

UNITED NATIONS DEVELOPMENT PROGRAMME

PROJECT DOCUMENT
KENYA**Project Title:** Strengthening COVID-19 Response for Kenya: Preparedness, Response and Recovery**Implementing Partner(s):** Ministry of Health**Responsible Party(s):** County Government of Kisumu, Council of Governors, MoDA, MSEA, National Treasury - Planning**Start Date:** December 2020**End Date:** November 2022**PAC Meeting date:** 18 December 2020**Brief Description**

COVID-19 has spread rapidly to most countries with 215 countries and territories recording over 16 million cases and over 650, 000 fatalities across the world. The pandemic threatens to deepen poverty, inequalities and have an adverse impact on the Sustainable Development Goals (SDGs). In Kenya, the COVID-19 outbreak started in March 2020 and has since spread to all the 47 counties of the country. The country has recorded 103,615 confirmed cases¹ 1807 deaths, and 85457 recoveries with the number of infections on an upward trajectory. In response to the public health threat, the government has rolled out wide ranging precautionary and remedial measures including tracking, tracing and isolation, nation-wide dusk to dawn curfew, a stay at home advisory, and shutdown of select businesses including bars and restaurants. While the public health measures have contributed to slowing down the rate of spread, they have also had a negative socioeconomic impact with massive job losses pushing large numbers of people to the poverty line. Recent data from the Kenya National Bureau of Statistics (KNBS) indicates that labour force participation rate of the population has decreased to 68.7% by June 2020. As the COVID-19 pandemic deepens economic and social stress across every sphere, the impacts are worse for women and girls simply by virtue of their sex. Gender based violence (GBV) is also reported as increasing exponentially.

UNDP proposes to support the government efforts to strengthen the resilience of the country's health system in terms of local production of equipment and commodities to mitigate against disruption of global supply chains while protecting jobs; capacity building for health workers at facility and community level for better surveillance and early warning; enhanced medical waste management; and raising awareness and responsible communications. This will be complimented by community level resilience building interventions for the most vulnerable community members. The project will leverage and complement development initiatives supported by the Russian Federation in Kenya. This will specifically include the Jaramogi Oginga Odinga Teaching and Referral Hospital commonly referred to as the Russian hospital, where the project will provide support to strengthen its response capacity through rehabilitation of select infrastructure.. To address the disproportionate impacts of the pandemic on women, the project will implement responsive catalytic recovery interventions through the provision of start-up kits and small grants targeting women and provide young girls employable digital technology skills through training.

The proposed project will contribute to SDG 3 of ensuring healthy lives and promoting wellbeing for all at all ages. Specifically, it will contribute to SDG Indicator 3d of "strengthening the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks" as well as supporting SDG 1 no poverty; SDG 5 gender equality; SDG 8 decent work and economic growth; SDG 10 reduced inequalities; and SDG 16 on peace justice and strong institutions to set the pathway beyond recovery.

Contributing UNDAF 2.8: By 2022, counties and communities are able to anticipate, prevent and respond effectively to disasters and emergencies

CPD Outcome 1.3: People in Kenya live in a secure, peaceful, inclusive and cohesive society

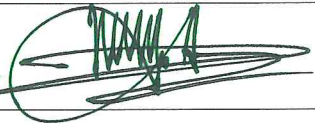

Indicative Output(s) CPD:

Output 4.4: Communities have improved adaptive capacity to disasters including

Total resources required:		USD 1,100,000
Total resources allocated:	Russia-UNDP TFD	1,000,000
	Government in-kind contribution	100,000
Total Requested from TFD		USD 1,000,000

¹ Ministry of Health – Kenya - 28th October 2020

Agreed by (signatures):

Government	UNDP
Name: Ukur Yatani Cabinet Secretary The National Treasury 	Name: Walid Badawi Resident Representative UNDP Kenya 
Date:	Date: 28-Jun-2021

I. DEVELOPMENT CHALLENGE

SITUATION ANALYSIS

COVID-19 has spread rapidly to most countries with 215 countries and territories recording over 44 million cases and over 1.1 million fatalities across the world². The pandemic threatens to deepen inequalities and undo progress on sustainable development and humanitarian responses more broadly. Public health experts have warned that the pandemic presents a unique public health threat to the African continent. In Kenya, the COVID-19 outbreak started in March 2020 and has since spread to all 47 counties of the country. The country has reported 103,615 confirmed cases, 1807 deaths, and 85457 recoveries³. Poverty remains high in Kenya despite a decline in the poverty rate from 46.6% in 2005/06 to 36.1%⁴ in 2015/16⁵. Some 56% of Kenya's urban population live in informal settlements and are at increased risk of contracting COVID-19 due to inadequate access to water and sanitation services and cramped living conditions. Female-headed households who constitute 30.2% of the poor population are at particularly high risk. The COVID-19 pandemic will exacerbate poverty, especially among the vulnerable population such as female headed households, youth, the elderly and people with disabilities

Public Health Response

The national government and county governments have rolled out wide ranging precautionary and remedial measures in an attempt to manage the continued spread of the pandemic. These include a nation-wide dusk to dawn curfew and a stay at home advisory in a bid to curb community-based COVID-19 infections. Further, citizens are required to wear face masks when in the public, to sanitize their hands, and observe physical distancing including when using the public transport system. While these measures have contributed to slowing down the rate of infection, the number of cases continues to increase (see chart below) with an initial peak observed in July 2020. In September the Government started easing the strict restrictions imposed at the initial stages of the pandemic. The easing of restrictions has included partial re-opening of schools, opening of select businesses including bars and restaurants, shortening of curfew hours, and allowing public meetings of up to 200 participants. As a result of the easing of restrictions, the country has seen a resurgence of new cases, with reports indicating that the country may be experiencing a second wave of infections. The partial re-opening of schools has posed a new challenge with cases being reported in 35 schools affecting 33 teachers and 17 students⁶.

Within the health sector itself, the response to the pandemic is constrained by shortage of health equipment and commodities. Globally, the WHO has warned that severe and mounting disruption to the global supply of personal protective equipment is putting lives at risk from

