Kenya Country Programme 2016–2020

Thematic Programme for Health

Development Engagement Document

Support to Reducing Preventable Maternal, Newborn and Child Deaths

(United Nations Population Fund – UNFPA)

<table>
<tr><th>Dev. Engagement Health</th><th>Outcome</th><th>Outputs</th></tr>
<tr><td>Reducing Preventable Maternal, Newborn and Child Deaths</td><td>Increased utilisation of integrated quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) and HIV services in counties with high maternal mortality burden</td><td rowspan="3">1. Improved access to quality integrated RMNCAH, HIV and GBV services.
2. Increased demand for RMNCAH, HIV and GBV services.
3. Strengthened county and national capacity for coordination, planning, supervision and monitoring and evaluation for RMNCAH, HIV and GBV services.</td></tr>
<tr><th>Budget</th><th>DE partner and sub-partners</th></tr>
<tr><td>DKK 175 million
Denmark's contribution
DKK 40 million</td><td>UNFPA and United Nations H6 agencies.</td></tr>
<tr><th colspan="3">Management arrangements</th></tr>
<tr><td colspan="3">Danida will provide support to a new H6 RMNCAH Joint UN Programme. UNFPA as Convening Agency (CA) will ensure daily management as lead agency of the H6 agencies. Overall oversight will be ensured by the RMNCAH Programme Steering Committee, which includes the Danish Embassy. Technical guidance will be provided by the National Technical Working Groups relating to RMNCAH, chaired by the Ministry of Health in close coordination with the Inter-Governmental coordination structure</td></tr>
<tr><th colspan="3">Description</th></tr>
<tr><td colspan="3">The support will be provided to a number of key priority areas related to RMNCAH. The government health facilities capacity to provide a comprehensive package of services in Reproductive, Maternal, Newborn, Child and Adolescent Health, including family planning, HIV and GBV, at health facility and community level, will be strengthened. This will include an increased focus on adolescent girls and young women, through targeted, evidence-based, girl-centred interventions in multiple sectors, addressing drivers for early sexual debut, early childbearing and early marriage, and advocating for keeping girls in schools. The programme will also contribute to strengthening of county capacity for coordination, planning, supervision and monitoring and evaluation for RMNCAH and HIV services. Other support area include integration of RMNCAH into county health sector annual work plans and other multi-sector work plans.</td></tr>
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Abbreviations

AIA	Appropriation in Aid
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-natal Care
BEmONC	Basic Emergency Obstetric and Newborn Care
CDoH	County Department of Health
CDIP	County Integrated Development Plan
CoG	Council of Governors
CHMT	County Health Management Team
CSO	Civil Society Organisation
Danida	Danish International Development Assistance
DFID	Department for International Development (UK)
DHIS	District Health Information System
DP	Development Partner
DPHK	Development Partners in Health Kenya
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GFATM	Global Fund to fight HIV/AIDS; Tuberculosis and Malaria
GoK	Government of Kenya
GVRC	Gender Violence Recovery Centre
HF	Health Facility
HMIS	Health Management Information System
UN H6	UNAIDS, UNFPA, UNWOMEN, UNICEF, WHO AND WORLD BANK
ICC	Inter-agency Coordination Committee
ICT	Information and Communication Technology
IFMIS	Integrated Financial Management Information System
KAIS	Kenya AIDS Indicator Survey
KASF	Kenya AIDS Strategic Framework
KDHS	Kenya Demographic & Health Survey
KHSSP	Kenya Health Sector Strategic & Investment Plan
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MoH	National Ministry of Health
MoU	Memorandum of Understanding
NACC	National Aids Control Council
NGO	Non-Governmental Organisation
PFM	Public Financial Management
PHC	Primary Health Care
RDE	Royal Danish Embassy
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Child Health
RMNCH	Reproductive, Maternal, Newborn and Child Health
SRH	Sexual & Reproductive Health
SRHR	Sexual & Reproductive Health and Rights
TA	Technical Assistance

TOR	Terms of Reference
UHC	Universal Health Coverage
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
WB	World Bank
WHO	World Health Organisation

Development Engagement Document: Reducing Preventable Maternal, Newborn and Child Deaths (United Nations Population Fund)

1. Introduction

1.1 The present development engagement document details the objectives, expected results, implementation framework and management arrangements for the development cooperation concerning Reducing Preventable Maternal, Newborn and Child Deaths as agreed between the parties specified below. The development engagement document is annexed to the Implementing Partner Agreement (*Framework Co-Financing Agreement*) and constitutes an integrated part hereof together with the documentation specified below. The Danish support is provided within the framework of the thematic programme on Health, one of three thematic programmes under the Danish country programme for Kenya 2016–2020. This engagement document is also available to the External Grant Committee of Danida.

