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**Executive Board
Annual Session**

Rome, 9–12 June 2008

DRAFT COUNTRY PROGRAMMES

Agenda item 8

For consideration



Distribution: GENERAL
WFP/EB.A/2008/8/2
29 May 2008
ORIGINAL: ENGLISH

DRAFT COUNTRY PROGRAMME – KENYA 10668.0 (2009–2013)



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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for consideration.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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EXECUTIVE SUMMARY

Kenya has registered significant progress since launching the Economic Recovery Strategy (2003–2007) in 2003. Annual gross domestic product growth increased from 0.5 percent in 2002 to 6.1 percent in 2006. The net enrolment rate increased from 77 percent in 2002 to 87 percent in 2006, partly as a result of the introduction of free primary education in 2003. The implementation of multi-sectoral responses to HIV/AIDS has contributed to a decline in HIV adult prevalence from 6.7 percent in 2003 to 5.1 percent in 2006.

Despite this progress, inequalities exist in access to social services and opportunities. Poverty levels are high, with 46 percent of the population living below the poverty line.¹ There are significant regional and gender disparities in primary school enrolment and completion rates. While the national net enrolment rate was 87 percent in 2006, in the four northeastern districts the rate was 24 percent for boys and 17 percent for girls.² About 1.2 million children remain out of school, mostly in arid lands and unplanned urban settlements. It is estimated that since 1984 more than 1.5 million people have died from AIDS-related illnesses. Currently there are 1.15 million children who have lost at least one parent, of whom 30 percent have lost both parents.

The strategic focus of this country programme is on supporting the Government in the attainment of Millennium Development Goals 1, 2 and 6. The programme will have two components: (i) support for education, targeting an annual average of 650,000 primary school children in food-insecure areas; and (ii) food and nutrition support for an annual average of 78,000 food-insecure beneficiaries affected by HIV/AIDS. The country programme builds on lessons learned, including the recommendations of the 2007 evaluation.

The country programme is aligned with the United Nations Development Assistance Framework 2009–2013 and addresses Strategic Objectives 3 and 4 in WFP's proposed Strategic Plan 2008–2011. Support for education will be implemented within the Kenya Education Sector Support Programme 2005–2010. The HIV/AIDS component will be implemented within the Kenya National HIV/AIDS Strategic Plan 2006–2010 and the Kenya Joint UN Programme of Support on AIDS 2007–2012.

The components will be integrated into the national education and HIV/AIDS programmes. This will increase ownership by the Government and strengthen its capacity to take on more responsibility; it will also create more opportunities for allocation of resources. A hand-over strategy will be defined in cooperation with the Government and will include increased private sector support and community ownership. Through complementary partnerships, WFP will support livelihood initiatives to enable households affected by HIV/AIDS to graduate from food support.

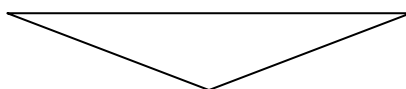
¹ Kenya National Bureau of Statistics. 2005/2006. *Basic Report on Well-Being in Kenya*, p.43.

² Ministry of Education. Education Statistics and Indicators Fact Sheet 2000–2006.



The country programme will assist 728,000 beneficiaries over five years. The total food requirement is 166,620 mt, at a food cost of US\$67 million and a total cost to WFP of US\$106.9 million.

DRAFT DECISION*



The Board endorses draft country programme Kenya 10668.0 (2009–2013) (WFP/EB.A/2008/8/2) for which the food requirement is 166,620 mt at a total cost to WFP of US\$106.9 million, and authorizes the Secretariat to formulate a country programme, taking into account the observations of the Board.

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (WFP/EB.A/2008/16) issued at the end of the session.



SITUATION ANALYSIS

1. Kenya is classified as a low-income food-deficit country, with a gross domestic product (GDP) per capita of US\$603.³ In 2005, total official development assistance amounted to 4 percent of GDP and 10 percent of the national budget.⁴ The 2006 United Nations Development Programme (UNDP) Human Development Index ranked Kenya 152nd out of 177 countries. Eighty percent of Kenya's 37.2 million people live in rural areas. The population has more than doubled over the last 30 years.
2. Annual GDP growth increased from 0.5 percent in 2002 to 6.1 percent in 2006; however, significant regional disparities exist in access to social services and opportunities. In the arid districts, 80 percent of the population live below the poverty line. Basic social services are seriously inadequate. The situation is somewhat better in the semi-arid districts although these areas suffer repeated climate shocks, environmental degradation, and insecurity and conflict as a result of scarce resources.
3. Poverty is the major cause of food insecurity, exacerbated by frequent droughts, floods, inefficient food distribution and marketing systems, population growth and HIV/AIDS. Food poverty⁵ is highest among pastoralists (71 percent), agropastoralists (40 percent) and marginal agriculturalists (54 percent) in arid and semi-arid lands (ASALs), and is over 70 percent among the informal sector workers and the unemployed in the unplanned urban settlements of Nairobi.
4. Agriculture represents 26 percent of GDP.⁶ Only 20 percent of the landmass is classified as having high or medium potential for rainfed agriculture. The remaining areas are ASALs, which are characterized by climate shocks, pervasive food insecurity and high poverty. Forty-one percent of the urban population and 47 percent of the rural population have insufficient food to meet their daily energy requirements.⁷ Seventy percent of the population in arid lands and 51 percent in semi-arid lands are unable to meet their daily food requirements.
5. The cycle of natural shocks has become shorter, with droughts or floods increasing in frequency and intensity. Over the last 25 years there have been seven droughts.⁸ Since 2003, a succession of poor seasons has affected the livelihoods of pastoralists, agropastoralists and marginal agriculturalists in ASALs. Severe droughts occurred between 2004 and 2006, with 3.5 million people requiring assistance. Even in normal years, needs are significant: the 2008 food security assessment estimates that 23 percent of the population in the arid districts (or 550,000 people) require food assistance.
6. Global acute malnutrition rates in some arid districts are above emergency levels (15 percent), even during non-drought years.⁹ In addition to inadequate food consumption,

³ World Bank. World Development Indicators database, 2007.

