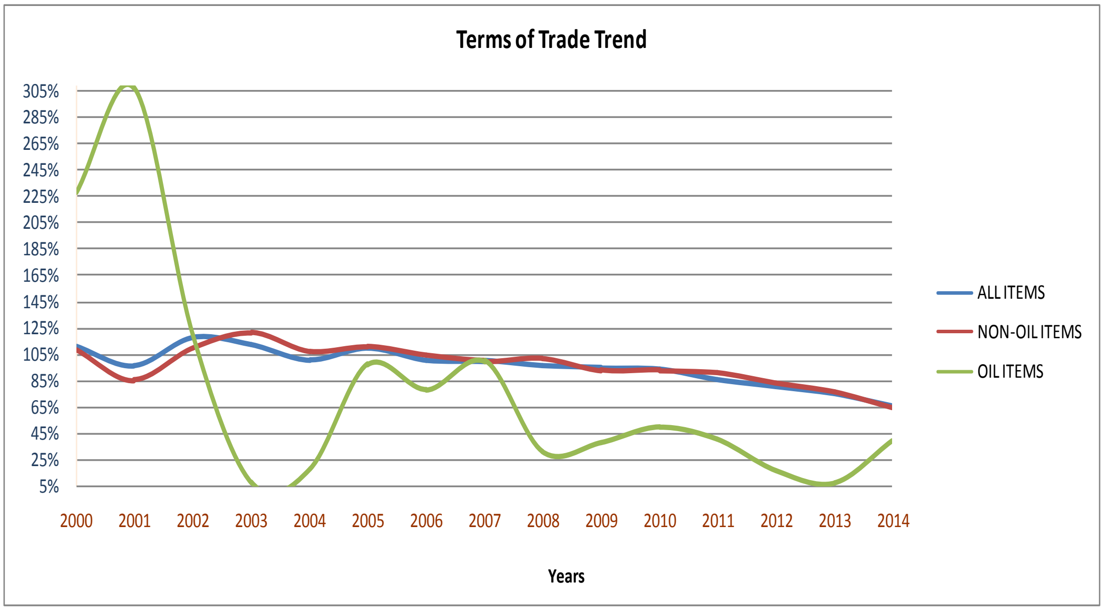
7.3 Worsening of Terms of Trade

Kenya's terms of trade (TOT) has worsened over the MDGs implementation period from 2000 to 2014. The TOT for both all items and non-oil items shows a declining but positive trend since 2000, while that of oil items shows declining trend with wide fluctuations. The TOT which is a measure of a country's competitiveness in the international market shows Kenya has been performing poorly in this respect. The implication of this is that the country has in almost all the years recorded deficits in its balance of payments (BOP) owing to lesser counter effects of services in current account. For example, in 2013, the trade deficit continued to widen, deteriorating from Ksh. 856,740 million in 2012 to 911,029 million. During 2014, total exports declined by 3.0% while total imports increased by an equivalent margin[26]. The main reasons for the poor performance of the exports are depressed demand for the exports which are predominantly

[26] Economic Survey, 2014, KNBS

primary products as well as poor export prices. The solution to the problem is only through diversification of the exports and value addition.

Figure 7.3: Shows the Terms of Trade for the country



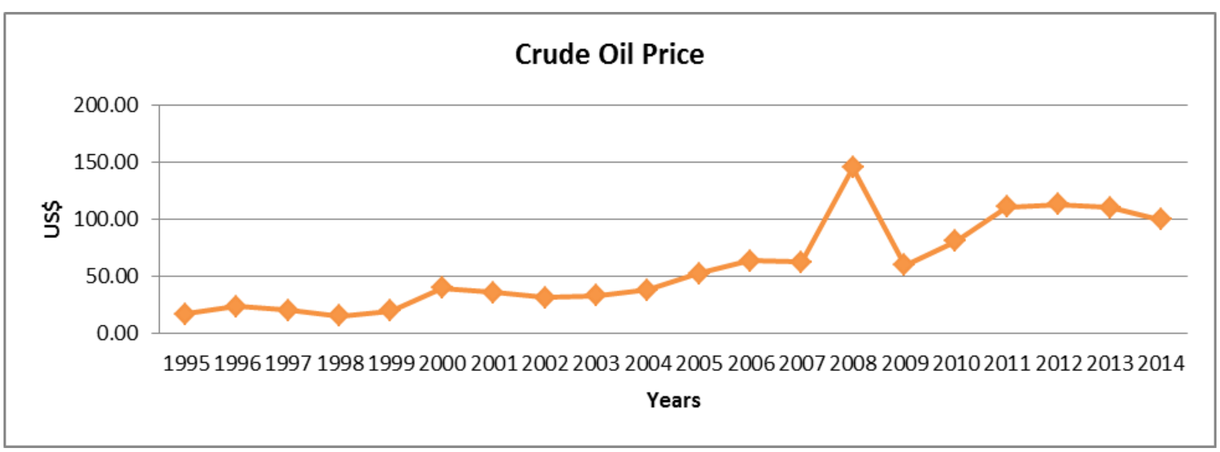
Source: Economic Survey, KNBS

7.4 High International Oil Prices

Petroleum products are Kenya's second largest import commodity, accounting for 25 per cent of the country's total imports. The oil products include jet fuel, kerosene, light diesel oil, petrol, heavy diesel oil and cooking gas. Kenya oil consumption stands at 4.5 million tonnes annually. However, total consumption of various petroleum products has declined considerably as prices remain high[27].

Figure 7.4 shows the price of crude has continuously increased since 1995 reaching the highest level of $150 per barrel in 2008 before declining to an average of 100 $ per barrel.

Figure 7.4: Price of Crude Oil

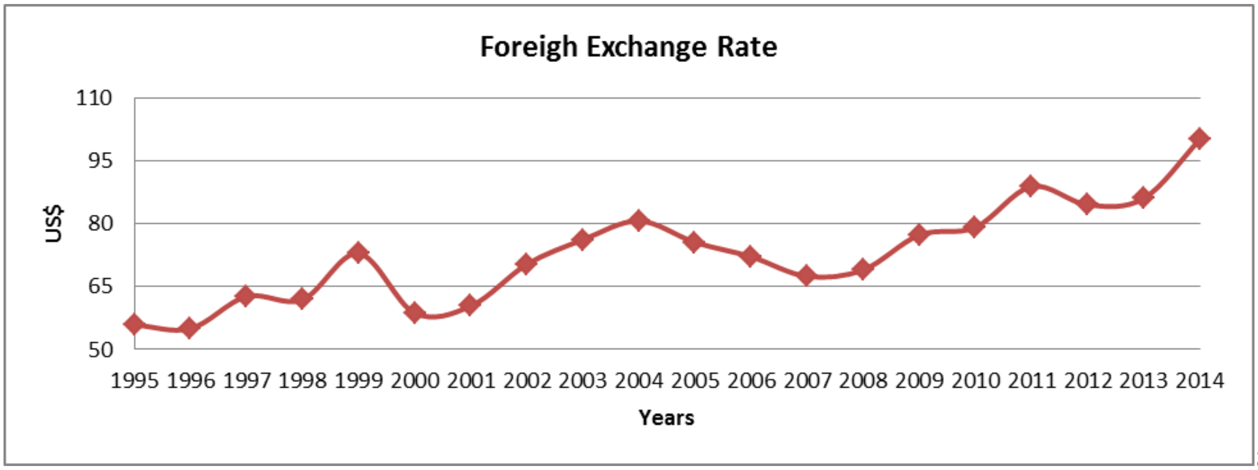


Source: World Bank

[27] KNBS, Economic Survey

The high prices of the crude oil were aggravated by the depreciation of Kenya shilling leading an increase in the exchange rate over the period as seen in figure 7.5 below.