² <https://www.worldometers.info/coronavirus/>

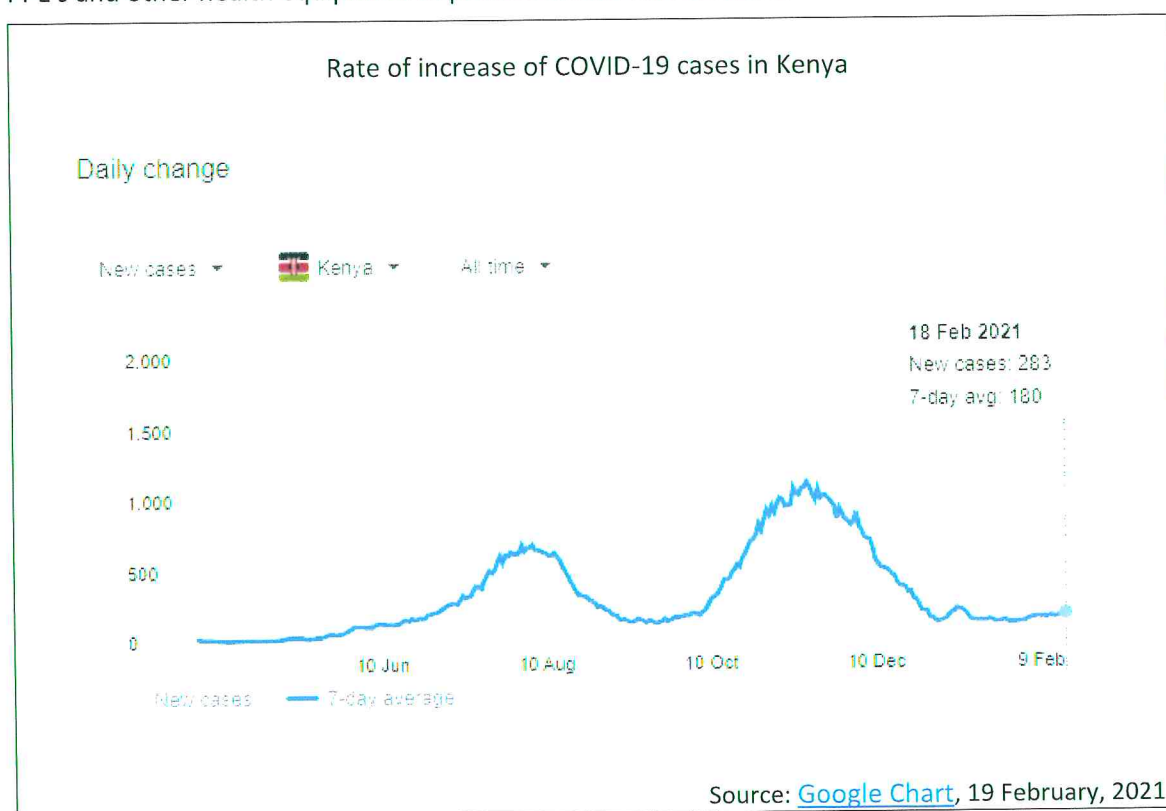
³ <https://www.worldometers.info/coronavirus/country/kenya/> 19 February 2021

⁴ World Bank 2018

⁵ KNBS, 2018. Kenya Integrated Household Budget Survey (KIHBS), 2015/16.

⁶ <https://africa.cgtn.com/2020/10/29/kenyas-in-person-learning-in-limbo-as-teachers-students-get-infected-by-covid-19/>

the new coronavirus and other infectious diseases. With many countries restricting export of PPE's coupled with high demand globally and restrictions in transportation, the resultant shortages are leaving health workers dangerously ill-equipped to care for COVID-19 patients, due to limited access to supplies such as gloves, medical masks, respirators, goggles, face shields, gowns, and aprons⁷. These shortages are expected to persist in the near to middle-term, thus slowing down the Country's efforts to fight the pandemic. In the recent past, the Country has witnessed an increase in infections rates for healthcare workers with reports⁸. The increase in infections among health workers, attributed mainly to shortage of protective gear, poses a new challenge as it further constrains an already fragile health system. Within the above context the government has appealed for increased local production of PPE's and other health equipment to protect health-care workers.



The measures being undertaken to respond to the health crisis have resulted in increasing volumes of health waste, which poses a danger of increasing infections if not well managed. Increasing widespread use of face masks and gloves by the public is further contributing to the risk due to poor disposal and waste management systems.

Socioeconomic Impacts

The COVID-19 pandemic has adversely affected several sectors of the economy in particular; tourism, agriculture, manufacturing and trade putting people's jobs and livelihoods at risk. The adverse socio-economic impacts of the COVID-19 pandemic on the health and livelihoods

⁷ WHO, <https://www.who.int/news-room/detail/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>

⁸ <https://africa.cgtn.com/2020/09/17/more-than-900-kenyan-health-workers-infected-with-covid-19-since-march-ministry/>

of families and communities, in particular, the most vulnerable groups will regress progress across the SDGs. Preliminary analysis of the economic impacts show that disruptions in global value-chains and fear of massive loss of export markets (horticulture, tea, coffee, fruits, minerals, etc.) and importation of crucial products (consumer and industrial products) from the affected regions i.e. East Asia, Middle East and Europe due to the current trade and travel restrictions reported massive job losses in allied sectors and a slack in the quest for inclusive development. A significant impact of the pandemic is expected to be a slowdown in GDP growth, with the National Treasury and Planning revising its estimate for 2020 from the initial 6.2% to 2.5%. The impact of the pandemic on the economy is expected to lead to massive job losses pushing large numbers of people to the poverty line. Already, the floriculture and tourism industries, which employ large numbers of people are reported to be operating at 40% and 10% capacity respectively⁹. A recent survey by the Kenya National Bureau of Statistics (KNBS)¹⁰ indicated that labour force participation rate of the population has decreased to 56.8% in the week preceding the survey. About two in three (65.3%) males were in the labour force while slightly more than half (51.2%) of the females were found to be outside the labour force in the reference period. In addition, the data indicated that there has been a 51.7% increase in the cost of transport which will negatively affect prices. Further, in a survey conducted in June 2020, 37.0% of households indicated that they were unable to pay rent for May 2020, with 61.0% of the households that were unable to pay rent citing reduced income as the main reason for defaulting. A third of the households had not put in place any coping mechanisms to counter the effects of COVID-19. To mitigate the financial distress caused by the pandemic, 41.9% of the households indicated that they had cut on financial spending on non-essential commodities although a notable proportion of individuals (36.7%) did not take any measures to overcome the financial distress caused by the COVID-19. Further, according to another survey done by McKinsey and Company, the epidemic has also adversely affected the Small and Medium Enterprise (SMEs), which accounts for 83% employment, with reports indicating that 75% of SMEs face collapse¹¹.

From the experience of the gender impacts of the Ebola virus disease in West Africa in 2014-2016, the COVID -19 pandemic would affect women negatively and disproportionately both directly and indirectly due to gender power relations in decision making.¹² During the numerous Ebola outbreaks across Africa from 1976 to 2014, because women were traditionally the primary caregivers and responsible for preparing bodies for burial, their vulnerability to the disease increased¹³. Globally women make up 70% of the workers in the health and social sector. However, there's an average gender pay gap of 28% within this sector, which may be worsened in times of crises (Boniol, M., et al, 2019).

⁹<https://www.policycenter.ma/opinion/impact-covid-19-kenyas-economic-development#.XqhgMqhfhPY>

¹⁰ <https://www.knbs.or.ke/?wpdmprom=survey-report-on-socio-economic-impact-of-covid-19-on-households>

¹¹https://citizentv.co.ke/business/three-quarters-kenyan-smes-stare-total-collapse-end-june-334045/?utm_source=onesignal&utm_medium=notifications&utm_campaign=onesignal_notifications

¹² Davies, S., E., Bennett, B, (2016). "A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies. *International Affairs*, 92: 1041–60.