⁴ UNDP. *Human Development Report 2005*.

⁵ The KIHBS 2005/06 classifies households as facing food poverty when their food consumption levels "are insufficient to meet their basic daily energy requirements of 2,250 kilocalories per adult equivalent". Food poverty is measured by consumption expenditure, designated as less than 988 KSH (Kenyan shillings)/month for rural inhabitants and less than 1,474 KSH/month for urban inhabitants.

⁶ Republic of Kenya, Ministry of Agriculture. *Strategic Plan (2006–2010)*.

⁷ Kenya National Bureau of Statistics, *Basic Report on Well Being in Kenya, 2006*.

⁸ Republic of Kenya. 2007. *National Food and Nutrition Policy*.

⁹ Nutrition survey reports conducted between 2002 and 2008 by several agencies (GTZ, UNICEF, Ministry of Health, Action Against Hunger-USA, Tearfund, OXFAM, World Vision, Save the Children Fund-UK, Merlin, Concern, Christian Children's Fund).



other contributing factors include poor hygiene, lack of potable water, high morbidity and poor care practices. The Kenya Integrated Household Budget Survey (KIHBS 2005/06) indicates rates of stunting at 33 percent and underweight at 20 percent. For the last ten years, chronic malnutrition levels have remained almost constant. Micronutrient deficiencies are highly prevalent in Kenya, especially in the ASAL districts. About 43 percent of preschool children are iron deficient, while 76 percent are vitamin-A deficient.¹⁰

7. Kenya imports up to 20 percent of its annual cereals requirement. The Government maintains a Strategic Grain Reserve, which is used to purchase cereals to support markets and to provide food assistance for vulnerable populations during emergencies.
8. Nationally, 1.2 million primary school-age children do not attend school, mostly in arid lands and unplanned urban settlements.¹¹ In the ten arid districts, the average net enrolment rate (NER) and primary completion rates are 34 and 35 percent, compared with 87 and 78 percent nationally. In Nairobi, the NER and completion rates are 33 and 49 percent; in the semi-arid districts, the rates are 83 and 74 percent. The attendance rates in WFP-assisted schools are 89 percent in ASALs and the unplanned urban settlements of Nairobi.
9. Although at the national level there is gender parity in school enrolment, regional gender disparities exist, particularly in ASALs. For example, in some arid districts the average enrolment rate for girls is 20 percent, compared with 37 percent for boys.
10. Since 1984, over 1.5 million people have died from AIDS-related illnesses, leaving 1.8 million orphans (children who have lost one or both parents) in total.¹² Currently there are 1.15 million children who have lost at least one parent, of whom 30 percent have lost both parents.¹³ Most orphans live with grandparents or other relatives, increasing the dependency ratios and overstressing their resources. Others, especially in urban slums, live in households headed by children, with few or no resources for education, health care, food and shelter. Kenya has 1.3 million people infected by HIV, with only 170,000 on anti-retroviral therapy (ART). Women and girls bear the greatest burden, both as the infected and as caregivers. In households with sick and bedridden parents, children, especially girls, are likely to drop out of school to take care of their families.
11. HIV/AIDS is a significant contributor to food insecurity in Kenya. In Nyanza, the HIV prevalence is 8.7 percent (10.7 female, 6.8 male), compared with 5.1 percent nationally (6.7 female, 3.5 male). In Nairobi, the prevalence is 10 percent (12.1 female, 7.9 male). HIV/AIDS reduces household productivity and depletes household resources. According to projections by the Food and Agriculture Organization of the United Nations (FAO), between 1985 and 2020 the loss in agricultural labour force in Kenya attributable to AIDS is likely to be 17 percent.¹⁴
12. Food and fuel costs have increased in Kenya, especially in food-deficit areas; the post-election crisis in early 2008 has exacerbated this situation. From December 2007 to April 2008, wholesale prices of the main food items rose by 40 to 50 percent in the most important markets. The rise in prices is more pronounced in markets situated far from the main growing areas, especially ASALs, and prices are expected to continue rising as

¹⁰ Ministry of Health, University of Nairobi, SOMANET, UNICEF. 2000. *Anaemia and the Status of Iron, Vitamin A and Zinc in Kenya*

¹¹ Joint Assistance Strategy for the Republic of Kenya (2007–2012), August 2007.

¹² Kenya National HIV/AIDS Strategic Plan (2006–2010).

¹³ United Nations General Assembly Special Session, National AIDS Control Council. *Country Report, 2008*.

¹⁴ www.fao.org/hiv/aids



national stocks diminish before harvests in September. The Kenya Food Security Steering Group (KFSSG) assessment in early 2008 estimated that the combination of post-election displacement and high production costs threatened to reduce land under cultivation in these areas by up to 30 percent, with significant potential to reduce food availability and access countrywide.¹⁵ This is expected to affect food availability and market prices into 2009, with the ongoing impact dependent upon the pace of recovery from the post-election crisis.