Figure 7.5: Foreign Exchange Rate



Source: Economic Survey

Kenya's total fuel import bill had doubled in the year 2013 and 2014. In 2011, Kenya's total fuel imports stood at 15.5 billion dollars before doubling in 2012 to 32 billion dollars. The country is currently importing fuel products worth $276 million a month on average, down from $353 million. The drop in the import bill is attributed to decline in fuel products consumption in East Africa's biggest economy and falling cost of oil prices in international market.

The quantity of petroleum products imported into the country in 2010 was 3.8 million tonnes, a 7.8% decline from 4.2 million tonnes in 2009. The total petroleum imports bill of rose by a considerable 25.5% from Kshs 160.2 billion in 2009 to 200.8 billion in 2010. In 2011, it rose to Kshs 326.9 billion but declined in 2012 to Kshs 326.9 billion.

Total domestic demand for petroleum products declined by 5.7% from 3,857.9 thousand tonnes in 2011 to 3,638.0 thousand tonnes in 2012. Overall, per capita consumption of energy in terms of oil equivalent declined by 5.7% from 112.9 in 2011 to 106.5 in 2012.

The value of imports grew by 38.9 percent from Kshs 947.4 billion in 2010 to 1.3 trillion in 2011 Consequently, Kenya's trade balance worsened further by 49.7% in 2011 compared to 21.3% in 2010 as a result of increased oil prices in the international market.

Petroleum products are an important source of government revenue because they attract excise duty, petroleum development duty and road maintenance levy which are vital to funding government activities. As such, their rising prices have fuelled inflation and put many basic commodities out of the reach of many Kenyans, pushing them into poverty.

8.0 IMPACT OF MACROECONOMIC POLICIES ON ATTAINMENT OF MDGS

It is widely acknowledged that there is a direct relationship between economic performance and poverty levels and access to basic services in a country. Poor economic performance leads to increase in absolute poverty, that is, increase in number of people without adequate food and nutrition, and inadequate access to basic services such as education, health facilities, safe water and decent housing. If this argument holds for Kenya, then the impact of the macroeconomic policies on the attainment of the MDGs can be assessed by looking at the impact of the various policies on the general economic performance of the country. To this end, this section looks at the various policies implemented by the government from 2000 to 2014 and attempts to assess the impact of these policies on the general economic performance and therefore on MDGs. The policies include but not limited to:

- National Poverty Eradication Plan 1999-2004,
- Poverty Reduction Strategies (PRSP) 2000-2003),
- Economic Recovery Strategy for Employment and Wealth Creation (ERSEWC), and,
- Vision 2030 – MTP I (2008 -2012, MTP II- 203-2018.

8.1 National Poverty Eradication Plan 1999

The National Poverty Eradication Plan (NPEP) provided a national policy and institutional framework for action against poverty. The plan was intended to bring to a halt the increase in the incidence of poverty at the time through implementation of well-planned poverty alleviation programmes. This approach was resorted to after failure of national development plans (NDPs) and other specially designated programmes to combat poverty. The plan was intended to bridge the gap between NDPs and address the needs of the poor; come up with a charter for social integration setting out pro-poor policies and planning; improve access to essential services by low income households that lacked basic health, education and safe drinking water; develop a strategy for broad based economic growth; increase access to education for children of low income groups; eliminate shortfalls in the poor household's access to mother and child health care services; and enhance the assets and income streams of the poor to build and maintain group cooperation. Once measures were put in place, it was expected that the productive capacities of the households would be improved for sustained economic growth, which would be equitably distributed.

The specific goals and targets of the NPEP were:

- Reduce the number of the poor in the total population by 20 percent by 2004; and by a further 30 percent by 2010,
- Increase primary school enrolment rates by 15 percent over the first six years of the plan,
- Increase primary school completion rates by 19 percent, especially for girls in the six-year period.
- Achieve Universal Primary Education (UPE) by 2015,
- Universal access to primary health care to within 5 km of all rural households or within one hour of local transport by 2010,
- Increase by 8 percent each year until 2004, access to safe drinking water by poor households and create universal access to safe water by 2001, and,
- Reduce time spent by women on fuel (wood) and water collection.

To achieve the objectives, the implementation of the plan was to be overseen by the Commission of Poverty Eradication (CPE) assisted by Poverty Eradication Unit (PEU) which was to be established for development coordination of projects, ensure geographical targeting and provide links between policy, public sector leadership and community action planning. The partnerships would be encouraged from local through national levels. These would be partnerships against poverty at village, locational, divisional, district and national levels. The Poverty Eradication Programmes were to be financed by Poverty Eradication Budget (PEB), which was to be drawn from the exchequer. Again, an Anti-Poverty Trust Fund (APTF) was to be established and managed outside government framework with an in-built Monitoring and Evaluation system.

Despite the good intentions of the plan, poverty levels did not reduce as expected. However, the establishment of the Poverty Eradication Commission laid strong foundation and showed commitment on the part of government to continue the fight against poverty.

8.2 Poverty Reduction Strategy (PRSP) 2000-2003

The Poverty Reduction Strategy Paper (PRSP) outlined the priorities and measures necessary for poverty reduction and economic growth in the country. This document recognized the primary development goal for Kenya is to achieve a broad based sustainable improvement in the standard of welfare for all Kenyans, and that the role of the government should be to spearhead action and create a positive framework for poverty reduction measures. Other key features of the paper included recognition of other non-state actors as key stakeholders in poverty reduction efforts; a re-statement that economic growth that outpaces population growth is a prerequisite for poverty reduction and that economic growth on its own cannot ensure poverty reduction; and, identification of a number of targeted short-term measures to directly address some critical causes and manifestations of poverty.

The paper outlined four basic components and policy objectives in the fight against poverty: to facilitate a sustained, rapid economic growth; improve governance and security; increase the ability of the poor to raise their incomes; and improve the quality of life of all citizenry, especially the poor.

Before the paper, poverty eradication efforts remained in the hands of the civil society such as NGOs, welfare associations (women, youth and religious organizations). So far, PRSP is the most comprehensive and most focused policy document in the fight against poverty since independence. This is because, it drew from the failures of the past policies and the consultative process that marked its preparation, and the involvement of stakeholders, government, the donors, civil society, the private sector and the citizens. Secondly, the government was implementing the medium-term expenditure framework (MTEF) which addressed short term, medium term, and long-term strategies of alleviating poverty. This particularly highlighted projects which could be initiated and implemented to realize sustained development within clear timeframe and budgeted resources.