1.2 The development engagement entails Danish support in the form of DKK 40 million as contribution to pooled funding for the United Nations H6 Joint Programme on Reproductive, Maternal, Newborn, Child and Adolescent Health programme (RMNCAH programme). The funds shall be disbursed to the lead Agency, the United Nations Population Fund (UNFPA). The support covers the period January 2017– June 2020.

1.3 Denmark is a strong supporter of the One UN approach and joint implementation. The UN H6 agencies in Kenya are committed to Delivering As One (DaO) for the implementation of this RMNCAH programme. The H6 agencies have developed a Joint Programme document (UNJP). Once the UNJP is signed off by the UNCT, there will be an exchange of letters between the two parties of this engagement to amend this agreement on bilateral cooperation into an agreement with UNFPA as lead agency and administrative agent to support the new Joint Programme on RMNCAH.

2. Parties

2.1 The Danish Embassy, Nairobi and the United Nations Population Fund (UNFPA).

2.2 Signatories will be the Danish Ambassador representing the Government of Denmark, and the Representative (a.i) of UNFPA in Kenya.

3. Documentation

3.1 The UN joint programme document on Reproductive, Maternal, Newborn, Child and Adolescent Health 2016-2020.

3.2 Kenya Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH) Investment Framework. Republic of Kenya, Ministry of Health (2016).

4. Brief description of the United Nations H6 initiative and UNFPA as Convening Agency

The H6 initiative is a global initiative of the United Nations to support implementation of maternal, newborn and child health programmes at country level following the launch of the UN Secretary-General's Global Strategy for Women's and Children's Health in September 2010. In Kenya, the H6 Initiative is implemented by UNFPA, UNICEF, WHO, UNWOMEN UNAIDS and World Bank,

under WHO coordination. The main goal is to scale up and prioritise a package of high-impact interventions, strengthening health systems and integrating efforts across diseases and sectors such as health, education, water, sanitation, HIV and nutrition.

Guiding Principles agreed between the H6 agencies in Kenya in September 2014 include:

- The partnership will enhance the cooperation, coordination and collaboration of H6 partners at the "operational level" to support national and county governments to reduce maternal and child mortality in Kenya and achieve MDG results.
- The core focus will be on implementation building on the strengths of H6 partners. One of the H6 partners will regularly update the progress to the Development Partners in Health Kenya (DPHK).
- The operational framework will result in one "common program of support" to which the H6 partners will contribute depending on their relative strengths with short, medium and long-term actions and well-defined results.
- The H6 partners will work closely with private sector and civil society organizations

In Kenya, the H6 UN agencies work closely together with the Health Sector Inter-governmental Forum, County Departments of Health and County Health Management Teams, the National Ministry of Health and with other Development Partners, to ensure that the support provided focuses on under-served areas and does not duplicate, in terms of programmatic or geographic areas, with initiatives supported by other partners. The National Technical Working Group on MNH, chaired by the National Ministry of Health (MoH), also plays a key role in this coordination.

The UN has established a Joint Programme (JP) on RMNCAH in Kenya. The JP modality builds on participating UN agencies' specific mandates, expertise, existing programming, and partnerships. Added value and comparative advantages of the JP include:

- Increased coordination of support to national priorities amongst various actors and stakeholders in the identified priority areas (programme pillars),
- Facilitation of funding channelling and reporting on results in the priority areas,
- The impartiality and neutrality of the UN and relationship with government and non-government organisations to convene and coordinate different stakeholders,
- Multiple and high level entry points across sectors of the UN,
- The normative and standard setting mandate of the UN with a global network of experience and international best practices.

UNFPA is the lead UN agency on reproductive, maternal and newborn health. UNFPA is technical lead and administrative agent of a number of UN Joint Programmes in Sub-Saharan Africa, including the UN Joint Programme on Gender Equality in Zimbabwe (which is being supported by Danida) and the UN Joint Programme in Uganda supported by DFID. In Kenya, UNFPA is the technical lead agency of the 1st phase of the RMNCAH programme implemented by the H6. UNFPA would also be the Lead Agency for this engagement with the Danish Embassy.

5. Background and Theory of Change

5.1 Context

Kenya recently became a middle-income country. Health outcomes are improving, with ante-natal coverage and skilled deliveries increasing[1], and infant and under-five mortality declining.[2] Kenya's

[1] The proportion of mothers completing the recommended four ante-natal visits has increased from 47% in 2008/09 to 58% in 2014 and skilled care at delivery has increased from 44 to 62%.