¹³ *Infectious Diseases of Poverty* (2017). The perspective of gender on the Ebola virus using a risk management and population health framework, a scoping review, Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5635524/>

In Kenya, women account for 75% of health sector workforce,¹⁴ which increases the likelihood that they will be more exposed to the COVID-19 infection than men working in the health sector. Furthermore, the *burden of care* usually falls on women - not just for children in the face of school closures, but also for extended family members. As family members fall ill, women are more likely to provide care for them,¹⁵ putting themselves at higher risk of exposure. Women are also more likely to be burdened with household tasks, which increases with more people staying at home during these times of quarantine and lockdown. For instance, Kenyan women account for 50.5% of the population¹⁶ and spend 11.1 hours on care work compared to only 2.9 hours by men.¹⁷ Kenya's low capacity of isolation wards at public and private health facilities and experience in countries where the pandemic is worst – in Europe and elsewhere makes it more likely that as infection rates rise, most cases will have to be managed at home, largely by women. Women's tendency to be caregivers for the sick, in both health-care settings and at home, can expose them to more infectious agents than men¹⁸

To mitigate the negative socioeconomic impacts of the pandemic, the Government rolled out measures to cushion the economy and to buffer Kenyans against financial hardships arising from movement restrictions and business shutdowns coronavirus crisis¹⁹. These measures include 100% tax relief to Kenyans earning US\$228 and below per month; reduction of income tax from a maximum of 30% to 25%; reduction of VAT from 16% to 14%; and release of KES 10 billion (US\$95 million) to vulnerable groups including women the elderly and orphans, among others. While these measures will provide some relief to Kenyan's, analysts have pointed out that the measures will only benefit formal sector workers, leaving out 17.5 million workers in the informal sector which provides 70% of Kenya's employment and dominated by women. The measures are also expected to result in the reduction of government revenue thus compromising other sectors of the economy and slowing down investment in development programmes including in the health sector itself.

II. STRATEGY

2.1 Programme strategy

Globally, UNDP has developed a programme framework aimed at safeguarding progress made on the SDGs. The framework is anchored in a three-pronged approach to support

¹⁴ Ministry of Health (2014). Health Sector Human Resources Strategy 2014 – 2018, Available at <http://www.health.go.ke/wp-content/uploads/2016/04/Kenya-HRH-Strategy-2014-2018.pdf>

¹⁵ Mulvihill, K., (23 August, 2014) “Why more women than men are dying in the Ebola outbreak,” Available at <https://www.graphic.com.gh/international/international-news/why-more-women-than-men-are-dying-in-the-ebola-outbreak.html>

¹⁶ Kenya National Bureau of Statistics, 2019

¹⁷ Oxfam, (2019). “Gendered Patterns of Unpaid Care and Domestic Work in the Urban Informal Settlements of Nairobi, Kenya, Findings from a Household Care Survey 2019,” Available at <https://kenya.oxfam.org/latest/policy-paper/gendered-patterns-unpaid-care-and-domestic-work-urban-informal-settlements>

¹⁸ WHO (2007). “Addressing sex and gender in epidemic-prone infectious diseases,” Available at <https://www.who.int/csr/resources/publications/SexGenderInfectDis.pdf>

¹⁹ <https://www.president.go.ke/2020/03/25/presidential-address-on-the-state-interventions-to-cushion-kenyans-against-economic-effects-of-covid-19-pandemic-on-25th-march-2020/>

countries in responding across the pre-surge, surge and recovery phases, with a focus on vulnerable populations and those left farthest behind. The framework, which is contextualized within specific country's national efforts, aims to contribute to three outcome areas as summarized below:

- i. **Preparedness:** support countries to strengthen their health systems, including by helping them procure much-needed medical supplies, use digital technologies and ensure health workers are paid.
- ii. **Response:** support response by working across key sectors to slow the spread of the virus and to provide protection for vulnerable populations.
- iii. **Recovery:** support countries to assess the socioeconomic impacts of COVID-19 and undertake take urgent recovery measures, especially for poor and marginalized groups.

UNDP's response is consistent with WHO "COVID-19 Strategic Preparedness and Response Plan" and aligned with country-specific UN responses, led by the Resident Coordinator. Building on the on-going experience from COVID-19 support in the Asia Pacific region, UNDP's experience in responding to disease outbreaks (e.g. Ebola, Zika, H1N1, SARS, MERS), and the knowledge and expert network in the respective regions, UNDP will provide support to meet the objectives of the fund and project specific outcomes, ensuring aligned with the global strategy. The next phase of UNDP's COVID-19 crisis response released in June 2020 seeks to support decision-makers look beyond recovery, towards 2030, making choices and managing complexity and uncertainty in four main areas: governance, social protection, green economy, and digital disruption. It encompasses UNDP's role in technically leading the UN's socio-economic response. The proposed project has adopted this global strategy and customized it to the priorities of the country.

The UN in Kenya is offering the Government of Kenya support in technical, financial, communication, procurement, coordination and health services in line with the Government's Contingency plan. As part of this support, the UNCT, including UNDP, has been engaged in the various government technical sub-committees where each agency has comparative advantage. Specifically, UNDP has provided support in communication, COVID-19 socioeconomic impact analysis, procurement, healthcare waste management, and governance support.

Methodological approach: operationally, the proposed project will be implemented in close collaboration with the Ministry of Health at both the County and National Government level. The three target county governments have identified gaps and priorities within their given contexts. This will ensure that project interventions are only used to address priority needs in each county. At the national level the project will liaise with MoH to ensure that specifications of materials and equipment meet both National and WHO standards. Given the emergency nature of the interventions, the project will be implemented under the Direct Implementation Modality (DIM) with UNDP acting as the primary implementing partner in order to ensure that procurement processes are expedited and minimize challenges posed by the disruption global of supply chains. UNDP will continuously engage with the government to ensure any evolving needs and emerging issues are taken into consideration.

Programmatically, the proposed project aims to address three key thematic areas: i) strengthen the capacity of the health system through procurement of PPE's, medical and non-

medical equipment and enhanced coordination; ii) address the socioeconomic impact of COVID-19 through livelihoods and enterprise recovery; and iii) foster innovation through digitization to address the emerging developmental challenges caused by the pandemic. This three-pronged approach will ensure all aspects of the pandemic are addressed. Implementation of activities will be handled by the relevant line ministries, private sector players and civil society based on comparative advantage.

Theory of Change: The proposed engagement for UNDP support is premised on the fact that the immediate response, constituted of tracing, testing and isolation requires a stronger and more resilient health system with adequate measures to protect health workers; backed by socioeconomic recovery efforts to address community level impacts and protection of jobs. COVID -19 pandemic may be putting a strain on the health care systems has broader socio-economic, governance, human rights, gender and other impacts. Having a comprehensive understanding of these implications will provide critical policy direction for medium to longer term interventions that can get development gains back on track. With the availability of a better understanding of the implications of the pandemic on the most vulnerable, delivery of basic services and the governance structures, policy makers and development actors can better identify areas to focus on to support the business continuity of government. Underlying this is the need to foster innovation to address the gaps in terms of technology, access to credit and essential other services.