Government Priorities and Policies

13. The Government introduced free primary education in 2003, and by 2006 school enrolment had increased from 6.1 million children to 7.6 million. The NER increased from 77 percent in 2002 to 87 percent in 2006. In 2005, the Government developed the Kenya Education Sector Support Programme (KESSP 2005–2010), which includes school feeding as a key strategy for improving access to education in ASALs and unplanned urban settlements. The Government is committed to implementing targeted initiatives to address gender disparities in education, as stipulated in its Vision 2030, the Gender Policy and KESSP.
14. In 2005, the Government developed the Kenya National HIV/AIDS Strategic Plan as a framework for the national response to HIV/AIDS for 2006–2010. The focus includes improvement in the quality of life and mitigation of socio-economic impacts. Strategies include providing nutritional support for people on ART and community-led socio-economic activities to ensure orphans have access to food, shelter and education. The 2006 Kenya National Guidelines on Nutrition and HIV/AIDS indicate that food assistance should be mainstreamed into HIV/AIDS interventions.¹⁶
15. The 2007 National Food and Nutrition Policy focuses on food security for all Kenyans and the linking of safety nets and emergency assistance to longer-term development. The Government's Vision 2030 is a long-term national planning strategy to raise Kenya to middle-income country status by 2030.

PAST COOPERATION AND LESSONS LEARNED

16. WFP has been providing assistance in Kenya since 1980; currently there are three programmes. The 2004–2008 country programme (CP) planned to assist 1.1 million children through school feeding, 63,000 HIV/AIDS affected people and 33,900 beneficiaries through a disaster preparedness activity. The emergency operation (EMOP) "Food Assistance to Populations Affected by Drought and Post-Election Violence in Kenya" provides food for 1.18 million beneficiaries. The protracted relief and recovery operation (PRRO) provides food assistance for 250,000 Somali and Sudanese refugees.
17. By 2008, school feeding implemented under the first component of the CP was supporting 1.2 million children. Between 2004 and 2007, school feeding contributed to a 20 percent increase in enrolment, with attendance stabilized at 89 percent and a completion rate of 35 percent in arid and 74 percent in semi-arid districts. The 2007 KESSP review indicated that school feeding played an essential role in achieving these results. These improvements are generally attributed to the Government's 2003 Free Primary Education Policy and the school feeding programme.

¹⁵ Kenya Food Security Steering Group. 2008. Consolidated Inter-Agency Report.

¹⁶ May 2006.



18. The 2007 evaluation¹⁷ observed that targeting should be reviewed annually. As enrolment, attendance and completion rates improve and stabilize, the school feeding programme needs to be handed over increasingly to the Government, non-governmental organizations (NGOs) and communities, enabling programme support to shift to other districts with lower education performance.
19. Other recommendations relate to government and other partner capacities, and to a hand-over strategy. The evaluation recommended expanding capacity-building in logistics and in monitoring and evaluation (M&E), and improving data collection, analysis and reporting. The evaluation also recommended an in-depth review of current strategy and implementation, and the integration of food aid into education sector development programmes as part of the hand-over strategy.
20. The second component of the CP supported 63,000 people affected by AIDS. The provision of family food rations largely met the intended objectives. The evaluation noted a substantial impact in the degree of recovery for those on ART. About 95 percent of ART beneficiaries adhered to treatment. After receiving food support, people who had been fully bedridden were able to return to their livelihood activities and become productive. Based on the positive results, the evaluation recommended significant expansion.
21. The evaluation concluded that WFP's food support targeted at ART patients was effective and had a greater impact when partners had adequate capacity for assessments and the provision of integrated services. One of the main WFP partners, the Academic Model for Prevention and Treatment of HIV/AIDS (AMPATH), had these capacities and was able to integrate food aid with other services. Beneficiaries were able to graduate from food support after 9 to 12 months, as they either resumed their past livelihood activities or joined AMPATH income-generating activities. The HIV component will continue to work with partners with adequate capacity in these areas.
22. Community-based targeting of orphans and other vulnerable children (OVC) was effective, according to WFP's 2005 impact study,¹⁸ but exit from food support was difficult, especially for households headed by grandparents or women with a high number of orphans. Combining food rations with livelihood recovery activities through complementary partnerships would be necessary for them.
23. The third component of the CP was designed to improve the disaster preparedness of 33,900 poor people in arid districts. This was not implemented systematically because large-scale relief operations were launched in these districts under the previous EMOP (10374.0 "Food Assistance to Populations Affected by Drought in Kenya"). In 2008 it was determined that disaster preparedness should be included in the PRRO that will succeed the current EMOP.

STRATEGIC FOCUS

24. The CP has two components: (i) support for the education of vulnerable children in food-insecure areas; and (ii) food and nutrition support for vulnerable populations affected by HIV/AIDS. These components contribute to the attainment of Millennium Development Goal (MDG) 1 "Eradicate extreme poverty and hunger"; MDG 2 "Achieve universal

¹⁷ "Summary Evaluation Report of Kenya Emergency Operation 10374.0 and Country Programme 10264.0 (2004–2008)" (WFP/EB.1/2008/7-C).

¹⁸ WFP. 2005. "Reducing the Burden on HIV/AIDS: Experience of a Food Aid Intervention in Western Kenya". Nairobi, Kenya country office.



primary education”; and MDG 6 “Combat HIV/AIDS, malaria and other diseases”. They also address WFP Strategic Objective 3 “Support the improved nutrition and health status of children, mothers and other vulnerable people” and Strategic Objective 4 “Support access to education and reduce gender disparity in access to education and skills training”.¹⁹

25. The CP was developed through consultations with the Government, United Nations agencies and NGOs, and is consistent with the 2009–2013 United Nations Development Assistance Framework (UNDAF). The UNDAF supports the Government in addressing the MDGs and other national priorities. It is aligned with Vision 2030 and consistent with the Kenya Joint Assistance Strategy (2007–2012).