[2] Infant mortality declined from 52 to 39 deaths per 1,000 while under-five mortality rate declined from 74 to 52.

maternal mortality ratio of 362 per 100,000 live births, however, is amongst the highest in the world.[3] Over 5,500 women die each year due to pregnancy related complications, with 98% of Kenya's maternal mortality taking place in 15 counties. About one out of every 19 children born, die before reaching their fifth birthday.

The alarming statistics of child marriages, gender-based violence, early pregnancies and high maternal deaths reveal the high vulnerability of adolescent girls in Kenya. Many young girls are likely to have repeated pregnancies. Young married women have the lowest contraceptive prevalence rate.[4] [5] One in five girls reports sexual debut before the age of 15. Approximately 18% of Kenyan girls give birth before the age of 18 years, with most of them already married. Girls and young women are at risk of unwanted pregnancy and HIV infection. Kenya's Adolescent Birth Rate of 96 equals the rate of the least developed countries, and directly contributes to Kenya's high maternal mortality. These rates may be much higher in the north and arid counties. With a national HIV prevalence of 6%, a total of 29% of all new HIV infections take place in the age group 15 to 24, with girls 15 to 19 particularly at risk of acquiring HIV, due to lack of knowledge, agency and means to protect themselves.[6]

Girls and young women are also at risk of sexual violence. In 2014, 20.9% of young women age 15–19 and 24% of those aged 20–24 reported to have experienced some form of physical or sexual violence in the past 12 months. An estimated 11% of young women aged 15–19 years have undergone female genital mutilation (FGM) as compared to 20% amongst those over age 30, with increased risk of maternal mortality and morbidity, including fistula.

The Government of Kenya recognises RMNCAH as a development priority for the country. The Kenya National MoH in 2016 developed a new five-year RMNCAH Investment Framework[7]. The Investment Framework sets out a vision for Kenya that there are no preventable deaths of women, new-borns or stillbirths; every pregnancy is wanted, every birth celebrated; women, babies and children survive, free from HIV, thrive and reach their full potential; and rights are respected and protected. The five-year goal of the new RMNCAH framework is to improve access, quality, productivity, equity, and affordability of RMNCAH services through an effective, efficient and functioning health system, in support of the Kenya Health Sector Strategic Plan.

UNFPA and the other H6 agencies has developed a joint **programme document for Reproductive, Maternal, Newborn, Child and Adolescent Health Programme (2016–2020).** The programme is based on the Kenya Health Policy 2014–2030, the Kenyan Health Sector Strategic and Investment Plan 2014–2018, the Kenya Reproductive Health Strategy of 2009–2015 and finally the new Kenya Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH) Investment Framework.

5.2 Justification including lessons learnt

This RMNCAH development engagement focuses on the **promotion of Sexual and Reproductive Health and Rights (SRHR)**, which is an important strategic priority for Denmark in the current and upcoming Strategy for Development Aid and Danida's Strategic Framework for Gender Equality, Rights and Diversity in Danish Development Cooperation.[8] It is also relevant in relation to Sustainable

[3] Kenya Demographic Health Surveys (KDHS) of 2014.
[4] Kenya Demographic Health Surveys (KDHS) of 2014.
[5] Young married women have contraceptive prevalence rate of 36.8 % for modern methods, compared to national Kenyan CPR of 53.2 %, and the highest unmet need for family planning at 23 % against the national need of 17.5 %
[6] Kenya National AIDS and STI Control Programme (2014): Kenya AIDS Indicator Survey 2012: Final Report. Nairobi.
[7] Republic of Kenya, Ministry of Health (2016): Kenya Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH) Investment Framework.
[8] Denmark (2014): Strategic Framework for Gender Equality, Rights and Diversity in Danish Development Cooperation. August 2014.

Development Goal 3 'To ensure healthy lives and promote well-being for all at all ages' and Goal 5 'Gender Equality'.

Thus, Denmark will support the second phase of the joint UN H6 RMNCAH programme. This second programme phase starting in early 2017 will focus on consolidating achievements of the first phase (2015–2016) in the six current programme counties (Wajir, Mandera, Marsabit, Isiolo, Migori and Lamu). The good and evidence-based practices generated and adopted during the first phase of the RMNCAH programme will be synthesised and scaled-up.

Furthermore, the RMNCAH programme may expand to additional high burden counties not covered by other large DP initiatives where strategic support by the RMNCAH and HIV programme can make a difference and impact on maternal, newborn, child and adolescent health. The RMNCAH programme has identified 10 counties according to criteria of the highest maternal mortality ratio. In addition to the six that received support in the first phase the other four counties are Turkana, Siaya, Garissa and Taita Taveta.