2.2 Operating Strategies

The above theory of change will be guided by the following operating strategies:

- *Capacity Development:* The project will emphasize on government and community ownership, participation and leadership and will ensure the government at both national and county levels as well as communities are enabled to play this crucial role during the COVID-19 response and recovery. The project will also focus on enhancing knowledge and skills; sharing available materials and the right technology to facilitate local level actions. At the level of government, the project will focus on enhancing the coordination and strengthening national institutions to provide national level support to county governments and civil society organizations.
- *Learning and Knowledge Management:* Since COVID-19 is a new disease in the country the knowledge base remains low both at government and community level. The project will focus on learning and knowledge to ensure that the communities become more resilient to future pandemics. This project will create partnership with academia and other key stakeholders to undertake a range of studies on local practices for response to violent extremism in the region. These findings will be disseminated through publications and expert sharing platforms among others.

- *Coordination, Integration and Partnership:* Enhancing coordination and partnerships is critical for the success of the COVID-19 response and the project. The project will enhance this through integration of UNDP programmes, alignment with other UN agencies working on a range of development challenges in the target counties, and broadening partnership to include the private sector, NGOs, and relevant government agencies. At implementation level, this will be achieved through regular engagement of the implementing partners to ensure complementarity, efficiency, and encourage coherent response at all levels.
- *Gender Sensitive Response:* If harnessed well, women's capacity to respond to shocks and stresses and their ability to recover quickly can potentially accelerate the overall stabilization of communities and lay foundations for resilience. In order to understand the various unique impacts women face from the COVID-19 pandemic, the project will undertake regular gender based risk assessments that identify high risk areas around women's livelihoods and household chores including border areas etc.

2.3 Link to National and UNDP priorities

Globally, UNDP is helping countries to urgently and effectively respond to COVID-19 by supporting health systems strengthening of the response, under WHO's leadership, strengthening crisis management and response, and addressing critical social and economic impacts. UNDP is delivering and distributing vital medical supplies such respirators, protective equipment and diagnostic tests, health care waste management, launched social media campaigns to spread information about COVID-19 amongst vulnerable communities, works with governments and citizens to deliver essential services, undertakes socio economic impact assessment and data analysis with a strong focus on vulnerable/marginalized populations and micro, small and medium-sized enterprises, supports government efforts in maintaining decent employment and livelihood during the crisis, resilience building, green and sustainable recovery and much more. This has been monitored since its launch in March 2020 and been refined to move beyond recovery with the SDGs as the compass.

In Kenya, the United Nations is at the forefront in supporting GOK's COVID -19 response strategies. A UN Flash Appeal was launched in April 2020 re-purposing \$45 million of current UNDAF 2018-2022 towards the national response. The support is providing technical and financial assistance to county governments to enable them to respond to COVID-19 through strategic communications support, financial assistance for health systems strengthening, and surge capacity in human resources to help address the crisis and strengthen coordination and response systems.

Alignment to the call for proposals

The proposed project is aligned to the objective of the call to mitigate the consequences and recover after the COVID-19 induced crisis. Specifically, the proposed project aims to strengthen response and recovery to COVID19 impacts in Kenya through enhancing the resilience of the health systems while at the same time targeting of socio-economic support, gender, women and youth empowerment. This is extremely timely as the country deals with the evolving impacts of COVID-19, which threaten to turn back the clock on development gains made since the adoption of the SDGs. The project aligns and contributes to the Flash Appeal²⁰ launched by the United Nations and Government of Kenya on 9th April 2020, seeking to mobilize over \$ 267.4 million to respond to the immediate and critical needs of over 10.1 million people that are vulnerable to this pandemic. The strategic objectives of the appeal focus on supporting the national government to i) improve public health responses to contain the spread of the pandemic, ii) provide life-saving assistance and protect livelihoods, and iii) create an enabling environment for COVID-19 response through interventions to improve governance. The proposed project also aligns to the priorities outlined within this national framework. The proposed project is also aligned to the National 2019 Novel Coronavirus Contingency Plan²¹ which prioritizes measures to enhance coordination and leadership; detection, isolation and treatment; and community engagement. The plan also emphasizes the protection of health workers and social protection of impacted communities.

III. RESULTS AND PARTNERSHIPS

Target Beneficiaries and Their Location

Geographic focus: The project will target the counties in the Lake Victoria Region with specific focus on Kisumu County and the border counties of Busia and Migori. According to available information the border counties are hotspot areas for COVID transmission due to the presence of large numbers of long-distance truck drivers from the neighboring countries of Uganda, Tanzania Rwanda, Burundi and DR Congo. Community transmission has already taken root in the target counties while cross-border transmission continues to occur. In Kisumu County, the Government of Russia has already made significant investment in the construction of the Jaramogi Oginga Odinga Teaching and Referral Hospital commonly known as the Russia Hospital. The facility serves as the main referral hospital counties in the western region of the county. Focusing on developing capacity of the border counties will not only ensure that cross-border transmission is reduced but also reduce community transmission within the three counties. While Kisumu County and the Russia Hospital remain the primary focus of the project, the two border counties of Busia and Migori are included cognizant of

²⁰ https://reliefweb.int/sites/reliefweb.int/files/resources/Kenya_2020_Emergency_Appeal.pdf

²¹ <https://www.health.go.ke/wp-content/uploads/2020/06/National-2019-Novel-Coronavirus-Contingency-Readiness-and-Early-Response-Plan-February-April-2020.pdf>

the fact that most of the COVID-19 cases are transferred to Kisumu when in need of specialized treatment.

Target beneficiaries: the project will directly benefit 12,500 people through the community level socioeconomic interventions and 249 health care workers through provision of personal protective equipment and training. In addition, the project will directly benefit 1,000 traders through e-commerce and entrepreneurship trainings. Indirectly, the project will benefit a monthly average of 6,165 patients²² who visit the Jaramogi Oginga Odinga Teaching and Referral Hospital for various health services. In addition, roll out of the economic recovery strategy and county re-engineering strategy will indirectly benefit the population of the target counties and the country at large.

Objectives and Results:

The proposed project will contribute to one UNDAF outcome and one Country Document Programme (CPD) output as summarized below:

UNDAF Outcome 2.8: By 2022, individuals and communities in Kenya have reduced exposure to risks and are more resilient to disasters and emergencies

CPD output(s) 4.4: Communities have improved adaptive capacity to disasters including from climate change

Project Outcome(s):

1. Strengthened response and recovery to the COVID-19 crisis in Kenya

Project outputs:

1. Improved capacity of the healthcare system for response to the pandemic
2. Reduced socioeconomic impact of the pandemic on the vulnerable and marginalized community members
3. Increased adoption of innovative technologies for response and mitigation of the impacts of the pandemic

COMPONENTS, ACTIVITIES AND EXPECTED RESULTS

Component 1: Improved capacity of the healthcare system for response to the pandemic

This component will focus on the need to enhance health sector's capacities to efficiently function in the times of crisis and afterwards. Interventions under the component will include multisectoral response coordination mechanism for an inclusive governance of the pandemic, procurement of essential medical supplies and equipment especially for medical facilities in rural areas. The interventions will also seek to promote inclusive local production of personal

²² Scheffey, Lauren 2018

https://digitalcollections.sit.edu/cgi/viewcontent.cgi?article=3926&context=isp_collection

protective equipment. The promotion of the local production of protective equipment will ensure that existing jobs are protected and new one's created while at the same time ensuring COVID response efforts are not constrained by global disruption of supply chains.

