



# **PROGRESS IN ACHIEVEMENT OF MILLENNIUM DEVELOPMENT GOALS IN KENYA**

## **Final Status Report**

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# **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 through its 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 made significant progress in the achievement of MDGs. In this regard, remarkable progress was achieved 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 over the period under review. However, eradication of extreme poverty and hunger; improvement in child health and reduction of maternal mortality achievements all fell below the set targets. In the latter case, progress was particularly 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; and also the imbalanced global trading systems.

This report has noted that major transformational changes actually took place in the economy over the period under review. Key among them was the paradigm shift in government policy, planning and budgeting processes to mainstream MDGs, capacity building of key stakeholders on MDGs, and widespread mobile telephony penetration in the country. The Kenyan Constitution 2010 ushered in a devolved system of Government that established 47 counties. The devolved system of governments provides a catalyst for the achievement of the Sustainable Development Goals (SDGs). Further, the achievement of the MDGs puts Kenya on a good footing to transit to the 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, there is 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, MGH**  
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## Acronyms and Abbreviations

<b>ACP</b>	-	African, Caribbean and Pacific Group of States
<b>ACT</b>	-	Artemisinin-based combination Therapy
<b>ACU</b>	-	Ambulatory Care Unit
<b>ADF</b>	-	Agricultural Development Fund
<b>AGOA</b>	-	Africa Growth and Opportunity Act
<b>AIDS</b>	-	Acquired Immuno Deficiency Syndrome
<b>ANC</b>	-	Antenatal Care
<b>APTF</b>	-	Anti Poverty Trust Fund
<b>ART</b>	-	Anti Retro-viral Therapy
<b>ARV</b>	-	Antiretroviral
<b>ASAL</b>	-	Arid and Semi-Arid Lands
<b>AWP</b>	-	Annual Work Plan
<b>BeMOC</b>	-	Basic Emergency Obstetric Care
<b>BOP</b>	-	Balance of Payments
<b>BPO</b>	-	Business Process Outsourcing
<b>CAADP</b>	-	Comprehensive Africa Agriculture Development Programme
<b>CBK</b>	-	Central Bank of Kenya
<b>CBO</b>	-	Community Based Organization
<b>CDF</b>	-	Constituency Development Funds
<b>CDIAC</b>	-	Carbon Dioxide Information Analysis Centre
<b>CHEW</b>	-	Community Health Extension Worker
<b>CHW</b>	-	Community Health Worker
<b>CIDPs</b>	-	County Integrated Development Plan
<b>CO<sub>2</sub></b>	-	Carbon Dioxide
<b>COMESA</b>	-	Common Market for Eastern and Southern Africa
<b>CPR</b>	-	Contraceptive Prevalence Rate
<b>CSO</b>	-	Civil Society Organization
<b>CSW</b>	-	Commercial Sex Worker
<b>CT</b>	-	Cash Transfer
<b>CT-OVC</b>	-	Cash Transfer for Orphans and Vulnerable Children
<b>DAC</b>	-	Development Assistance Committee
<b>DANIDA</b>	-	Danish International Development Agency
<b>DaO</b>	-	Delivering as One
<b>DDC</b>	-	District Development Committee
<b>DCs</b>	-	Developed Countries
<b>DDO</b>	-	District Development Officers
<b>DFID</b>	-	Department for International Development
<b>DIDC</b>	-	Depository Institutions Deregulation Committee
<b>DLTLD</b>	-	Division of Leprosy, Tuberculosis and Lung Diseases
<b>DOT</b>	-	Directly Observed Treatment Short Course
<b>DPs</b>	-	Development Partners
<b>DSL</b>	-	Digital Subscriber Line
<b>EAC</b>	-	East Africa Community
<b>ECD</b>	-	Early Childhood Development
<b>ECE</b>	-	Early Childhood Education
<b>EFA</b>	-	Education For All
<b>EPA</b>	-	Economic Partnership Agreement
<b>EPC</b>	-	Export promotion Council
<b>EPZ</b>	-	Export Processing Zone
<b>ERS</b>	-	Economic Recovery Strategy
<b>ERSWEC</b>	-	Economic Recovery Strategy for Wealth and Employment Creation

<b>EU</b>	-	European Union
<b>FANC</b>	-	Focused Antenatal Care
<b>FAO</b>	-	Food and Agriculture Organization
<b>FDI</b>	-	Foreign Direct Investment
<b>FGD</b>	-	Focused Group Discussion
<b>FM</b>	-	Frequency Modulation
<b>FP</b>	-	Family Planning
<b>FPE</b>	-	Free Primary Education
<b>FTA</b>	-	Free Trade Area
<b>GBV</b>	-	Gender Based Violence
<b>GDP</b>	-	Gross Domestic Product
<b>GER</b>	-	Gross Enrollment Rate
<b>GIZ</b>	-	Gesellschaft für Internationale Zusammenarbeit
<b>GNI</b>	-	Gross National Income
<b>GoF</b>	-	Government of Finland
<b>GoK</b>	-	Government of Kenya
<b>GPI</b>	-	Gender Parity Index
<b>HA</b>	-	Hectares
<b>HIPC</b>	-	Heavily Indebted Poor Countries
<b>HIV</b>	-	Human Immuno Virus
<b>HIV/AIDS</b>	-	Human Immuno-Deficiency Virus/ Acquired Immuno-Deficiency Syndrome
<b>HMIS</b>	-	Health Management Information System
<b>IHMS</b>	-	Integrated Health Management System
<b>HRH</b>	-	Human Resources for Health
<b>ICF</b>	-	Intensified Case Finding
<b>ICT</b>	-	Information and Communications Technology
<b>IDU</b>	-	Injecting Drug User
<b>IEC</b>	-	Information Education and Communication
<b>IGA</b>	-	Income Generating Activity
<b>IMCI</b>	-	Integrated Management of Childhood Illness
<b>IPT</b>	-	Isoniazid Preventive Therapy
<b>IR</b>	-	Inception Report
<b>RRI</b>	-	Rapid Results Initiative
<b>IRS</b>	-	Indoor Residue Spraying
<b>ISP</b>	-	Internet Service Provider
<b>ITN</b>	-	Insecticide Treated Net
<b>IUCN</b>	-	International Union for the Conservation of Nature
<b>JICA</b>	-	Japan International Cooperation Agency
<b>JKIA</b>	-	Jomo Kenyatta International Airport
<b>KAIS</b>	-	Kenya AIDS Indicator Survey
<b>KCC</b>	-	Kenya Cooperative Creameries
<b>KDHS</b>	-	Kenya Demographic and Health Survey
<b>KDHS</b>	-	Kenya Demographic Housing Survey
<b>KENINFO</b>	-	Kenya Socio-Economic Database
<b>KEWOPA</b>	-	Kenya Women Parliamentary Association
<b>KFS</b>	-	Kenya Forest Service
<b>KIHBS</b>	-	Kenya Integrated Household Budget Survey
<b>KII</b>	-	Key Informant's Interview
<b>KIPPRA</b>	-	Kenya Institute of Public Policy Research and Analysis
<b>KISIP</b>	-	Kenya Informal Settlement Improvement Programme
<b>KJAS</b>	-	Kenya Joint Assistance Strategy
<b>KMIS</b>	-	Kenya Malaria Indicator Survey
<b>KNBS</b>	-	Kenya National Bureau of Statistics

<b>KPHC</b>	-	Kenya Population and Housing Census
<b>KPSA</b>	-	Kenya Private Sector Alliance
<b>KSh</b>	-	Kenya Shilling
<b>KWS</b>	-	Kenya Wildlife Services
<b>LA</b>	-	Local Authority
<b>LASDAP</b>	-	Local Authority Service Delivery Action Plan
<b>LATF</b>	-	Local Authority Transfer Fund
<b>LDCs</b>	-	Less Developing Countries
<b>LLIN</b>	-	Long Lasting Insecticides Net
<b>M&amp;E</b>	-	Monitoring & Evaluation
<b>MAF</b>	-	Millennium Acceleration Framework
<b>MARP</b>	-	Most-at-Risk Population
<b>MC</b>	-	Millennium Campaign
<b>MCH</b>	-	Maternal and Child Health
<b>MCH</b>	-	Mean Corpuscular Hemoglobin
<b>MDA</b>	-	Ministry, Department and Agency
<b>MDG</b>	-	Millennium Development Goal
<b>MDR</b>	-	Multi-Drug-Resistant
<b>MDRI</b>	-	Multilateral Debt Relief Initiative
<b>MDR-TB</b>	-	Multi Drug Resistant Tuberculosis
<b>MENR</b>	-	Ministry of Environment and Natural Resources
<b>MFN</b>	-	Most Favoured Nation
<b>MICS</b>	-	Multiple Indicator Cluster Survey
<b>MMR</b>	-	Maternal Mortality Rate
<b>MODP</b>	-	Ministry of Devolution and Planning
<b>MOEST</b>	-	Ministry of Education, Science and Technology
<b>MOH</b>	-	Ministry of Health
<b>MoPND</b>	-	Ministry of Planning and National Development
<b>MP</b>	-	Millennium Project
<b>MPND</b>	-	Ministry of Planning and National Development
<b>MPs</b>	-	Members of Parliament
<b>MSM</b>	-	Men who have Sex with Men
<b>MTCT</b>	-	Mother-to-Child Transmission
<b>MTDS</b>	-	Medium Term Debt Management Strategy
<b>MTEF</b>	-	Medium Term Expenditure Framework
<b>MTP</b>	-	Medium Term Plan
<b>MWI</b>	-	Ministry of Water and Irrigation
<b>NAAIAP</b>	-	National Accelerated Agricultural Inputs Access Programme
<b>NACC</b>	-	National AIDS Control Council
<b>NACC</b>	-	National AIDS Coordinating Council
<b>NARC</b>	-	National Alliance Rainbow Coalition
<b>NASCOP</b>	-	National AIDS and STI Control Program
<b>NDPs</b>	-	National Development Plans
<b>NEMA</b>	-	National Environmental Management Authority
<b>NER</b>	-	Net Enrolment Ratio
<b>NGOs</b>	-	Non-Governmental Organizations
<b>NIMES</b>	-	National Integrated Monitoring and Evaluation System
<b>NSC</b>	-	National Steering committee
<b>NTBs</b>	-	Non-Tariff Barriers
<b>ODA</b>	-	Official Development Assistance
<b>ODS</b>	-	Ozone Depleting Substance
<b>OECD</b>	-	Organization for Economic Co-operation and Development
<b>OVC</b>	-	Orphan and Vulnerable Children

<b>PAC</b>	-	Post Abortion Care
<b>PCR</b>	-	Pupil Completion Rate
<b>PDNA</b>	-	Post Disaster Needs Assessment
<b>PEC</b>	-	Poverty Eradication Commission
<b>PEV</b>	-	Post Election Violence
<b>PFM</b>	-	Public Financial Management
<b>PHC</b>	-	Primary Health Care
<b>PLWHAs</b>	-	People Living with HIV/AIDS
<b>PMDT</b>	-	Programme Management of Drug-resistant Tuberculosis
<b>PMTCT</b>	-	Prevention of Mother-To-Child Transmission
<b>PNC</b>	-	Postnatal Care
<b>PPP</b>	-	Public Private Partnership
<b>PRSP</b>	-	Poverty Reduction Strategy Paper
<b>PSC</b>	-	Programme Steering Committee
<b>PSDS</b>	-	Private Sector Development Strategy
<b>PS</b>	-	Permanent Secretary
<b>PT</b>	-	Preferential Treatment
<b>PWD</b>	-	People with Disabilities
<b>PWSD</b>	-	People with Severe Disabilities
<b>REMPAI</b>	-	Resources Management and Policy Analysis Institute
<b>SADC</b>	-	Southern African Development Community
<b>SAPs</b>	-	Structural Adjustment Programmes
<b>SDGs</b>	-	Sustainable Development Goals
<b>SIDA</b>	-	Swedish International Development Authority
<b>SLMP</b>	-	Sustainable Land Management Programme
<b>SMEs</b>	-	Small and Medium Enterprises
<b>SNA</b>	-	System of National Accounts
<b>Sp</b>	-	Sulfadoxine pyrimethamine
<b>STI</b>	-	Sexually Transmitted Infection
<b>TB</b>	-	Tuberculosis
<b>TBA</b>	-	Traditional Birth Attendant
<b>TC</b>	-	Technical Committee
<b>TIVET</b>	-	Technical Institute and Vocational Education Training
<b>TNTBs</b>	-	Tariffs and Non-Tariffs Barriers
<b>TOR</b>	-	Terms of Reference
<b>TOT</b>	-	Terms of Trade
<b>TV</b>	-	Television
<b>TWG</b>	-	Technical Working Group
<b>UN</b>	-	United Nations
<b>UNAIDS</b>	-	United Nations Programme on HIV/AIDS
<b>UNCT</b>	-	United Nation Country Team
<b>UNDAF</b>	-	United Nations Development Assistance Framework
<b>UNDG</b>	-	United Nations Development Group
<b>UNDP</b>	-	United Nations Development Programme
<b>UNEP</b>	-	United Nations Environment Programme
<b>UNESCO</b>	-	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	-	United Nation Fund for Population Activities
<b>UNICEF</b>	-	United Nations Children's Fund
<b>UPE</b>	-	Universal Primary Education
<b>USA</b>	-	United States of America
<b>USAID</b>	-	United States Agency for International Development
<b>V2030</b>	-	Vision 2030
<b>WEF</b>	-	Women Enterprise Fund

<b>WHO</b>	-	World Health Organization
<b>WTO</b>	-	World Trade Organization
<b>YEDF</b>	-	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 addressing 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 Report is to provide this assessment as well as to document the experiences, challenges and lessons learnt during the MDGs implementation process. In addition, the report gives recommendations for informing the Post-2015 Development Agenda and the transitioning to the 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. This 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 Secretariat comprised of the National Coordinator and staff within the Ministry, with oversight being provided by the Programme Steering Committee (PSC). Its functional responsibility was further supported by 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. This is laudable given that LDCs face insurmountable challenges of investments in infrastructure and human capital owing to their very low levels of development.

## **Overview of Progress Made in Achievement of MDGs in Kenya**

The implementation of the MDGs in Kenya started at a time when Kenya's economic performance was dismal 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. The Review of performance, however, indicates that Kenya like many other developing countries made significant progress in the achievement of MDGs over the fifteen year period.

Indeed a number of MDGs recorded remarkable progress. These 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. Some, however, fell far below targets. They include: eradication of extreme poverty and hunger; improvement in child health and reduction of maternal mortality. Both endogenous and exogenous factors contributed to non-achievement of the latter goals. Key endogenous factors include 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 include: 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 remained committed to the achievement of the MDGs, and is poised to move forward with the transition to Sustainable Development Goals (SDGs).

The status of each of the goals is discussed below:

### ***Eradication of Extreme Poverty and Hunger***

The proportion of people living below the national poverty line in Kenya has been declining albeit at a slow rate since the year 2000 when it stood at 52% to about 46% in 2014. The slow decline in poverty levels has been attributed to several factors that include the impact of the post- election violence (PEV) of 2007/8; inter-clan conflicts, especially in the ASAL areas; the impact of the global climate change 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 has been a slow 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 18% in 1998 to 11% in 2014. Of those underweight children under five years of age, 2% were severely underweight.

### ***Universal Primary Education***

Tremendous progress has been recorded in the achievement of this MDG. 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 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) and in urban slum areas.

### ***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 people with disabilities have 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 since 2010. 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 77/1,000 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 41/1,000 live births in 1989 to 14/1,000 in 2014 while children under five years mortality rate declined from 115/1,000 live births in 1989 to 52/1,000 in 2014 against a target rate of 32/1000 live births. Despite this progress, wide disparities exist 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 has 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 recorded by 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 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% in 2014. Condom use among men and women who had two or more partners also recorded an increase, rising from 40% in 2000 to about 44% 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 60.85% in 2014. Access to anti-retroviral drugs (ARV) for those affected by 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 were 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 54% 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, good 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 covered 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 67% in 2015, with a wide disparity between rural areas with 57% and urban areas with an access rate of 86%. Access to improved sanitation facility has shown a steady increase with the proportion of the population with improved facility rising to 25% in 2014.

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 undertaken 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 KSh. 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.

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:

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

- 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;
- 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, 86% of households had mobile phones; and,
- 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 targeted key sectors and populations that included: 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.

### **Activities and Initiatives in the Implementation Process of MDGs**

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

- Awareness creation and capacity building of key stakeholders on MDGs;
- Involvement of CSOs in the MDGs campaign - 26 CSOs were engaged to raise awareness on MDGs in the grassroots;
- Needs assessment study;
- Development of IEC materials;
- Establishment of MDGs Website;
- Mass media campaigns;
- Collaboration activities with Schools;
- Introduction of MDGs’ awards in 2010 -These recognized contributions of stakeholders who demonstrated outstanding efforts in driving the achievement of one or more of the MDGs through their core programmes;
- Implementation of the “quick wins” programme and setting-up of Millennium Villages;
- Preparation of MDGs status reports for years – 2003, 2005, 2007, 2011 and 2013;
- Implementation of the MDG Acceleration programme; and,
- Integration of MDGs indicators into NIMES, among others.

### **Shortfalls in the Implementation Process 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:

- 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;
- 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;
- Mobilization of adequate resources –needs assessment and costing report only identified the resource requirements (USD 5.5 billion per annum), but failed to provide a clear strategy on how the resources would be mobilized. It assumed the 0.7% GNI contribution from DCs would be available;

- 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;
- Policy Research and Analysis on MDGs Related Issues- involvement of Kenyan universities in research on MDGs did not received much attention; and,
- Documentation of experiences and lessons learnt in the implementation of Millennium Villages was not made public.

### **UN Agencies Support Towards the Achievement of the MDGs**

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

- 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);
- 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);
- MDG progress monitoring and reporting or “score-keeping”;
- 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;
- Implementation of “Quick wins” programme (especially the support of UNDP and the Government of Finland); and,
- 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 these factors include:

- Frequent droughts that affected all sectors of the economy. These occurred 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 in constraining GDP growth by as much as 0.3%;
- 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;
- Declining flow of Official Development Assistance (ODA); and,
- Declining Terms of Trade (TOT). For example Kenya TOT for all items has been declining over the years. TOT declined from 105% in 2000 to 65% in 2014.

### **Other Challenges Limiting the Achievement of the MDGs**

These include the following:

- Conflicts within and between communities mainly over access to scarce natural resources continued to displace people from their habitat and also to 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;
- Conflicts related to elections have been witnessed every 5 years with the most severe case being the 2007 elections;

- The poor state of the country's infrastructure especially the road network; water and sanitation; energy; Mombasa Port; railways and telecommunications network to bring down the cost of production;
- 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; and,
- Weak linkages among organizations involved in implementation of MDGs related activities.

## **Lessons Learnt**

A number of lessons were learnt in the Implementation process. These include:

- The delivery of the MDGs required an institutional framework that reflected national outlook and a high level standing in the political/government hierarchy to facilitate the MDGs agenda. This affected the pace of implementation of the MDGs;
- There was need for collaborations between all stakeholders – everybody had a role to play. Synergies with other relevant programmes and activities were required;
- 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;
- 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;
- 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;
- 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;
- 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;
- Lack of an IEC strategy – led to disjointed, fragmented, not well synchronized IEC campaigns and stakeholder engagement;
- Alternative and innovative financing mechanisms were required to finance the MDGs. Going forward the same will be required with respect to the SDGs;
- MDGs were conceived in a top-bottom approach which has inherent challenges such as not resonating well with local conditions; and,
- Need to recognize regional disparities and consequently adopt a regional approach in implementation process of all MDGs.

## 1.0 INTRODUCTION AND BACKGROUND

### 1.1 Context of Millennium Development Goals

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 at the time<sup>1</sup>. 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”. Table 1.1 below provides the MDGs and targets from the Millennium Declaration.

**Table 1.1: Millennium Development Goals and Targets (MDGs)**

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

<sup>1</sup> 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 on 15<sup>th</sup> January 2008

Goals	Targets (from the Millennium Declaration)
<b>Goal 6: Combat HIV/AIDS, Malaria and Other Diseases</b>	<p><b>Target 6.A:</b> Have halted by 2015 and begun to reverse the spread of HIV/AIDS</p> <p><b>Target 6.B:</b> Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.</p>
	<b>Target 6.C:</b> Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.
<b>Goal 7: Ensure Environmental Sustainability</b>	<b>Target 7.A:</b> Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
	<b>Target 7.B:</b> Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss.
	<b>Target 7.C:</b> Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.
	<b>Target 7.D:</b> By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.
<b>Goal 8: Develop a Global Partnership for Development</b>	<p><b>Target 8.A:</b> Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.</p> <ul style="list-style-type: none"> <li>Includes a commitment to good governance, development and poverty reduction – both nationally and internationally.</li> </ul>
	<p><b>Target 8.B:</b> Address the special needs of the least developed countries.</p> <ul style="list-style-type: none"> <li>Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of relief debt for Heavily Indebted Poor Countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction.</li> </ul>
	<b>Target 8.C:</b> 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).
	<b>Target 8.D:</b> Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long

Goals	Targets (from the Millennium Declaration)
	term.
	<b>Target 8.E:</b> In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
	<b>Target 8.F:</b> 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 21st 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. Examples include the 1994 Cairo conference on population and the 1995 Beijing conference on women. 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<sup>2</sup>.

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 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

<sup>2</sup> MDGs in Kenya, Ten Years of Implementation and Beyond: The Last Stretch Towards 2015, Nov, 2010. UNDP



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 its 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**<sup>3</sup>. The report indicated that for Kenya to achieve MDGs, more resources required to be shifted towards key MDGs sectors and also that a supportive policy environment was necessary. These facts formed the basis for an aggressive mainstreaming and advocacy campaign that was launched by the government.

### 1.3 Mainstreaming MDGs In Kenya's Development Process

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.

This report notes that the MDGs have been mainstreamed into all the major national policy documents, produced over the fifteen years since 2000, which include the following:

- The Economic Recovery Strategy (ERS) for Wealth and Employment Creation of 2003-2007 that 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, has 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, all entail focusing 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;

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<sup>3</sup> Achieving the MDGs in Kenya, A Needs Assessment and Costs Report, GOK and UNDP, Kenya, 2005.

- 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.

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. Indeed, there were numerous challenges facing the achievement of the set targets by December 2015. These challenges are a result of both endogenous and exogenous factors. The latter include: 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 remained committed to the achievement of the MDGs, and thereafter transition to Sustainable Development Goals (SDGs).

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	<ul style="list-style-type: none"> <li>• National MDGs Stakeholder Forum</li> <li>• National MDGs Dissemination Exercise</li> <li>• Regional Workshops</li> <li>• Mainstreaming MDGs into MDAs Policy, Planning and Budgeting processes</li> <li>• MDGs Needs and Assessment Study (2005)</li> <li>• Launch of 1st MDGs Status Report (2003)</li> <li>• MDGs + 5 Summit</li> </ul>
2.	2006-2010	•Mainstreaming •Localization	<ul style="list-style-type: none"> <li>• Shift of Budgetary resources towards MDGs Sectors</li> <li>• MDGs District Forums</li> <li>• CSO Partnership localization</li> <li>• Focus on MDGs-Based District Planning</li> <li>• Launch of 2nd, 3rd and 4th MDGs Status Reports (2005,2007 and 2009)</li> <li>• Launch of Quick Wins Initiative in 10 districts<sup>4</sup></li> <li>• MDGs + 10 Summit</li> </ul>
3.	2010-2014	•Acceleration •Fast Tracking •Intensification	<ul style="list-style-type: none"> <li>• MDGs Acceleration Framework</li> <li>• Shift of Budgetary resources towards MDGs Sectors</li> <li>• Launch of MDGs 5<sup>th</sup> and 6<sup>th</sup> MDGs Status Reports .i.e. 2011 and 2013 reports</li> <li>• Review of MDGs 2013</li> <li>• Post-2015 MDGs Consultations at national, regional and local levels, which started in September 2012 to 2014</li> </ul>

Source: MDGs Status Reports

<sup>4</sup> These were the Millennium Districts which include Meru South, Murang'a, Kilifi, Bungoma, Kakamega, Suba, Bondo and Turkana

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 “Mainstreaming of MDGs in Kenya’s Development Process” programme. This programme, initiated in July 2005, had a total funding of Euros 2,808,750. It was originally designed to end in December 2008, but was later extended to 2009.