8.3 The Economic Recovery Strategy (ERS) 2003-2007

The Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003-2007 or the ERS main aim was to reverse the economic decline and spur the recovery. The overall implementation of the ERS is widely acknowledged as having been successful. Kenya's economy grew significantly during the period, largely due to the implementation of sound fiscal and monetary policies supported by strong structural reforms. Key reforms in the education sector targeting improvement of accessibility and quality of education as well as significant impact on the provision of health care and reducing prevalence of HIV/AIDS through numerous campaigns and intervention measures were made. The country witnessed a sustained economic growth in all sectors of the economy from a slow growth of 0.6% in 2002 to a 7.0 % in 2007. Poverty declined from an estimated 56% to 46% during the same period[1], average bank lending fell from 18.3% in 2002 to a low of 13.3% in 2007, NSE-Index increased by over 399.5% from 1,363 in 2002 to 5,445 in 2007 signifying improved business profitability, and the ratio of fixed capital formation from 15.8% in 2003 to 19.5% 2007[28].

[28] End Term Review of the Economic Recovery Strategy for Wealth and Employment Creation (ERS) 2003-2007, Government of Kenya, 2009.

8.4 Vision 2030, Medium Term Plan I (MTP I):2008-2012

The first 5-year Vision 2030 Medium Term Plan (MTP 1) covering 2008 – 2012 was developed taking into account the success achieved under the Economic Recovery Strategy (ERS), 2003-2007. With MTP I being the first phase of Vision 2030 it assumed continued strong broad based economic growth and development consistent with long-term objectives and targets. However, since the implementation of the plan, the macroeconomic setting has changed significantly. This has affected achievement of MTP goals as well as progress in the implementation of policy measures.

Despite Kenya's economy being affected by the multiple adverse domestic (post-election violence and drought) and external (global financial and economic crisis and high international oil and commodity prices) shocks at the initial stages of implementation, significant progress was achieved in implementing the MTP[29].

The following are the key highlights on the achievements of the Plan:

i) National Healing and Reconciliation

The Plan's immediate priority areas was the implementation of projects that would go towards national healing and reconciliation as well as rapid reconstruction to reverse the damage and setbacks following the December 2007 post-election violence. During the first year of implementation, most of the damaged infrastructure was repaired and the government provided assistance to affected businesses who had successfully resumed their operations. To date, the bulk of the internally displaced persons have been resettled.

ii) Infrastructure and enabling environment

Tremendous achievements were recorded in this area including but not limited to:

- Installed capacity for generation of electric power increased by 34.2% from 1,197 MW in 2007 to 1,606 MW in 2012,
- A total of 16,000 institutions and 801,921 households were connected with electricity compared to the MTP target of a million households,
- Increased investments were made in green energy projects with investment in a 300 MW wind power project and 160 MW in Geothermal power,
- Roads – cumulative government expenditure on roads amounted to US$ 2.4 billion of which US$1.8 billion was used on construction of new roads and US $540 million on road maintenance and rehabilitation. A total of 719.4 km of roads were constructed and 1,002 km of roads rehabilitated,
- Laying of the undersea Fiber Optic Cable from Mombasa to Fujairah in United Arab Emirates linking Kenya to the global fiber optic submarine system was completed in 2010,
- The laying of 5,500 km of terrestrial fiber optic cables covering most parts of the country was also completed and linked to the undersea fiber optic network resulting in considerable efficiency and reduction in ICT costs, and,
- Significant progress was made in the development and modernization of airports and airstrips.

iii) Economic Pillar Activities

The target for economic pillar was to realize growth rate of 10% by 2012. This was not achieved as growth was constrained by the multiple shocks experienced during the implementation period resulting the real GDP weakening to about 2% from 7% in 2007. However, recovery was quickly

[29] Medium Term Plan I, First Midterm Review, 2011.

recorded with real GDP growing by 5.6% in 2011. Generally, although the targeted sectors, namely, tourism, agriculture and livestock, wholesale and retail trade, manufacturing, business process outsourcing (BPO) and financial services grew by a lower rate than was recorded during the ERS period, they all recovered positive growth rates in the first three years of the MTP period. Table 8.1 shows although the growth rates for the priority sectors were generally below those of the ERS era but they were all positive.

Table 8.1: Growth Rates Recorded by MTP I Priority Sectors between 2008-2010

No.	MTP I -Priority Sectors	Unit	ERS period growth rate	MTP I -3 year Period growth rate
1.	Tourism	No. of tourist Arrivals P.a	1.8 m	1.6m
2.	Agriculture and livestock	%	5.1	2.9
3.	wholesale and Retail Trade	%	11	5.5
4.	Manufacturing	%	6.3	3.1
5.	Financial Services	%	6.6	5.8

Source: MTP I 2008-2012 – Midterm review, 2012

iv) Social Pillar

Great strides were made in this area which included but not limited to:

- Pupil enrollment in Early Childhood Development Centers (ECD) increased from 1,691,093 in 2007 to 2,193,071 in 2011 with the proportion of girl pupils enrolled in Early Childhood Education (ECE) increasing from 48.1% to 49.8%. Over the same period, the ECE Net Enrollment Ratio (NER) increased by 7.9 percentage points from 42.1 to 50,
- The number of pupils enrolled in primary school increased from 8.25 million in 2007 to 9.97 million in 2012, thus an additional 1.72 million pupils (or increase of 21%) in the 5 years of the MTP. Progress was achieved in improving the quality of education. For example, between 2007 and 2010/11, the textbook to pupil ratio in lower primary improved from 1:3 to 1:1 and that for upper primary improved from 1:2 to 1:1,
- The transition rate from primary to secondary education increased from 60% from in 2007 to 72.5% by 2012. The rate for female pupils was higher at 75.3 % compared to 69.9 % for male pupils,
- With respect to university education, the number of students enrolled in university increased by 53% from 118,239 in 2007/08 to 180, 978 in 2010/11,
- Improvement in addressing regional disparities in school enrollment was realized with significant increase in the Net Enrollment Ratio (NER) in the ASALs increasing from 27% in 2007 to 42.5 in 2011/12,
- With respect to health, the following indicators show great achievements between 2007 to 2012:
    - ✓ HIV prevalence rate declined from 7.4 % to 6.3 %;
    - ✓ Under-5 mortality rate fell from 92 per 1,000;
    - ✓ Immunization coverage for children under 1 year increased from 73% to 83 %;

- ✓ Proportion of inpatients with malaria fell from 19 % to 14 %.
- ✓ Total of 251 health centers and dispensaries were rehabilitated and improvement of infrastructure for 72 hospitals.
- ✓ Number of health institutions in the country increased from 5,589 to 7,111. Number of registered health personnel increased from 95,390 to 100,301.
- ✓ Number of middle level trainees in public medical training colleges increased from 5,932 to 6,699.

- Access to safe water improved with the percentage of urban households with access to safe water increasing from 60% to 70.5% ,while that for rural households increasing from 40% to 49.2%, and,

- Livelihoods of vulnerable groups in the society improved dramatically with increased transfers/direct disbursement to eligible beneficiaries rising from to Kshs 150 million in 2007 to 2,508.3 million in 2012. The number of beneficiaries from cash transfers also increased over the period. This improvement was attributed to the implementation of the social protection policy prepared during the Plan period.

v) Considerable progress was made in poverty reduction and in the attainment MDG Goals over the period as indicated in Chapter three.

8.5 Expansionary Fiscal Policies

The government fiscal policy has always been informed by the priorities of the government of the day as articulated in the relevant and prevailing government policies. For example the 2013/14 was informed by the priorities of the second MTP II of the vision 2030, emerging global and domestic challenges as well as the transition to the devolved system of government.