Activities under component 1

Activity Result 1.1: Support to enhanced coordination at county and national level

Under this activity result area, the project seeks to address governance aspects of the COVID-19 crisis response. The project will establish coordination mechanisms at county level and link these with national level structures to enhance efficient and transparency of response and recovery efforts. These interventions are in line with UNDP's new offer, specifically contributing to the governance pillar. The following specific activities will be undertaken:

- i. Establish/strengthen gender inclusive County and Sub-County COVID-19 committees ensuring community level participation
- ii. Train the county committees on basic technical aspects of COVID-19 and the emergent issues of human rights and GBV
- iii. Facilitate the committees to enhance contact tracing and create awareness on continued adherence to COVID-19 measures to mitigate against a resurgence of the infection rates
- iv. Support the committees to conduct regular monthly/quarterly meetings and create linkage with relevant national level structures
- v. Improvement of health sector disaster preparedness and response capacity through review of county level legal and policy frameworks.
- vi. Training of community health volunteers on surveillance and early warning in a gender responsive manner.

Activity Result 1.2: Enhanced protection of healthcare workers

This activity result area will be aims to improve protection of healthcare workers from exposure and infection in health facilities. The activity will address the current shortage of protective equipment at facility level focusing on hard to reach areas. The activity will promote use of locally produced PPE's (including face protection, hand washing and sanitization technologies, masks) with the aim of protecting jobs and creating new employment opportunities for youth and women. The activity will also contribute to reducing exposure of women in their role as frontline health workers. The specific activities will include:

- i. Identification of priority needs in health facilities within the three counties
- ii. Procurement and distribution of the protective equipment

Activity Result 1.3: Reduction in exposure to COVID-19

Under this activity result area, the project will seek to mitigate against the risk of exposure of healthcare workers to the virus. The COVID-19 pandemic has resulted in increased volumes of waste thus straining the capacity of health facilities to manage it safely and efficiently. The project will support rehabilitation of select infrastructure at the Referral Hospital and support 15 other smaller health facilities to improve waste management using lower cost technology. Specific activities will include:

- i. Rehabilitation of select infrastructure at JOORTH or other select facility of healthcare waste management area at the hospital
- ii. Purchase and distribution of sealable bins for 15 smaller facilities

- iii. Training of non-technical staff (waste handlers) on management of COVID-19 waste (segregation, storage, transportation, treatment and disposal) especially targeted to women and girls including people living with HIV and disabilities.
- iv. Procurement of Covid-19 testing equipment/establishment or expansion of isolation facility.

Component 2: Reduced socioeconomic impact of the pandemic for vulnerable and marginalized community members

This output will focus on mitigating the social economic impacts of COVID-19 through recovery of rural livelihoods, protection of jobs, and the promotion of entrepreneurship by supporting micro, small and medium-sized enterprises with potential to prosper and promote quality employment especially for vulnerable workers, in particular women. The interventions will include activities supporting productive capacities; product diversification in response to disruption of supply chains; and better trade facilitation. The project will work closely with government and non-state actors including the private sector and industry players. In addition, the project will mobilize community youth volunteers to undertake COVID-19 awareness, sensitization, education and clean-up exercises at community level including measures to mitigate abuse and gender-based violence.

Activity Result 2.1: Enhanced recovery of the SME sector

Under this result area, the project will focus on supporting faster recovery of the micro, small and medium sector enterprises with the aim of mitigating loss of jobs occasioned by the COVID-19 crisis. The measures put in place to slowdown the spread of the pandemic, coupled with disruption in global supply chains have led to the closure or collapse of many enterprises leading to massive loss of existing jobs and job opportunities, especially for women and youth. To mitigate against these impacts, the project will undertake interventions to support resumption of business. The specific activities will include:

- i. Development of a comprehensive MSMEs database to establish their status in the three counties
- ii. Establishment of a coordination mechanism for the Business Emergency Desk and creation of business linkages with due regard to gender perspectives.
- iii. Support to private sector representative bodies to strengthen and promote the engagement of micro, small and medium enterprise in the supply chain of locally manufactured medical and non-medical equipment

Activity Result 2.2 Sustainable economic recovery and alternative livelihoods

Under this result area, the project will focus on two-pronged approach to achieve sustained economic recovery at the higher level and stabilize livelihoods off vulnerable and marginalized groups at community level. The economic recovery will ensure that resources at national and county governments are refocused on fostering longer term economic growth thus transition the country from emergency response to a sustainable development pathway. The interventions to be undertaken at community level will be aimed at reviving the livelihoods

and income generation capacity of the poorest who are at risk of or already dropped below the poverty line due to the impacts of COVID-19.

Activities

- i. Support counties to domesticate and implement the Economic Recovery Strategy (ERS). The ERS was developed with support from UNDP under a complementary COVID-19 funding.
- ii. Support the Council of Governors to roll-out the post COVID19 socio-economic re-engineering and recovery strategy, ensuring inclusion of gender dimensions. The re-engineering strategy was also recently developed with support from UNDP.
- iii. Implement gender responsive catalytic early recovery interventions for vulnerable groups. The activity will involve the provision of start-up kits to rebuild livelihoods targeting women and youth
- iv. Train women and youth on entrepreneurship and business skills to ensure success of the early recovery interventions above

Component 3: Increased adoption of innovative technologies for response and mitigation of the impacts of the pandemic

This output will focus on leveraging the use of innovative technology to provide solutions to the challenges created by the pandemic. The interventions will include support for the identification, deployment and scale up of digital solutions in key economic sectors. The will include exploring for solutions to improve access to public services, delivery of education services, smart healthcare such as e-health, real time data capture and analysis, and e-commerce. Activities under this component will be implemented through the UNDP Accelerator Lab, leveraging on on-going exploratory work to upscale viable solutions and interventions.

Activity Result 3.1: Enhanced access to e-commerce and information

The activity result area will focus on utilizing digital platforms to improve access to e-commerce opportunities especially for youth and women. The COVID-19 pandemic has resulted in reduced physical access to markets, financial facilities and critical government offices. This has in turn resulted in loss of business for small scale traders who are mostly women, reduced access to credit even where affirmative government credit facilities were available. The project seeks to address this gap by working with private and public stakeholders to create digital platforms that restore and improve such access.