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

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**Table 1.3: Outputs and Activities of the Programme and Extent of Achievements**

	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	<p><b>Public sector</b> 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.</p> <p><b>Civil Society Organizations (CSOs)</b> - 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.</p> <p><b>Private sector</b>- there was no clear and deliberate strategy of what was to be done or how they were to be involved.</p> <p><b>Members of Parliament (MPs)</b> - 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<sup>7</sup>.</p> <p><b>Local authorities (LAs)</b> - 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<sup>8</sup>.</p>

<sup>7</sup> 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.

<sup>8</sup> 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
3.	MDG campaign strategy undertaken and awareness on MDGs created	<p><b>Involvement of CSOs in the MDGs campaign</b> - As above</p> <p><b>Development of IEC materials</b> – 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 implementation of MDG-focused interventions.</p> <p><b>MDGs Website</b>-This had been done by the time the mid-term evaluation was conducted.</p> <p><i>Use of mass media</i>- 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.</p> <p><b>Collaboration with Schools</b> - 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.</p> <p><b>Other Fora</b> - 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.</p> <p><b>IEC campaign strategy</b> -The MDGs strategy was developed (but not used).</p>
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	<ul style="list-style-type: none"> <li>• Six MDGs status reports were 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.</li> <li>• National Integrated Monitoring and Evaluation System (NIMES) has integrated the MDG indicators into the framework.</li> </ul>
7.	Policy research and analysis on MDGs related issues, including the goal of a global partnership in the areas of debt, aid and trade	<ul style="list-style-type: none"> <li>• Involvement of Kenyan universities in research on MDGs did not seem to have received any attention.</li> <li>• Review the Poverty Eradication Commission (PEC) of Kenya performance with regard to achieving the MDGs was also conducted.</li> </ul>

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

## 1.4 Main Challenges in the Implementation of MDGs

- 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<sup>7</sup>. Some of the Development Partners also pursued their own agendas.
- ii) MDGs Unit was understaffed. The Unit had a staff complement of 1 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 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.

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.” The goal of Phase II, which 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 in both 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. It was envisaged that practical examples and benefits would be provided through implementation of 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	<ul style="list-style-type: none"><li>• Developed further coordination instruments that were used (in Phase I) both at national and sub-national level.</li><li>• Coordinate 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.</li></ul>

<sup>7</sup> Each Ministry had one MDGs Focal Point Officer who was expected to share MDG-related information and developments within the Ministry.

No.	Results Areas	Activities Undertaken
		<ul style="list-style-type: none"> <li>Engage the Private Sector and Civil Society and coordinate their activities towards MDGs achievement.</li> <li>Provide guidance and further develop tools for district level mainstreaming and promotion and implementation of activities aiming at attainment of MDGs.</li> <li>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.</li> </ul>
2.	MDGs are mainstreamed in the Government's and relevant line ministries' policy, planning, budgetary, and monitoring and evaluation processes	<ul style="list-style-type: none"> <li>MDGs agenda integrated and well-articulated in the Vision 2030 and in both its MTP I &amp; II.</li> <li>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.</li> <li>Promote national level discourse and regular collaboration with line ministries and development partners.</li> <li>Regular MDGs Consultative Group meetings with the MDGs Focal Point Officers from the line ministries and other stakeholders were held.</li> <li>Annual MDG-work plans for the Focal Points Officers were included in their performance contracts.</li> <li>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.</li> </ul>
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.	<ul style="list-style-type: none"> <li>MDGs indicators included in NIMES indicators handbook.</li> </ul>

Source: Programme document

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.

### **1.5 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 had initially 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 to marshal the political goodwill required to drive the process. However, despite the strategic role of the committee it was never actualized, which may have impacted negatively on 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<sup>8</sup>.

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.

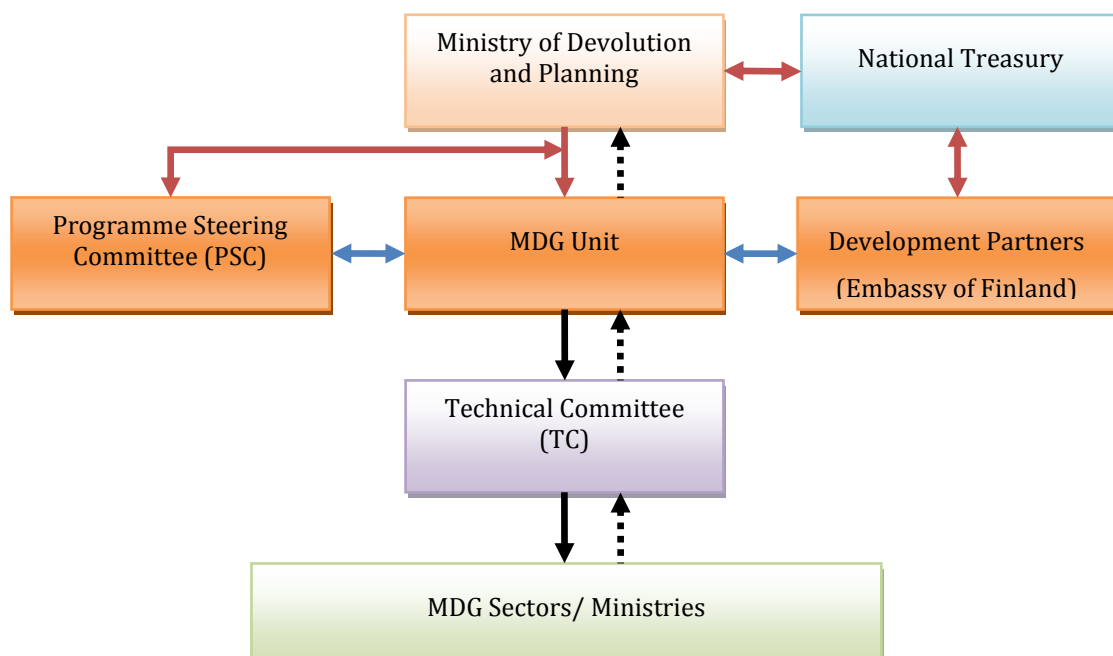
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<sup>8</sup> *Final evaluation report for the mainstreaming of MDGs, Discern Africa*



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**



Source: Key informant interviews and MDG Programme Support Documents

## 1.6 Objectives of the Report

The general objective of this Report is to assess the progress made by the Country as a signatory to the “Millennium Development Goals” in the year 2000. In particular the Report aims at assessing the achievements of the MDGs implementation; to document the experiences, challenges and lessons learnt during the implementation process; and, to assess the impact created since MDGs 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 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 in which resources can be better aligned and reporting synchronized towards achievement of a programme similar to the MDGs Programme;
- v) Determine to what extent UN Agencies 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 impacted on 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 were supportive or otherwise to the attainment of the MDGs.

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.

### **1.7 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 Provides summaries 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 initial 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 of the MDGs<sup>9</sup> from their low base. Table 2.1 provides a summary of the status of the achievement of MDGs in Africa.

**Table 2.1: Progress in the Achievement of MDGs in Africa.**

Goal	Progress on Achievement of Targets
<b>Goal 1: Eradicate Extreme Poverty and Hunger</b>	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.
<b>Goal 2: Achieve Universal Primary Education</b>	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%.
<b>Goal 3: Promote Gender Equality and Empower Women</b>	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.
<b>Goal 4: Reduce Child mortality</b>	In spite of a steep decline in child mortality, Africa is off-track on this target.
<b>Goal 5: Improve Maternal Health</b>	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.
<b>Goal 6: Combat HIV/AIDS, Malaria and Other Diseases</b>	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.
	TB –related deaths are on the decline, falling by 23 % between 1990 and

<sup>9</sup> *Economic Commission for Africa, 2014*

	2011.
<b>Goal 7: Ensure Environmental Sustainability</b>	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.
<b>Goal 8: Develop a Global Partnership for Development</b>	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 MDG I: Eradicate Extreme Poverty and Hunger



#### MDG 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 access 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 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, the Sector 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. The country's agricultural system can be divided into two categories namely crop agriculture and animal agriculture. The former comprises of both food and cash crops while the later consists of livestock keeping for various purposes such as milk, meat etc production. Through 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 Kenya Vision 2030 and its MTP II (2013- 2017).

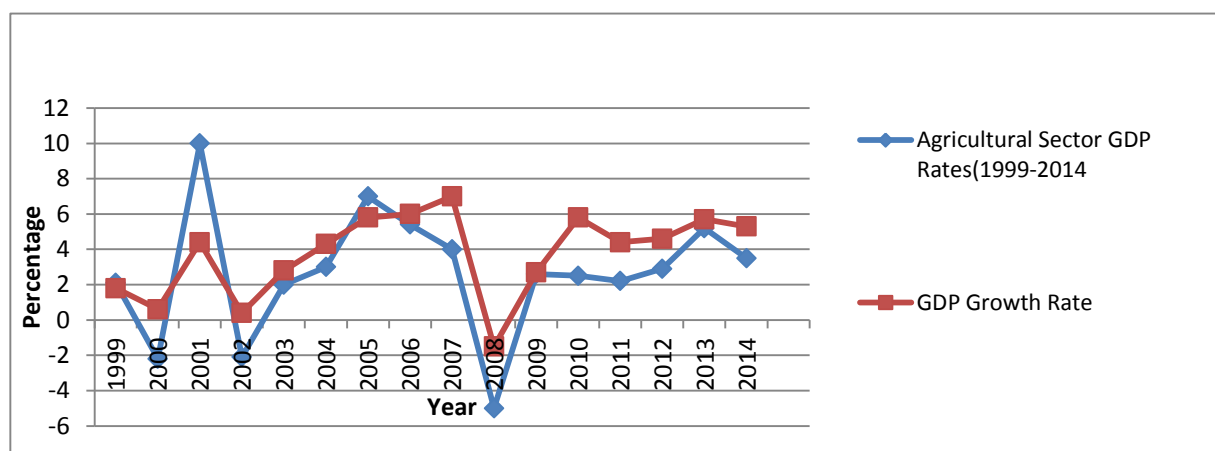
With a population estimated at 44 million people and a poverty index of about 46%, it means that about half of the country's population in Kenya lives below the poverty line (World Bank, 2014). This is characterized by people living in a state of chronic food shortage/insecurity and endemic malnutrition. In addition, especially in the 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 make positive contributions to environmental and natural resources management. For example, this happens in the mixed farming system for both crops and livestock. Overall, Kenya 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 Surveys, Various Reports

**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 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 in Achievement of MDG 1 (Target 1A)**

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

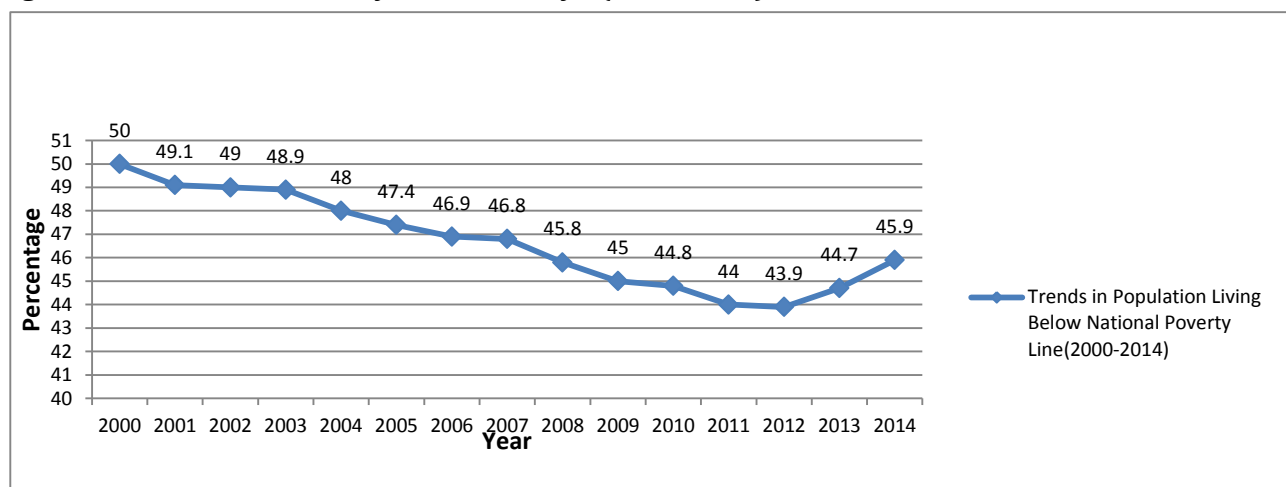
Source: KNBS, Economic Surveys 2000-2015, the World Bank, 2013, ICT Survey, 2010

**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 stabilizing at about 45% between 2005 and 2014. The Country's 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 achievement of the targeted eradication of extreme poverty and hunger through reduction of poverty to 21.7% by the end of 2015 was not feasible.

**Figure 3.2 : Trends in Poverty Level in Kenya (2000-2014)**



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

### 1A.2: Poverty Gap

The poverty gap has been decreasing over years. For instance, in 2005, it stood at 16.3% prior to declining further to 12.2% in 2009. The gap stood at 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, rising from 4.8% in 2000 to 9.8% in 2009. Though there has been various initiatives implemented by the government, such as the school feeding programme and the national social protection (cash transfer) programme for the vulnerable groups, the outcome has been slow progress.

The photos below shows beneficiaries on these programme queuing for cash.





***Beneficiaries of the government's social protection (cash transfer programme), The National Hunger Safety Net (HSNP), Orphans and Vulnerable 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. The aim of these programmes has been 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 has also prioritized value addition, promotion of local entrepreneurship through establishment of SMEs enhancement of technological development and innovation as well as promotion of rural and regional industrialization by taking advantage of comparative economies of scale by using regional local resources (Kenya 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.

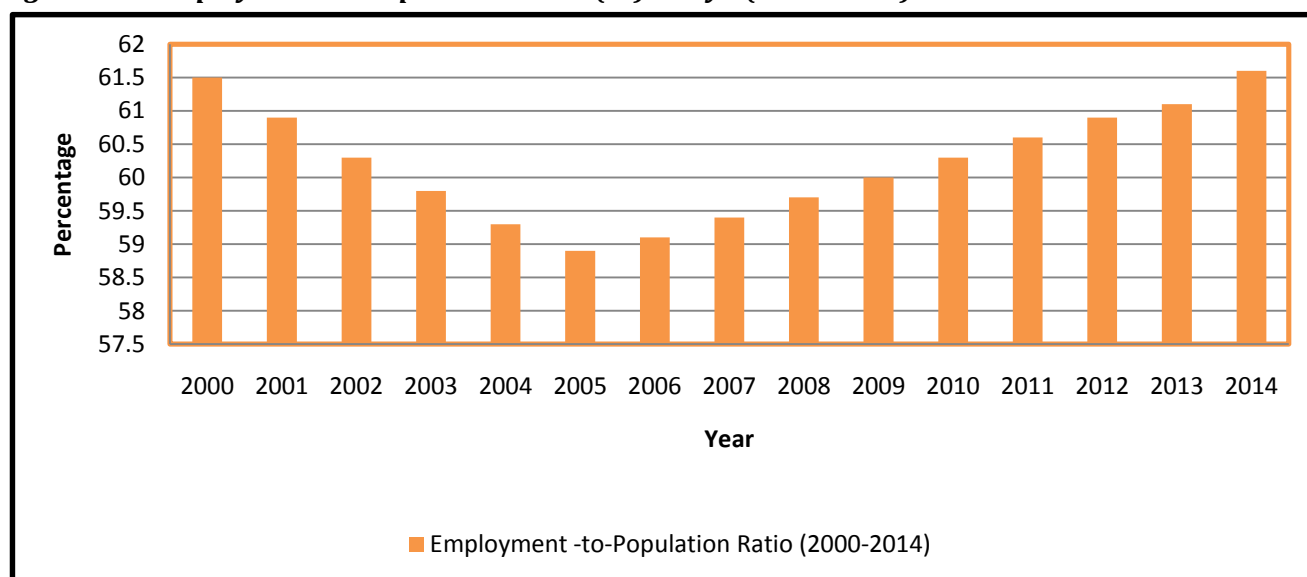
Other programmes being undertaken by the government to create employment include undertaking employment creation analysis, subsidized wage employment, regulation of private employment agencies, and the Green Jobs approach. At the international level, the government is pursuing a policy of signing and 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 expatriate's 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% to 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 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 or 16.4% increase over the period.

**Table 3.2: Trends and Status in Target 1C: Half, between 1990 and 2015, the proportion of people who suffer from hunger**

Indicator	2000	2003	2005	2007	2009	2011	2013	2014	2015
1.6 Prevalence of underweight children<5 years of age	22.0	19.9	20.9	20.9	20.3	-----	-----	11	11.1

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.

### 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. Tables 3.3 (a) shows the trend of food balances for the period 2010 to 2014 while table 3.3 (b) show the dietary energy consumption in Kilo Calories(kca)person/day by region, residence, gender.

**Table 3.3a: 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

Indicator		2010	2011	2012	2013	2014
Per Caput Caloric Daily Supply	Vegetable Products	1829	1955	2148	1993	2000
	Cereals-'000kd	976	959	988	917	956
	Animal Products-'000kd	325	298	299	291	256

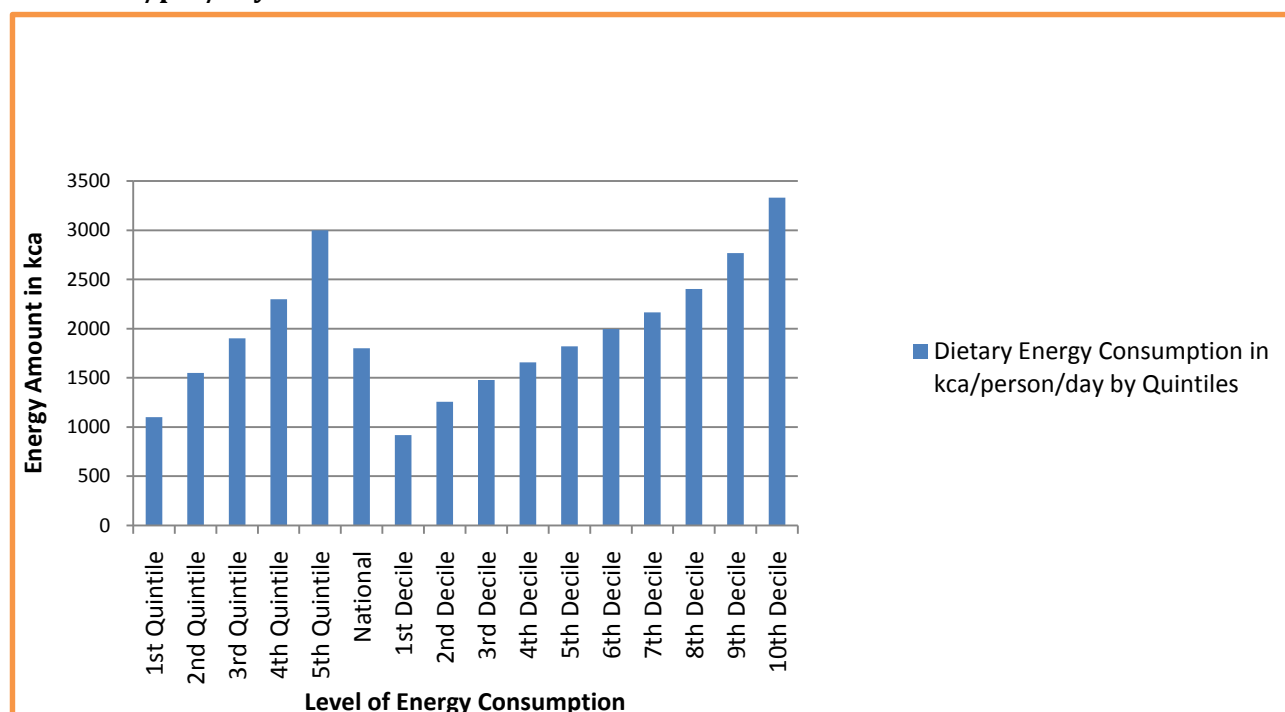
Source: KNBS, Economic Survey, 2015

**Table 3.3b: 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

**Table 3.3c: Dietary Energy Consumption by Quintile and Deciles  
kca/per/day**



## Challenges to Eradication of Extreme Poverty and Hunger

Despite the efforts made by the government and other stakeholders to help achieve the MDG 1 targets, the efforts have been met with many challenges which include:

- The adverse effects of climate change leading to severe droughts, crop diseases and pests thus leading to decline in agricultural productivity;
- Poor agronomic methods and practices, inadequate or ineffective extension services to the farmers;
- High cost 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 leading to 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 challenges of cross-border livestock diseases;
- Insecurity issues such as inter-clan conflicts or the 2007/08 post-election conflict;
- 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 Credit, which limits the accessibility of farmers e.g. limits access to farm inputs, tools, equipment; and,
- Lack of capacity, technologies and infrastructures to boost deep-sea fishing activities.

### 3.2 MDG 2: Achieve Universal Primary Education



#### 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 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) was expected to have positive ramification in all the other MDGs and their respective targets and indicators.

In response, Kenya embarked on the development and embracing of various policies, strategies, guidelines and programmes geared toward the goal of achieving the UPE.



**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 pupils 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. NER stood at 88.2% by 2014. The proportion of pupils 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 in Education Achievement (MDG 2)**

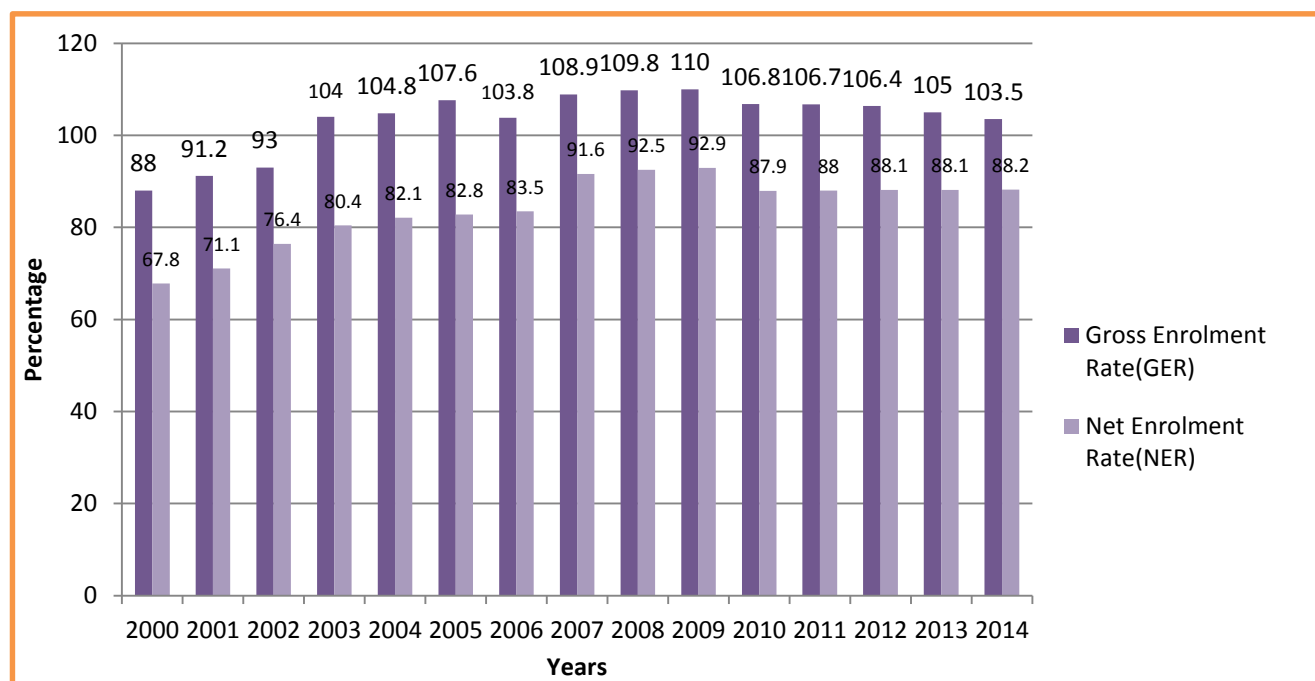
Indicator	2000	2003	2005	2007	2009	2011	2013	2014
<b>2.1 Net Enrolment in Primary Education (%)</b>	67.8	80.4	82.8	91.6	92.9	88.0	88.1	<b>88.2</b>
<b>2.2. Proportion of Pupil starting grade 1 who reach the last grade (%)</b>	57.7	68.2	77.6	81.0	83.2	76.5	78.5	<b>78.5</b>
<b>2.3. Literacy Rates of 15-24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

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 Enrolment 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 introduction of Free Primary Education (FPE) in Kenya in 2003 witnessed a significant increase in both GER and NER. 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 in Table 3.5

**Table 3.5: Trends in Enrolment by Agro-ecological Zones'**

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

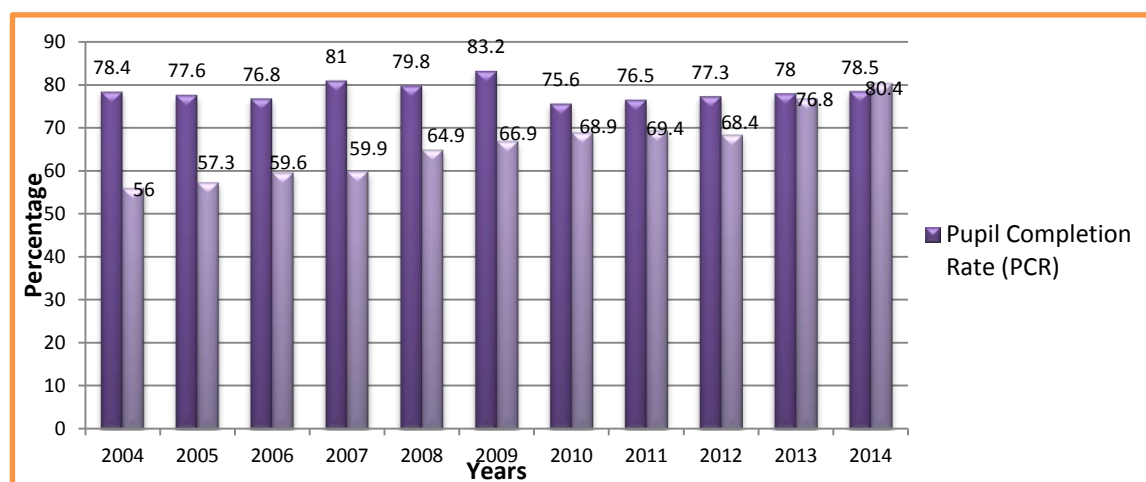
## 2.2 Proportion of Pupils Starting Grade 1 who Reach Last Grade of Primary School Education

Significant achievements have been made in the proportions of pupils reaching and completing the last grade of primary school education. In the year 2000, the country had 57.7% Primary Completion Rate (PCR). PCR then rose to 83.3% in 2009 before declining to 80.3% in 2013 (MDG Status Report 2013) and further marginally to 78.5% in 2014 (Statistical Abstract, 2014).