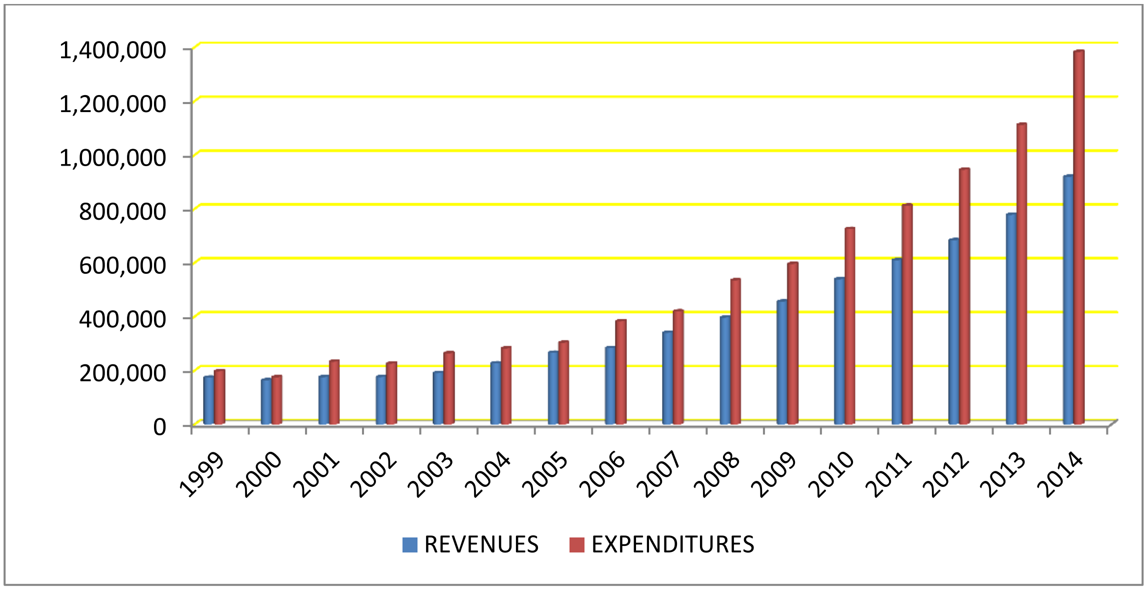
However, in pursuit of what has been perceived prudent fiscal policies, certain challenges have emerged that have undermined the realization of MDGs goals. These challenges include;

8.5.1 Budget Deficit

A budget deficit occurs when the revenue collected through taxation revenues, social contributions, grants, recurrent appropriations in-aid, or other revenues sources are insufficient to meet all expenditures projected in the budget. Kenya has over the last two decades experienced budget deficit as seen in figure 8.1. The deficits have been attributed to both internal and external shocks. The former include poor economic performance affecting the ability of the government to raise enough revenue, inefficient tax administration and narrow tax base, corruption, vagaries of weather resulting to frequent droughts that constrains agricultural sector productivity, and insecurity affecting the tourism sector among others. The external shocks include fuel price increases resulting to a high import bill, global financial crisis which has resulted to dwindling of both Official Development Assistance (ODA) and Foreign Direct Investments (FDI) inflows among others.

Kenya's fiscal operations for the period 1999 to 2014 are highlighted in the figure 8.1 and Table 8.2 below.

Figure 8.1: Shows Total Government Revenue and Expenditure for the period 1999-2014

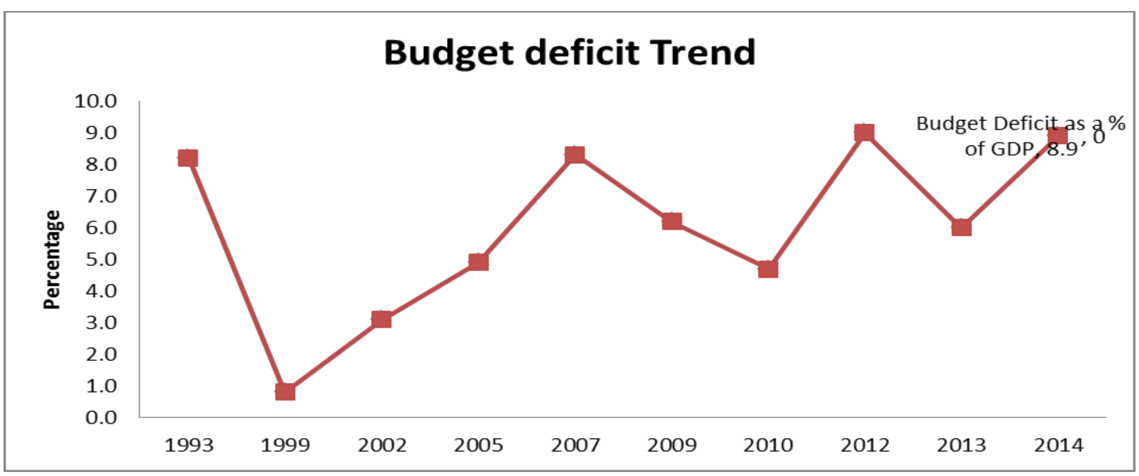


Source: Author, 2015

The figure shows that since 1999, government expenditures exceeded revenues in absolute terms. Similarly, both government's revenue and expenditure maintained consistent growth patterns. In relation to GDP, government revenue averaged 22.13%, while expenditure was 26.52% resulting in a resource gap of about 4.39% for the period 1999 to 2014[30].

The deficit continued to persist even though the fiscal target of the government was to achieve a balanced budget through adoption of several and diversified strategies aimed at reducing the budget deficit. Among the strategies were measures to widen the tax base, ensuring efficiency in tax collection, raising the flexibility of the overall system and various austerity measures to cut down on the recurrent expenditures. Some of the reductions in the budget have the effect of reducing budgets of key Ministries implementing programmes that would facilitate achievement of MDG targets and goals, such those of education, health, gender, and so on.

Figure 8.2: Trends in Budget Deficit (Kshs Millions)



The budget deficits have been rising relatively and absolutely over the years. In 1996, the ratio of the deficit to GDP stood at 1.5% rising to 4% in the fiscal year 2003-4. It increased again in 2005-6 fiscal year to 4.9%. The deficit touched the highest

[30]Economic Survey various Issues : *Source: Economic Survey*

points of 8.3 % in the FY 2006-7, but has slightly been constant at this range recording a rate of 8.9% in 2013/14.

8.5.2 *Public Debt*

Faced with the widening budget deficits, and the need to continue funding critical services and development activities, the government has resorted to financing the deficit through domestic and external borrowing. The table 8.2 shows that the total country's debt has been increasing steadily since 2000, in nominal terms, with the ratio of the debt as percentage of GDP averaging 49.2%.