Component 1: Support for the Education of Vulnerable Children in Food-Insecure Areas

26. The objective of school feeding is to support the Government in achieving MDG 2 and the goal of education for all. It addresses WFP Enabling Development Policy priority 2 “Enabling poor households to invest in human capital through education and training”. The intended outcomes for assisted schools are:
- (i) increased enrolment of boys and girls;
 - (ii) stabilized attendance of boys and girls; and
 - (iii) improved government capacity to manage the school feeding programme.
27. In the unplanned urban settlements of Nairobi, schools with adequate infrastructure and strong community support will be selected. In ASALs, the programme will target the most food-insecure sub-districts with the lowest NER and completion rates, and high gender disparities. All schools in the arid lands will be covered. In the semi-arid lands, all schools in sub-districts with the highest food insecurity and lowest education performance will be targeted. The WFP comprehensive food security and vulnerability analysis to be conducted in 2008 will refine the geographical scope and livelihood profiles of the most food-insecure areas and populations. Targeting will be reviewed annually using data from WFP-supported KFSSG assessments, the Ministry of Education annual statistics and the Kenya Bureau of Statistics poverty surveys.
28. In pastoralist areas, seasonal migration interrupts the education of many children. The Government has developed community-managed mobile schools for grades 1 to 3, supported by the United Nations Children’s Fund (UNICEF), the Arid Lands Resource Management Project²⁰ and NGOs. From grade 4 onwards, children are enrolled in low-cost boarding or day schools. In selected arid districts, WFP will provide lunch for children in these mobile and boarding schools, in addition to those in the day schools.²¹ The Government provides breakfast and dinner for children in the boarding schools.
29. Increased international food and transport costs will necessitate a significant reduction in coverage. While 1.2 million children were supported in 2008, this CP will support an average of 650,000 children over five years, with 560,000 in ASALs and 90,000 in the Nairobi unplanned settlements. The programme will start with 750,000 children in the first year, and reduce by 50,000 annually. The daily hot lunch will include fortified cereals

¹⁹ Both components address Strategic Objective 4 of the proposed WFP Strategic Plan (2008–2011) of February 2008: “Reduce chronic hunger and undernutrition in developing countries”.

²⁰ This is a five-year project funded by the World Bank.

²¹ Children attend day schools for a full day (8 a.m.–12:30 p.m. and 2 p.m.–4:30 p.m.). The meal is served at 12:30.



(150 g), pulses (40 g), fortified vegetable oil (5 g) and iodized salt (3 g). Communities will contribute cooks, firewood and water. The food will serve as an incentive for children to enrol, attend and complete school.

30. To address the high levels of malnutrition and micronutrient deficiencies in ASALs, UNICEF is implementing a package of health and nutrition care targeting children under the age of 5 in selected early childhood development centres (ECDCs). These ECDCs are attached to primary schools. A daily hot lunch of cereals (100 g), pulses (20 g), vegetable oil (5 g) and salt (3 g) will be provided. In addition, WFP will provide 40 g of micronutrient-fortified blended food as a mid-morning snack for 52,500 children in selected ECDCs.²²
31. As planned in the UNDAF, United Nations agencies will support ministries and NGOs to provide services for children in targeted schools. These will include deworming, water and sanitation, hygiene, health and HIV/AIDS education, school gardens and fuel-efficient stoves. UNICEF will support WFP-assisted schools with learning materials, uniforms for girls, and water and sanitation infrastructure. NGOs in ASALs and the Nairobi unplanned settlements will provide other complementary inputs and services.
32. In addition to raising community awareness of the importance of educating girls, WFP will support the KESSP commitment to develop gender-sensitive infrastructure, especially in relation to hygiene and sanitation. WFP will continue to work with NGO partners that provide sanitary facilities and materials for schools to support education for girls.²³ WFP will advocate for the Ministry of Education to post female teachers in targeted ASAL schools to act as role models for girls, and for UNICEF to ensure dissemination of gender education materials to all WFP-supported schools.
33. WFP will continue to build partners' implementation capacities, and will actively support the hand-over to Government and other partners. Training, joint missions and exchange of staff will be the primary strategies for building capacities in logistics, M&E, data collection and reporting, and programme management. In conjunction with the Government, WFP will refine the strategy for hand-over; this will include strategies to increase donations from the Kenyan private sector by up to US\$ 11 million by 2012.
34. WFP and the Ministries of Education and Agriculture will seek financial support to pilot a home-grown school feeding initiative in five selected sub-districts. Assuming a relatively rapid recovery from the post-election crisis, WFP will work with the Government to link the Strategic Grain Reserve to safety-net programmes, including school feeding, for poor and vulnerable people.
35. In 2007/08, 31 percent of the government budget is committed to the education sector, including targeted programmes for out-of-school children in ASALs and unplanned urban settlements. To complement these targeted efforts, the Ministry of Education is seeking funding from development partners through KESSP to support school feeding and advocating for additional funding from the private sector and NGOs. Additional support for school feeding from the government budget is restricted in the short term by the overall budget adjustments necessitated by the impact of the post-election crisis and by the roll-out of free secondary school tuition in 2008.

²² Children attend ECDCs for a half day. The morning snack is served at 10 a.m. and lunch at 12:30 p.m.

²³ It is reported that teenage girls stay out of school because of a lack of sanitary materials, while some drop out completely because there are no separate latrines for boys and girls.