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 the following factors:

- Late entry to primary school (advanced age at enrolment);
- Poverty - despite the FPE programme, there are still other requirements, including school uniforms;
- 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.

**Figure 3.5: Trends in Completion Rate and Primary to Secondary Transition Rate (2010-2014)**



Source: KNBS, Economic Survey, 2004-2015

The improvement in PCR reflected between 2013 and 2014 was due to the implementation of Free Day Secondary Education (FSDE) and the expansion of education facilities in the country (Economic Survey, 2015). However, over the years, the PCR has remained higher than the transition to secondary education. This has been attributed to school drop-out and class repetition of pupils.

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

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.



## Challenges in Achieving MDG 2 target

Despite the exemplary achievements in UPE, a number of factors have hindered full achievement of the MDG 2. These include:

- 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, especially in areas with high population densities e.g. the urban slums;
- Quality and relevance of education at the primary level;
- 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;
- Perennial droughts which causes hunger e.g. in the ASAL regions;
- Recurrent incidences of insecurity and social conflicts;
- Gender, socio-economic and regional disparities in access to resources have negative implications with regard to access, retention and participation of pupils in school;
- Frequent teachers strikes;
- 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, families and the teachers (absenteeism);
- Poor data/information management and planning system;
- 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.

### 3.3 MDG 3: Promote Gender Equality and Empower Women



#### MDG 3: Promote Gender Equality and Empower Women

##### Introduction

The aim of promoting gender equality and women empowerment is to ensure equal access, control and resource distribution to improve livelihoods for the marginalized categories of people, including women, youth, people with disability (PWDs).

The Constitution of Kenya, 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.

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

The introduction of FPE and FDSE has contributed immensely to increased ratio between girls and boys in institutions of learning. The ratio of girls to boys in primary, secondary and tertiary institutions has been



increasing over the years since 2000. The share proportion of women in wage employment and proportion of seats held by women in National Assembly has also been growing.

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

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

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

Gender Parity Index (GPI) in education has for many years been stable in Kenya. The ratio of girls to boys has oscillated between 0.89 and 0.98. This rate stood at 0.89 in 2014.

The ratio of girls to boys in primary, secondary schools, tertiary institutions and university has traditionally shown a declining trend as you climb up to the higher levels of learning institutions as shown in figures 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
<b>2000</b>	1.02	0.98	1.13	0.89	1.12	0.89	0.95	1.03
<b>2001</b>	1.02	0.97	1.12	0.89	1.09	0.91	0.97	0.97
<b>2002</b>	1.05	0.95	1.08	0.92	1.09	0.90	1.03	0.94
<b>2003</b>	1.06	0.94	1.13	0.89	0.99	1.01	1.06	0.95
<b>2004</b>	1.06	0.95	1.12	0.89	0.94	1.07	1.05	0.95
<b>2005</b>	1.04	0.96	1.13	0.89	0.98	1.02	1.05	0.95
<b>2006</b>	1.05	0.95	1.18	0.85	0.99	1.01	1.06	0.96
<b>2007</b>	1.04	0.96	1.17	0.85	0.99	1.00	1.04	0.94
<b>2008</b>	1.04	0.96	1.16	0.86	1.05	0.95	1.06	0.94
<b>2009</b>	1.05	0.95	1.05	0.95	0.98	1.02	1.01	0.99
<b>2010</b>	1.05	0.96	1.05	0.96	1.03	0.97	1.03	0.97
<b>2011</b>	1.04	0.96	1.04	0.96	1.01	0.99	1.11	0.90
<b>2012</b>	1.04	0.96	1.04	0.96	0.98	1.02	1.53	0.65
<b>2013</b>	1.03	0.97	1.03	0.97	0.97	1.04	1.47	0.68

<b>2014</b>	1.03	0.98	1.13	0.89	0.96	1.04	1.54	0.65
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Source: KNBS, Economic Survey, 1999- 2015

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

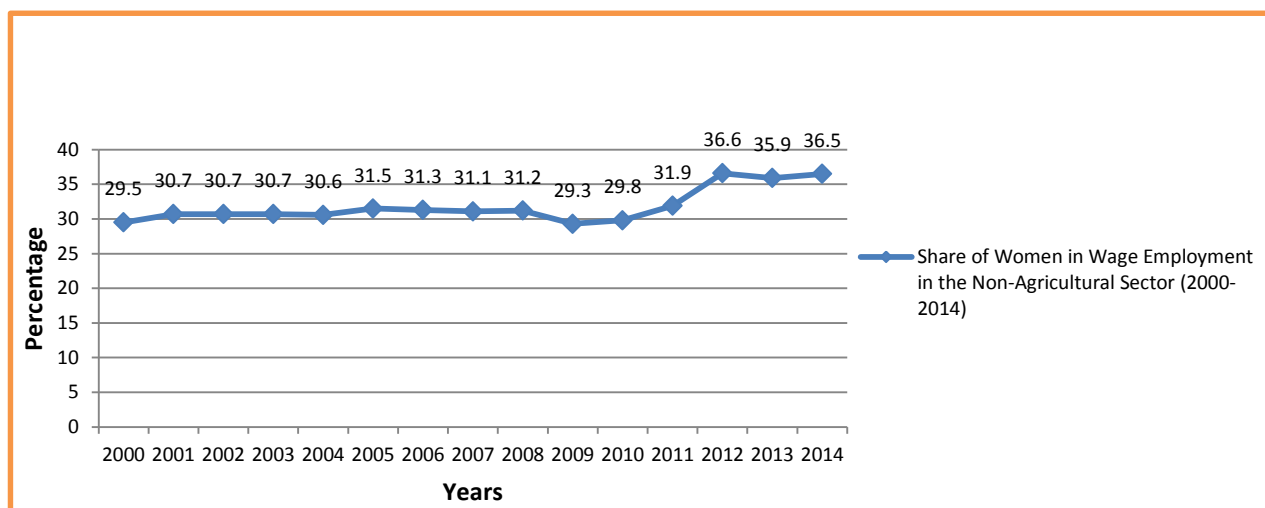
<b>Academic Year</b>	<b>Public Universities</b>		<b>Private Universities</b>	
	Males	Females	Males	Females
<b>1999/2000</b>	1.72	0.55	0.89	1.13
<b>2000/01</b>	1.88	0.58	0.86	1.16
<b>2001/02</b>	1.85	0.53	0.86	1.16
<b>2002/03</b>	1.85	0.54	0.84	1.19
<b>2003/04</b>	1.90	0.54	0.83	1.18
<b>2004/05</b>	1.94	0.52	0.91	1.10
<b>2005/06</b>	1.56	0.51	1.30	0.77
<b>2006/07</b>	1.49	0.64	0.95	0.77
<b>2007/08</b>	1.49	0.67	0.95	1.06
<b>2008/09</b>	1.49	0.67	1.43	1.06
<b>2009/10</b>	1.64	0.61	1.36	0.69
<b>2010/11</b>	1.48	0.67	1.20	0.83
<b>2011/12</b>	1.49	0.68	1.19	0.84
<b>2012/13</b>	1.29	0.78	1.26	0.79
<b>2013/14</b>	1.50	0.67	1.21	0.80
<b>2014/15</b>	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 guarantees and encourages the recruitment and appointment of women in public service sector through 1/3 gender rule. This affirmative action has resulted a significant increase in the number of women representation in public sector institutions. For instance, by 2014, women representation in the wage employment was about 36.5% up from 29.5% recorded in 2000 as shown in Table 3.6. Overall, women constituted about 36% of modern labour force in 2015 (Table 3.6). This is inspite of the fact that women 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.

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



Source: KNBS, Economic Surveys, 1999-2015

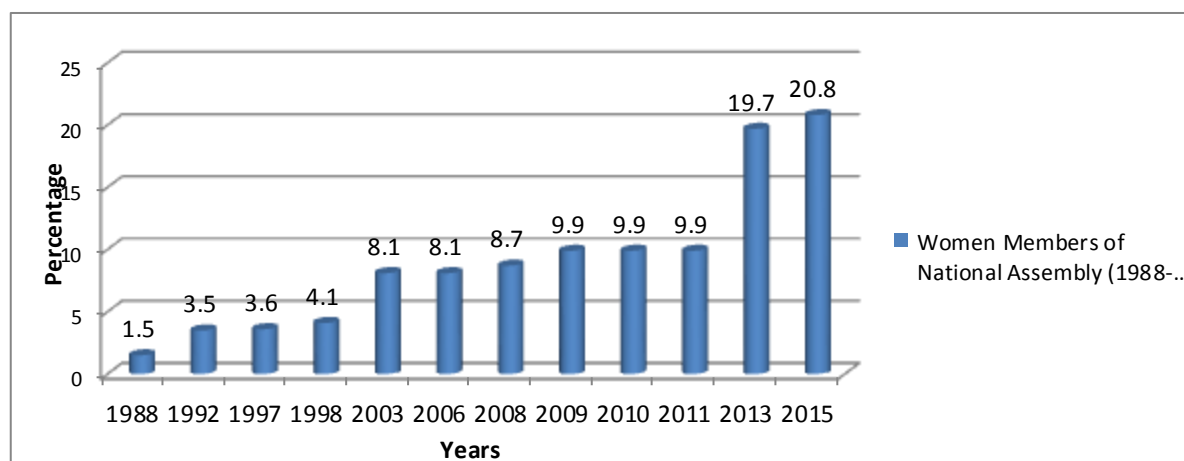
### 3.3: Proportion of Seats Held by Women in National Assembly

Since independence, women have low representation in the National Assembly. However, recently the numbers of women in the national assembly has been rising steadily. With the devolved system, the country currently has 47 seats reserved for women as county representatives. Among 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.

In 2013 600 women were nominated in the county assemblies across the country. This has raised women representation at the county assemblies from 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 26.5% representation, none is elected. There are 87 women (20.8%) compared to a total of 331 men in both houses. In 2015 women representation was at its highest (20.8%) level achieved in parliamentary representation. The proportion stood at 9.9% in the 10<sup>th</sup> parliament. No woman was elected as governor, however 19.2% of deputy governors are women. The women representation in national and county assemblies is shown in figure 3.9.

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



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

## Challenges and Gaps to Achievement of Gender Equality and Women Empowerment

- High girls dropout and low transition to higher education levels due to harmful and prohibitive socio-cultural traditional practices such as forced and early marriages and FGM.
- The extra gender roles placed upon the girl child such as household chores, which limits girls have less access to education;
- High gender based violence (GBV) in some communities;
- Social-cultural beliefs which discriminate girls' access to education and other productive resources such as land and finance;
- Lack of enabling learning environment which contributes to girls interrupted school attendance such as lack of sanitary towels; and,
- Continued existence of gender inequalities with regard to access and control of resources, economic opportunities, political as well as power.

### 3.4 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.

Photo 1

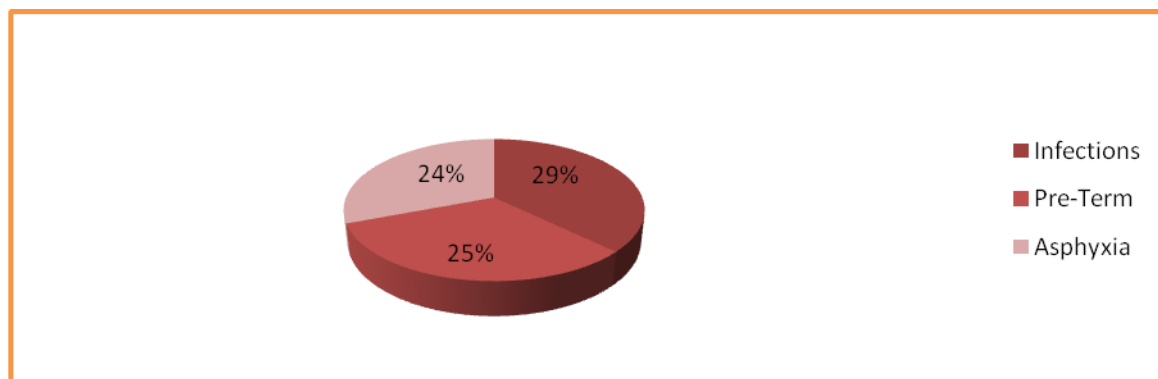


Photo 2



Photo 1 showing a display of the health-related MDGs 4,5&6 at an MCH in Bar Sauri Health Centre, while photo 2 shows a service provider attending to children at the MCH clinic

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

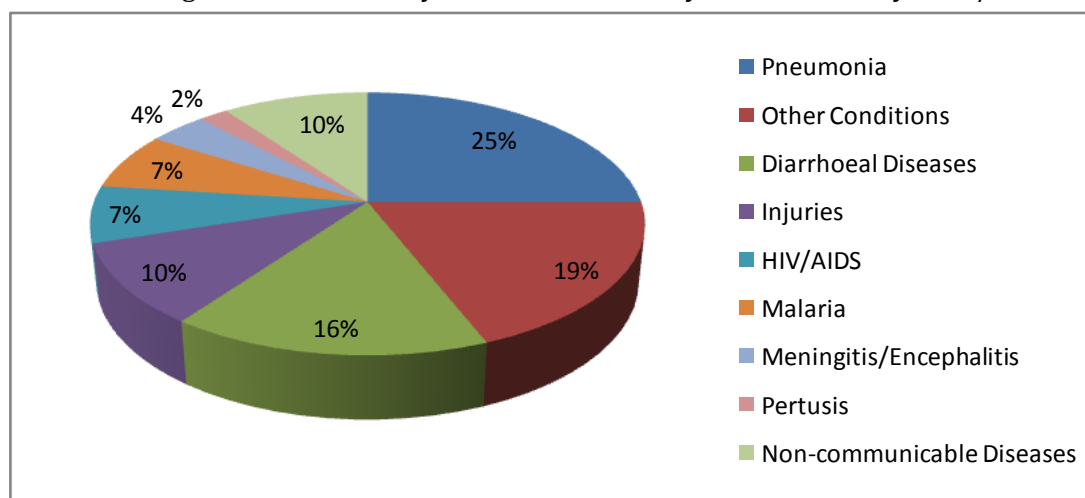


Source: Kenya MDG Acceleration Framework and Action Plan, 2014

About 98% of 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 years 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.

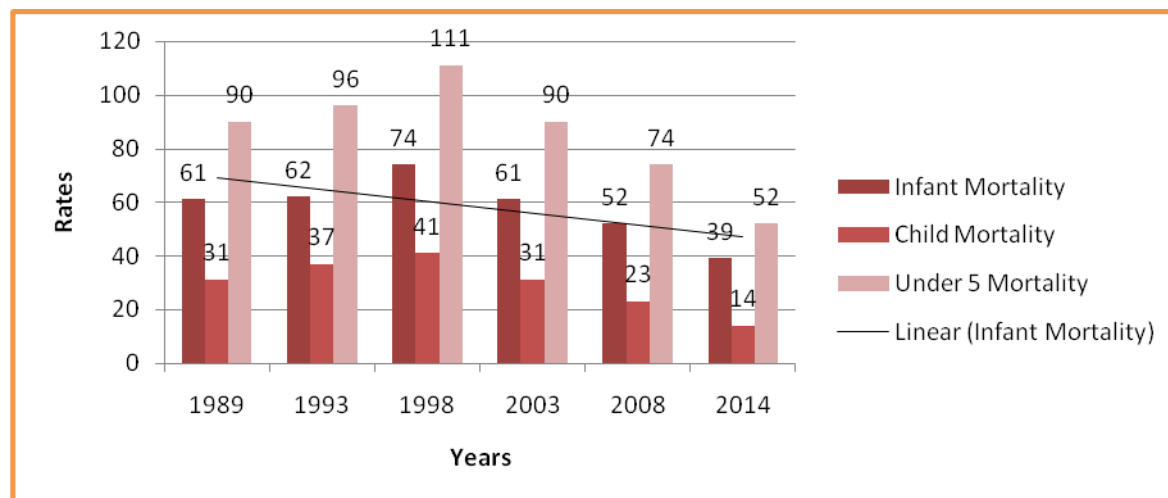
Currently, the country's child mortality rate is 52/1,000 live births, translating to 1 out of 19 children dying before reaching their fifth birthday. The infant mortality rate is currently at 39/1,000 live births.



Source: WHO, 2013

The main causes of child mortality in Kenya include pneumonia, other conditions, diarrhoeal diseases, noncommunicable diseases, injuries, HIV/AIDS, malaria, meningitis and pertussis (whooping cough) on a severity scale of high-to-lowest respectively. On the other hand, neonatal mortality is mainly caused by birth asphyxia and birth trauma (34%) while injuries is the least cause of neonatal mortality (1%). Others are prematurity(27%), sepsis and other infectious conditions(17%), congenital anomalies(9%), pneumonia(6%), other conditions(4%) and tetanus(2%), (WHO, 2013).

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



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

#### 4.1. Under 5 Year old Mortality Rate

Kenya has recorded a declining trend in children dying before they reach the age of five since 2009 with the level falling from 74/1000 live births to 52/1,000 live births in 2014 (KDHS, 2014). The country is still short of the target by 20/1000 live births.

#### 4.2. Infant Mortality Rate

In 2005 the country recorded 60/1000 live births in IMR compared to 52/1,000 in 2011 and 39/1,000 in 2014. The target of 22/1000 live births was, therefore, not 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 rose from 76.7% in 2005 to 85% in 2009 then rising to 96.7% thus surpassing the set target of 88%.

#### Challenges and Gaps in Reducing Child Mortality

- Shortages of health care service providers such as doctors, nurses, midwives etc. This is compounded by challenges in training, deployment, and retention;
- Financial and geographical inaccessibility to healthcare services especially in emergencies;
- Poorly equipped healthcare facilities 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 beliefs 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,
- Failure to seek medical care promptly.

### 3.5 MDG 5: Improve Maternal Health

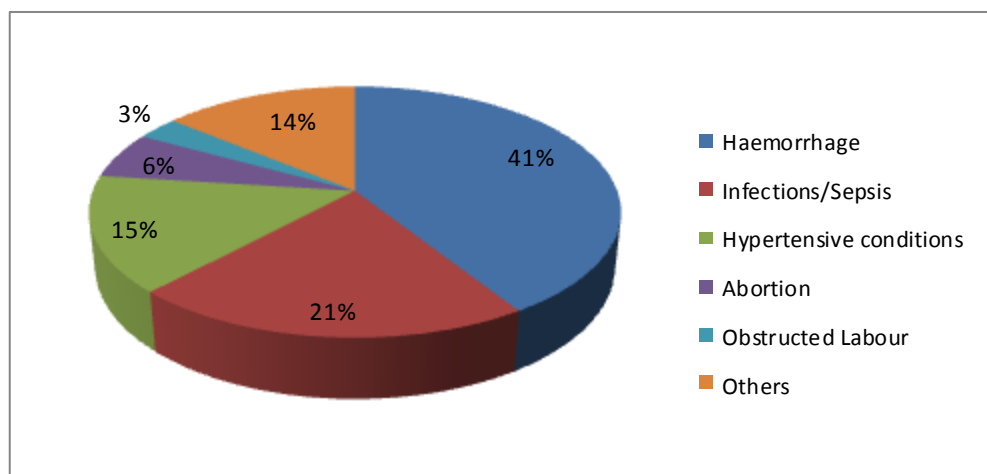


#### Introduction

Maternal mortality ratio in Kenya has remained unacceptably high. An estimated 7,700 women die in Kenya annually due to pregnancy related causes. The major causes of poor maternal outcomes/high MMR are shown in figure 3.12.

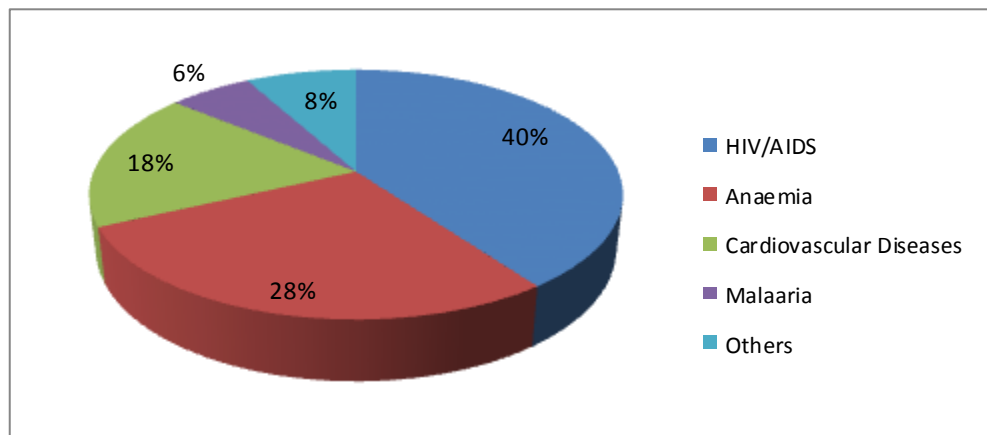
Globally, a substantial proportion of about 13% of all maternal deaths occur among adolescents due to complications resulting from unsafe abortions (WHO 2008). In Kenya, the common causes of maternal morbidity and mortality are shown in figure 3.12 and 3.13. The proportion of mothers attending antenatal care (ANC) at least once has increased significantly with at least 9 out of 10 mothers being attended by a skilled service provider at least once. By 2014 only 58% of women in Kenya were attending ANC four or more times during their pregnancy as recommended.