The support represents synergies with other areas supported by Denmark, including the overall strengthening of county capacity and systems for planning, budgeting, management and reporting supported through the Danish Governance thematic programme and the strengthening of capacity of county health authorities for coordination, planning, management, monitoring and evaluation of priority health interventions supported through the Danish Health thematic programme. The Danish support to gender-based violence response and advocacy, will also provide strategic linkages. In the programme counties, the UN RMNCAH programme will support the roll-out by County Departments of Health and other sectors, of the key interventions promoted in the AWP Operational Plan, and will support county authorities in the strengthening of government health facility capacity to provide medical services for victims of gender-based violence. The behaviour change communication measures supported by the RMNCAH programme will focus on sexual, reproductive and HIV issues for adolescents and young women, and address Female Genital Mutilation and other forms of gender-based violence.

5.3 Narrative for Theory of Change

The overall objective of this DE is to contribute to the reduction of maternal and newborn mortality in 6 counties in Kenya.

The long-term goal of the Thematic Programme on Health and this Engagement is to contribute to increased utilization of integrated quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), HIV and GBV services.

The programme will strengthen support to high-impact priority interventions to ensure the sustained provision of a comprehensive package of services, accompanied by quality assurance and monitoring of selected indicators, adopting a life cycle approach. These interventions will be delivered both through health facilities and community health interventions and other outreach programme. It is anticipated that this approach will contribute to saving the lives of mothers and newborns.

In partnership with the MOH, County Health Departments and other implementing partners, the H6 will support the identification of RMNCAH strategy and policy gaps at the county level and focus primarily on implementing high level, strategic, catalytic and sustainable interventions by operationalizing three core strategies, namely:

1. Improved access to, and quality of integrated RMNCAH, HIV, and GBV services
2. Increased community demand for quality RMNCAH, HIV, and GBV services

3. Strengthened institutional capacity at county and national level for planning and budgeting, coordination, supportive supervision and monitoring and evaluation of RMNCAH, HIV, and GBV services

Improved access to, and quality of integrated RMNCAH, HIV, and GBV services. Scaling up access including conducting an assessment of the capacity of health facilities to provide Basic Emergency Obstetric and Newborn Care and HIV related services. It also includes where applicable Comprehensive Emergency Obstetric and Newborn Care services, integration in delivery of RMNCAH services including Integrated Management of Childhood Illnesses, trainings in Basic Emergency Obstetric and Newborn Care, introducing community Maternal Newborn and Child Health care, establishing maternity waiting homes, coordinate procurement of commodities, supplies and equipment, and implementing results based financing that takes into account priority RMNCAH indicators.

In order to achieve this focus will be on ensuring that health facilities have requisite and consistent inputs necessary for the provision of quality services. Five key activities to reach this goal has been identified. These are:

- Health facilities strengthened with key commodities, equipment and improved supply chain monitoring mechanisms in order to deliver quality RMNCAH, HIV and GBV services
- Improved skills, competences and knowledge of Health Care Workers/Community Health Volunteers for RMNCAH, HIV and GBV services.
- Strengthened and integrated RMNCAH, HIV and GBV services policies, tools and guidelines.
- Strengthened RMNCAH, HIV and GBV referral services
- Strengthen roll out of Results Based Financing in health facilities

Increased community demand for quality RMNCAH, HIV, and GBV services. Generating community demand for uptake of life saving RMNCAH services. This includes introducing vouchers and other demand side financing, working with political, religious and other community leaders, and strengthening the community health strategy.

In order to achieve this the programme focuses on community demand creation through community mobilization interventions to influence social norms, cultural practices, and local traditions. Targeted activities will promote health-seeking behaviours, improve awareness about available health and social services, provide education about GBV, HIV and other health issues, encourage uptake of antenatal and postnatal services, and address HIV stigma and discrimination to increase demand for HIV testing and/or treatment.

Community outreach and behaviour change communication interventions will contribute to increased demand by adolescents and young women of RMNCAH and HIV services. Community outreach to prevent of untimely pregnancy, HIV infection and sexual violence, as well as create demand for service - in case of need – will be a critical element of the programme. In addition, the programme will address structural and socio-cultural barriers, hindering health-seeking behaviour of girls, young and adult women. Specific attention will target those belonging to key populations, including female sex workers, women who inject drugs, and girls and women living with HIV.

The two key activities to reach this goal are:

- Enhanced community engagement and citizen's participation
- Strengthened community health systems to deliver responsive RMNCAH, HIV services

including birth registration

Strengthened institutional capacity at county and national level. Strengthening county health systems by providing embedded technical assistance to RMNCAH and HIV, developing and disseminating core strategic planning documents, building capacity in leadership and governance, improving health information systems, and integrating continuous quality improvement into support supervision through the Kenya Quality Model for Health to target human performance factors.