Activities

- i. Partner with Jumia Online to deploy e-commerce for informal traders who are mostly women vegetable and fruit vendors. The activity will involve mobilizing women traders to register as suppliers on the Jumia platform, linking them with formal mobile payment platform (eg Mpesa)
- ii. Train the registered traders on basic business skills, book keeping, customer care and product quality assurance

- iii. Support the women to create networks among themselves for the purposes of mobilizing savings and credit
- iv. Support development of digital platforms to increase access to government affirmative financing mechanisms including Women's Enterprise Fund and the Youth Enterprise Fund, etc)

Activity Result 3.2 Enhance inclusion of women in the digital space

- i. Train young girls to equip them with employable digital technology skills to address pressing challenges during the COVID-19 pandemic
- ii. Enhance use of technology for communication, awareness and education campaigns targeting women and girls, including survivors of gender-based violence.
- iii. Support the development of a digital labour market information systems ensuring capture of gender disaggregated aspects

Resources Required to Achieve the Expected Results

The total cost of the project is estimated US\$ 1,000,000 which is requested from the TFD. A detailed budget for the proposed activities is attached in Annex I. If there is a necessity to change the period, the content or the project budget, UNDP will consult with the TFD in advance. For any fund balances at the end of the project, the country office shall consult with the TFD on its use. UNDP shall handle the interest income and remaining budget in accordance with the Russia-UNDP Trust Fund for Development guidelines.

INNOVATIVE SOLUTIONS AND EXPERTISE

The project will work closely with the Ministry of Health, Council of Governors, Ministry of Public Service, Youth and Gender affairs, Ministry of Trade and Industrialisation, County Governments and Private Sector to identify local solutions to the health supply chain disruptions currently being experienced globally. The project will work with Kenya Private Sector Alliance (KEPSA), Micro and Small Enterprise Authority (MSEA) and other private sector bodies to identify small and micro enterprise owned by men and women that can enhance local manufacture of protective equipment and support them to link to markets locally.

Through the UNDP Accelerator Lab, the project will leverage the digital sector to develop gender-sensitive e-commerce applications that can link male and female informal sector players to markets, thus create demand and enhance mandatory social distancing as required by COVID-19 regulations. Further, the project will support the development of a digital labour market information system to provide both unemployed youth and employers with a platform to access labour market supply and demand by matching skills with need. This will be done in collaboration with ongoing UNDP work under the Governance and Inclusive Growth Unit and the CO Accelerator Lab. The platform is expected to be mobile based, utilizing USSD and smart phone technology to ensure availability to basic mobile handsets that are widely accessible to youth in the country. The project will also address the gender gap in digital sector. In developing such a system, the project will seek junior professionals from Russia's tech sector to provide technical expertise. Lastly by integrating community level resilience building into the public health response interventions, the project will also cushion

rural communities including women whose livelihoods have been adversely affected by movement restrictions and supply chain disruptions.

PARTNERSHIPS

The proposed project will be implemented by UNDP in close collaboration with the National and County Governments, and private sector. The project will be anchored under the Council of Governor's with close collaboration with Ministry of Health, Ministry of Public Service Youth and Gender Affairs, Ministry of Devolution to ensure that interventions are gender sensitive and anchored in county planning processes as well as national response plans. The proposed project will be implemented in close cooperation with the Russian Federation through the local Embassy of Russian Federation and the technical expertise of a Russian International UNV already working in the Country Office. The project will explore opportunities for local government staff to learn from their Russian counterparts.

The proposed project will be implemented in close collaboration with the Russian Federation which has had a longstanding partnership in development, and the health sector in particular. Available information indicates that every tenth doctor in Kenya has been trained in Russia²³. In addition, the project will provide some support to the Jaramogi Oginga Odinga Training and Referral Hospital (JOOTRH) in Kisumu that was built, fully equipped and staffed by the Soviet Union and remains one of the best medical institutions in Kenya. In a joint visit to the JOOTRH and Kakamega County Hospital by the Ambassador, UN Resident Coordinator and UNDP Resident Representative, the County Governments indicated an acute need for modern equipment, technology and other support to the two facilities²⁴. The proposed project seeks to strengthen these ongoing partnerships where the project will provide further support and complementarities to enhance the JOOTRH response capacity and health care waste management.

Roles of the key partners

	Name of partner	Key Roles
1.	Ministry of Health	The Ministry of Health will act as the focal implementing partner for the whole project and will be responsible for capturing and reporting the project in the government reporting systems. In addition, the Ministry will play the technical lead role, providing detailed specifications for item to be procured, supporting the counties to identify gaps, and ensuring that project activities are in sync with other ongoing government interventions. The Ministry will Co-Chair the Project Steering Committee and ensure other government partners are brought on board as and when necessary. As the implementing partner, MoH will also be responsible for ensuring reporting of activity/output achievements and impacts against the SDG indicators
2.	Council of Governor's (CoG)	The Council of Governors plays a coordination role between the different counties as well as provides strategic technical guidance to the county government. Specifically, for the project, the COG

²³ [Rekindling Russia-Kenya Mutual Cooperation, People Daily](#)

²⁴ <https://youtu.be/yjiuBDextCo>

	Name of partner	Key Roles
		will support in the roll-out and domestication of the two socio-economic frameworks under output 3.
3.	Ministry of Public Service Youth and Gender Affairs/MSEA	The Ministry of Public Affairs, Youth and Gender affairs will support the project in ensuring that inclusion of both women and youth is properly mainstreamed during implementation. The ministry will also provide guidance of existing policy, frameworks or related gender/youth work which may be ongoing in the country.
4.	Ministry of Devolution/NDMA	The Ministry of Devolution provides the primary link between the national government and the county governments. Specifically, under the project, the ministry will provide advice on ongoing national level initiatives as well as potential areas of collaboration between the three counties.

Risks and Assumptions

Risks	Mitigation
Risk of continued cross-border transmission of COVID-19	The COVID-19 pandemic is affecting all neighbouring countries and there is risk of continued cross-border transmission. To mitigate against this, the project has targeted the two border counties of Busia (Uganda border) and Migori (Tanzania border) to reduce such transmissions.
Political risks due to early electioneering related to Building Bridges Initiative	The project is being implemented within the context of implementation of the Building Bridges Initiative which may result in a referendum. There is therefore risk that electioneering for over the referendum may cause delays in implementation. The project will utilize local county-based actors, including county governments, to mitigate against this risk.
Change in boarder security which may affect access to specific areas.	Changes in the situation on the border between Kenya and Somalia may impact on implementation. The project will mitigate against this by scheduling trainings, meetings and other activities to take place in alternate safer areas, use of electronic conferencing and continuous threat assessments.

Sustainability and Scaling Up

Stakeholder participation shall be incorporated at the various stages of the project including identification of beneficiaries and specific sites, implementation as well as monitoring of activities. The project will invest in the people through capacity building/training to strengthen knowledge and skills necessary for the continuity of the project. Participation of community members and leaders is expected to increase ownership and sustainability. The project will work through the various government departments at the national and local levels as well as build partnership with key stakeholders in the respective areas. Ownership and participation by government departments will be key due to their long presence and mandates in the community. To further entrench long-term sustainability, the project links to the UNDP country office programming outlined in the CDP 2018-2022. This will be achieved through deliberate efforts by the programme team to develop a resource mobilization strategy. This will ensure that programme outcomes are sustained well after the project, complemented by the larger UNDP programming.