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



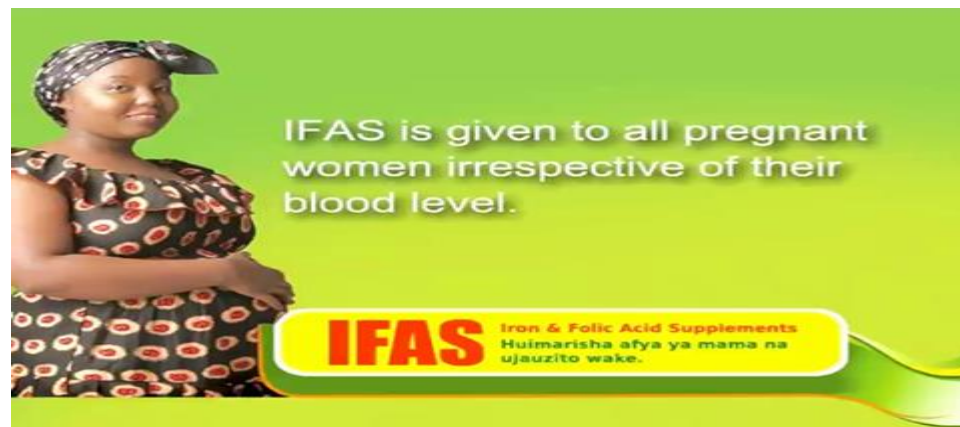
Source: MDG Acceleration Framework, GOK, 2014

**Figure 3.13: 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 has remained one of the country's poorly performing MDG indicators since 2000. Between 1990 to 2000, the national MMR peaked at 590/100,000 live births before dropping to 414/100,000 in 2003 and again rising to 488/100,000 in 2008. In 2014 the figure stood at 362/100,000. 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%) (KDHS, 2014). About 98% of maternal mortality in Kenya is contributed by 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	362	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)	39.1	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	16.8	0

Source: KDHS, 2003, 2008/9, 2014

\*Target

#### 5.1: Maternal Mortality Ratio



The country's maternal mortality ratio (MMR) remained high at 362/100,000 live births. The high MMR main contributors to the high level were 15 counties including Mandera, Wajir, Garissa, Marsabit, Kakamega, Nakuru, Nairobi, and Turkana, among others.

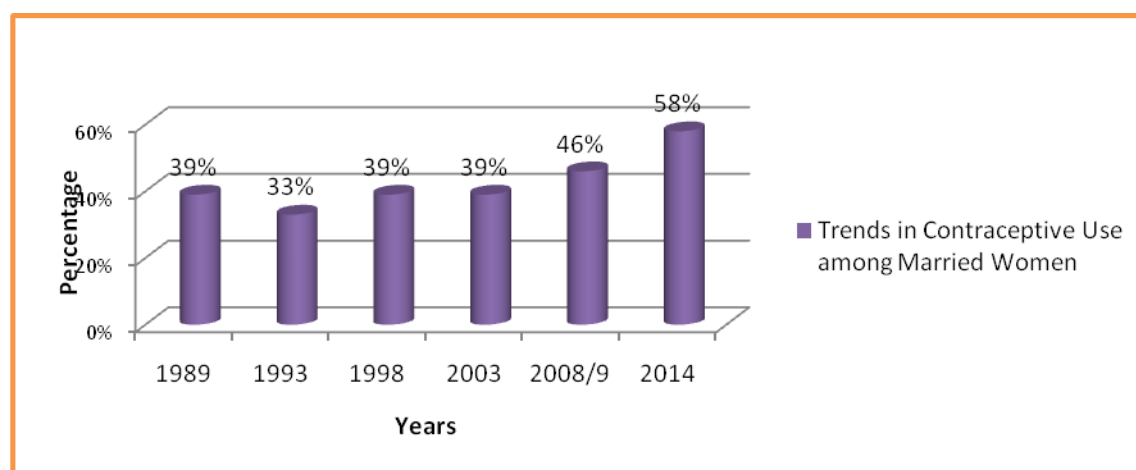
## 5.2: Proportion of Births Attended by Skilled Health Personnel

The 2014 KDHS statistics shows that only 62% of births in Kenya were attended to by a skilled health provider, an increase from 43% recorded in 2011 (KDHS 2014). This increase was, however, below the target of 90%. This was remarkable progress because by year 2000, only 45.4% of deliveries were attended to by skilled health providers.

## 5.3: Contraceptive Prevalence Rate (CPR)

The contraceptive prevalence rate showed a steady increase between 1990 when the country recorded a CPR of 39.1% in 1989 to 46% recorded in 2009 (KDHS, 1989, 2008/09). In 2014 the level rose significantly to 58% (KDHS, 2014). 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, 1989, 1993, 1998, 2003, 2008/09, 2014

## 5.4: Adolescent Birth Rate

High adolescent pregnancy is still evident in Kenya. According to the KDHS, 2014, 15% of women aged 15-19 had already given birth; while 18% 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 - as illustrated by the fact that 3% of women aged 15 years and 40% for women aged 19 years, had already begun child bearing. Contraceptive use among women aged 15-19 years remained low at 40.2% (KDHS, 2014).

**Table 3.8: Teenage Pregnancy in Kenya**

Age	Have had a live Birth	Pregnant with First Child	% of who have Began child Bearing
15	1.7	1.6	3.2
16	5.9	2.0	8.0
17	10.3	4.7	15.0

Age	Have had a live Birth	Pregnant with First Child	% of who have Began child Bearing
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. In Kenya, 58% of women are said to have had four or more of ANC visits in 2014 while those who have visited the ANC clinics at least once stood at 90%.

**Table 3.9: Antenatal and Delivery Care Coverage'**

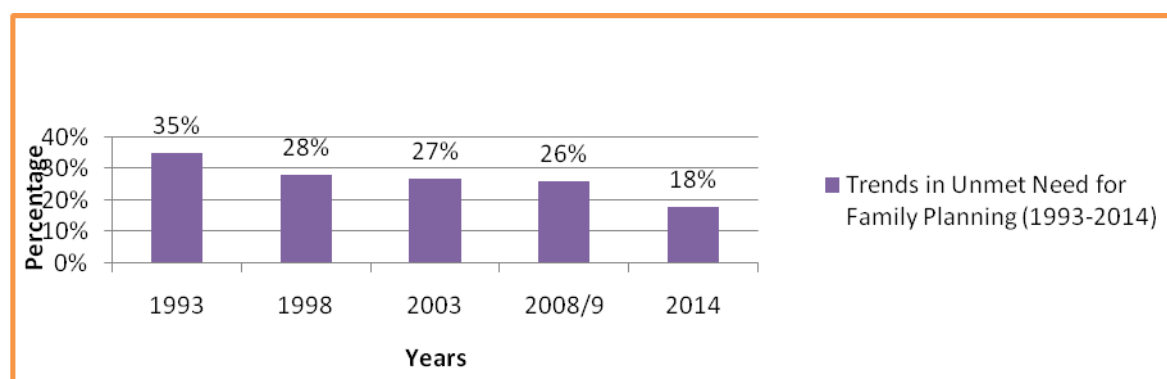
Mother's Age at Birth	% ANC from Skilled provider	% with 4+ ANC visits	% Delivered by a skilled provider	% Delivered in a health Facility
<20	94.9	48.9	62.1	61.7
20-34	96.0	59.9	63.1	62.5
35-49	93.2	53.2	53.9	52.5
Residence				
Rural	94.0	51.3	50.4	49.5
Urban	97.8	67.7	82.4	82.0

Source: KDHS, 2014

### 5.6: Unmet Need for Family Planning

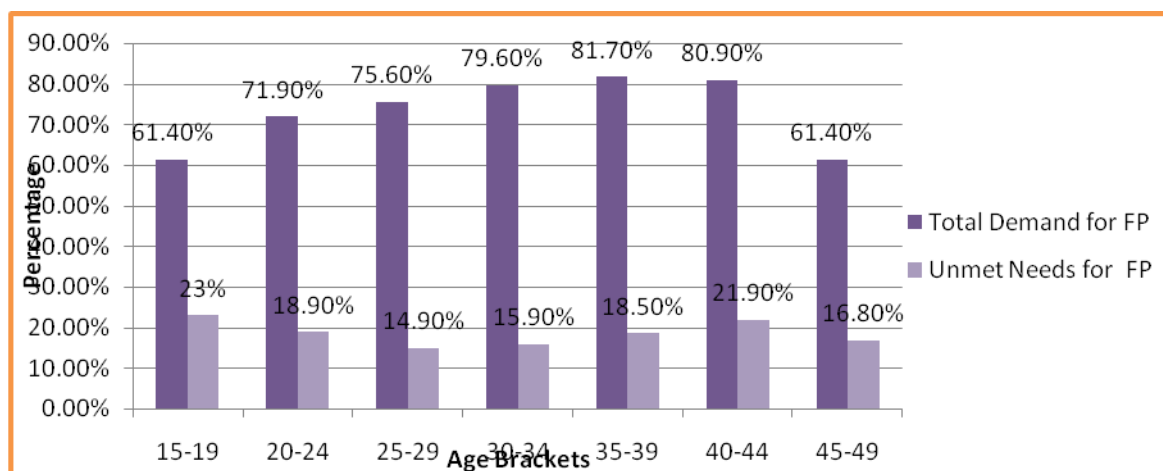
Kenya has recorded a declining trend in the unmet need for family planning since the year 1993 when the proportion of women with unmet need for FP services stood at 35%. In 2014 the proportion stood at 18%. Wide disparities based on age, residence, region, education, economic status exist (KDHS, 2014). Figure 3.14 shows the situation in the last two decades.

**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 maternal health. These include:

- Inadequate resource allocation for maternal healthcare;
- Poor monitoring and evaluation, planning etc;
- Inequitable distribution of the available skilled healthcare personnel across the country;
- Failure of community/household involvement in maternal and child health e.g. low male involvement in sexual and reproductive health due to socio-cultural barriers;
- Low knowledge on the importance of skilled healthcare providers and hence reliance of TBAs and other personnel in deliveries;
- Skilled healthcare personnel still remains low;
- Poor access to health facilities due to poor infrastructure, financial or social-cultural factors;
- Poorly equipped health facilities with no capacities to provide either basic emergency obstetric care (BeMOC) or comprehensive emergency obstetric care (CeMOC);
- 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;
- Failure by 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 recommended 4Ds;
- Poor implementation of the community health strategy;
- Reliance on unpredictable donor aid to support healthcare services for FP services; and,
- Socio-cultural beliefs and practices, misconceptions and myths.

### 3.6 Combat HIV/AIDS, Malaria and Other Diseases

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

##### Introduction

HIV cases 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 peaking at 14% in 1998.

Since the epidemic was declared a national disaster in 1999, Kenya has made tremendous progress in responding to the pandemic. By 2013, the country had an estimated 1.6 million People Living With HIV/AIDS (PLWHAs).

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

Recent trends and status of HIV/AIDS in Kenya show 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. In 2003, women aged 15-49 recorded 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%, with women at 9.0% and men at 5.6%. The 2012 Report, however, showed a significant decline in the national prevalence with women having a prevalence rate of 6.9%, and men a rate of 4.2% and the overall national prevalence standing at 5.6%. There were, 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	N/a
6.2 Condom Use at high-risk sex	29.8	34.9	---	---	48.4	48.4	48.4	49.9	N/a
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	
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

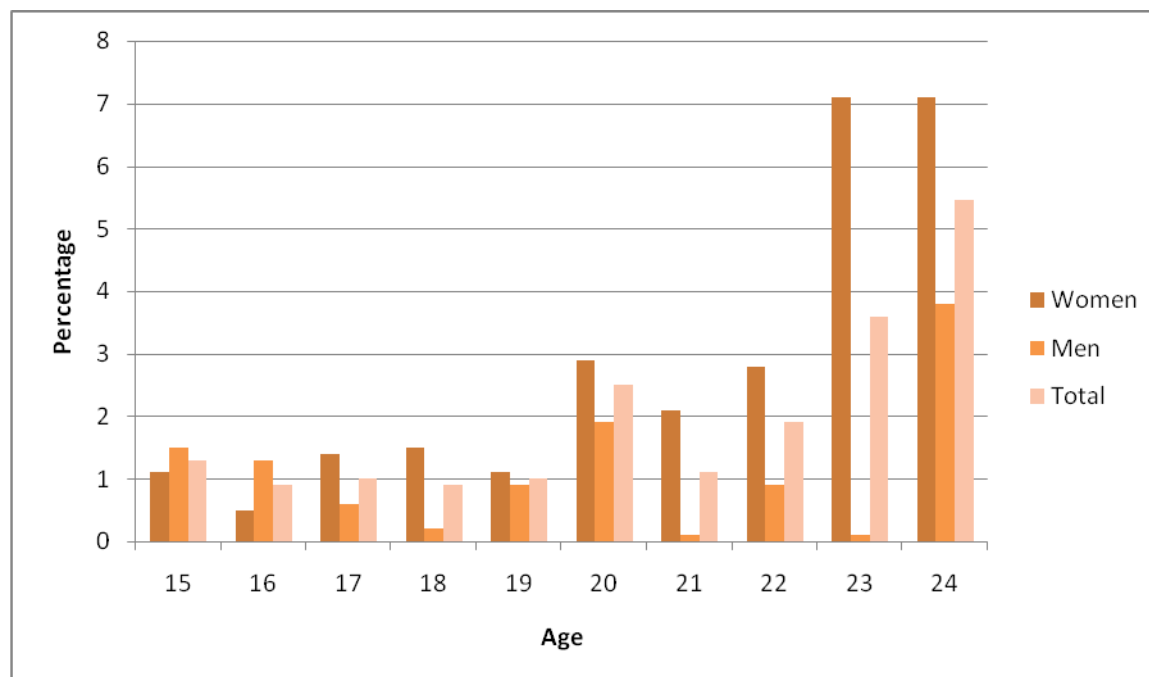
In 2003, 2007 and 2012, HIV prevalence among men aged 15-19 years remained steadily low but was highest among men aged 45-49 years. During 2003 to 2012, HIV prevalence was highest among urban women than their rural counterparts.

The country also continues to witness high HIV/AIDS prevalence levels among injecting drug users (IDUs), Men who have Sex with Men (MSM), Commercial Sex Workers (CSWs) relative to the general population.

## 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 significant increase 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.

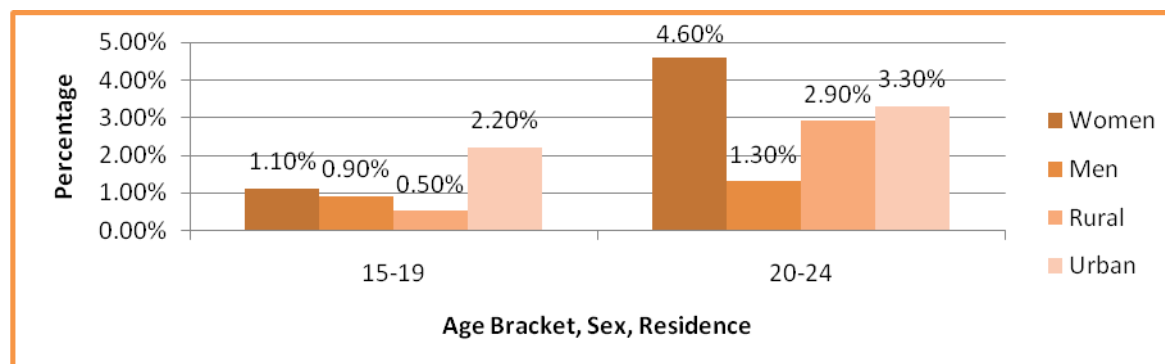
**Figure 3.16: HIV Prevalence among Women and Men Aged 15-24 Years**



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)**



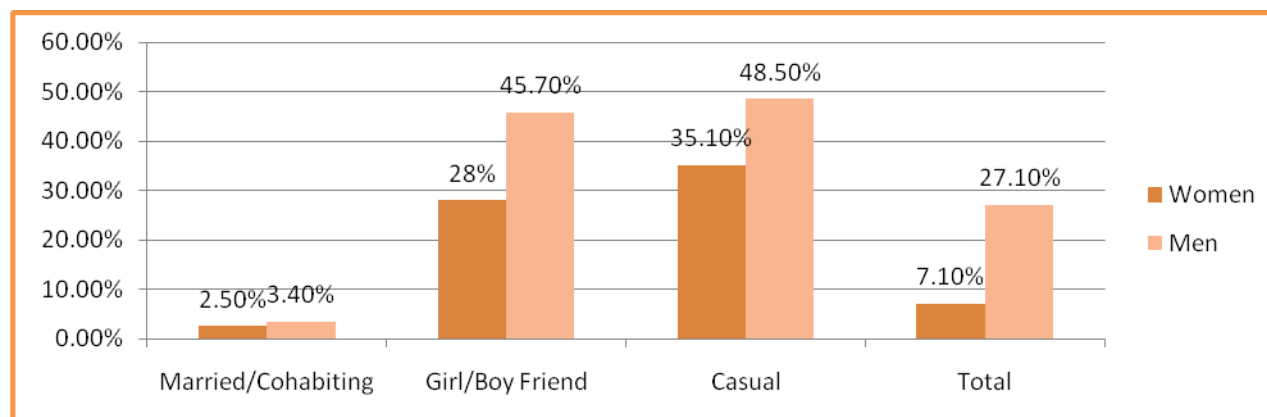
Source: KAIS, 2012

## 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**



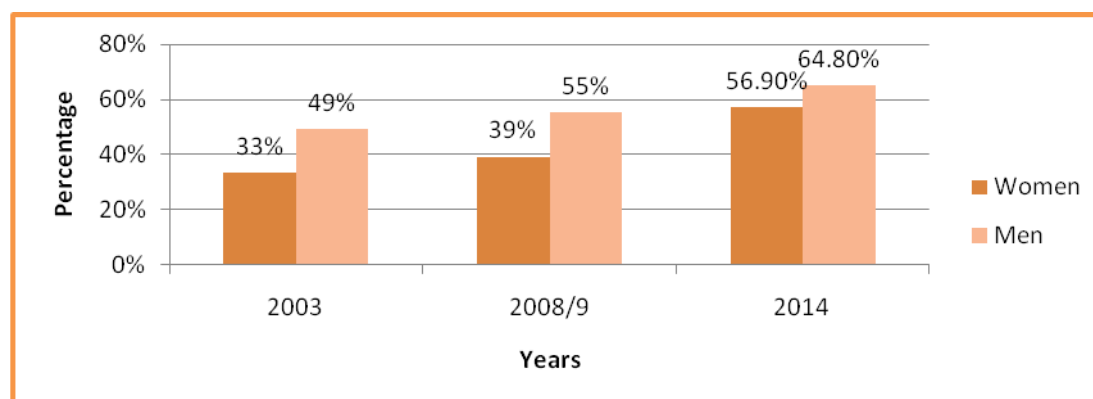
Source: KAIS, 2012

### 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. 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). Comprehensive knowledge about HIV/AIDS among the 15-25 year olds has also seen a steady increase between 2003 and 2015.

**Figure 3.19: Comprehensive Knowledge of HIV/AIDS among population aged 15-24 years**



Source: KDHS, 2003, 2008/9, 2014

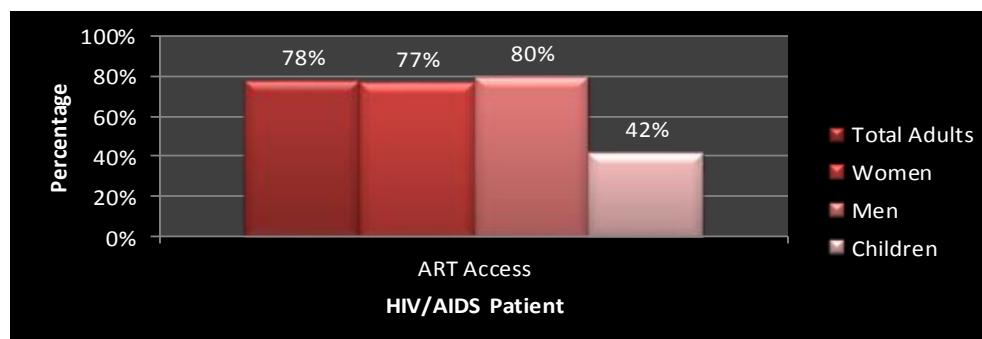
About half of young people in Kenya are knowledgeable about HIV transmission and prevention at 54% and 64% for women and men respectively. Knowledge of prevention methods is slightly lower among those who have never had sex than among those who have married or those never married but have had sex (KDHS 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. The uptake rose 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. By end of 2013, over 640,000 PLWHAs were on ART compared with 596,228 in 2011 PLWHAs. In 2014, an estimated 689,156 adults were on ARV drugs (NACC, 2014). This increase in access to ART is attributed to the rapid scale-up to over 1,000 treatment sites. Paediatric ART uptake has since increased significantly from 2% in 2005 to 42% in 2013. Still there are concerted efforts by the public and private sectors to scale-up ART coverage.

#### Challenges and Gaps in Combating HIV/AIDS

- Low levels of knowledge/ awareness of HIV status among those infected (61.9% and 47.8%) for men and women respectively (KAIS, 2012) even though Knowledge about HIV/AIDS in general population is now universal at high - 99.7% for women and 99.8% for men (KDHS, 2014);
- HIV testing coverage in the country still remains low with only 70.9% of men and 83% women aged 15-49 years having taken a test and known their test results (KDHS, 2014) (and 62.5% and 79.8% for men and women respectively (KAIS, 2012));
- Low condom use in risky sexual intercourses, especially among partners with unknown HIV status coupled with weak female condom promotion and distribution system, with frequent male and female condom stock-outs;
- Limited levels of access to HIV prevention, care and treatment services compounded by social-cultural and infrastructural factors e.g. stigmatization and discrimination against the infected;

- 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;
- High prevalence of drug abuse among a growing number of people in the country e.g. Injection Drug Users (IDUs);
- 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;
- 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;
- low coverage of comprehensive interventions for risky 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%.

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

## Introduction

It is evident that sustained malaria control and prevention will play a central role in achieving many other MDGs. 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.

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).

**Table 3.11: Trends in Malaria Incidence (2000-2014)**

Indicator	2000	2003	2005	2007	2009	2011	2013	2015
<b>6.6 Malaria Prevalence per 100,000 population</b>	---	----	----	----	29.1			No Information 8.0
<b>6.7 Deaths from malaria per 100,000</b>						72	15	No Information
<b>6.8 Proportion of Children &lt;5 years with fever treated with appropriate anti-malarial drugs</b>	64.4	26.5			23.2	35.1	---	91.6
<b>6.9 Proportion of Children &lt;5 years sleeping under ITNs</b>	2.9	4.6	24.2	33.0	41.1	42.2	----	54.1

Source: Ministry of Health-DOMC, 2010, KDHS, 2014, KMIS, 2015

The supply of the ITNS has mainly targeted children under five years and pregnant women. The targets set under malaria and tuberculosis are outlined in Table 3.11 above.



## 6.5 Malaria Prevalence Per 100,000 Population

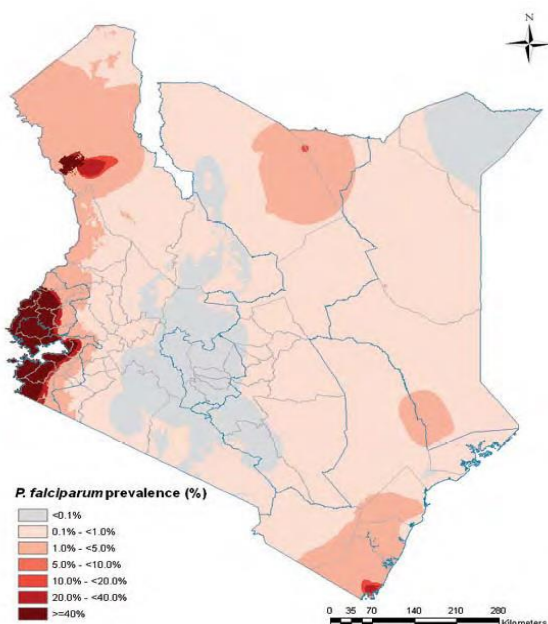
Malaria is the leading cause of morbidity and mortality in Kenya with nearly 70% of the population being at risk of infection. Malaria affects all people but small children under five years and pregnant women are more susceptible, especially those living in malaria endemic regions (KDHS 2008/09, 2014). 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.