Stronger county and national capacity for coordination, planning, supervision and monitoring and evaluation of RMNCAH, HIV and GBV services will facilitate better planning and decision making for quality improvement. A strong planning and M&E system in the county should therefore contribute to reducing maternal and child mortality in the respective counties. In this regard, the programme will continue to build capacity of County health teams in developing their annual work plans for the health sector, with RMNCAH, HIV and GBV key interventions integrated into the plans. County and sub-county Health teams will also be supported to generate evidence for planning, for example through operational research, maintaining data quality and having functional Maternal and Perinatal Death Surveillance and Response (MPDSR) committees.

The five key activities to reach this goal are:

- Strengthened capacity of County Health Management Teams for the development of comprehensive integrated annual work plans and for mobilizing continued commitment and resources
- Increased capacity of county level staff to collect, analyse data including utilization of District Health Information System
- Strengthened Civil Registration and Vital Statistics (CRVS) Systems
- Strengthen capacity of counties to address Human Resources for Health challenges
- Management and coordination of the UN Joint Programme

6. Development Engagement Objectives

6.1 The overall vision for the partnership is to support the Government and people of Kenya in implementing their *Vision 2030* to create '**a globally competitive and prosperous country with a high quality of life by 2030**'.

6.2 The objective of the Danish thematic health programme is to contribute to '**provision of and equitable access to quality health care**'. This engagement falls under Intervention Area 2; Sexual and Reproductive Health and Rights.

6.3 The Danish support will contribute to the UN Joint Programme on Reproductive, Maternal, New born, Child and Adolescent Health.

6.4 **The expected Outcome of this Development Engagement is** Increased utilisation of integrated quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), HIV and GBV services in counties with high maternal mortality burden.[9]

6.5 Outputs

[9] The expected outcome is derived from the Joint Programme Document Programme Objective.

Output 1: Improved access to and quality of integrated RMNCAH, HIV and GBV services.

Output 2: Increased demand for RMNCAH services including HIV and GBV services.

Output 3: Strengthened county and national capacity for coordination, planning, supervision, monitoring and evaluation for RMNCAH services including HIV and GBV services.

7. Results Framework

7.1 UNFPA, on behalf of the H6 agencies, is responsible for monitoring and reporting on the progress and achievements of the development engagement using its own results framework and M&E system as detailed in Section 12 below. The parties have, however, agreed that the Danish Embassy will use the results framework presented in the following table, with a limited number of outcome and output indicators, for reporting to the Danish constituency. The indicators are derived from the RMNCAH Results Framework of the joint programme. Data to inform the reporting will be supplied by UNFPA as part of the ordinary monitoring of the engagement.

7.2 The parties have agreed to measure progress and performance by key outcome and output indicators. Baselines and targets will be updated to reflect results framework of the Joint RMNCAH Programme (2016-2020). Within the first ½ year of implementation, UNFPA will establish annual targets for the indicators. In addition to the indicators below the Maternal Mortality Ratio will be monitored once data is available.

Outcome	**Increased utilisation of integrated quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) – HIV and GBV services in counties with high maternal mortality burden.**			
Outcome Indicator 1	**% of deliveries conducted by skilled birth attendant (county level)**			**Data source**
Baseline	Year	2016	TBD	DHIS2
Milestone	Year	2018	TBD	DHIS2
Target	Year	2020	TBD	DHIS2
Outcome Indicator 2	**Proportion of women between the ages of 15-49 years who had at least 4 ANC visits**			**Data source.**
Baseline	Year	2016	TBD	DHIS2
Target	Year	2018	TBD	DHIS2
Target	Year	2020	TBD	DHIS2

Output 1		**Improved access to and quality of integrated RMNCAH, HIV and GBV services**	
Output indicator 1.1		**Proportion of L2 to L4 health facilities providing basic emergency obstetric and newborn care services by county**	
Baseline	Year	2016	TBD
Target	Year	2018	TBD
Target	Year	2020	TBD
Output indicator 1.2		**Proportion of L2–L4 health facilities with capacity to provide comprehensive (Full Package) of GBV services.**	
Baseline	Year	2016	TBD
Target	Year	2018	TBD
Target	Year	2020	TBD