Table 8.2: Public Debt Situation in Kenya (Kshs Millions)

	June 2005	June 2006	June 2007	June 2008	June 2009	June 2010	June 2011	June 2012	June 2013	June 2014
External Debt	434,453	431,237	400,966	439,967	518,507	660,268	764,222	858,830	1,050,555	1,138,505
As a % of GDP	**32.2**	**27.9**	**21.7**	**21.1**	**22.7**	**26.9**	**27.4**	**26.2**	**28.7**	**22.8**
Domestic	315,573	357,839	404,690	430,612	540,875	569,138	722,888	763,971	843,562	1,284,327
As a % of GDP	**23.4**	**23.2**	**22.1**	**20.8**	**23.7**	**23.2**	**25.9**	**23.3**	**23.0**	**25.8**
Grand Total	750,025	789,076	805,686	870,579	1,059,382	1,229,406	1,487,110	1,622,801	1,894,117	2,422,822
As a % of GDP	**55.6**	**51.1**	**43.8**	**41.9**	**46.4**	**50.0**	**53.4**	**49.5**	**51.7**	**48.6**

Source: Economic Survey Various Issues

The Kenya`s public and publicly guaranteed debt increased from Kshs 750 billion in fiscal year 2005 to Kshs 2,422 billion in 2014 fiscal year. This increase is attributed to the growth of the economy in terms of population and infrastructure development leading to high demand for funds to meet the government requirements in financing the budget deficit. Data from CBK shows the country's public debt currently stands at KSh 2.8 trillion, or 51% of GDP. Of this, the domestic debt stands at 26% of the GDP. The servicing of a debt has huge implications in the country's ability to achieve MDGs.

Existing literature on the relationship between public debt and economic growth tends to indicate a negative relationship.

8.5.3 *Debt Service Payments*

Interest payments on public debt are seen as a burden of debt in relation to the levels of national income. As the interest on debt as a proportion of national income rises, a larger portion of national income will have to be taxed and collected as revenue to pay the interest. The real worrisome burden of debt is the erosion of budget since a large portion of budgetary expenditure becomes a committed component. As debt continues to grow, the country falls into a debt trap where fresh borrowing will always be required to service the existing debt. Large public borrowing increase the interest cost for the government and it increases the refinancing risk of paying it. Table 8.3 below shows the status of debt service payments for Kenya.

Table 8.3: Debt Service Payments as a Percentage of Revenue for Kenya

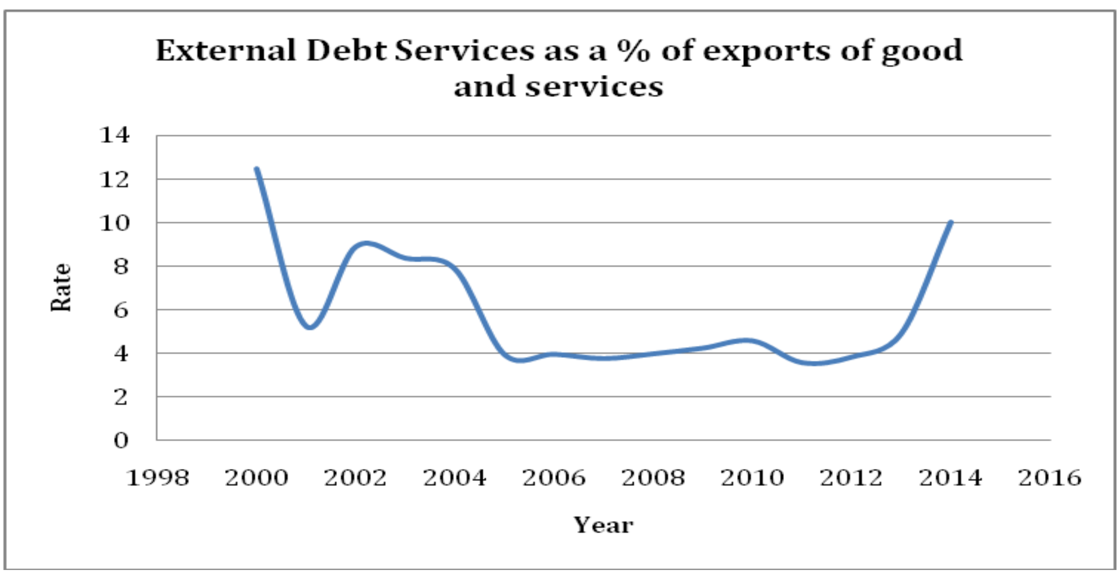
	2006	2007	2008	2009	2010	2011	2012	2013	2014
External Interest	1.0	1.2	1.0	1.2	1.2	1.1	1.1	1.4	1.8
Principal	3.2	3.2	2.9	3.5	3.4	3.5	3.5	3.1	2.9
Domestic Interest	8.5	8.6	8.8	10.1	11.3	11.6	11.9	11.1	13.3
Grand Total	12.8	13.1	12.8	14.8	16.0	16.2	16.5	18.7	17.6

Source: Economic Survey, 2015

The table shows on average about 16% of government revenue is used for debt service payments of which a large portion goes to the domestic interest cost. This is because domestic debt is expensive compared to external loans due to undeveloped domestic financial markets and use of short term instruments to raise funds which causes refinancing risks.

The external debt service as a percentage of exports of goods and service provides an assessment of the country's external debt service capacity. The ratio stood at 12.5 % in 2000, the worst level in two decades. It then improved to 5.24% in 2001 but shot-up again in 2002 and 2003. Between 2004 and 2012 ratio was on average 4.0% but increased marginally to 4.9% in 2013. In 2014, the external debt service charges as a percentage of export of goods and services increased to 10.0 per cent from 4.9 per cent in June 2013. This implies that the country's debt services capacity weakened. The increase is attributed to the repayment of the syndicated commercial loans in the review period. Figure 8.3 shows the trend of this critical factor.

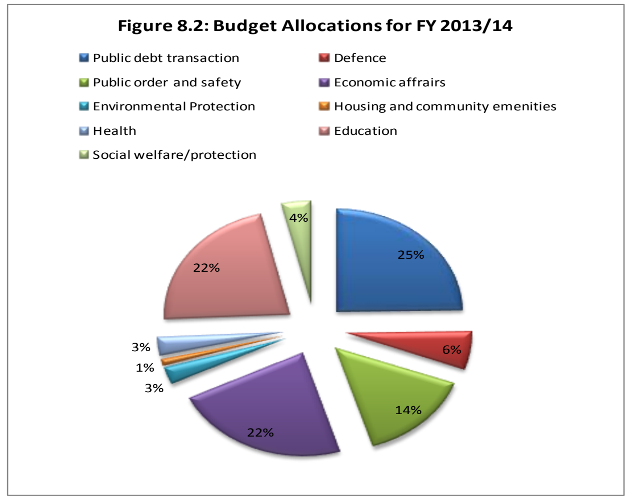
Figure 8.3: External Debt Services Trend



Source: Economic Survey Various Issues

With the increasing threat of insecurity arising from terrorism attacks and the attendant ailing tourism sector, the Kenyan economy is reeling at the weight of the weakened macroeconomic fundamentals.

Another issue of concern is the percentage of the budget that goes to service public debts. Figure 8.4 shows this takes the highest percentage of the budget with an allocation of 25 percent followed by education and economic affairs at 22 percent each while social welfare and protection, health and environmental protection takes a 4 and 3 each percent, respectively.



8.5.4 Budgetary Allocation

Since 2004, the country has witnessed tremendous improvement in budget allocations in the sectors related to the realization of MDGs. For example: water sector has seen the GoK budget increase over threefold from under Ksh7 billion in 2003/4 to over Ksh23 billion in 2008/9. Education budget has increased two fold from Ksh75 billion in 2003/4 to over Ksh142 billion in 2008/09. Health budget has also increased significantly (slightly over 5 times) from Ksh18 billion to in 2002/3 to Ksh96 billion in 2009/10, though in part due to injection of resources from the Global Fund (US Government), Clinton Foundation and DFID. Agriculture has seen a slight increase from Ksh16 billion in 2002/3 to slightly over Ksh22 billion in 2008/9. The budget for 2011/2012 has significantly increased allocations for agriculture. However, the following issues need to be addressed:

- Planning and budgeting frameworks need to be reviewed and strengthened to address the disconnect between national planning and local level implementation to ensure that resource disbursement and utilization have the desirable impact at the grassroots.