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

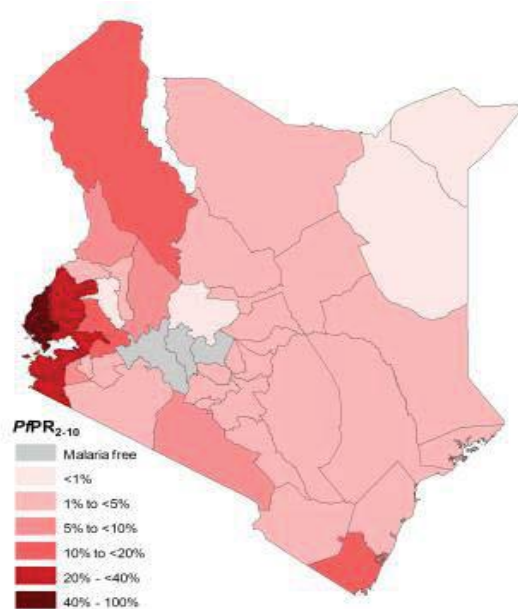
- Malaria endemic areas (prevalence of more than 20%) and include areas such as the Lake Victoria and Coastal regions;
- Seasonal malaria transmission areas (prevalence of 1-5%);
- Highland malaria epidemic prone areas (prevalence of 5-20%); and,
- Low malaria risk areas including central highlands of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

Kenya Malaria risk Map, 2009



*P. falciparum* Prevalence by County Map



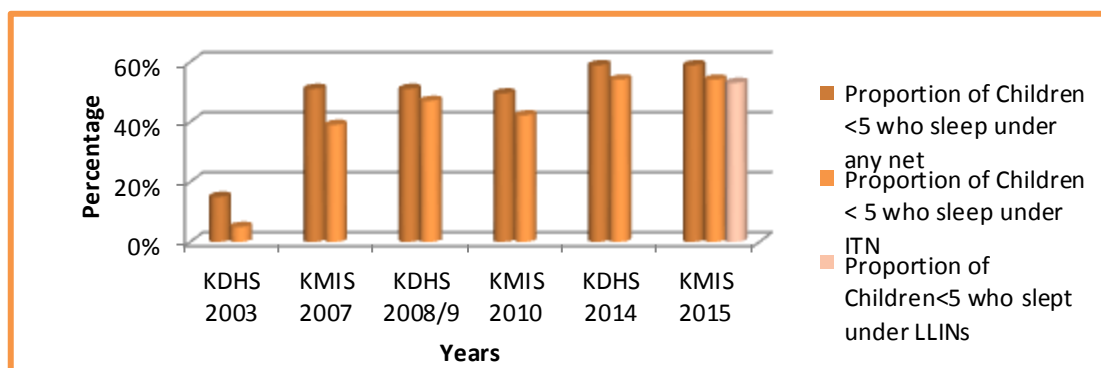
Source: Ministry of Public Health and Sanitation, 2010, USAID, 2015

## 6.6 Proportion of Children Under 5 of Age Sleeping Under ITNS/LLINS

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 Indicator Survey (KMIS) of 2007 which showed 63% and 34% (KDHS 2008/9). On average, Kenya has seen 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. According to the malaria indicator survey of 2015, about 54% of children under five years of age slept under LLINs (Male=55.4%, Female=56.8%). More children under five years in urban settings slept under LLINs (59.8%) compared to 54.4% in the rural settings. The usage of ITNs/LLINs by children under five years is also determined by the household economical status with those in low economical status less likely to sleep under the LLINs (KMIS, 2015).

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



Source: KDHS, 2003, 2008/9, 2014, KMIS, 2007, 2010, 2015

### Proportion of children<5 (who sleep under any net)

Source: KDHS, 2003, 2008/9, 2014, KMIS, 2007, 2010, 2015

## 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. In Kenya, Artemisinin 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 recommended 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).

Some social factors such as level of education tend to affect the health seeking behaviour for the children under five years with fever. For instance, children whose mothers have no formal education are less likely to be sought for prompt medical attention than those whose mothers have some formal education (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 as well as dependency on donor support;
- Poor health seeking behavior where in some cases people do not 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;
- 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).

## 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
<b>6.10 Tuberculosis Incidence per 100,000</b>	280	350	360	350	320	290	290	275
<b>6.11 Tuberculosis Prevalence per 100,000</b>	280	320	350	350	310	300	300	300
<b>6.12 Tuberculosis deaths per 100,000</b>	20	22	23	23	20	21	21	22
<b>6.13 Proportion of Tuberculosis cases detected &amp; cured under DOTS short course</b>	58	63	68	72	<75	<75	79	88

Source: Ministry of Health (DLTLD), 2015

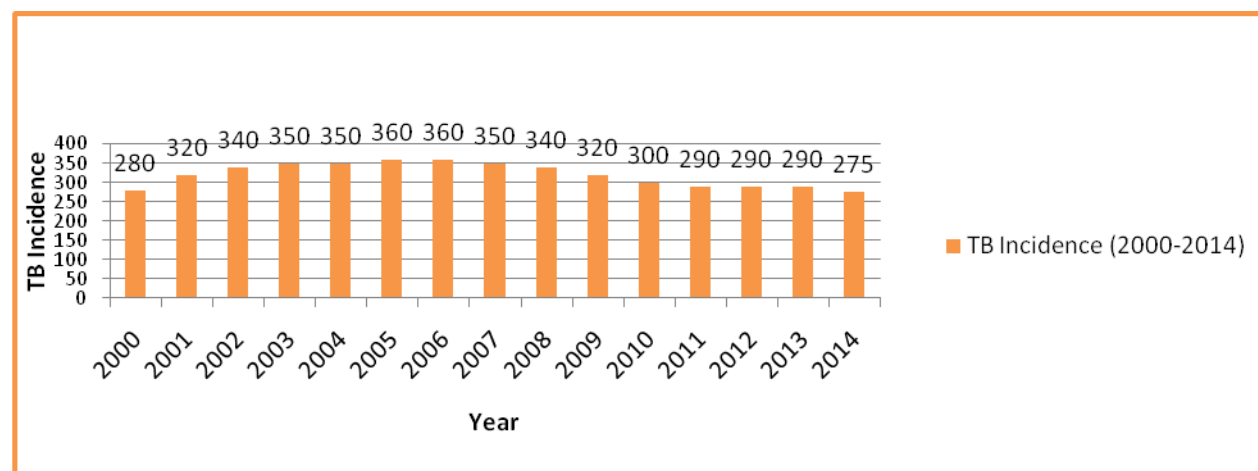
## 6.8 Tuberculosis Incidences (Cases/100,000)

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 (DOT) 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 3.22 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 16<sup>th</sup> position among the 22 countries with the highest burdens of TB globally. This was a one position improvement from position 15 in 2012. Table 3.12 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 table 3.12, 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;
- Limited integration of services with the 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;
- Limited 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. 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 diseases.

### 3.7 MDG 7: Ensure Environmental Sustainability



#### 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.

Kenya has made some progress in environmental sustainability as it is now enshrined in the Constitution 2010. Articles 42, 69 and 70 of the constitution provides for people 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).

**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 <sub>2</sub> 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**



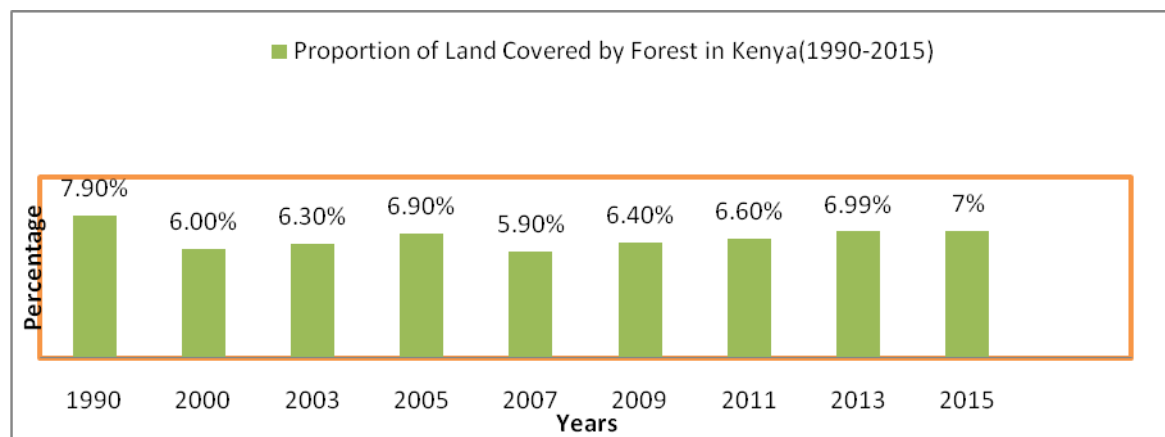
*Mountain forests*

*Mangroove forests*

*Bamboo Forest*

Source: KWS, 2014

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



Source: Source: KFS, 2015, FAO, 2010

*Photo A*



*Photo B*



*Photos taken during field visit at Nauros in Turkana District (Photo A) and a tree nursery at Binyaminia primary school in Siaya District (Photo) showing environmental conservation efforts.*

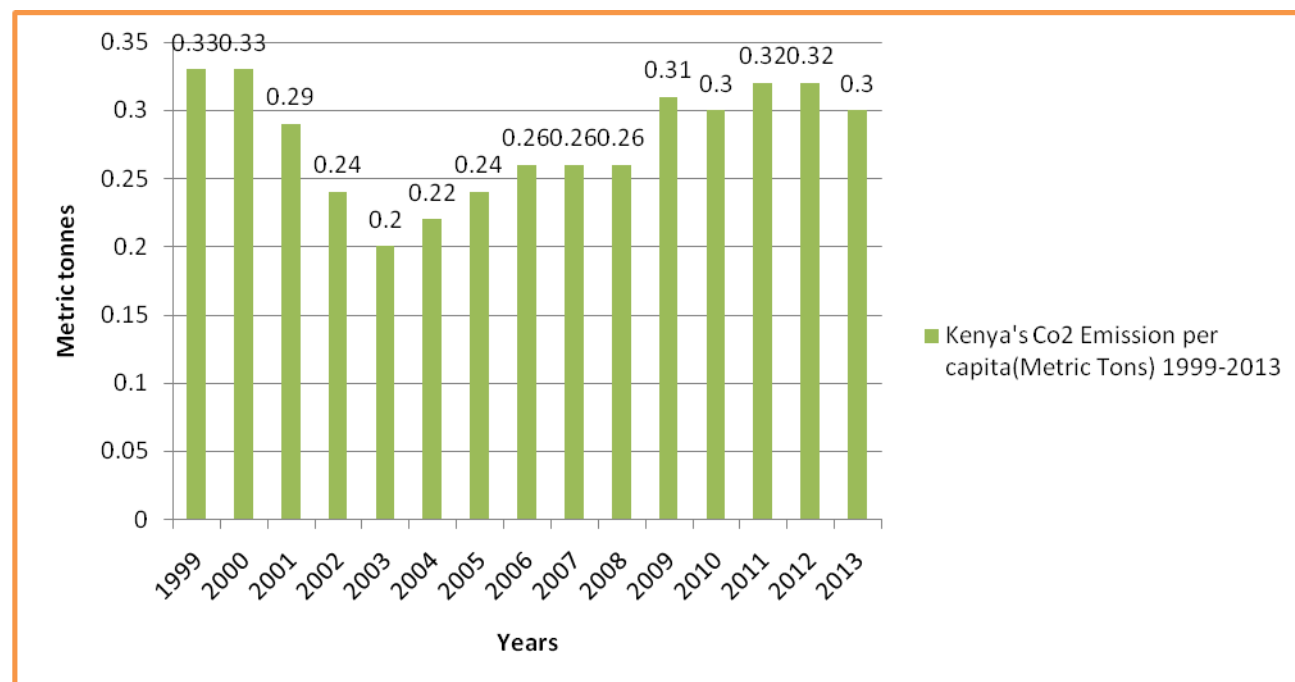
By 2014, it was estimated that the country's land covered by forest was about 7% as indicated in figure 3.21. The country's mangrove forests stood at 54,000ha. This is critical for coastal areas of the Indian Ocean since these forests are critical stabilizing the shoreline as well as being central to the fishing 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<sub>2</sub> emissions were 2834 thousand metric tonnes and was then ranked by Carbon Dioxide Information Analysis Centre (CDIAC) at 98<sup>th</sup> of the 216 countries. This increased to 3389 thousand metric tonnes of CO<sub>2</sub> emission ranking. The country's CO<sub>2</sub> emission is mainly

from burning of fossil fuel and cement manufacturing. They include carbon dioxide produced during consumption of solid, liquid, and gas fuels and gas flaring. The country's CO<sub>2</sub> emission has been fluctuating over years as indicated in table 3.13 and figure 3.23. In 2010, the CO<sub>2</sub> 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<sub>2</sub> Emission per Capita (Metric Tons), 1999-2013**

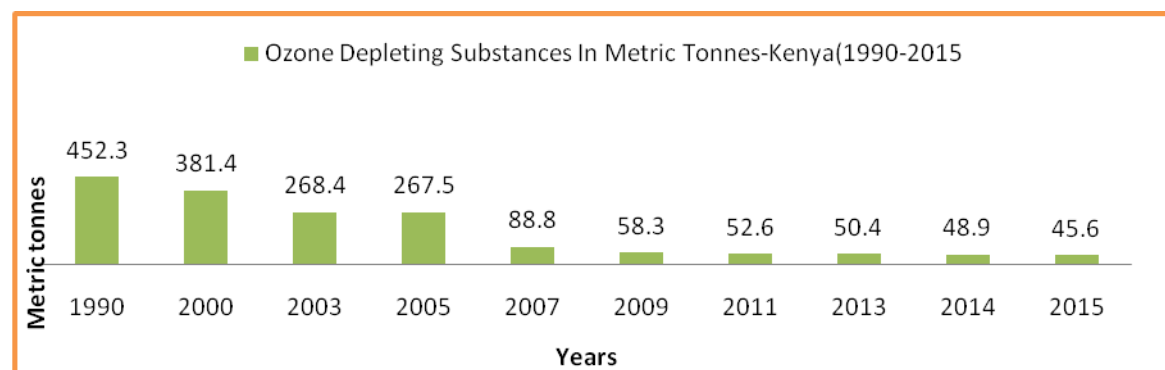


Source: Carbon Dioxide Information Analysis Centre/World Bank, 2013

### 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. 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 was followed by downward decline to 267.5 metric tonnes in 2005 and by 2013, the volumes of ODS had drastically declined to 50.4 metric tonnes. By 2014 the ODS volumes had dropped to 48.9 metric tonnes and further to 45.6 tonnes in 2015.

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



Source: [www.epa.ozone/science/process/Gtml](http://www.epa.ozone/science/process/Gtml)



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) Hydrochlorofluorocarbon (HCFC), Harlon (used in firefighting) Carbon Tetrachloride (a solvent) and methylchloroform (a solvent), Methylobromide (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

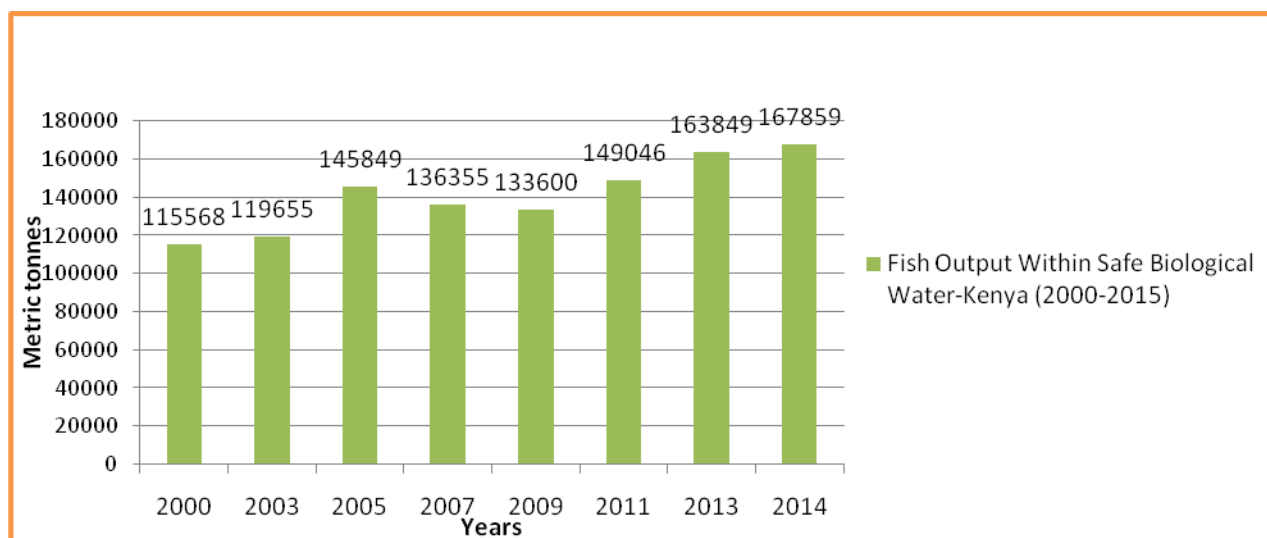
The Fisheries sector continues to play a central role in income generation in Kenya. Fresh water fish has remained the major source of fish landed in the country, accounting for 94.4% of the total fish output in 2014 (KNBS, Economic Survey, 2015). Out of this source, Lake Victoria and the increasing 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 DistrictSource: *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, before steadily rising to 167,859.0 metric tonnes in 2014 as indicated in the figure 3.25 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

7.7 Proportion 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% in 2014. The main demand for water resources in Kenya include domestic, industrial, irrigation, livestock, wildlife and fisheries as indicated in table 3.14 above.

**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).

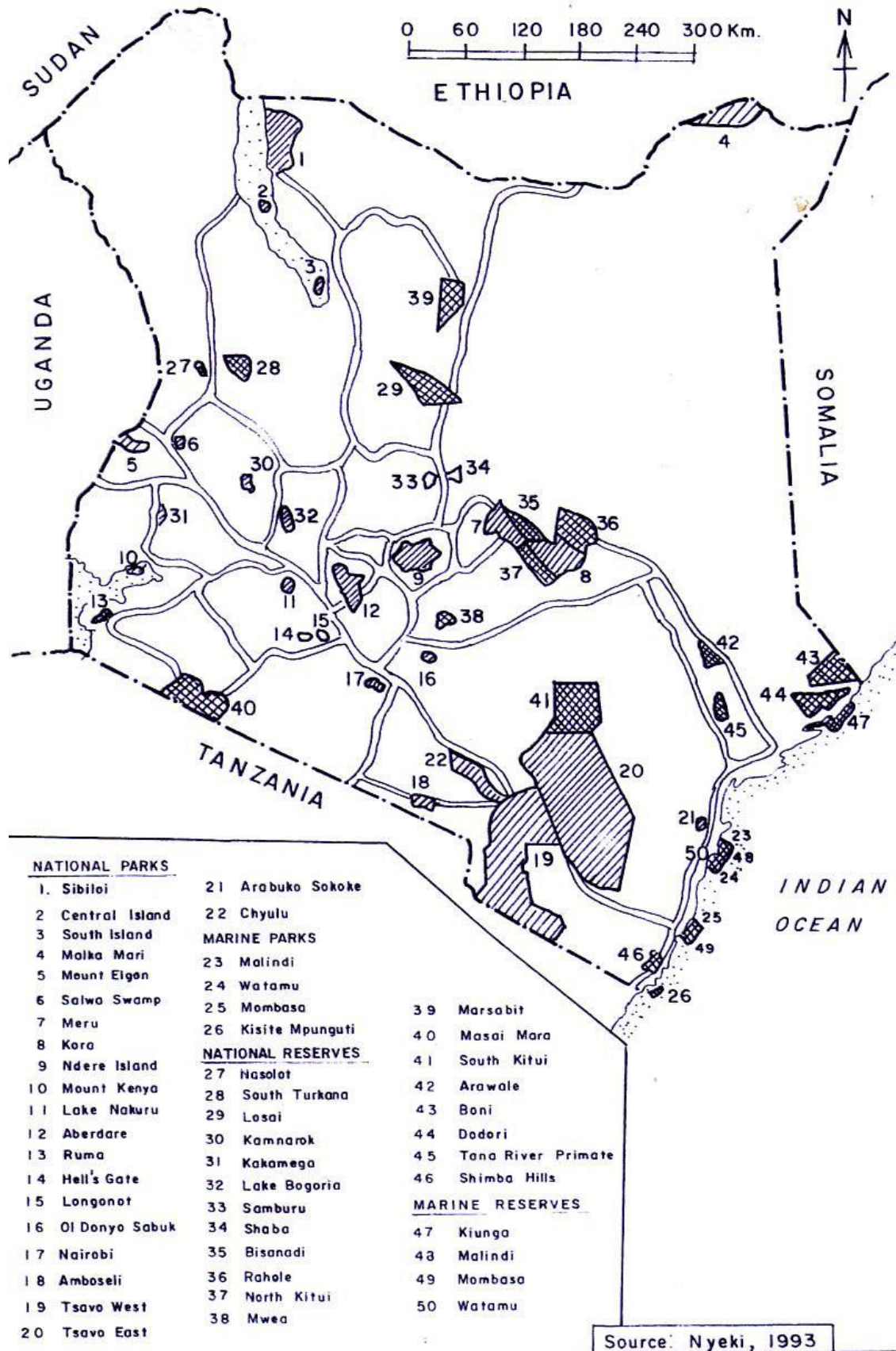
## 7.6 Proportion of Terrestrial and Marine Areas Protected

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 above. 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, besides among others. As of the end of 2014, the areas which had been placed under protection were as shown in table 3.16 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
<b>Total Area</b>	<b>47,960.10</b>

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. There are 88 amphibians (NEMA, 2009). 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.

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 3.17 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
<b>Total</b>	<b>16</b>	<b>35</b>	<b>55</b>	<b>106</b>

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



Black Rhino



Elephants in National Parks



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 in rural and urban areas depend on unsafe and unreliable sources of drinking water. These include dirty streams/rivers, unprotected springs however, efforts have been made to ensure that sources of drinking water are secured e.g. through provision of water storage tanks and piped water supply system.



*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	2014
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	66.9
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, KDHS, 2003, 2008/9, 2014, Economic survey, 2014

### 7.8 Proportion of Population Using an Improved Source of Drinking Water

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





Water storage tanks in Kakamega and Homa Bay Counties for supplying safe drinking water to community members.

Access to safe drinking water by the Kenyan populace has been increasing albeit at a slow pace due to high population and inadequate investments to cover the rising demands. By 2009, 52.6% of Kenya's households had access to safe source of drinking water, of which 44% were in rural areas and about 48% in urban areas. The 2013 estimates indicate that 53% of population in urban areas had access relative to 48.0% in the rural areas. The national average of people with access to safe drinking was estimated at 54%. In 2015 the urban coverage was estimated at 56%, rural coverage at 50% with the national water coverage being at about 56%. This is a low coverage in comparison to the targets of the National Water Services Strategy which had set the urban coverage at 80% and rural coverage at 75% by 2015.

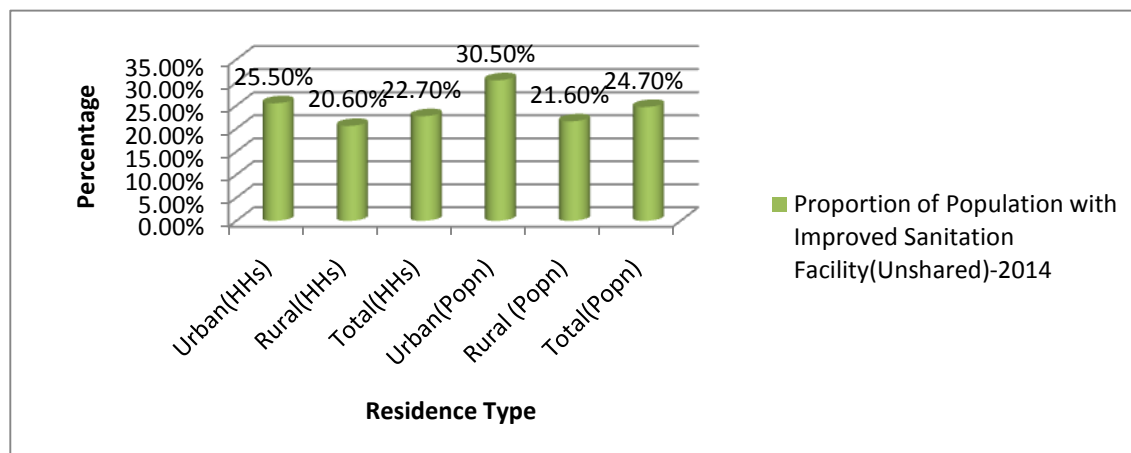
## 7.9 Proportion of Population with Improved Sanitation Facility

The sanitation coverage comprises of those connected to sewer systems and those using improved onsite sanitation systems. A sanitation facility is any type or form of system for safe disposal of household waste (human excreta and domestic waste water) and industrial waste water. According to the report of the Water Services Regulator in 2014, the sewerage coverage in urban areas was only 16% against a target of 40% by 2015. The rural sewerage coverage was 0% against a target of 10% by 2015. The national sewerage coverage was estimated at 10% by 2015. According to the annual water sector review 2013/14, the proportion of the country's population using an improved onsite sanitation facilities was about 68%. The urban and rural coverage by 2014 were 72% and 66% in respectively. The targets for 2015 were 77.5% for urban and 72.5% for rural areas.