Output 2		**Increased demand for RMNCAH services including HIV and GBV services**	
Output indicator 2.1		**Number of additional new users of modern family planning by county**	
Baseline	Year	2016	TBD (source DHIS2)
Target	Year	2018	TBD
Target	Year	2020	TBD
Output indicator 2.2		**Number of women and men aged 15 years and above who received HIV testing and counselling in the last year and know their results.**	
Baseline	Year	2016	TBD (National HIV Estimates and DHIS2)
Target	Year	2018	TBD
Target	Year	2020	TBD
Output 3		**Strengthened county and national capacity for coordination, planning, supervision, monitoring and evaluation for RMNCAH services including HIV and GBV services**	
Output indicator 3.1		**Counties with RMNCAH, HIV and GBV interventions integrated into the county annual work plans for the health sector**	
Baseline	Year	2016	TBD (source programme data)
Target	Year	2018	TBD
Target	Year	2020	TBD
Output indicator 3.2		**Proportion of overall county expenditure which is allocated to the health sector**	
Baseline	Year	2016	TBD (source: IFMIS)
Target	Year	2018	TBD
Target	Year	2020	TBD

8. Risk Management[10]

Risk Factor	Likelihood	Background to assessment of likelihood	Impact	Background to assessment of potential impact	Risk response	Residual risk
Continued or increased insecurity in certain counties (violent extremism and inter-community conflicts)	Likely	Security situation is volatile in some counties.	Minor	Will impact on implementation in affected counties. Impact on aggregate DED level is minor as it will not affect all Counties	Accept and monitor security situation and engage with national authorities at various levels (H6 and Embassy).	Minor
Elections in 2017 may lead to fierce competition that could translate into civil unrest and even violence between political factions and different communities.	Likely	Kenya has a history of electoral violence. The county elections are likely to be more contested this time and it will not just be around the general elections in August (throughout the year beginning with primaries).	Minor	Can impact affected counties. It is however unlikely that a countrywide systems paralysis will happen. However, some counties may be affected and experience a paralysis of the administration (which could lead to increased fiduciary risks), and temporary disruption of routines needed for programme implementation.	Accept and monitor	Minor
Shifting national priorities result in JP no longer being relevant	Unlikely	Rapidly evolving context due to deepening of devolution	Major	The national and county levels could come up with different strategies as they learn to work with devolution. However, RMNCAH priorities are not likely to change as they are linked to global commitments which Kenya has signed up to.	Continue to liaise with Government and other DPs. Conduct annual review of the JP and reorient programme where required to adapt to changing priorities.	Minor
2017 election could slow down programme implementation due to a shift in the attention of policy makers and the possibility of election violence.	Likely	Some political analysts pointed to the fact that election violence is most likely within counties due to fierce political competition. Politically appointed administrators may also have their attentions diverted to campaign activities.	Major	Change in leadership sometimes leads to change in management within the sector, which can slow implementation of programmes began under previous regimes.	The programme has built its interventions around national policies that outlast political leadership changes.	Minor
Weakness of data collection and processing for JP M&E meaning that monitoring is inadequate to judge programme performance effectiveness.	Likely	Following devolution, national M&E systems, including HIS, have been disrupted.	Major	Will impact on ability of JP to monitor the effectiveness of programme implementation when using national indicators.	The H6 agencies will work actively with counterparts at all levels to strengthen M&E systems and capacity. Also H6 agencies will ensure the monitoring of the few programme-specific indicators.	Minor
Inadequate support from GoK and county governments to county health sector budgets	Unlikely	Resources are under pressure. However, evidence suggests increasing county health budgets over time.	Major	Counties would no longer be able to support key activities and procurement of essential health products and technologies.	H6 agencies to continue to work with County Health Teams to effectively lobby County governments on importance of adequately resourcing RMNCAH services.	Minor

[10] The section builds on the Danida Country Programming risk management model. The categories for risk factor likelihood range from Rare, Unlikely, Likely to Almost certain. The risk factor impact assessment ranges from; Insignificant, Minor, Major to Significant. Risk responses are: Avoidance, Mitigation/Reduction, Sharing or Acceptance. The residual risk (that remains after factoring in the effects of the planned risk response) range from Insignificant, Minor, Major to Significant