- The current planning and budgeting process under the Medium Term Expenditure Framework (MTEF) assumes a top down approach, informed by macroeconomic policy issues derived nationally as well as planning that is mostly not informed by realities at sub-national level due to insufficient data that is disaggregated by district and gender. This lack of reliable information undermines both overall resource allocation at the national level, as well as monitoring of resource use and achievement of highlighted development targets at all levels. In addition, a great deal of information about policies and expenditure priorities are lost since local level involvement is limited. The resultant effect is that the impact of policy goals and outcomes that is sought in the long run is undermined.

9.0 CHALLENGES TOWARDS ACHIEVEMENT OF THE MDGS

Despite the progress made in accelerating economic growth and poverty reduction, Kenya still faces a number of challenges that need to be addressed to accelerate the progress towards MDGs attainment. These challenges include:

i) The prevailing inequality constitutes a pressing challenge. There are considerable disparities in development outcomes between individuals and along gender lines, and between segments of society and regions of the country.

ii) Conflicts within and between communities mainly over access to scarce natural resources continue to displace people from their habitat and also drive them back into the vicious cycle of poverty and destitution. The cross border conflicts in some parts of the country have had significant negative impact on the communities' resident in these areas that are dependent on pastoralist livelihood systems. Furthermore, competition for land has led to ecosystem destruction and is also a major factor contributing to conflicts. Conflicts related to elections have also been witnessed every 5 years with the most severe case being the 2007 elections.

iii) Environmental concerns, and especially understanding the relationship between poverty and the environmental degradation, are equally critical for the country's development. These have been responsible for increased poverty levels and have been detrimental to the overall progress towards realization of national development targets, as well as the attainment of the MDGs.

iv) The poor state of the country's infrastructure especially the road network; water and sanitation; energy; raising the efficiency of Mombasa Port; improving the railways and telecommunications network to world standards; and instituting measures to bring down the cost of production is critical for national development.

v) Slow impact of public sector reforms, people centered development, land reforms, security, enhanced participation of citizens in developing, implementing and monitoring development interventions and other areas as outlined in the post-election agreement on Agenda 4 of the 2008 National Accord. These are considered critical for creation of a conducive environment for inclusive growth.

vi) Failure by developed countries to honour their pledges has a negative impact on MDGs achievements. During the declaration of the millennium goals in the year 2000, the developed countries committed to support the developing countries with a 0.7% of their respective GNI to support implementation of the MDGs. However, this support was erratic and inadequate thus forcing the developing countries to look for alternative sources of support, which in most cases resulted to either delayed or failed implementation of planned programmes.

vii) Managing of the high expectations from LDCs with respect to funding was a challenge as majority of the countries expected the required resources for implementation of the MDGs interventions were to be provided by developed countries. As a result, most did little in terms of resources mobilization.

viii) Implementation of the devolved system of government is also a challenge albeit an opportunity. It is a challenge on account of the amount of resources required to implement the devolved system of government and the challenges of ensuring accountability on the usage and utilization of devolved funds. This is proving to be a huge challenge to the national government. It is also an opportunity if the devolved resources were used efficiently and effectively to deal with basic social challenges at the grassroot level.

ix) Weak linkages among organizations involved in implementation of MDGs related activities have resulted in lack of synergy among stakeholders. For example, sectoral collaboration among institutions remained ineffective. This is further complicated by duplication of efforts.

x) Weak institutional capacities of institutions managing development as evidenced by inadequate qualified personnel, weak physical infrastructure, ineffective networking, weak management structures, and imposition of ideas on the communities all have led to poor results in programmes implementation.

xi) Weak or lack of sustainability and scale-up strategies. During the MDGs implementation, the selected MDGs districts were supported in various activities cutting across the 8 goals. However, with the end of the support, most of the projects/interventions may not continue. In addition, there is lack of efforts to scale-up the interventions from the primary beneficiaries to secondary beneficiaries. For instance, in the "quick-wins" programmes the calve pass-on among groups which were supported by the MDGs for dairy cows and goats rearing may not continue. There is need to build capacity of the beneficiaries on sustainability and scale-up strategies.

xii) Change of government in 2013 impacted on the pace of implementation of MDGs, mainly due to changes in prioritization, especially in areas which the constitution of 2010 had a big effect on.

10.0 LESSONS LEARNT

i) The delivery of the MDGs required an institutional framework that reflected the national outlook of the goals, as well as a high level standing committee in the political/government hierarchy so as to push the MDGs agenda at that level. The National Steering Committee which had been proposed fitted this bill but was never put in place. This may have impacted negatively on the implementation of the MDGs.

ii) A need for collaborations between all stakeholders, with everybody playing a role is critical. Synergies with other relevant programmes and activities were required.

iii) The extent of "buy-in" by Government and other stakeholders, support and participation in the initiative was necessary.

iv) Failure by developed countries to honour their commitment of providing 0.7% of their GNI to support the MDG process was a major lesson learnt by developing countries.

v) Global economic performance had a major impact on the realization of the MDGs as it impacted negatively on the flow of both ODA and FDI resources, as well terms of trade for developing countries.

vi) Donor dependent syndrome, on the part of developing countries, undermined the ability to regard domestic resources mobilization as an important source for financing the implementation of MDGs. Going forward, post-2015 agenda and implementation of SDGs should focus on all alternative sources of funding and particularly local sources.

vii) Awareness creation and advocacy – took an inordinately long period of time that went beyond 2005, leaving limited time for actual implementation going by the deadline of 2015.

viii) Little of involvement of national universities in research on MDGs related activities was a missed opportunity, as these could have informed requisite approaches towards implementation of MDGs in different regions, communities, sectors etc.

ix) Lack of an IEC strategy – led to disjointed, fragmented, not well synchronized IEC campaigns and stakeholder engagement

x) Alternative and innovative financing mechanisms were required to finance the MDGs. Going forward the same will be required with respect to the SDGs.

xi) MDGs were conceived in a top-bottom approach, which has inherent challenges, such as not resonating well with local conditions.

xii) Recognizing regional disparities, and consequently adopting a regional approach in implementation with regard to all MDGs, can further contribute to success.

11.0 POST 2015 AGENDA

i) Post 2015 Agenda engagement has been on for the last four years and all key stakeholders were involved.

ii) The Post-2015 development agenda definition process culminated with September's UN Member States Summit, whose outcome has now defined the development agenda for the next fifteen years.

iii) Lessons learned from the MDGs implementation process have shown that the achievement of critical objectives and challenges of the Post-2015 agenda is also dependent on strong local action as well as effective leadership.

iv) Therefore, among the issues that are critical to the successful implementation and attainment of the Post-2015 Agenda is "localization" that includes identification specific mechanisms, tools, and processes to effectively translate the SDGs into practices at the local level as well as an effective mechanism to monitor them.

v) The Government recognizes that all stakeholders have a role to play for successful implementation of SDGs. This includes NGOs, CSOs and the private sector.

vi) The following are key pre-requisites for SDGs a success:

- Contextualization of the SDGs to make them appropriate to national and county realities;
- Mainstreaming of the 17 goals and 169 targets to national and county integrated development plans (CIDPs);
- Assessment of the costs and financing needs associated with the implementation of SDGs and identification of potential sources of the finance; and,
- Good tracking by monitoring progress, and also evaluations, to ensure that the country remains on course towards the achievement of the SDGs by 2030.