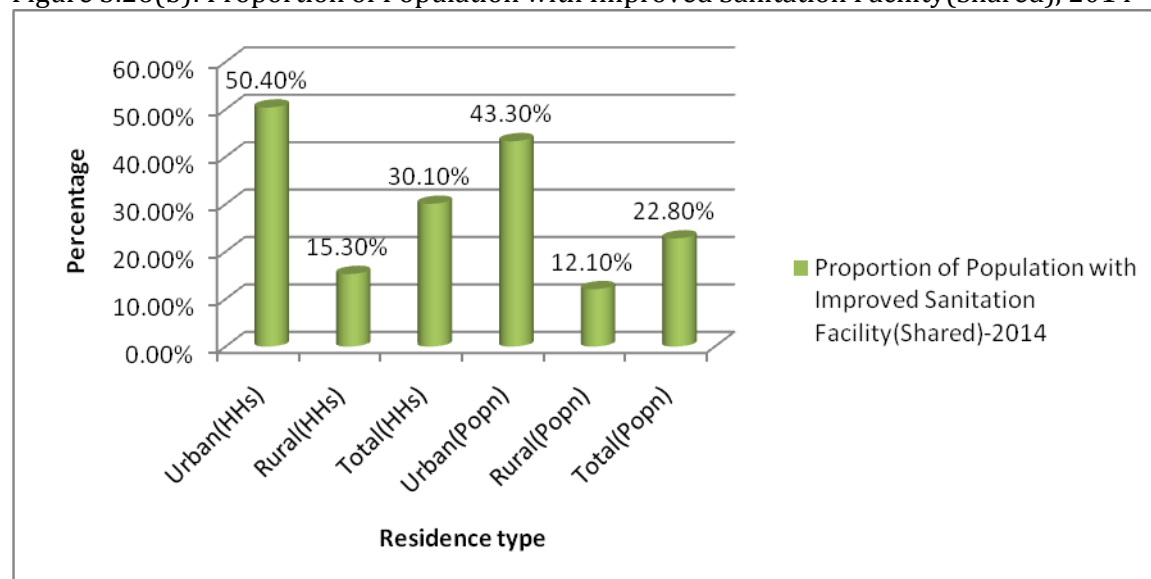
Source: Photos taken at Katendwa primary school, Kilifi County during MDGs assessment field visits, August 2015

**Figure 3.26(a): Proportion of Population with Improved Sanitation Facility(Unshared), 2014**



Source: KDHS, 2014

Figure 3.26(b): Proportion of Population with Improved Sanitation Facility(Shared), 2014



Source: 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 shown in the table 3.19.

Table 3.19: Trends and Status in Achieving Target 7D

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

Source: KNBS, Kenya National Housing and Population Census, 2009, MDG Status Report, 2013

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.

### 7.10 Proportion of Urban Population Living in Slums

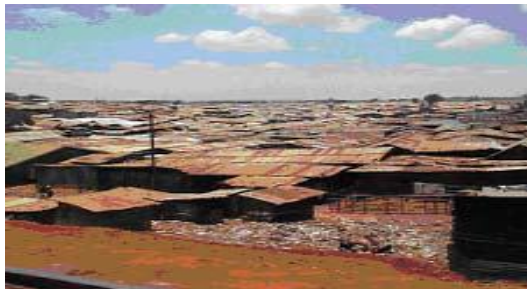
The world is currently urbanizing at a rapid rate and consequently, the global population of people living in informal settlements and low income urban areas is growing tremendously. The country's urban population had grown from about 10% in 1969, 33% by 2009 and is projected to hit 39% by 2017 and 60%

by 2030. With the current trends, it is projected that half of Kenya's total population (30 millions) will be living in urban centers in the next 15 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 are faced with the following challenges:

- The rapid population in the country continues to exert enormous pressure on the scarce land and water resources. The high population desperately resort and engage in poor, unsustainable land use, practices and massive pollution and destruction of the environment;
- Persistent heavy pollution of the environment by liquid and solid waste, destruction of water towers, massive deforestation, pollution of water resources and climate change effects;
- Inadequate institutional, human, financial and technological capacity hinder effective and adequate management of the environment and natural resources by relevant institutions;
- Evasive 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, 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;
- Poor environmental and water governance structures 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 poor;
- Inadequate data management and technologies to collect data;
- The adverse effect of the global climate change occasioned by the global warming such as droughts, floods landslides and soil erosion;
- The persistent conflict of interest among the responsible institutions 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; and,
- Under investment in waste water and solid waste systems resulting in improper disposal and pollution of the environment.

### 3.8 MDG 8: Develop Global Partnership for Development



### 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 in Trade and Market Access**

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

Source: KNBS, *Economic Survey, 2015*

N.B: MFC-Most Favoured Countries and PC-Preferential Countries

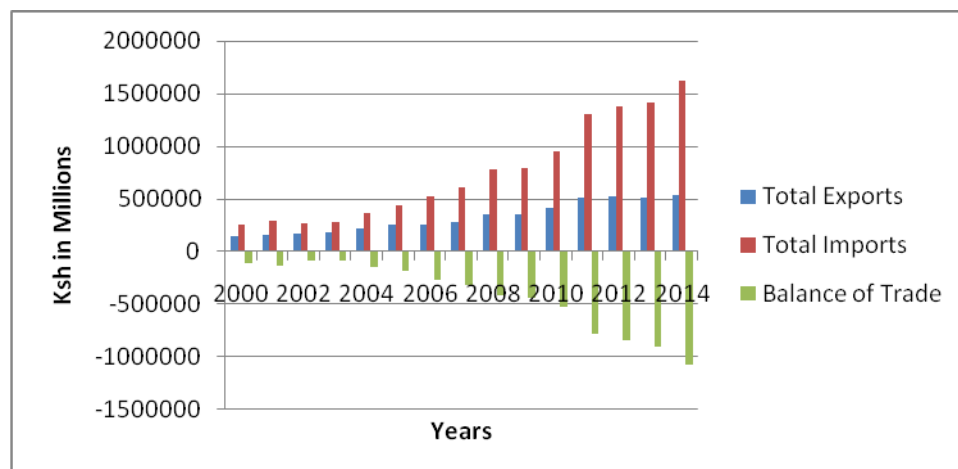
From table 3.20, it is evident that though Kenya has not and may not achieve this target by 2015, it has enjoyed high export volumes entering developed countries duty free (90.56%) in 2000, increasing to 97.54% in 2003, 98.61% in 2011 and 98.6% by 2014.

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 Customs 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)**

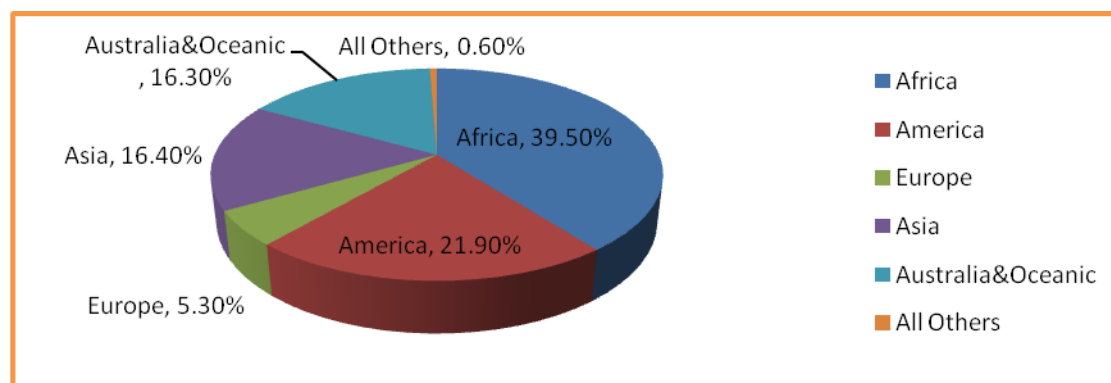


Source: KNBS, Economic Surveys, 1990- 2015

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)**

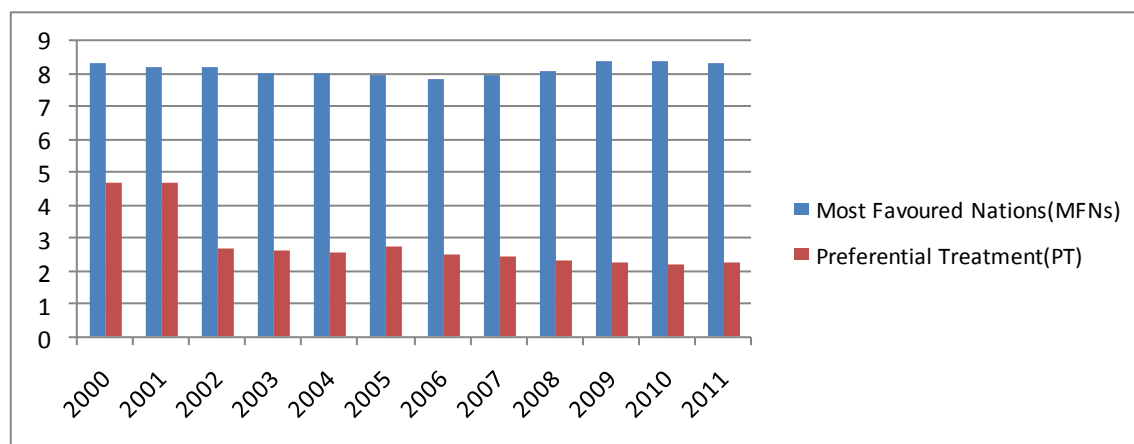


Source: KNBS, Economic Survey, 2015

Kenya has made tremendous progress towards the achievement of MDG 8 with regard to 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 figure 3.27 above.

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



Source: International Trade Centre/UNCTAD/WTO

### Challenges in Achieving Targets of Trade and Market Access

Since 2000, Kenya's external trade has significantly increased both in exports and imports. 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 access to financial services for both industrial development, entrepreneurship, coupled with inadequate funding for research promotion activities;
- Political tensions and conflicts which have seen disruption in the economic activities especially in the agricultural and manufacturing sectors;and,
- Inadequate financial support to adequately meet requirements of MDGs activities in the phase of devolution towards the county government structure.

#### 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

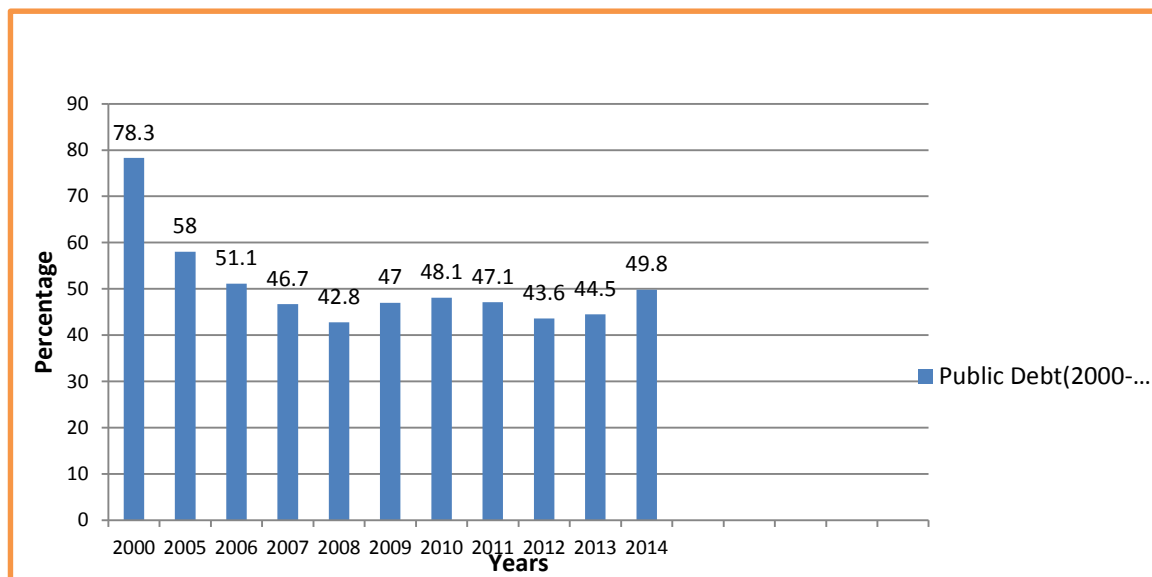
According to the Debt Sustainability Analysis by the World Bank and IMF in 2011, it was shown that Kenya's debt sustainability framework was worsening. The implication is that the country is to continue experiencing a fast debt accumulation in the subsequent years as indicated in figure 3.30 below.

#### 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 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 Kshs.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. With regard to this, the Public Finance Management (PFM) Act of 2012 was developed as a legislative framework for effective management of public debt.

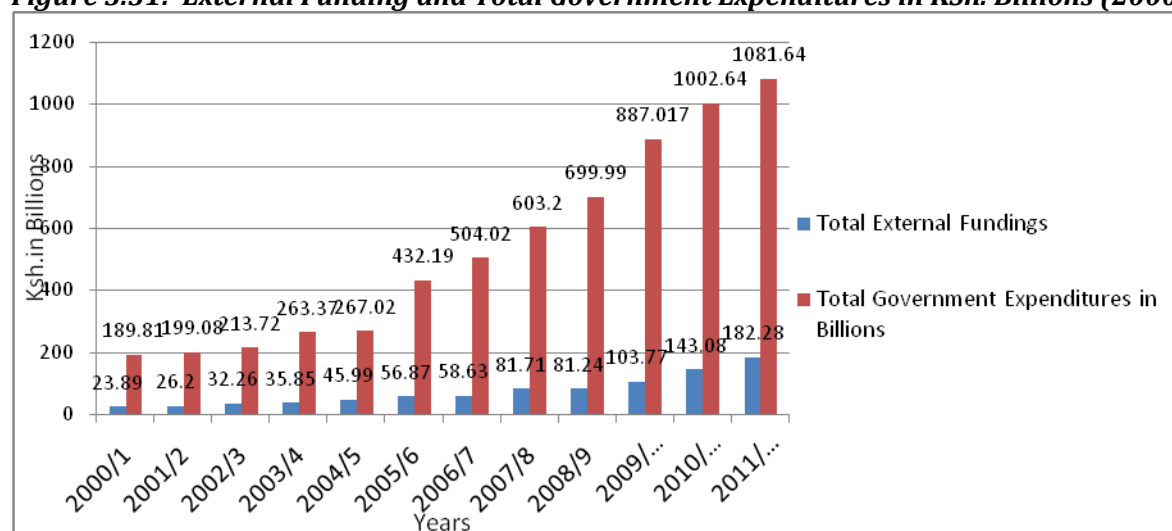
**Table 3.21: Trends in Debt Service as % of Exports of Goods and Services**

Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2014	2015
<b>8.3 Debt Services as a percentage of exports of goods and services</b>	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.

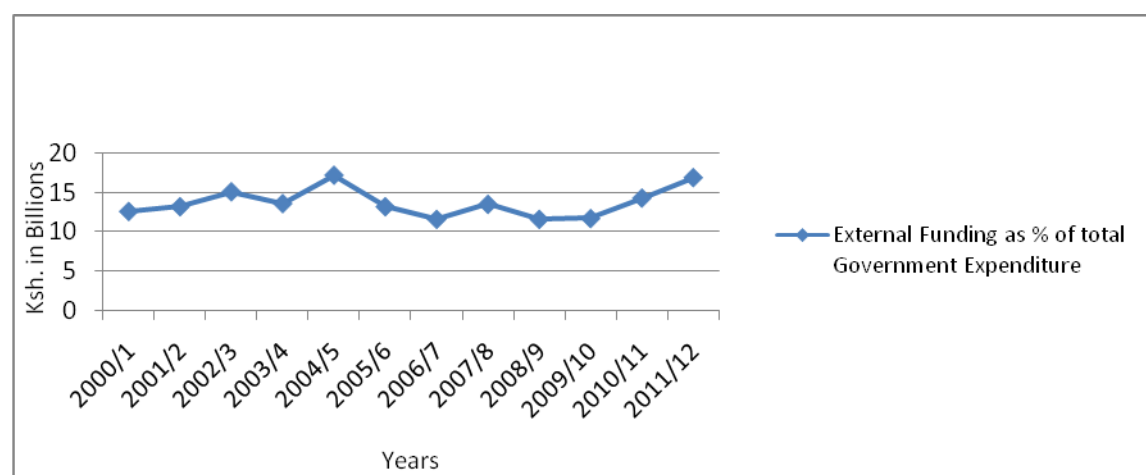


**Figure 3.31: External Funding and Total Government Expenditures in KSh. Billions (2000-2014)**



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

**Figure 3.32: External Funding as Percentage of Total Government Expenditures (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).

**Table 3.22: Trends in Kenya's Debt Service Obligations (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

<b>2010/11</b>	22,737	5,736	28,473
<b>2011/12</b>	25,399	7,351	32,751
<b>2012/13</b>	25,474	11,131	36,605
<b>2013/14</b>	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**

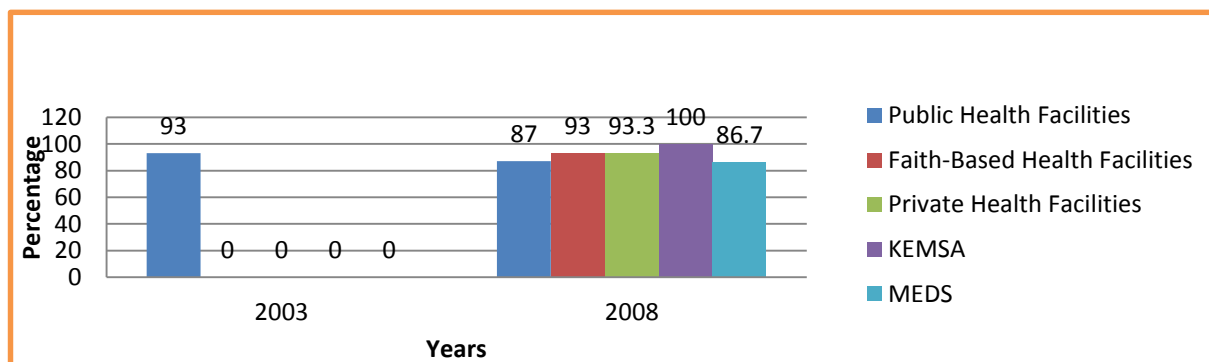
Though Kenya has been making efforts geared towards the achievement of her debt sustainability, several challenges encountered include:

- 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.

### **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.

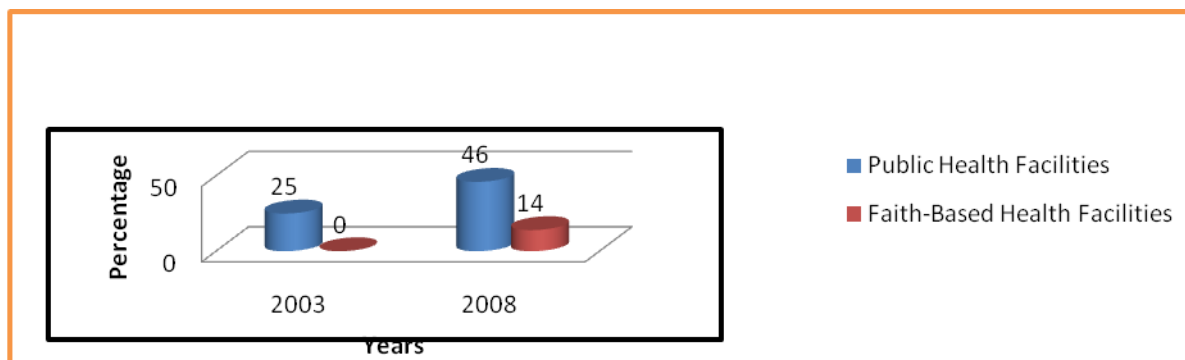
**Figure 3.33: Availability of Essential Drugs in Kenya, 2003 and 2008**



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

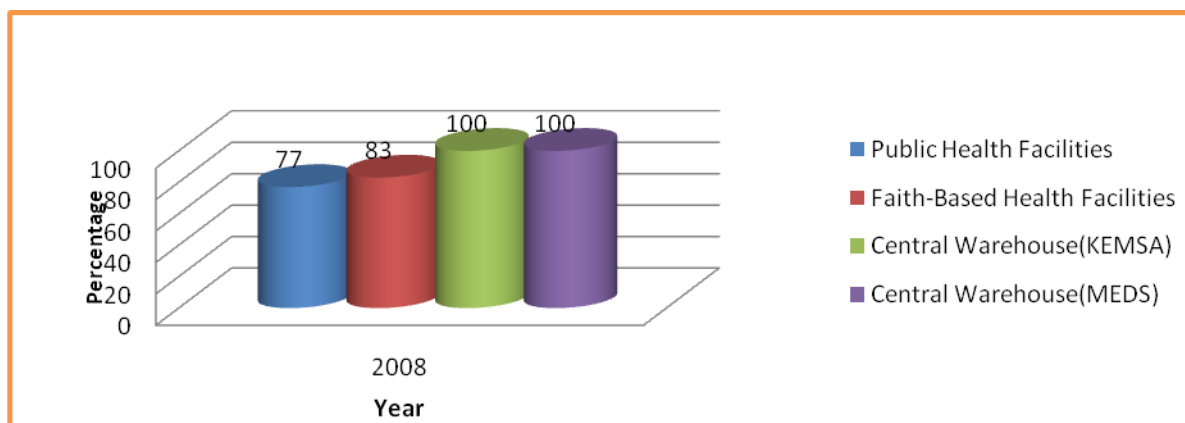
In all the health facilities, access to basic essential drugs for those who needed them was above 80% (based on 15 Essential Medicines). Public health facilities have a history of essential drugs stock-outs for long periods of time as represented by 46 days of stocks in 2008 compared to only 14 days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

**Figure 3.34: Days of Essential Drugs Stock-outs in Health Facilities**



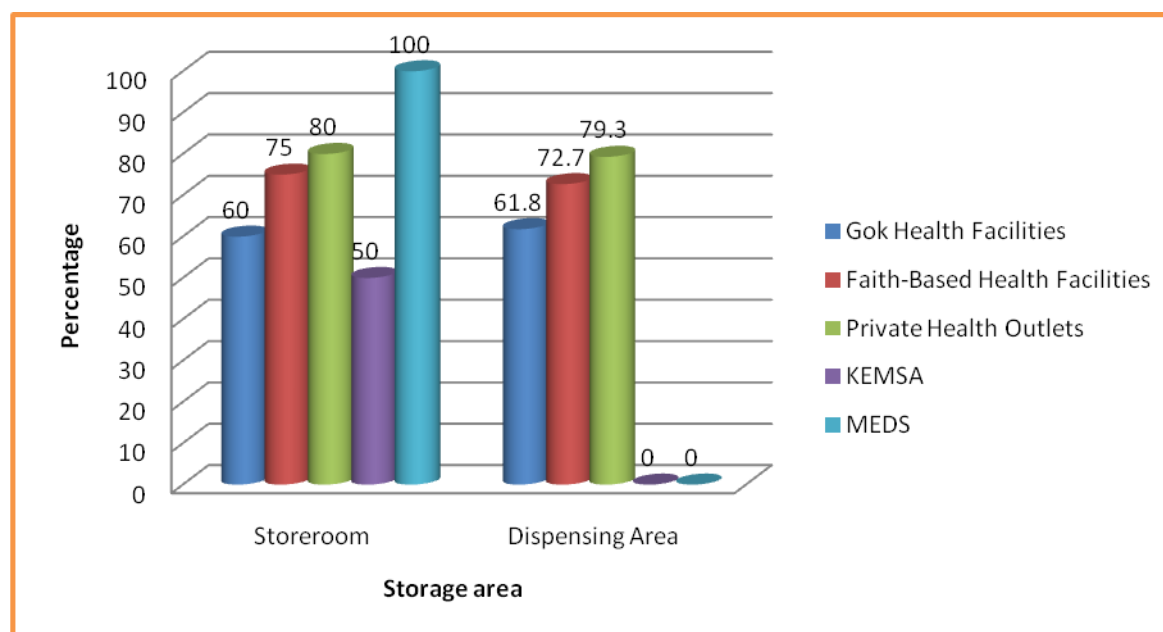
Source: WHO/Ministry of Public Health/hai Africa, 2009

**Figure 3.35: Adequacy of Stock Records at Health Facilities and Central Warehouses**



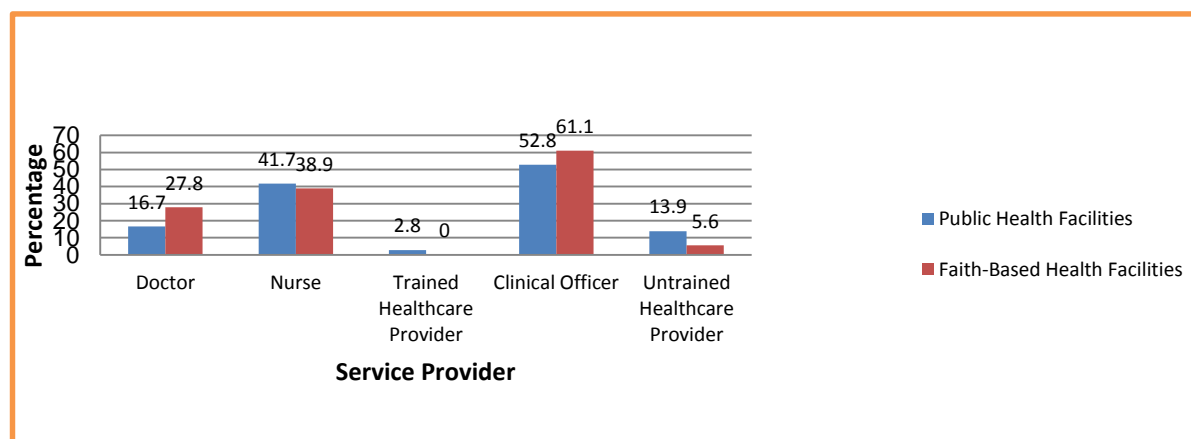
Source: WHO/Ministry of Public Health/hai Africa, 2009

**Figure 3.36: Adequacy of Storage Conditions for the Essential Drugs**



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

**Figure 3.38: 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 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

- Limited 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;
- Recurring 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.