Risk Factor	Likelihood	Background to assessment of likelihood	Impact	Background to assessment of potential impact	Risk response	Residual risk
Reduced financial support from development partners to JP	Likely	Economic crisis has led to reduction in available donor funding	Major	The JP depends largely on external support. If support is not continued, the H6 agencies may have to reduce activities. However, RMNCAH is likely to remain priority and new financing modalities are being established.	Advocacy by H6 with DPs to live up to their commitments. Continued resource mobilization. Continued publication of evidence.	Minor
Deteriorating security situation will hamper implementation of programme activities	Likely	Security situation in northern and eastern counties has been volatile.	Major	Decreased access to northern or eastern counties will hamper access by programme staff, technical assistance and deliveries of equipment and supplies, as well as supervision and monitoring by county health authorities.	UN agencies have put security measures in place. H6 agencies will allow for realistic planning of JP implementation timelines. Outsource the monitoring of implementation progress to non-UN organizations / individuals.	Minor
Changes in the management of the H6 agencies could have as a consequence that sound developments in managerial efficiency cannot be sustained	Likely	History has shown that sound management and a high level of integrity are key to maintaining efficiency	Major	Managerial efficiency and financial credibility are essential in order to maintain donor support. Consequences of failure are described above	Development by the H6 of a risk management system.	Minor
Use of resources for unintended purposes, particularly by sub-contractors	Likely	Counties or implementing partners may use JP resources for other priorities when they face financial constraints	Minor	Will delay the implementation of the JP until revenue budget replaces the resources	UN has HACT system to ensure sound financial management practices. Ensure monitoring of IFMIS and counterpart fund allocation quarterly and suspend further disbursements to such IPs in the following quarter	Minor

9. Inputs

The Danish Embassy will provide 40 million DKK from January 2017 to June 2020 to support the project described in this engagement document.

The financial contribution will be provided to the RMNCAH programme implemented jointly by the H6 agencies. The Danish contribution will be used in combination with the UN agencies contributions plus other external funding sources (which may include the Global Financing Facility for RMNCAH).

The budget is currently underfunded as it is only Denmark and the UN H6 partners that have committed funds in support of the Joint Programme on RMNCAH. In case of funding issues the programme has an annexed budget stipulating activities to be supported by the Danish funding ensuring a number of key programme activities can be implemented without full funding being available.

9.1 Planned inputs

Budget in million Danish Kroner					
	2017	**2018**	**2019**	**2020**	**Total**
Overall budget	**74,0**	**74,0**	**71,0**	**66,0**	**285,0**
Whereof Denmark's contribution through this DE	12,0	13,0	10,0	5,0	40,0
Whereof UN H6 Partner contribution	25,0	25,0	25,0	25,0	100,0

Note: The overall budget and UN H6 partner contributions are approximate based on USD/DKK exchange rate at the writing of the document.

10. Management Arrangements

The overall principles for management of the present development engagement between Denmark and UNFPA are described in the Implementing Partner Agreement (*Framework Co-Financing Agreement*) to which this Development Engagement Document is annexed.

They will follow the procedures for bilateral agreements between Denmark and UNFPA. A specific RMNCAH Programme Steering Committee will be established between the UNFPA, H6 agencies, the National Ministry of Health and County Department of Health, with participation of Danida and other contributing Development Partners, which will be charged with overall oversight of the implementation of the programme and taking major programme decisions, including related to budget allocations, reallocations, etc. The RMNCAH Programme Steering Committee will meet on a 6-monthly basis.

The daily management of the present engagement will be undertaken by UNFPA, as lead agency of this programme in collaboration with the other H6 members. As such UNFPA will provide technical and operational support and will be accountable for this Engagement. UNFPA will also be responsible for soliciting, supporting and coordinating inputs on development, implementation and achievements of the RMNCAH Programme. In addition, UNFPA will document lessons learned.

A technical coordination team will be established to facilitate coordination and technical guidance for the implementation of the RMNCAH programme. The programme partners will coordinate closely with the Counties where the support will take place as well as with the National MoH.

Overall technical and programmatic guidance for the programme will be provided by the overall Steering Committee for UN programmes, chaired by the National Ministry of Health, to ensure national ownership of the programme. The UN Steering Committee operates under the National Technical Working Groups on Maternal and Child Health, chaired by the National Ministry of Health.

The programme will also be closely coordinated with the new Inter-Governmental coordination mechanism for the health sector once it is established.

Issues that need to be discussed between the parties will be handled through a dialogue between the UNFPA Programme officer and the Counsellor Health or the Programme Officer at the Embassy of Denmark. Issues that cannot be solved at this level will be referred to the Danish Ambassador and the representative of UNFPA.

Evaluation and audit management arrangements should be in line with UNFPA rules and regulations.

UNFPA will promptly inform the Danish Embassy of any condition which interferes with successful implementation of the project.

The Danish Embassy and the relevant County Departments of Health (DOH) will be closely involved in reviewing progress on delivering the implementation plan. A timetable for annual and mid-term reviews together with an annual plan of field visits will be agreed early to ensure that the Danish Embassy and the counties can actively participate as much as possible. UNFPA will sign Memoranda of Understanding with its County DoH counterparts.

11. Financial Management and Audit

Programme activities will be carried out in accordance with the applicable UNFPA regulations, rules and directives and shall commence and conclude as determined in the Project Obligation.