Component 2: Food and Nutrition Support for Vulnerable Populations Affected by HIV/AIDS

36. This component supports national efforts in combating HIV/AIDS (MDG 6) and reducing hunger (MDG 1). The intended outcomes are:
- (i) increased adherence to treatment;
 - (ii) improved nutritional status;
 - (iii) increased enrolment of OVC (boys and girls);
 - (iv) increased school attendance of OVC (boys and girls);
 - (v) increased access to HIV services for transport workers along the northern corridor; and
 - (vi) improved capacity of the Government and NGOs to implement nutritional support programmes for people affected by HIV/AIDS.
37. WFP and the Government will select partners with adequate assessment and integrated service capacities. These partners, such as NGOs and community-based organizations (CBOs), will deliver HIV services and food assistance to adults and OVC. Through group support and training in income-generating activities, these partners effectively de-stigmatize HIV and enable patients, especially women caring for orphans, to recover from debilitating illness.
38. The programme will target sub-districts with high HIV prevalence and significant poverty. Targeting will be based on Kenya Bureau of Statistics poverty surveys and National AIDS and STI²⁴ Control Programme (NAS COP) HIV prevalence reports. WFP partners will select beneficiaries for family-ration food support based on the nutritional status of index patients as well as socio-economic and socio-demographic criteria. WFP and the Department of Social Services (DSS) will select NGOs and CBOs to identify communities within targeted sub-districts where OVC will be supported. Food assistance for households fostering OVC will encourage school enrolment and attendance. The beneficiary families will be selected using a joint WFP/NGO community-based targeting and distribution system.
39. The programme will target 66,000 beneficiaries in 2009 and increase to 90,000 by 2013, with an average of 78,000 per year, of whom 23 percent (18,400) will be OVC. Sixty-seven percent of clients on ART will be women or girls. Each household will receive a family ration. It is estimated that female beneficiaries will account for 56 percent of the total. The monthly food basket per person consists of cereals (6 kg), pulses (1.8 kg), fortified vegetable oil (0.45 kg) and blended, fortified food (1.5 kg).
40. Beneficiaries on ART will graduate from food assistance after 9 to 12 months, based on improvement in health and nutritional status and recovery of livelihoods. The AMPATH Family Preservation Initiative and other selected partners will provide training and income-generating activities, such as handcrafts and tailoring, to help affected households establish effective livelihoods. Households with OVC will receive food support for 12 to 18 months, during which time they will be linked with CBOs for microenterprise skills training and access to microcredit.
41. Through the Kenya Joint UN Programme of Support on AIDS 2007–2012, WFP will collaborate with other United Nations agencies to establish two wellness centres along the northern transport corridor. These centres will provide HIV/AIDS services to long-distance truck drivers, commercial sex workers and the surrounding communities.

²⁴ STI stands for sexually transmitted infection.



42. Strong complementary partnerships with established agencies, including the programmes AIDS, Population and Health Integrated Assistance (APHIA) and AMPATH, both funded by the United States Agency for International Development (USAID), will provide targeted beneficiaries with comprehensive packages of essential support. WFP aims to adapt the AMPATH model, which provides food-insecure households with additional fresh food, such as eggs, yogurt, fruits and vegetables, to complement WFP's food support.

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

Programme Coordination

43. A CP action plan, consistent with UNDAF guidelines, will be formally agreed between WFP and the Government. Detailed operational plans will outline the responsibilities of WFP, government ministries and NGOs. UNDAF inter-agency working groups will coordinate activities with other United Nations agencies and government ministries.
44. A strategic review of school feeding will be undertaken annually by the Education Development Coordination Group, which includes the Ministry of Education, KESSP donors, NGO partners and United Nations agencies. Nationally, the Ministry of Education will implement the school feeding activities through its School Health, Nutrition and Feeding Unit. Review at the national level will be conducted through quarterly project review committee meetings and the KESSP annual joint review evaluation mission. The Ministry of Education will conduct regular audits and provide WFP with relevant reports.
45. Management of school feeding at the district level will be through the District Education Office in ASALs and the City Education Department in unplanned settlements. School management committees will oversee school feeding activities, including community contributions.
46. For the HIV/AIDS component, WFP will establish institutional arrangements with the Ministry of Health, and strengthen the existing arrangements with the Ministry of Gender and Children Affairs. Strategic coordination and review will be through the Kenya Joint UN Programme of Support on AIDS 2007–2012. The Ministry of Gender and Children Affairs, through the DSS, will coordinate support for OVC and livelihood activities implemented by NGOs/CBOs. NASCOP will coordinate facility-based activities supporting ART clients.
47. Review at the national level will be through quarterly project review committee meetings of WFP, DSS and NASCOP. At the district level, review and coordination will be through the District AIDS and STI Coordinating Office and District Social Development Office (DSDO). At the community level, WFP will continue to strengthen its relations with cooperating partners such as AMPATH, Feed the Children and other CBOs, who will work with DSS social workers, community management committees and others.
48. The Ministry of Transport, through its AIDS Control Unit, will be responsible for wellness centres, in collaboration with United Nations agencies under the Kenya Joint UN Programme of Support on AIDS 2007–2012, NGOs and the Kenya Long-Distance Truck Drivers' Union.



Monitoring and Evaluation

49. Monitoring of progress towards UNDAF outcomes will be conducted jointly with other United Nations agencies, with a formal evaluation in 2012. Results-based M&E will be used for CP performance measurement and management. The main tools will include baseline surveys, regular monitoring and follow-up surveys. Results will be disseminated through annual reviews, with lessons learned enhancing decision-making and programme implementation. A mid-term evaluation will be conducted in 2011, with findings used to refine implementation and as an input into the UNDAF mid-term evaluation.
50. An extensive review of the school feeding strategy and implementation will be undertaken in 2008. The primary objective will be to review and refine the strategy for hand-over arrangements with the Government. Information accumulated to date, supplemented by data collected through operations and surveys in 2008, will provide the baseline for operations starting in 2009. Performance data for school feeding outcomes will be obtained from the education information management system (EMIS). WFP will support integration of its school feeding database system with EMIS.
51. HIV/AIDS outcomes will be monitored through the national HIV/AIDS M&E framework. Performance data for ART will be collected at the health facilities and submitted through the health management information system. Data for community-based activities will be collected by the CBOs and submitted to the DSDO. WFP and partners will undertake post-distribution monitoring to assess project efficiency, food access and food utilization at the household level.
52. WFP will build government and NGO capacity for monitoring, data management and performance reporting. WFP staff will provide training and technical support and participate in joint monitoring missions. Implementing ministries will report quarterly on utilization of inputs and realization of outputs. WFP will consolidate this information to measure progress towards achievement of the outcomes.