### 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 indicators as indicated in table 3.22.

**Table 3.23: Trends in ICT Indicators**

Indicator	1990	2000	2003	2005	2007	2009	2011	2013	2015
<b>8.14 Telephone lines per 100 population</b>	----	1	1	0.8	0.9	1.8	1	0.5	
<b>8.15 Cellular subscribers per 100 population</b>	----	1.9	8.4	15.2	25	51.3	68.2	74.9	78.3
<b>8.16 Internet users per 100 population</b>	----	----	----	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 through access to high quality, affordable and reliable ICT goods and services.



**ICT Center in Nyamnynia Primary School in Siaya District**

Source: Field visit to 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 Kshs.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 Kshs. 27.5 billion in 2014 due to the increase in domestic SMS (KNBS, Economic Survey, 2015).

The total amount of money transfers increased from Kshs.1,902 billion in 2013 to Kshs.2,372 billion in 2014. The ICT equipment imports also increased and their value was Kshs.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 Kshs.1.3 billion in 2014.

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

<b>Fixed Telephony</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>Wireline Capacity ('000)</b>	422	401	380	408	363
<b>Total Connections ('000)</b>	461	380	263	206	180
<b>Wireline Connections</b>	235	188	75	57	48
<b>Wireless Connections</b>	226	192	188	149	132
<b>Mobile Telephony</b>					
<b>Mobile Telephone Capacity('000)</b>	46,629	47,677	49,977	55,077	65,077
<b>Connections ('000)</b>	24,969	26,981	30,433	31,309	33,633
<b>Mobile Money Transfers Agents</b>	32,949	42,313	49,079	93,689	121,924
<b>Mobile Money Transfer Service Subscribers('000)</b>	10,615	17,396	19,319	26,016	26,023
<b>Total Deposits through Agent Subscribers in Ksh. Billions</b>	391	566	811	1,033	1,269
<b>Total Transfers in KSh. Billions</b>	<b>732</b>	<b>1,169</b>	<b>1,544</b>	<b>1,902</b>	<b>2,372</b>

Source: KMBS, Economic Survey, 2015

As shown in table 3.24, 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. Table 3.25 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 lines in 2014. There has also been an increase in the numbers of licensed internet service providers (ISP) from 171 in 2013 to 185 in 2014 as shown in table 3.25.

**Table 3.25: ICT Growth 2000-2007**

Year	2000	2001	2002	2003	2004	2005	2006	2007
<b>Number of fixed lines</b>	313470	326482	331718	328358	299225	281764	272003	264882
<b>Number of mobile phone subscribers</b>	0.180	0.4	0.9	1.6	2.24	4.6	7.5	11.4
<b>Number of internet subscribers</b>	-----	0.2	0.4	1.0	1.05	1.4	2.7	2.7
<b>Internet service providers</b>	43	66	72	76	78	58	73	83
<b>Licensed cybercafés &amp; telephone bureaus</b>	-----	----	----	51	70	90	100	1000
<b>Private letter boxes</b>	351441	388281	394121	397731	395811	399667	409966	412306
<b>Licensed courier operators</b>	21	40	52	63	74	90	105	140
<b>Teledensity</b>	-----	----	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
<b>Licensed internet service providers</b>	57	90	165	171	185
<b>Estimated Internet Users</b>	4,772,446	11,334,694	13,541,868	21,273,738	26,163,560
<b>Total Wireless Internet Subscriptions</b>	3,082,993	6,104,019	8,458,818	13,107,459	16,338,990
<b>Terrestrial Mobile Data</b>	3,059,906	6,077,644	8,436,578	13,090,348	16,338,990
Terrestrial Wireless Data	22,134	26,615	21,709	16,429	17,537
<b>Satellite</b>	953	960	531	682	712
<b>Total Fixed(Wired) Internet Subscriptions</b>	13,959	48,961	48,351	79,509	95,780
<b>Fixed Digital Subscriber Line (DSL) Data</b>	9,631	11,422	10,098	12,014	14,512
<b>Fixed Fiber Optic Data</b>	4,303	37,514	38,228	67,470	81,243
<b>Fixed Cable Modem(Dial Up) Data</b>	25	25	25	25	25
<b>Total Fixed and Wireless Internet Subscription</b>	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;
- High costs of access;
- Inadequate research, innovation and patent rights (protection of intellectual property);
- Vandalism to the existing ICT infrastructures e.g. vulnerability of the undersea cable to vandalism which may result in massive connection disruptions;
- 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;
- Issues of electronic (e-security), cyber-crime, internet contents have become a real time threat to the growth of the ICT sector;
- Despite the establishment of cross-border roaming services, the regional communication (East Africa) costs are still high; 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.



## **4.0 TRANSFORMATIONAL CHANGES THAT HAVE OCCURRED IN THE COUNTRY**

### **4.1 Mainstreaming of MDGs in National Policy, Planning and Budgeting Process**

The Implementation of MDGs following the 2000 World Summit that called on countries to adopt and implement development strategies taking into account the MDGs has influenced Kenya's approach to policy, planning and budgeting process. Indeed, subsequent key government policy documents have always ensured the MDGs are well mainstreamed in their frameworks, thus it may be concluded that the transformation the Country has witnessed has resulted in part from the MDGs implementation. A review of some of major government policy documents since 2000 attests to this fact. These include the PRSPs, ERS, DPs, the Kenya Vision 2030, MTPs I and II, Constitution of Kenya 2010, budget statements and sectoral plans, among other official development blueprints.

#### The Poverty Reduction Strategy Paper (PRSP)

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

- 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 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. In addition, this strategy was developed at a time when the government had embarked on the implementation of Medium Expenditure Framework (MTEF) - which addressed short term, medium term, and long-term strategies of alleviating poverty. Of importance is that both processes gave more prominence to projects which could be initiated and implemented to realize sustained development within clear time frame and budgeted resources.

#### The Economic Recovery Strategy (ERS) 2003-2007

The Economic Recovery Strategy for Wealth and Employment Creation (ERSWEC) 2003-2007, programme was the precursor to Kenya Vision 2030, the long-term government blueprint for economic development. When NARC Government came to power in 2002, Kenya's economic performance was at rock-bottom; GDP per capita growth was negative; while poverty, unemployment, domestic and foreign debt and crimes were all high. In addition, there was deterioration in health and school enrolments, all of which meant a marked general decline in the quality of life of the people. It was against this background that the NARC Government took-up as its primary mandate the task 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 several 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 policy thrust resonated very well with MDGs implementation through recognition of key economic sectors of the economy. Indeed, its implementation was key to the success of any subsequent policies implemented in the country.

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 interventions. 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 rose from 15.8% in 2003 to 19.5% 2007<sup>10</sup>.

### Kenya Vision 2030

Kenya 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 Kenya 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 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, and,
- 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. 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 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<sup>11</sup>.

The Vision 2030 is implemented through five year rolling plans known as the Medium Term Plans (MTPs), the first of which covered 2008-2012 while the second one covers 2013-2017. 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

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

<sup>11</sup> Kenya Vision 2030

poverty and hunger; achieve gender equality and women empowerment; and also 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 <sup>12</sup> .
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
Political pillar	To strengthen rule of law and ensure good governance in the country.	6. Combat HIV/AIDs Malaria and other diseases
		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

#### Medium Term Plan I (2008-2012) (MTP I)

The MTP I was the foundation for the first phase of implementing Kenya 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; and urban informal settlements and pockets of poverty in high potential areas. Increase in community empowerment through "devolved" funds for both social and income programmes was also a key strategy<sup>13</sup>.

<sup>12</sup> 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"

<sup>13</sup> 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

## 4.2 Capacitating of Key Stakeholders on MDGs

### Public Sector

Capacity building for public sector officers at national, provincial and district levels were conducted and the desired objectives achieved<sup>14</sup>. All the government officers who were interviewed including MODP staff, contact officers from key sector ministries, provincial planning officers, district development officers and key sector heads 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 of these key stakeholders helped to deepen their understanding of the MDGs, their roles in MDGs' related work and the implications to the development process. 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 Kenya Vision 2030, district development plans and sector plans.<sup>15</sup>

### 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 UNDP Programme – 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. Efforts 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 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

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<sup>14</sup> Final Evaluation of Mainstreaming MDGs in Kenya's Development Process: MDGs Program Phase I, MoPD & Vision 2030, 2011

<sup>15</sup> Final Evaluation of Mainstreaming MDGs in Kenya's Development Process: MDGs Programme Phase I, MoPD & Vision 2030, 2011

strategy to engage the private sector in the Post-2015 development agenda and implementation of the SDGs. Indeed 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 in the MDGs implementation process. Thus, although the sensitization and capacity building of the MPs was done in 2009, it was a bit late in the implementation process for these stakeholders to have the desirable impact. Soon after the sensitization the MPs appreciated their role in the achievement of the MDGs and indeed went further to form a Parliamentary Caucus on MDGs. In the National Assembly they passed an Act calling for six-monthly status updates on MDGs implementation.

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<sup>16</sup>. 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. This will definitely be a good lesson to take forward into the implementation of the SDGs.

It might, however, also be important to note that engaging the MPs was not an easy task, as it took two years to organize the forum with the parliamentarians.

### Local Authorities

Prior to 2010, 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. However, the fact that GoK resources were used for sensitization is a demonstration of the level of ownership of the process by the Government.

## **4.3 Widespread Adoption of Mobile Telephony Services in the Country**

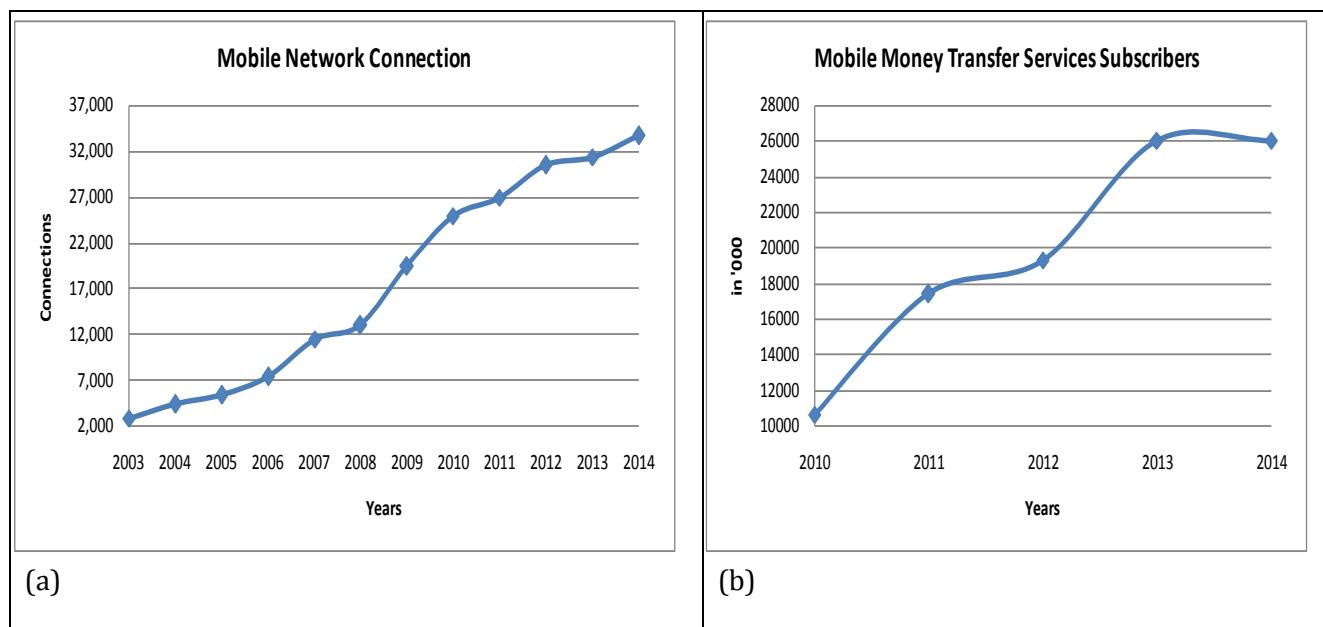
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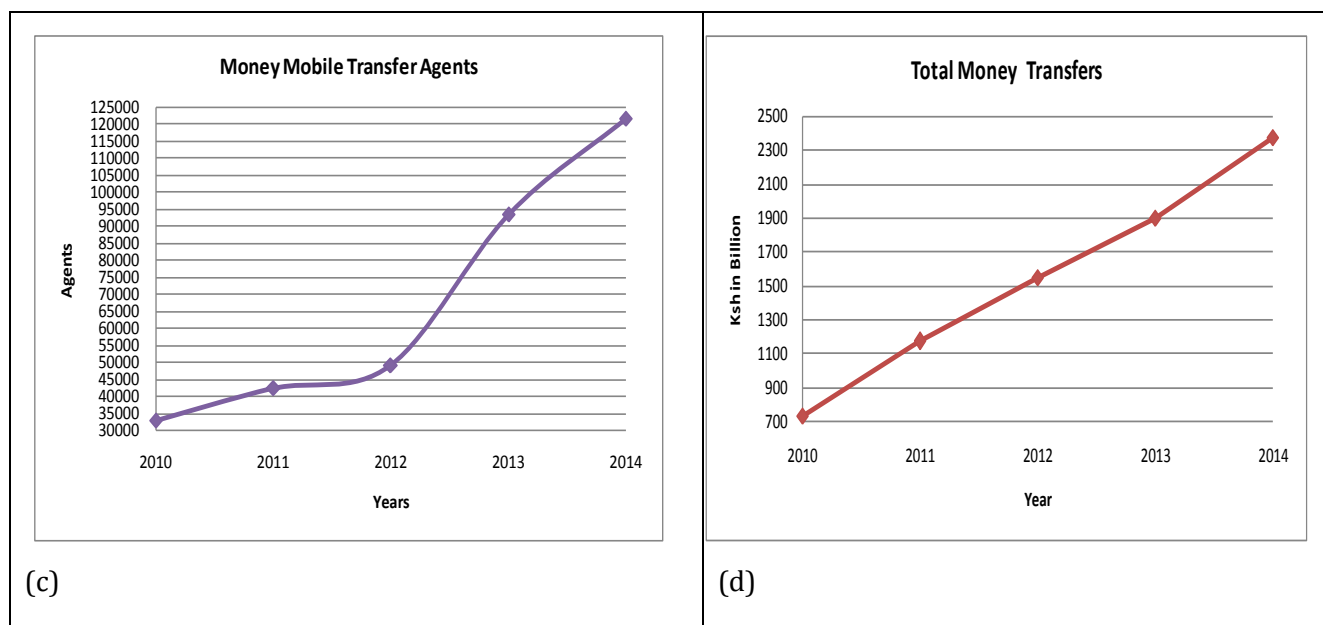
<sup>16</sup> Devolved funds include but not limited to: the community Development Trust Fund -CDTF(1966), Secondary Schools Education Bursary Fund (1993), Road maintenance levy Fund (1993) and HIV/AIDS Fund (1997), Rural Electrification Programme (1998), Local Authority Transfer Fund –LATF-(1999), Poverty 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).

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 mobile 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 0.18 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. It 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 in the period between 2000 to 2014.

**Figure 4.1: Number of Mobile Telephone Connections, Mobile Money Subscribers, Total Number of Agents and Amount of Money Transfers**





Source: Kenya Economic Surveys-Variou Issues

The growth of the money transfer services, the so called M-PESA was also phenomenal<sup>17</sup>. From 2010 to 2014, 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 can be observed 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 transfers totaling Kshs.2,372 billion.

The growth in the industry is further attested by the increase in the number of service providers who in 2014 stood at 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:

- 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<sup>18</sup>.
- 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 things like sitting in traffic or waiting in line for other services.

<sup>17</sup> 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.

<sup>18</sup> 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 accordingly.
- 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 through the mobile phones, removing the need for hoarding of cash.

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 Kshs.60, Kshs.120 by Money Gram and Kshs. 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 meant convenience, improved security, more business and low-cost money transfer.

- v) Source of government revenue - the sector has emerged to be a leading source of government revenue through taxation. In 2007 the sector remitted Kshs 4.8 billion in taxes to the exchequer.
- 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 around 37 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 are other areas that are directly benefiting from the mobile phone penetration in Kenya including the following:

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

#### **4.4 Impact on Community Livelihoods from “Quick-wins” Projects**

To fast track the achievement of MDGs, 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 which was supported to grow various crops on their farms. The MDG support had the impact of transforming the community away from dependency on food aid to self-reliance in food production. By 2014 the community could produce enough food for their own consumption; and to take the surplus to the market for sale, thus eradicating extreme hunger and poverty. The group mainly grew rice, horticulture (e.g. vegetables) and maize, with the by-products of the farm produce being used as livestock fodder. Other areas like Turkana and Meru were also supported with projects focusing on irrigation and income generating activities, respectively.

See photos below.

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



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



***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 Meru group, above, was supported to improve livelihoods through establishing bee hives and processing honey as well as marketing their products.

### Universal Primary Education (MDG 2)

Some of the main support interventions were 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 and C) classrooms after MDGs' Quick Wins support in Kilifi County.





Some schools did not have desks for pupils, and pupils were sitting on the floor or improvised stones. This in itself discouraged pupils from enrolling and in many instances led to low 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 that were 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's 18 members were trained and supported by the MDG with provision of female dairy goats and four he-goats in 2013. The group reported that the milk produce had increased, especially with introduction of the pure breed dairy goats. The milk was mainly used for domestic consumption even though some was sold in the readily available market, while goats' dung was being used as manure. The pure dairy goat breed had the advantage of quick maturity, and thus giving early returns. The group also benefitted from networking with other organizations and was able to support the orphans 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. 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 were able to generate sufficient incomes to cater for their household needs such as food, clothing and school fees for their children and dependants. They were also able to cater for their health needs such as purchasing of medications and other health related needs and to meet their nutritional needs among other benefits. At the community level, the beneficiaries sold their milk to the local community in addition to supplying various local cooperative societies. Other benefits included formation of micro-finance groups such as women groups' table banking and merry-go-round.

### **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 equipped the health facilities in attempts to address the existing gaps in maternal and child health. The support 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 enhanced beneficiary health facilities to scale-up interventions aimed at combating 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 access to safe source of drinking water, some of the activities were also geared towards protection of the indigenous forest trees, which are useful for protecting water catchment areas 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 also included improvements in access to safe drinking water, distributed from the sources nearest to people's residences. In addition, people got access to water for their livestock, and on a limited basis, for irrigating their crops, especially in drier districts like Suba. Apart from domestic use, the water was extended for use in nearby institutions such as schools, health facilities, churches, nearby administrative offices among others. For instance, in some primary



schools in Kilifi County, the water supply helped to improve sanitation conditions in the schools. Available water was used for drinking by pupils and staff members, and to prepare meals for the pupils (school feeding programme). Water kiosks in some areas sold water to collect funds to pay workers and for maintenance.

The MDGs support also enhanced fishing activities around Lake Victoria, especially in such areas like Mbita-Point by supplying cooler boxes to the fishing communities. The cooler boxes were 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 improved with fishermen 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/ OUGHT TO HAVE BEEN DONE TO ATTAIN THE MDGS BY 2015

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 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. The 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. The sensitization led to the formation of a Parliamentary Caucus on MDGs<sup>19</sup>.
- 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<sup>20</sup>.

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<sup>19</sup> 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.

<sup>20</sup> 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. It captured efforts and successes in the implementation of MDG-focused interventions.
- iii) *MDGs Website*-This had been done by the time of 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 were given to schools with the best MDG messages during the drama festivals.
- vi) *Other Fora* - Other fora for creating awareness included the Public Service Week.

## **5.2 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, Kenya Vision 2030 and its MTPs I & II to sectoral plans have all mainstreamed 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.

## **5.3 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.

## **5.4 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 to 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 board and got involved on several activities as discussed in the next section.

## 5.5 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 previous 10 years. These awards had 11 categories as shown in table 5.1 below.

**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 towards 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
<b>SPECIAL AWARDS</b>		
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	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

NO	MDGs AWARD CATEGORY	AWARD CATEGORY DESCRIPTON
	C) Radio	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.

## 5.6 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 and better facilities in a hospital;
- 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 was 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;

- 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 Jambale Centre in Jambale 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 (mainly GOK) were coming late (towards the end of the financial year) resulting in a hurried process to get things done; 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, these activities, even though beset by above challenges, are being implemented well and are leading to good results, beyond the MDGs implementation period. They have a 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 are a drop in the ocean. Again 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.

## **5.7 Millennium Villages**

### **Bar Sauri**

The Millennium Villages was a new approach/model for fighting poverty conceived under MDGs framework by the Earth Institute of Columbia University. Millennium Villages aimed at proof that communities living in extreme poverty have a real, sustainable opportunity to lift themselves out of the poverty by improving access to clean water, primary education, basic health care, sanitation, and other science-based interventions such as improved seeds and fertilizer. The first Millennium Village was started in Sauri, Kenya in August 2004. The approach has the following characteristics:

- 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.

Findings from the field visit in the area show remarkable results have been achieved over the last ten years. For example, the villagers went from chronic hunger to a tripling of their crop production. Also, for the first time in years, they were able to sell their produce in nearby market.

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.

## **5.8 MDGs Acceleration Framework (MAF)**

MAF was designed to help countries overcome slow and uneven progress to meet the 2015 deadline. The process entailed four steps. First, in collaboration with the government, was the identification of the 'lagging MDGs'. Secondly, an analysis of the constraints slowing MDG progress was undertaken by both the government and the UN country team (including policy issues). Thirdly, the team developed a Plan of Action for addressing the bottlenecks, and, finally there were efforts to implement the Plan of Action. In Kenya, MAF was necessitated by the lagging goals such as goal 4 and 5.

## **5.9 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.

## **5.10 Integration of MDGs Indicators into NIMES**

The National Integrated Monitoring and Evaluation System (NIMES) was established in 2004 to provide the government with a reliable mechanism and framework for measuring and reporting on progress in the implementation of government policies, programmes and projects. As expected, NIMES has integrated the MDGs indicators into its framework.

## **5.11 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<sup>21</sup>. 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

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<sup>21</sup> Programme document

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.

### **5.12 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.

### **5.13 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.

### **5.14 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.

### **5.15 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. The report was completed, late in the implementation process to be of very great value.

The involvement of Kenyan universities in research on MDGs did not receive attention.

### **5.16 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 ministries did not have specific resources specifically for MDGs activities.

### **5.17 Time Spent on Sensitization and Awareness Creation**

This process took inordinately too long, over three years. Although the need to ensure all the national key stakeholders appreciate 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 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.

### **5.18 Documentation of Millennium Villages**

There seems to be very little publicly available information on the activities implemented in the millennium villages and the impacts of the interventions. The field visit to Bar Sauri village established that the many interventions are still being implemented.

## 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.

UNDP's has been more visible in support of MDGs achievement that 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 organization 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:

- 2001-2005 – Campaign & Research: During this initial period, the organization 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;
- 2006-2009 – Mainstreaming the MDGs in National Policies: 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; and,
- 2010-2015 – Accelerating Progress: 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.

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.