Procurement of goods, works or consultants shall be carried out in accordance with the financial rules, regulations and directives of UNFPA.

Financial management and audit will follow the established UNFPA's Financial Regulations, Rules, policies and procedures. The auditing will be commissioned by UNFPA. The Danish contribution shall be subject exclusively to the provisions on internal and external auditing procedures provided for in UNFPA's Financial Regulations, Rules, policies and procedures. Any disclosure of internal audit reports shall be subject to the applicable decisions and directives of in UNFPA's Executive Board.

UNFPA will be entitled to allocate an indirect cost of eight percent (8%) of the total Project Obligation for this engagement. According to Danish guidelines, the total overhead costs charged to this agreement cannot exceed 8%.

Danida reserves the right to discontinue future contributions if reporting obligations are not met as set forth in the Bilateral Arrangement; or if there are substantial deviations from agreed plans and budgets.

12. Monitoring and Evaluation

UNFPA, as Lead Agency, is responsible for monitoring and reporting on the progress and achievements of the development engagement using the RMNCAH programme results framework and M&E system.

As the Lead Agency, UNFPA will oversee the implementation of the joint programme. Tracking of the progress of indicators for each activity will monitor the performance of the programme.

The reporting and monitoring components of the Engagement to be submitted to Danish Embassy in Nairobi are:

- Annual Work Plan and Budget,

- Six-monthly Performance Reports,
- Six-monthly Financial Reports,
- A final Project Report shall be submitted no later than six (6) months after the project has been completed.
- Field visit reports for visits undertaken jointly by National Ministry of Health, UNFPA participating UN Agencies and partners to the programme.
- UNFPA shall keep the Danish Embassy informed of key issues, problems or progress in the project as appropriate.

Participating UN Agencies will develop individual annual work plans and corresponding budgets, based on the activities assigned to them as per the results framework for the purpose of annual fund allocations. These agency-specific annual work plans will be consolidated into joint annual work plans, which each agency will report against on achievements and expenditures to UNFPA, as the designated Lead Agency. The individual agency reporting will be consolidated by UNFPA to highlight key issues, achievements, lessons learned and recommendations for the way forward.

Subsequently, UNFPA will submit the final annual report to the Danish Embassy, the RMNCAH Programme Steering Committee as well as to the National MoH UN Steering Committee for review and approval, and onward transmission to concerned partners and stakeholders.

At national level, the implementation of the engagement will be monitored by the Inter-Governmental coordination mechanism for the health sector, which will comprise of representatives of both the National Ministry of Health and the County Departments of Health. The National Technical Working Group on Mother and Child Health, chaired by the National Ministry of Health (and its sub-committee the Steering Committee for UN programmes), will provide technical monitoring and oversight. At County level, the engagement will be monitored by the County Government through the County Executive for Health and the County Health Management Team.

At the start of the programme, UNFPA and the Danish Embassy will jointly agree on the exact description of the specific programme output indicators, as well as quantify it and agree on a base-line level. Indicators will be aligned to national and county scorecards. Progress on the implementation of the project will be reported in 6-monthly narrative reports.

The evaluation of the Engagement shall be subject to the provisions contained in the UNFPA Evaluation Policy as approved by UNFPA Executive Board.

The Danish Embassy shall have the right to carry out any technical / programme mission that is considered necessary to monitor the implementation of the programme.

The Danish Embassy will contract a strategic monitoring support for the entire country programme and all engagement partners including UNFPA and the H6 will provide data needed to measure progress.

Danida Copenhagen will carry out Real Time Evaluation during the implementation period covered by this agreement and Danida will also, after the termination of the programme support, reserve the right to carry out additional evaluation.

A mid-term review and end-term evaluation will be undertaken by an independent consultancy firm to assess implementation progress. The Terms of Reference (ToR) for these will be shared with the Danish Embassy, the RMNCAH Programme Steering Committee, the TWGs on Maternal and Child health and widely with stakeholders and partners. Involvement of beneficiaries in the evaluation

process will be emphasised, including the development of the ToR. The purpose of the mid-term evaluation will be to review the strategies, interventions and provide recommendations for the rest of the programme period.

13. Prerequisites

The Danish cooperation with the implementing partner will become effective if and when the following prerequisites have been met to the satisfaction of the Danish Embassy:

- Fully developed Programme Document, budget and work plan for the second phase of the RMNCAH Programme (2017-2020).

14. Signatures

On behalf of
United Nations Population Fund (UNFPA)

Signature

Siddharth Chatterjee
Representative a.i. UNFPA

15.12.2016
Date

On behalf of
The Danish Embassy, Nairobi

Signature

Mette Knudsen
Ambassador

15.12.16.
Date

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