IV. PROJECT MANAGEMENT

Project Management

The UNDP Kenya Country Office will provide overall project management and quality assurance based on the project execution modality agreed upon, and in close collaboration with Ministry of Health, Ministry of Devolution and Planning, Devolution and Planning, Council of Governors and other technical ministries.

At the local level, County Governments will guide, monitor, provide technical guidance and evaluate the implementation of activities to ensure that project activities are fully inline to contribute to national development deliverables.

Project Management Team

The project will be managed as part of the Country Office COVID-19 portfolio response to ensure cost effectiveness and strengthen the portfolio approach to programme management. The UNDP Country Office will utilize existing programme personnel including the recently recruited International UNV funded by the Federation of Russia to manage, support and coordinate field implementation. The project team will work closely with respective partners and health care workers. The project will be further supported by the UNDP Country Office which will provide quality assurance, procurement, finance and operations support on a cost recovery basis.

Project Steering Committee:

The Project Steering Committee (PSC) is established as a national body responsible for overall leadership and policy guidance. The PSC will review and approve the implementation plan before the project commences. It will comprise of Ministry of Health, Council of Governors, relevant technical ministries, Russia Embassy Representative and the National Treasury. The PSC will provide overall strategic advisory oversight to ensure the project contributes to the national and partner development results as identified in the project. Efforts will be made to

promote the portfolio approach and efficiencies, so that all UNDP COVID-19 support programmes and coordinated under one Project Steering Committee.

The Project Steering Committee responsibilities will specifically include:

- Review and approve the Joint Programme Document and subsequent revisions, as well as annual work plans.
- Allocate resources, and review/approve any budget revisions/reallocations.
- Approve partnerships with others, including counties, CSOs and the private sector.
- Provide strategic direction, including on resource mobilization.
- Monitor implementation progress and address/mitigate challenges.
- Review and approve progress reports.
- Review evaluation and audit reports.

The PSC will meet at least twice year.

Project Launch

To fast track startup of implementation, given the emergency nature of the pandemic, the project will undertake initiation activities including a local project appraisal committee (LPAC), creation and uploading of the project into ATLAS system, and initiate recruitment of relevant staff. The project will strive to complete the initiation processes and start actual implementation within the initial first month. Further, the project will also utilize the UNCT logistics cluster to identify potential sources of goods in order to fast track procurement. To enable accelerated startup of the project UNDP will leverage its portfolio approach which enables different projects to utilize unified procurement and management; utilizing systems established in the on-going COVID-19 response projects under the project and wider UN System; and coordination with other UN agencies through the SRA Outcome 2.8 which deals with resilience. These actions will be undertaken while awaiting final project approval,

UNDP Country Office

The UNDP Country Office will lead the coordination at the country level and other UN agencies involved in COVID response work. Guidance on policy shall be enhanced by the Kenya Country Management Team with support from the Environment and Resilience Unit (ERU) Team Leader. The project will utilize the existing ERU programme personnel capacity to assist with and enhance planning and implementation of project initiatives at UNDP and to support integration of COVID-19 response into other on-going humanitarian response and development planning at the national and county levels. The ERU based in UNDP CO shall be responsible for coordination, monitoring, and reporting. At the national level, the project team will engage directly with the Ministry of Health, CoG and other relevant Ministries according to the activity. At the local level, the team will liaise directly with the County Health Committees in coordination with the County Disaster Management Teams.

Reporting, monitoring and communications

Reporting: The project management unit will prepare quarterly, mid-term and final narrative reports to be submitted to the PSC. The reports will summarize the progress of implementation during the period and a workplan for the next quarter. The reports will also capture challenges, lessons learnt and impacts. The project will prepare and submit to the donor a mid-term and a final narrative report. The donor reports will capture the achievement of outputs and outcomes during the period as well as the challenges, lessons learnt and indicators. The mid-term report will be submitted six months after the start of the project while the final narrative report will be submitted three after the end of the project as per UNDP rules and regulations.

Monitoring: UNDP, MoH and the other responsible partners will conduct joint monitoring field visits to the implementation sites to ensure quality of programming and well as facilitate the implementing partner to accurately report within the government reporting systems. The monitoring visits will provide quality assurance to the project as well as identify any constraints and required corrective action. In addition, UNDP will provide corporate quality assurance for the project as per its project management rules and regulations.

Communications: the project will communicate results and achievements through the quarterly, midterm and final reports. The reports will be disseminated to all stakeholders as well as externally as necessary. In addition, UNDP will communicate the results through periodic sharing on its social media platforms.

Visibility: to ensure visibility of the donor, the project will brand all publications and training materials with logos of the Russia and Kenya Government as well as responsible partner. Further, the project will properly brand all physical facilities produced under the project.

Financial Management and Reporting

1. Financial Accountability:

Ministry of Health shall be responsible for ensuring that the allocated resources under the Annual Work Plan are utilized effectively in funding the envisaged activities as outlined in the Letter of Agreement to be signed with each partner. MoH will maintain records and controls for the purpose of ensuring the accuracy and reliability of the Annual Work Plan's financial information. The accounting system in place shall ensure that such disbursements are within the approved budgets as provided for in the Prodoc, Workplan and respective agency Letter of Agreement. The accounting system shall track the advances received and disbursed, and any capture expenditures incurred directly as AiA by UNDP on behalf of any of the partners. UNDP Country Office shall make cash transfers or direct payments to other partners for goods and services in accordance with the Annual Work Plan. Documentation of payment by the country office must be made available to the Implementing Agency. A register for such requests shall be maintained to facilitate follow-up.

2. Support Services:

UNDP, upon request of implementing partner, may provide the following support services:

- Identification, assistance with and or recruitment of project (female and male) personnel;
- Identification and facilitation of training activities, including fellowship, short term training and study tours;

- Access to UNDP-Managed global information system, the network of UNDP country offices and specialized systems containing operations information, including roster of consultants and providers of development services

The cost of these services calculated on the basis of the universal price list will be recovered by the project.

3. Financial Reporting:

The Responsible Parties must submit a quarterly financial report to the Implementing Partner and United Nations Development Programme Country Office no later than 15 days after the end of the quarter. The financial report must be in accordance with the UNDP format. The submission of the financial report is mandatory. Within two months of the completion of the Annual Work Plan or of the termination of the present agreement, the Responsible Party shall submit a final report on the Annual Work Plan activities and include a final financial report on the use of United Nations Development Programme funds, as well as an inventory of supplies and equipment.

UNDP CO will submit mid-term and final reports to the Government of Russia and other Donors.

4. Fiduciary Compliance:

In managing the Annual Work Plan resources, the implementing agency has fiduciary and compliance responsibilities to the funding institutions. It also has compliance responsibility for funding institutions' reporting procedures.