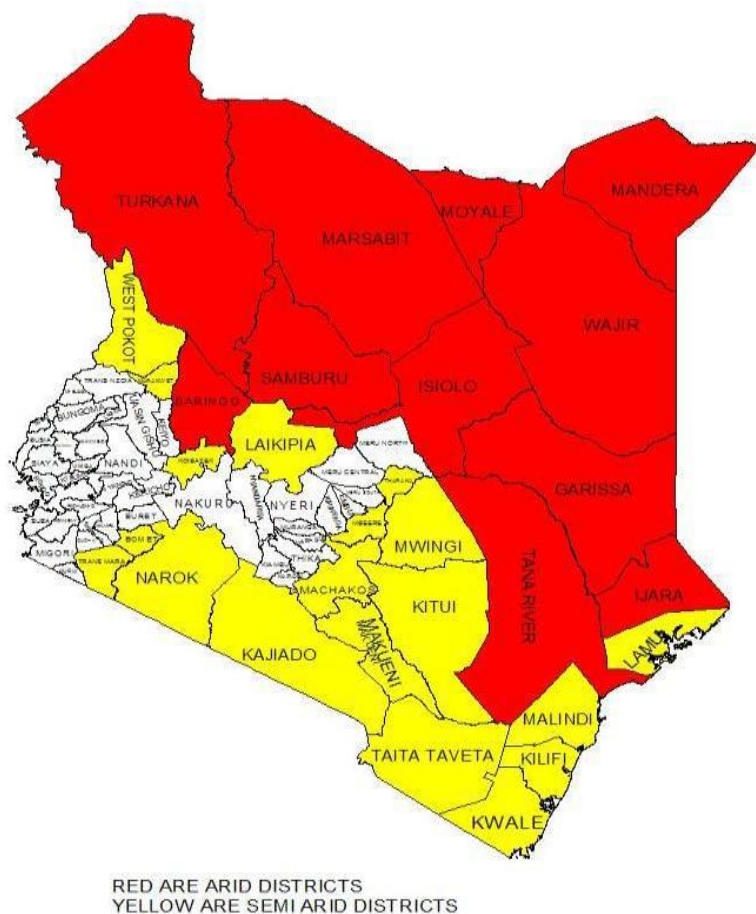
Kenya is a drought-prone country, primarily because of its peculiar eco-climatic conditions. Although dissected by the equator in its southern half, Kenya contains only a few pockets of high and regular rainfall (>2000mm). Arid and semi-arid lands (ASALs) cover 80% of the territory. In these areas, where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

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<sup>22</sup>.

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<sup>23</sup>. In the last decade alone four major food crises, triggering huge food relief efforts, were declared in Kenya all emanating from drought. These include:

- **1997:** a severe drought threatened the livelihoods of 2 million people;



<sup>22</sup> Kandji, Serignes, 2006

<sup>23</sup> Kandji, Serignes, 2006.

- **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<sup>24</sup>;
- **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)<sup>25</sup>.



*Photo showing emaciated cows due to drought*



*Photo showing devastating effects of droughts*

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,

<sup>24</sup> *ibid*

<sup>25</sup> 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 culminate 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.

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.

## **7.1 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. Table 7.1 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.

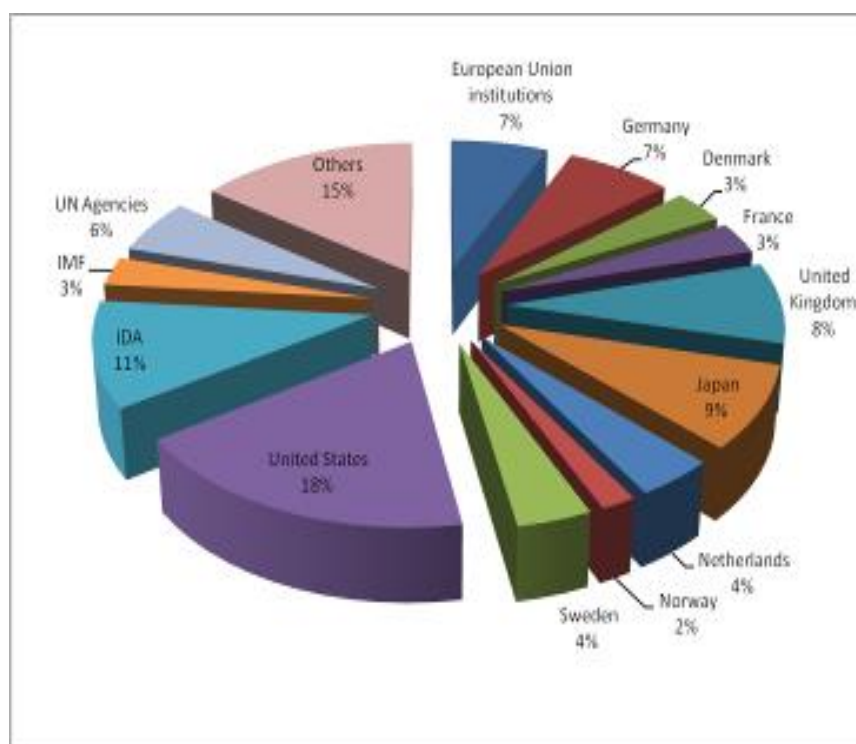


**Table 7.1: Contributions of the Major Industrial Countries who did not meet their Target**

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

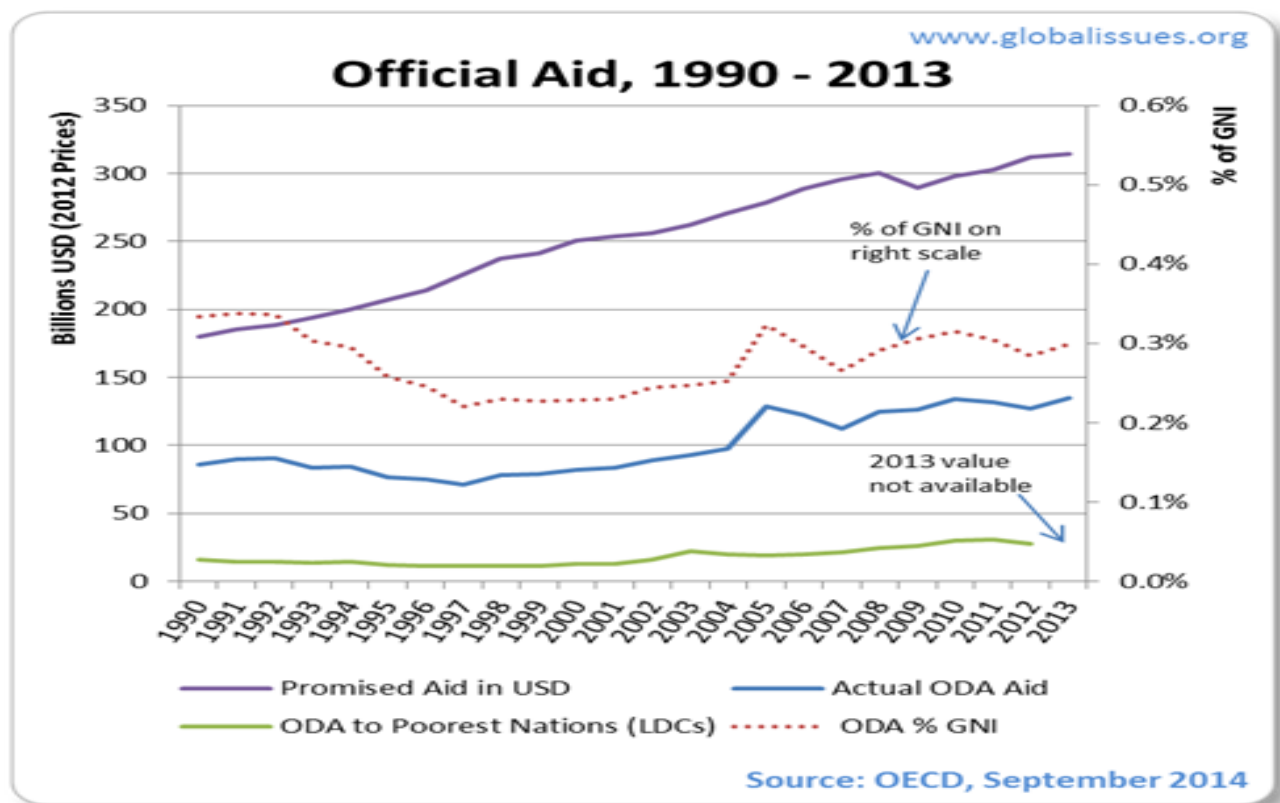
**Figure 7.1: Composition of Net ODA Sources from Major Donors Over the Period 2000-2013**



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 crisis 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.

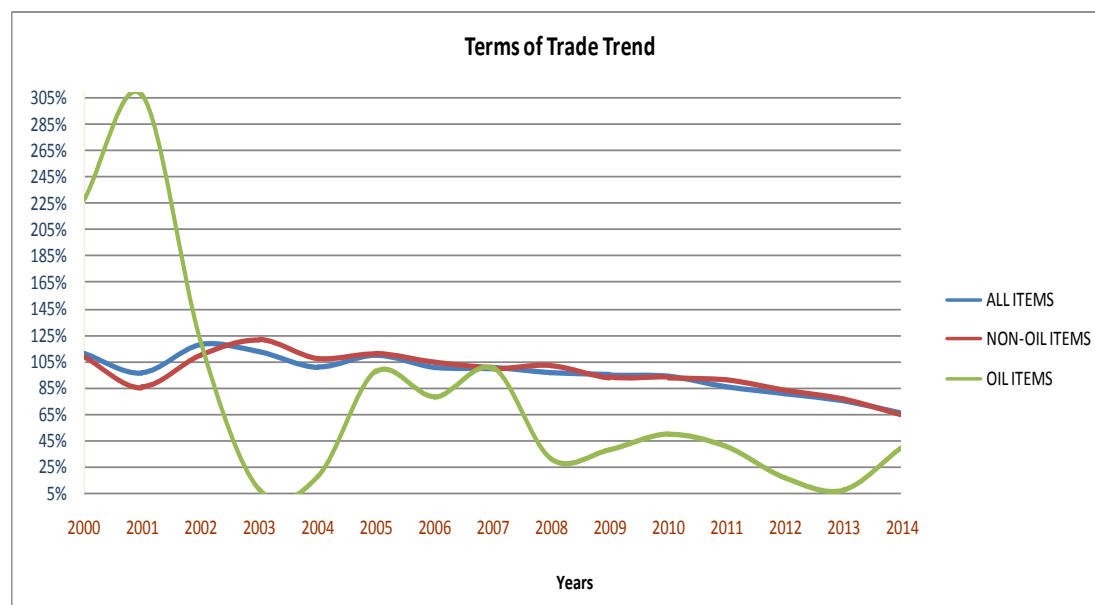
## 7.2 Terms of Trade

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 Kshs.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<sup>26</sup>. The main reasons for the poor performance of the exports are depressed demand for the exports which are

<sup>26</sup> Economic Survey, 2014, KNBS

predominantly 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: Trend in the Terms of Trade for the country**

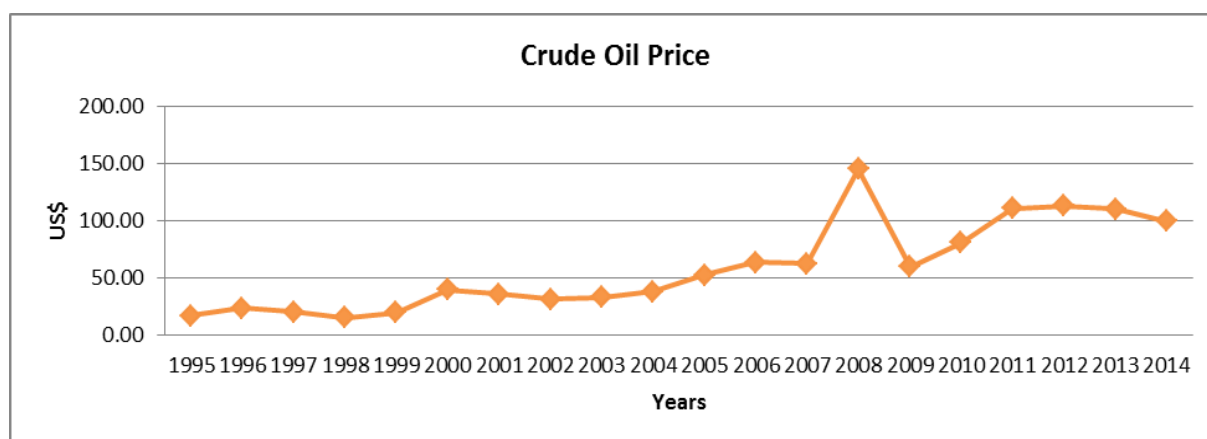


Source: Economic Survey, KNBS

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<sup>27</sup>.

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**

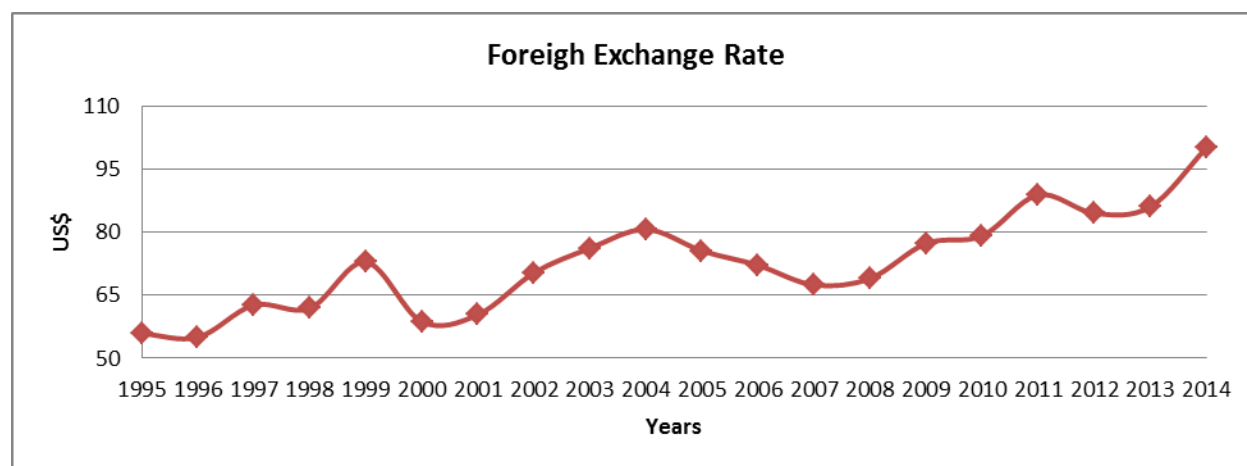


Source: World Bank

<sup>27</sup> 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 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.

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 200; 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 Poverty Eradication Commission (PEC) 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 to 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.

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.

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<sup>1</sup>, 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<sup>28</sup>.

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 Kenya 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.

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

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<sup>29</sup>.

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

i) National Healing and Reconciliation

The Plan's immediate priority area 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 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 in real GDP weakening to 2% from 7% in 2007. However, recovery was quickly 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 that although the growth rates for the priority sectors were generally below those of the ERS era but they were all positive.

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<sup>29</sup> Medium Term Plan I, First Midterm Review, 2011.



**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 of MDG Goals over the period as indicated in Chapter three.

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.

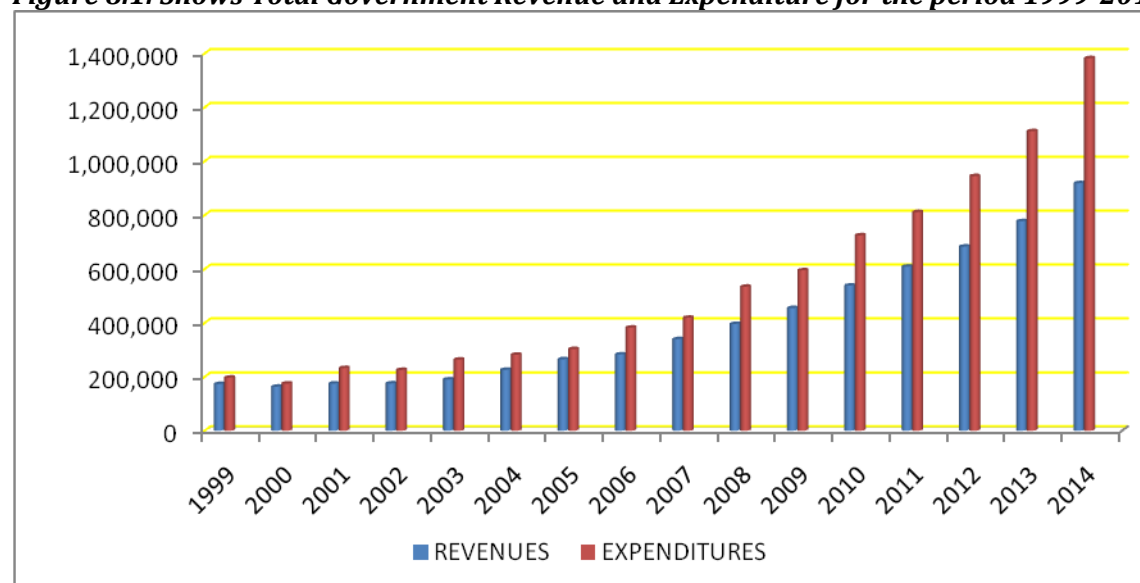
However, in pursuit of what has been perceived prudent fiscal policies, certain challenges have emerged that have undermined the realization of MDGs goals. These challenges include:

## 8.1 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. 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).

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**

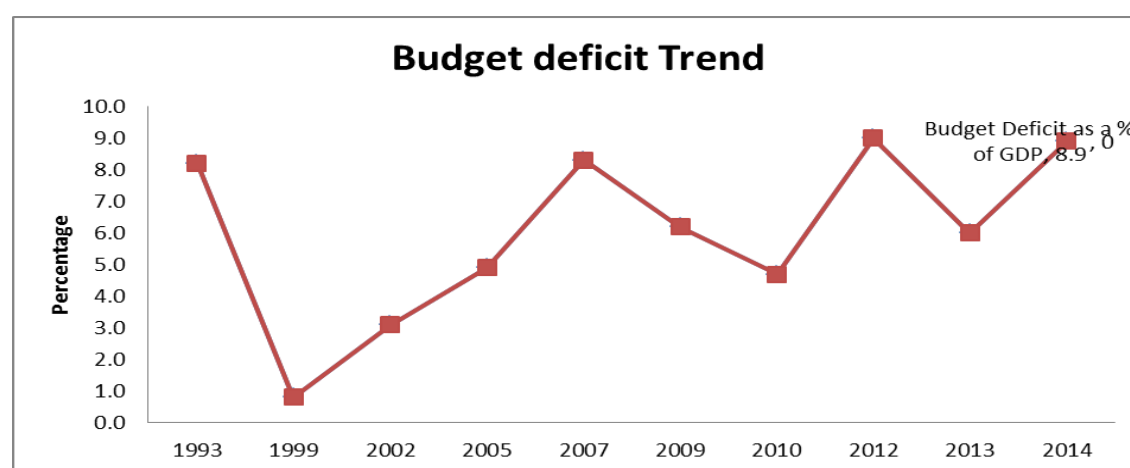


Source: Author, 2015

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<sup>30</sup>.

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 as those of education, health and gender.

**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 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.

## 8.2 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

<sup>30</sup>Economic Survey various Issues : Source: Economic Survey

<b>As a % of GDP</b>	<b>32.2</b>	<b>27.9</b>	<b>21.7</b>	<b>21.1</b>	<b>22.7</b>	<b>26.9</b>	<b>27.4</b>	<b>26.2</b>	<b>28.7</b>	<b>22.8</b>
Domes tic	315,5 73	357,8 39	404,6 90	430,6 12	540,87 5	569,13 8	722,88 8	763,97 1	843,56 2	1,284,3 27
<b>As a % of GDP</b>	<b>23.4</b>	<b>23.2</b>	<b>22.1</b>	<b>20.8</b>	<b>23.7</b>	<b>23.2</b>	<b>25.9</b>	<b>23.3</b>	<b>23.0</b>	<b>25.8</b>
Grand Total	750,0 25	789,0 76	805,6 86	870,5 79	1,059,3 82	1,229,4 06	1,487, 110	1,622,8 01	1,894,1 17	2,422,8 22
<b>As a % of GDP</b>	<b>55.6</b>	<b>51.1</b>	<b>43.8</b>	<b>41.9</b>	<b>46.4</b>	<b>50.0</b>	<b>53.4</b>	<b>49.5</b>	<b>51.7</b>	<b>48.6</b>

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.

### 8.3 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 increases 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**

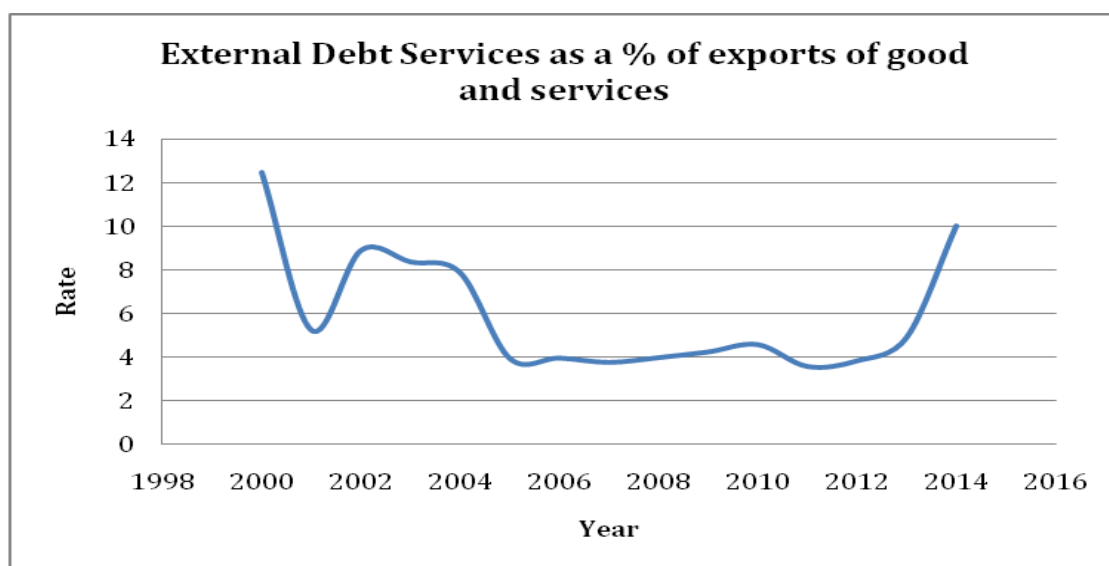
	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>External Interest</b>	1.0	1.2	1.0	1.2	1.2	1.1	1.1	1.4	1.8
<b>Principal</b>	3.2	3.2	2.9	3.5	3.4	3.5	3.5	3.1	2.9
<b>Domestic Interest</b>	8.5	8.6	8.8	10.1	11.3	11.6	11.9	11.1	13.3
<b>Grand Total</b>	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 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**



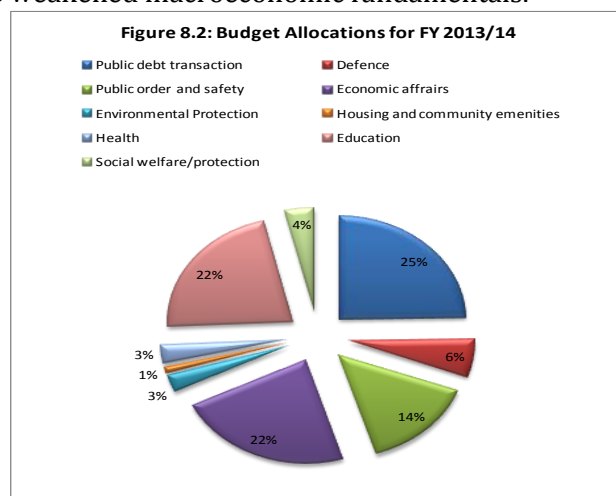
Source: Economic Survey Various Issues

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 percent, respectively.

#### 8.4 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; and,
- 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 calves 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 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 of 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. For SDG indicators to be monitored effectively, the KNBS needs to be funded by the government to establish specialized surveys to meet data demand for SDGs.

## 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 and FBOs.
- MDGs implementation was done without a 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.
- 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. Secondly, KNBS surveys are donor funded and that KNBS does not have budgeted resources to conduct specific surveys to meet the requirements of other data users. 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.

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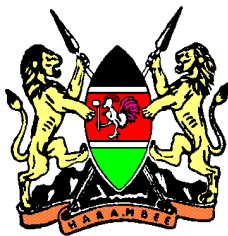
## LIST OF PERSONS INTERVIEWED

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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.	David 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 Planning 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 Subcounty
22.	Swaleh Shokoa	Principall	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







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