12.0 CONCLUSIONS AND RECOMMENDATIONS

- Although sensitization and awareness campaigns were important ingredients for rallying the country behind the MDGs, buy-in and creating necessary political goodwill, there seems to be consensus that it took more time than was desirable and at the expense of other important activities. Our recommendation is that during the post-2015 agenda implementation, sensitization and awareness creation should be well managed not to take more than one year.

- The only reason why sensitization and awareness campaigns took so long and yet failed to target early critical stakeholders such as of MPs & LAs can only be attributed to lack of an IEC MDGs campaign strategy. Similarly, lack of a clear framework for an engagement with the private sector was also as a result of failure to have a strategy. This critical document was never completed and as such the process relied on the Ministry communication strategy. The recommendation here is that there is need to focus more effort in areas of greatest leverage particularly in fostering political will and influencing the allocation of resources.

- Failure to actualize the original idea of a national steering committee that was to be chaired by the Chief Secretary and to comprise of the PSs of the MDGs related sectors/ministries may have denied the MDGs implementation process a national outlook and a high level profile that was so necessary for political goodwill. Our recommendation is that given the diversity, coverage and the scale of the SDGs, the institutional delivery mechanism must reflect the diversity, scope and enormity of the task. To this end, we recommend an outfit tailored along the same lines as that of Vision2030 Delivery Secretariat. The Board members would comprise of the key stakeholders from both public and private sectors, DPs, CSOs/NGOs, among others.

- MDGs implementation was done without clear roadmap as the National Long-term MDG-based Framework for Action which was supposed to guide and inform the process was never developed as envisaged. Instead, the MDGs process was implemented without a coherent and structured plan. As a result, it was not implemented as one programme but many projects with each implementing agency implementing their version of the programme. In light of this, it would be critically important to develop one action plan/roadmap/framework to guide and inform the implementation process of the SDGs.

- There is need to institutionalize the six month reporting on the status of SDGs implementation to Parliament.

- Official Development Assistance (ODA) will remain an important feature of the development financing and a substantial component of the fiscal envelope of most developing countries. However, it must be recognized that with the prevailing global uncertainties and fiscal consolidation in many developed countries, ODA should at best be viewed as a complimentary and not a substitute for domestic resources, investments and trade.

- Monitoring and evaluation of MDGs has achieved some results especially with the MDGs status reports, KNBS data and MED reports. Some NIMES indicators also cover MDGs. What seems to have been lacking were clear indications of the baseline before setting of MDG targets. A dashboard, providing this information can be a powerful tool for influencing policy makers and other actors to focus resources appropriately.

- The Kenya National Bureau of Statistics (KNBS) surveys provide data on MDG indicators and forms a good basis for reporting. There is need to improve on data sources. Kenya Demographic and Health Survey (KDHS) is conducted consistently every five years and may provide comprehensive data on maternal and child health. However, it is not appropriately disaggregated to the county level, making it less useful at sub-county levels. The Kenya Integrated Household and Budget Survey (KIHBS) provide comprehensive data on welfare indicators, but it is not frequent nor is it consistently done. Other surveys include the Economic Survey, Kenya Aids Indicator Survey (KAIS), MICS, Malaria and the Labour Survey. Some of the major issues with KNBS data include lack of consistency, appropriate disaggregation and duplication of effort resulting in inefficient use of available resources for surveys. Some gaps may also exist.

- Research, monitoring and evaluation are also important. The implementation of the MDGs should be evidence-based so as to identify the most urgent needs and tap the locally available resources and opportunities existing within the communities. In addition, there is need for monitoring of the MDGs interventions, implementation and evaluations on a timely and regular basis. This would facilitate measurement of the progress made but also inform implementation projects' designs/redesigning. The process requires a good data collection system.

REFERENCES

Aaron Smith, The impact of Mobile Phones on People's Lives in The best (and worst) of mobile connectivity, Pew Research Center, Nov 2012

Drought in Kenya: Climatic, economic and socio-political factors, Kandji, Serigne T, 2006, ICRAF

Economic Commission for Africa, Assessing progress in Africa towards the Millennium Development Goals, Analysis of the common Africa Position on the Post-2015 Development Agenda, UNECA, 2014

Emmah Mwangi, Droughts in the GHA: a case study of the 2010/2011drought in Kenya, 2012

Evaluation of the role of UNDP in supporting national achievement of the MDGs, UNDP Independent Office, Draft Report, 2015

Government of Kenya, Achieving Millennium Development Goals in Kenya, A needs Assessment and costing Report, 2005, Nairobi, Kenya

Government of Kenya, Kenya Vision 2030, 2007, Nairobi, Kenya

Government of Kenya, Kenya Vision 2030: Sector Plan for Trade, 2013-2017, 2007, Nairobi, Kenya

Government of Kenya ,Kenya Vision 2030: Sector Plan for Tourism, 2013-2017, Nairobi, Kenya

Government of Kenya, Kenya Vision 2030: Sector Plan for Financial Services, 2013-2017, Nairobi, Kenya

Government of Kenya, Kenya Vision 2030: Sector Plan for Gender, Youth and Vulnerable Groups, 2013-2017, Nairobi, Kenya

Government of Kenya, Kenya Vision 2030: Sector Plan for Education and Training, 2013-2017, Nairobi, Kenya, 2007

Government of Kenya, Kenya Vision 2030: Sector Plan for Population, Urbanization and Housing, 2013-2017, Nairobi, Kenya

Government of Kenya, Kenya Vision 2030: Sector Plan for Health, 2013-2017, Nairobi, Kenya

Government of Kenya, Kenya Vision 2030: Sector Plan for Labour and Employment, 2013-2017, Nairobi, Kenya

Government of Kenya, MDG Acceleration Framework and Action Plan: Improving Maternal and Neonatal Health in Kenya, Nairobi, Kenya, 2014

Kenya National AIDS Control Council, Kenya AIDS Strategic Framework 2014/2015-2018/2019, Nairobi, Kenya, 2014

Kenya National AIDS Control Council, Kenya AIDS County Profiles, Nairobi, Kenya, 2014

Kenya National Bureau of Statistics, Economic Surveys, 1990-2015, Nairobi, Kenya

Kenya National Bureau of Statistics, Statistical Abstracts, 1990-2014, Nairobi, Kenya

Kenya National Bureau of Statistics, Kenya Demographic Health Survey, 1998, 2003/8/14, Nairobi, Kenya

Republic of Kenya, Final Evaluation of Mainstreaming MDGs in Kenya's Development Process: MDGs Program Phase I, July 2011, MOP& Vision 2030

Mid-term Review of the MDGs in Kenya's Development Process: MDGs Program Phase I Program??