Procurement and Logistics

53. Food commodities will be purchased locally when funds are available and, where possible, from small farmers. WFP will promote purchases from small farmer groups or cooperatives through WFP's Purchase for Progress and the Home-Grown School Feeding Programme. The targets for locally purchased commodities are 60 to 65 percent of cereals, 70 percent of blended food, 10 percent of pulses and 100 percent of salt.
54. WFP will provide technical assistance in logistics and warehouse management to build capacity at the national and district levels of implementing ministries. Existing structures and facilities will be assessed and improved. The Government will continue to arrange for necessary tax exemptions and waivers to ensure timely release of food. WFP will provide logistical support in food handling at ports and in organizing primary transportation. Implementing ministries will continue to be responsible for secondary transport. The Government will continue to meet 50 percent of the landside transport, storage and handling (LTSH) costs.



Resource Mobilization and Implementation Capacity

55. WFP will continue to rely on multilateral, international private sector and Friends of WFP contributions. During 2004–2008, WFP raised 92 percent of the required US\$98 million from these sources. The Government of Kenya provided US\$10.3 million through in-kind contributions. The Government has indicated that further commitments, either in kind or cash, are contingent upon the recovery of the economy. To diversify the donor base, fundraising efforts will target 15 Kenya Joint Assessment Strategy donors and other governments that contribute to WFP programmes in Kenya. WFP will endeavour to maintain the existing multi-year commitments to school feeding from two international companies and attract additional private-sector support.
56. Strategies are in place to raise complementary resources for programme implementation and hand-over. WFP and the Government have taken measures to ensure budgetary allocations are made available to participating ministries. School feeding will continue to be an integral part of KESSP, while HIV/AIDS food support will be integrated into the existing and emerging HIV/AIDS programmes. This will increase government ownership, leadership and opportunities for allocation of more resources, especially from pooled donor funds. Within UNDAF, United Nations agencies will fund programmes to achieve joint outcomes in education and HIV/AIDS. WFP will continue to capitalize on opportunities for joint programming, such as the Kenya Joint UN Programme of Support on AIDS 2007–2012. WFP will seek partnerships with NGOs undertaking HIV/AIDS activities,²⁵ the President's Emergency Plan for AIDS Relief and global funds through the Country Coordinating Mechanism.

²⁵ These will include NGOs supported by the APHIA programme.



ANNEX I-A

AVERAGE BENEFICIARY COVERAGE, BY COMPONENT AND FOOD ALLOCATION						
Component	Food (mt)	Dist. by component (%)	Beneficiaries (number)			Women/girl beneficiaries (%)
			Women/girls	Men/boys	Total	
1. Support for the education of vulnerable children in food-insecure areas	120 990	73	325 000	325 000	650 000	50
2. Food and nutrition support for vulnerable populations affected by HIV/AIDS	45 630	27	44 000	34 000	78 000	56
Total CP	166 620	100	369 000	359 000	728 000	

ANNEX I-B

COMMODITY TYPE AND RATION SIZE			
CP Component	Food type	Ration size (g/person/day)	Nutritional content (kcal / % kcal from protein)
Component 1			
Support for the education of vulnerable primary schoolchildren (lunch for children in primary school)	Cereals	150	703.25 / 13.5
	Pulses	40	
	Vegetable oil	5	
	Salt	3	
Support for the education of vulnerable pre-primary schoolchildren: ECDC (mid-morning snack and lunch for children in ECDCs)	Cereals	100	612 / 13.9
	Pulses	20	
	Vegetable oil	5	
	Salt	3	
	Fortified blended food	40	
Component 2			
Food and nutrition support for vulnerable populations affected by HIV/AIDS	Cereals	200	1 226 / 13.37
	Pulses	60	
	Vegetable oil	15	
	Fortified blended food	50	





ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions
<p>UNDAF outcome</p> <p>Increased equitable access and use of quality essential social and protection services with a focus on marginal and vulnerable groups</p> <p>Joint United Nations country team (UNCT) outcomes</p> <p>Eligible children and youth, especially from vulnerable groups (children, girls, OVC, ASALs), participate in and complete quality and equitable early childhood development and education (ECDE), primary and secondary education</p> <p>Nationwide essential nutrition services improved and used increasingly, with focus on vulnerable groups in arid districts, districts particularly affected by HIV/AIDS, and low-income urban areas</p>	<ul style="list-style-type: none"> • ECDE gross enrolment rate (increase from 58.9% to 84%) • Primary school net enrolment rate (from 86.5% to 95%) • Transition to secondary school rate (from 77% to 100%) • % of health facilities delivering essential nutrition services as per standard (target 60%) • % of targeted population using nutrition services available (target 50%) 	
<p>UNDAF outcome</p> <p>Evidence-informed and harmonized national HIV response is delivering sustained reduction in new infections, scaled-up treatment, care, support and effective impact mitigation</p> <p>Joint UNCT outcome</p> <p>Progress towards equitable universal access to quality prevention, treatment, care and support services and protection of human rights in the context of HIV accelerated</p>	<ul style="list-style-type: none"> • National HIV prevalence decreases (from 5.1%, to below 5%) 	

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions
WFP Strategic Objective 4 – Support access to education and reduce gender disparity in access to education and skills training		
CP Objective 1 – Support for the education of vulnerable children in food-insecure areas		
Outcome 1.1 Increased enrolment of boys and girls in WFP-supported schools	<ul style="list-style-type: none"> • Absolute enrolment: number of boys and girls enrolled in WFP-assisted schools • Net enrolment: percentage of school-age boys and girls enrolled in WFP-assisted schools (at the district level) 	Conducive environment for enrolment, attendance and learning of boys and girls (e.g. availability of sanitary facilities)
Output 1.1.1 Timely provision of food in sufficient quantity for schoolchildren in targeted schools	<ul style="list-style-type: none"> • Actual beneficiaries receiving WFP food assistance, as a percentage of planned beneficiaries • Actual amount of food distributed through each activity as a percentage of planned distributions 	Adequate funding to maintain a healthy pipeline
Outcome 1.2. Stabilized attendance of boys and girls in WFP-assisted schools	<ul style="list-style-type: none"> • Attendance rate of boys and girls in WFP-assisted schools 	Conducive environment for enrolment, attendance and learning of boys and girls (e.g. availability of sanitary facilities)
Output 1.2.1 Timely provision of food in sufficient quantity for schoolchildren in targeted schools	<ul style="list-style-type: none"> • Actual beneficiaries receiving WFP food assistance, as a percentage of planned beneficiaries • Actual amount of food distributed through each activity, as a percentage of planned distributions 	Adequate funding to maintain a healthy pipeline
Outcome 1.3 Improved government capacity to manage the school feeding programme	<ul style="list-style-type: none"> • Number of children previously supported by WFP school feeding programmes handed over to the Government. • School feeding programme data incorporated in the EMIS 	Increase in resources allocated to the school feeding programme and adequate staff at the Ministry of Education





ANNEX II: RESULTS AND RESOURCES MATRIX		
Results chain	Performance indicators	Risks and assumptions
Output 1.3.1 Training and technical support provided for Ministry of Education staff	<ul style="list-style-type: none"> • Number of Ministry of Education staff at all levels trained in management of the school feeding programme • Number of technical areas in which capacity-building activities are provided 	Adequate staff at national and district levels
WFP Strategic Objective 3 – Support the improved nutrition and health status of children, mothers and other vulnerable people		
CP Objective 2 – Food and nutrition support for vulnerable populations affected by HIV/AIDS		
Outcome 2.1 Increased adherence to treatment	<ul style="list-style-type: none"> • Percentage of patients taking >95% of their medications 	Availability of health and care services
Output 2.1.1 Timely provision of nutritious food in sufficient quantity for targeted beneficiaries in households affected by HIV	<ul style="list-style-type: none"> • Actual number of adults and children, including OVC, receiving WFP food assistance as a percentage of planned beneficiaries • Actual amount of food distributed through each activity as a percentage of planned distributions 	Adequate funding to maintain a healthy pipeline
Outcome 2.2 Improved nutritional status	<ul style="list-style-type: none"> • Percentage of adults on ART who gain at least 10 percent of their body weight after 6 months of assistance • Prevalence of under-5 malnutrition among targeted children, assessed using height, weight and age 	Availability of health and care services
Output 2.2.1 Timely provision of nutritious food in sufficient quantity for targeted beneficiaries in households affected by HIV	<ul style="list-style-type: none"> • Actual number of adults and children, including OVC, receiving WFP food assistance as a percentage of planned beneficiaries • Actual amount of food distributed through each activity as a percentage of planned distributions 	Adequate funding to maintain a healthy pipeline

ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions
Outcome 2.3 Increased enrolment and school attendance of OVC (boys and girls)	<ul style="list-style-type: none"> • Percentage of WFP-assisted OVC of school age enrolled in formal and non-formal schools • Percentage of OVC attending classes 	
Output 2.3.1 Timely provision of nutritious food in sufficient quantity for targeted beneficiaries in households affected by HIV	<ul style="list-style-type: none"> • Actual number of adults and children, including OVC, receiving WFP food assistance as a percentage of planned beneficiaries • Actual amount of food distributed through each activity as a percentage of planned distributions 	Adequate funding to maintain a healthy pipeline
Outcome 2.4 Increased access to HIV services by transport workers at selected centres	<ul style="list-style-type: none"> • Percentage of clients accessing services at selected wellness centres 	Adequate supply of ART drugs and other services at the wellness centres
Output 2.4.1 Wellness centres established along the main transport corridors	<ul style="list-style-type: none"> • Number of functional wellness centres 	Availability of supplementary resources through joint United Nations programme
Outcome 2.5 Improved capacity of Government and NGOs to implement food and nutrition support programmes	<ul style="list-style-type: none"> • Percentage of supported health facilities where Ministry of Health has the lead in the implementation of the food and nutrition support activities • Percentage of health facilities using M&E system that incorporates food and nutrition data • Proportion of beneficiaries supported by Government and NGOs with complementary inputs/services and livelihood support (skills training, credit facilities, income-generating activities) 	Availability of NGOs/CBOs with which to partner in targeted areas; sufficient and qualified staff



ANNEX II: RESULTS AND RESOURCES MATRIX

Results chain	Performance indicators	Risks and assumptions
<p>Output 2.5.1</p> <p>Training and project implementation technical assistance provided for the Government and implementing partners (workshops and seminars)</p>	<ul style="list-style-type: none"> • Number of capacity shortfalls/gaps addressed after a capacity needs assessment • Number of Ministry and NGO officials attending relevant WFP-sponsored training 	Adequate Ministry and NGO staff
<p>Output 2.5.2</p> <p>Skills training and microcredit services delivered to participants</p>	<ul style="list-style-type: none"> • Number of participants trained in skills and income-generating activities • Number of beneficiaries receiving microfinance services 	Availability of microfinance service providers