Ministry of Health, Division of Malaria Control, Kenya Malaria Indicator Surveys, 2007 and 2010, Nairobi, Kenya

Ministry of Health, Division of Malaria Control, Kenya Malaria Programme Performance Review, Nairobi, Kenya, 2009

Ministry of Health, National Strategic Plan for Tuberculosis, Leprosy and Lung Health, 2015-2018, Nairobi, Kenya, 2015

Ministry of Health, National AIDS Control Council, Kenya HIV County Profiles, Nairobi, Kenya, 2014

Ministry of Health, Programmatic Management of Drug Resistant Tuberculosis, Leprosy and Lung Disease Unit, Nairobi, Kenya, 2014

Ministry of Health, Division of Leprosy, Tuberculosis and Lung Disease, Management of TB/HIV Guidelines, Nairobi, Kenya, 2013

Ministry of Health, Division of Leprosy, Tuberculosis and Lung Disease, National Leprosy and Tuberculosis Guidelines, Nairobi, Kenya, 2013

Ministry of Health, Division of Leprosy, Tuberculosis and Lung Disease Unit, Annual Report 2013, Nairobi, Kenya

Ministry of Health, Transforming Health: Accelerating Attainment of Universal Health Coverage, Kenya Health Sector Strategic and Investment Plan, Nairobi, Kenya, 2014

Ministry of Environment &Natural Resources, The Kenya National Biodiversity Strategy and Action Plan, Nairobi, Kenya, 2000

Ministry of Water and Irrigation, National Water Services Strategy and Pro-poor Implementation Plan, Nairobi, Kenya, 2009

Naftali Waburi, The contribution of Mobile Phones to the Kenyan economy, Market & Social Research Associates, Undated Paper

Office of the First Lady, A Strategic Framework for Engagement of the First Lady in HIV Control and Promotion of Maternal, Newborn and Child Health, Accelerating Progress in Saving the Lives of Women and Children, 2013-2017, Nairobi, Kenya, 2013

Omiti, John, et el, Poverty reduction efforts in Kenya: Institutions, Capacity and Policy, IPAR Discussion Paper No. 033/2002, February 2002,

United Nations Development Programme, Millennium Development Goals in Kenya: Ten Years of Implementation and Beyond, The Last Stretch towards 2015. Nairobi, Kenya, 2010

www.wikipedia.co m – numerous sites

Water Resources Management Authority, Strategic Plan 2012-2017, Nairobi, Kenya, 2012

United Nations, Millennium Project, Investing in Development: A Practical Plan to Achieve the Millennium Development Goals, New York, 2005

USAID, President's Malaria Initiative, Kenya Malaria operational plan FY 2015, Nairobi Kenya, 2015

Ministry of Devolution and Planning, 2013, Millennium Development Goals: Status Report for Kenya, Nairobi, Kenya, 2015

Ministry of State for Planning, National Development and Vision 2030, Millennium Development Goals: Status Reports for Kenya for years 2003, 2005, 2007, 2009 and 2011, Nairobi, Kenya

LIST OF PERSONS INTERVIEWED

	Name	Designation	Organization
1.	G.M Mailu	Director Enablers Coordination Department	Ministry of Devolution and Planning
2.	Michael Mwangi	Economist- MDGs PIU	Ministry of Devolution and Planning
3.	Maluki	Economist- MDGs PIU	Ministry of Devolution and Planning
4.	Dr Edward Sambili	Former PS	Ministry of Planning and Nation Development & Vision 2030
5.	Prof M. Chege	Former Economic Advisor	Ministry of Planning and Nation Development & Vision 2030
6.	Stephen Wainaina	Former Economic Secretary	Ministry of Planning and Nation Development & Vision 2030
7.	Maria-Threase Keating	Country Director, Kenya	UNDP, Kenya
8.	Fernando AbagaEdjang	Deputy Country Director (Programmes)	UNDP, Kenya
9.	Sheila Ngatia	Assistant Country Director & Team leader Democratic Governance unit	UNDP, Kenya
10.	Wilmot A. Reeves	Economic Advisor	UNDP, Kenya Strategic Policy Advisory Unit
11.	Julius Chokerah	National Economist	UNDP, Kenya Strategic Policy Advisory Unit
12.	Anne Dalitz		UNDP, Kenya Strategic Policy Advisory Unit
13.	Nicholas Kipyego	Research Associate	UNDP, Kenya Strategic Policy Advisory Unit
14.	Jessica Masira	Team Leader/Cluster Manager	Millennium Villages Project, The Earth Summit
15.	Salome Munyendo	Program Assistant	Millennium Villages Project, The Earth Summit
16.	John Gitonga Nkabuni	Chairman	New Bairunyi Self Help Group
17.	E.O Kinaro	County Development and Planning Officer (CDPO)	Murang'a County
18.	Josephat Rukenya	County Director of Irrigation (CDI)	Murang'a County
19.	Samuel Macharia	Chairperson	Mbagiki Irrigation Water Project, Murang'a
20.	Josphat Kinyanjui	Chairperson	Gakaki Irrigation Project, Murang'a County
21.	Symon Mwakisha	Development Officer-	Ministry of Planning, Kilifi County, Kilifi South Su-bcounty
22.	Swaleh Shokoa	Principlal	Mtomondoni Primary School, Kilifi County
23.	Kenndy Safari	Deputy Head-teacher	Katendwa Primary School, Kilifi County
24.	Ms. Mary Magombe Mungoma	Head Teacher	Vuma Primary School
25.	Mrs Hellen Machuka	Principal	Kombeni Girls Secondary School, Kilifi County
26.	Peter Masha	School Bursar	Kombeni Girls Secondary School, Kilifi
27.	Ms. Phanice Oduor	Deputy Principal	Kombeni Girls Secondary School
28.	Rose Salim	Chairperson	Abanulwa Tsing'ombe , Butoko Women Group, Shiyiro Women Group, Furaha Women group and Mabole Farmers Field School, Kakamega
29.	Ms. Violet Wanjala	Facility In-Charge	Lukohe Health Centre

30.	Mr. Osundwa	County Development Officer (CDO)	Ministry of Devolution and National Planning, Bungoma County
31.	Japheth Khunania	Chairman	Lurare Palm Oil Project, Webuye, Bungoma
32.	Mr. Aggrey Chelenga	Chairman	Central Division Water Users Association(CEDWUA)-Naitiri
33.	Mr. Jacob Mumia	County Development Officer	Ministry of Devolution and National Planning Kakamega County, Butere Sub-county
34.	Mr. Benaed Mulele	Water Officer-	Ministry of Water and Irrigation, Butere Sub-county
35.	Mr. Ezekiel Ouko	Livestock Production Officer	Ministry of Agriculture and Livestock-Kakamega, Butere Sub/county
36.	Dr. Jared Orembo	Project Secretary	Mutoma Mulambo Community Water Project, Kakamega
37.	John Lomondiwa	Chairman	Mbita Town Beach Management Unit (BMU)
38.	Mr. Njogu	Development Officer- Rongo Subcounty	Ministry Devolution and National Planning, Migori County,
39.	Margaret Onyango	Chairperson	Bondo Widowers and Women with Disabilities Group, Migori
40.	Elisha Kiche Oyugi	Chairperson	Kodiengo Women Group, Homa Bay
41.	Ms.Elizabeth UJuogo	Deputy In-Charge	Bar Sauri Health centre, Siaya
42.	Management Committee	Management Committee	Gembe Hills Community Forest Association(GHCFA), Suba
43.	Mr. Lomoria	Chief, Naoros Location	Naoros Irrigation Project, Turkana