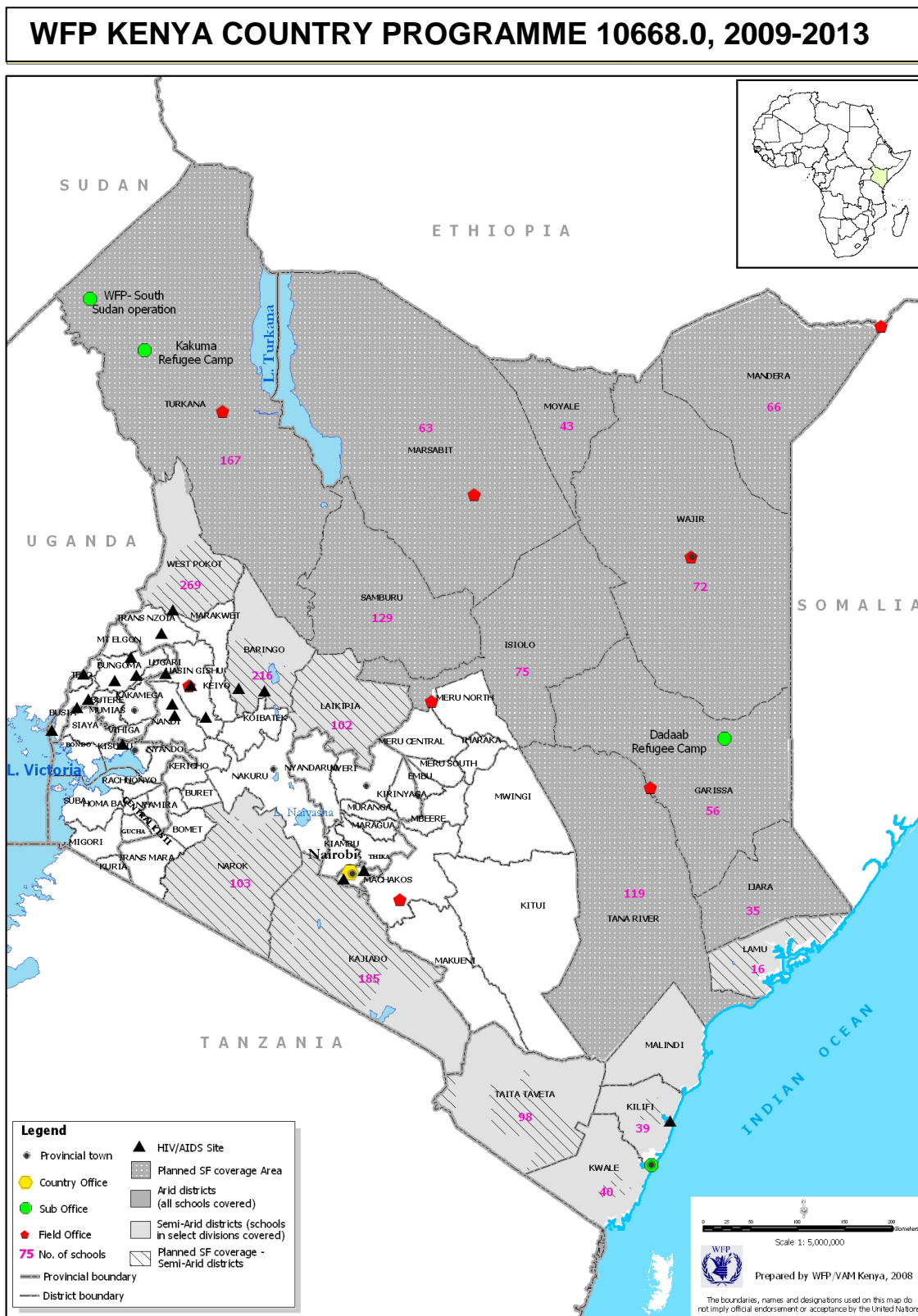
ANNEX III

BUDGET PLAN, BY COMPONENT (US\$)			
	Component 1	Component 2	Total
Food commodities (mt)	120 990	45 630	166 620
Food commodities (value)	47 035 965	19 915 740	66 951 705
External transport	9 076 669	3 913 454	12 990 124
Landside transport, storage and handling (LTSH) (total)	8 723 391	3 264 982	11 988 373
LTSH (cost per mt)	72.10	71.55	71.83
Other direct operational costs (ODOC)	1 295 561	557 538	1 853 099
Total direct operational costs			93 783 301
Direct support costs (DSC) ¹			6 099 931
Indirect support costs (ISC) ²			6 991 826
Total cost to WFP			106 875 058
Government contribution	15 925 526	3 764 827	19 690 353

¹ Indicative figure for information purposes. The DSC allotment is reviewed annually

² The ISC rate may be amended by the Board during the period covered by the country programme.

ANNEX IV



The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.



ACRONYMS USED IN THE DOCUMENT

AMPATH	Academic Model for the Prevention and Treatment of HIV/AIDS
APHIA	AIDS, Population and Health Integrated Assistance
ART	anti-retroviral therapy
ASALs	arid and semi-arid lands
CBO	community-based organization
CP	country programme
CSB	corn-soya blend
DSC	direct support costs
DSDO	District Social Development Office
DSS	Department of Social Services
ECDC	early childhood development centres
ECDE	early childhood development and education
EMIS	education management information system
EMOP	emergency operation
FAO	Food and Agriculture Organization of the United Nations
GDP	gross domestic product
KESSP	Kenya Education Sector Support Programme
KFSSG	Kenya Food Security Steering Group
KIHBS	Kenya Integrated Household Budget Survey
KSH	Kenyan shillings
LTSH	landside transport, storage and handling
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NASCOP	National Aids and STI Control Programme
NER	net enrolment rate
NGO	non-governmental organization
ODOC	other direct operational costs
OVC	orphans and other vulnerable children
PRRO	protracted relief and recovery operation
SFP	school feeding programme
STI	sexually transmitted infection
UNCT	United Nations country team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development