5. The Audit Requirements:

All nationally executed Annual Work Plans must be audited at least once in their lifetime. The objective of the audit is to provide the United Nations Development Programme administrator with the assurance that United Nations Development Programme resources are being managed in accordance with:

- a. The financial regulations, rules, practices and procedures for the Annual Work Plan;
- b. The Annual Work Plan activities, management and implementation arrangements, monitoring evaluation and reporting provisions; and
- c. The requirements for implementation in the areas of management, administration and finance.

The United Nations Development Programme may audit NGO or private entity implementing Agency's' Annual Work Plans by sub-contracting private auditors to carry out the audit exercise. Funds for audit expenses will be budgeted within the Annual Work Plan.

An audit of this Annual Work Plan must confirm and certify that:

- a. Disbursements are made in accordance with the Annual Work Plan;
- b. Disbursements are valid and supported by adequate documentation;
- c. An appropriate system for internal control is maintained by the Implementing Agency and can be relied upon;
- d. Annual Work Plan financial reports are fair and accurately presented;

- e. The Annual Work Plan, monitoring and evaluations reports are prepared as required;
- f. Annual Work Plan disbursements are duly verified by the Implementing Agency; and
- g. The procurement, use control, and disposal of non-expendable equipment is in accordance with Government or UNDP requirement.

The Implementing Agency will ensure that auditors are given all records and information that they will need to perform a meaningful performance audit. The Implementing Agency will ensure that final accounts of the year under audit are submitted to United Nations Development Programme and for government implementing institutions to the Controller and Auditor-General (or an appointed sub-contractor), by the end of January of the following year. It is the responsibility of the Implementing Agency to ensure that all audit observations are attended adequately.

6. Procurement of Goods and Services: Government of Kenya's established rules and procedures governing procurement shall be used.

7. Funding Modalities

Funds Flow: Both GoK and UN financial and procurement procedures will be utilized as necessary and adhered to as appropriate. The project will be implemented under NIM modality and will adhere to the Public Financial Management Act (2012). Funds to be spent by government agencies will be captured and reported by Ministry of Health in the IFMIS and other Government reporting systems. MoH will provide information for the project to be included in the normal GoK budget or supplementary budgets as revenue or AiA accordingly. The Implementing Partner will submit the budget estimates for the respective financial years. Both Special Deposit Account and Project Account will be opened by National Treasury in Kenya Shillings to enable disbursement of funds accordingly. For activities where expenditure is incurred as AiA on behalf of any of the partners, UNDP will provide all the necessary documentation to MOH for capture in the IFMIS and other government reporting systems as required under the PFM Act. For the purposes of alignment with government budgeting and reporting processes, MoH as the implementing partner will ensure capture of the project budget and expenditures in IFMIS and other government systems noting the following guidance:

- i. Note that DIM/ Appropriation in Aid requires that once the FACE is filled by MoH, it is forwarded to National Treasury who documents then sends to UNDP to pay. Filling of FACE forms and sending to UNDP directly to pay bypasses the system and leads to lack of information from Treasury side.
- ii. If direct transfer is made to other government agencies, then they must forward copies of vouchers or FACE²⁵ forms through MoH who will then be able to capture in IFMIS, ensures MOH has records as well for accountability and audit purposes

²⁵ Funding Authorization and Certificate of Expenditures (FACE) Form provides a simplified and harmonized template that replaces agency-specific reporting formats and documentation to support implementing partner requests for expenditure. <https://unsdg.un.org/resources/funding-authorization-and-certificate-expenditures-form>

- iii. For expenditure incurred directly as appropriation in aid (AiA) at UNDP office, UNDP will provide all the necessary documentation to MoH who will ensure the AiA is captured appropriately in government records.

The other responsible parties will provide the information required from respective components to enable this function to be undertaken successfully. UNDP will ensure any expenses incurred as appropriation in aid are also captured appropriately. The National Treasury will be involved in the PSC to ensure transparency and accountability.

PROJECT DOCUMENT
KENYA

RESULTS FRAMEWORK									
UNDAF Outcome 2.8: By 2022, individuals and communities in Kenya have reduced exposure to risks and are more resilient to disasters and emergencies									
CPD output(s) 4.4: Communities have improved adaptive capacity to disasters including from climate change									
i.									
Applicable Output(s) from the UNDP Strategic Plan:									
OUTCOME 5: Countries are able to reduce the likelihood of conflict and lower the risk of natural disasters, including from climate change									
Project title and Atlas Project Number: ENHANCING SECURITY IN RESPONSE TO THE RISE OF VIOLENT EXTREMISM WITHIN KENYA									
EXPECTED OUTPUTS	OUTPUT INDICATORS	DATA SOURCE	BASELINE		TARGETS				DATA COLLECTION METHODS & RISKS
			Value	Year	2021		2022		
Output 1: Improved capacity of the healthcare system for response to the pandemic	1.1 Number of health workers provided with personal protective kits under the project: Target: 129 health workers	Progress reports	0	2020	Jan- Jun	Jul- Dec	129	Jul- Dec	129
	1.2 Number of health facilities equipped with health waste management Target: 1 Referral Hospital Facilities 15 Community level facilities	Ministry of Health Government Annual Reports	0	2020			15		16
	1.2 % decrease in number of COVID-19 cases among health workers at JOOTRH Target: TBD	Ministry of Health Government Annual Reports	TBD	2020					TBD

Component 2: Reduced socioeconomic impact of the pandemic for vulnerable and marginalized community members	2.1 Recovery policy guidance to the Govt and development partners on prioritization of recovery - sector-specific recovery interventions, costs, timelines and potential actors Target: 2 Policy Framework for Counties	CoG Reports, Government reports	0	2020	1	1	2	
	3.2 Number of households reached with livelihoods recovery interventions Target: 1875	Project Progress Reports	0	2020	900	9750	1875	
Component 3: Increased adoption of innovative technologies for response and mitigation of the impacts of the pandemic	3.1 Number of women and youth utilizing digital technology for e-commerce Target: 500 women and youth	Project progress reports	0	2020	250	250	500	
	3.2 Number of trained girls entering into digital employment Target: 100	Project progress reports	0	2019	1000	4000	9000	

V. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly	<ul style="list-style-type: none"> Data will be uploaded into the corporate quality assurance system on a quarterly basis. Data will be presented and reviewed by the PSC quarterly and corrective action taken if required. 	N/A	N/A

Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk.	Quarterly Annually	<ul style="list-style-type: none"> Risks will be monitored and updated in the corporate systems on a quarterly basis Financial and programmatic spot-checks will be conducted quarterly External Audit will be conducted annually 	N/A	3,000 USD
Learning	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	Quarterly	<ul style="list-style-type: none"> Relevant lessons will be captured and reported quarterly in the progress report. Lessons from other projects will also be captured during the same forum. 	N/A	N/A
Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	<ul style="list-style-type: none"> Quality of the project will be assessed annually in the corporate system 	N/A	N/A
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	Quarterly	<ul style="list-style-type: none"> Internal reviews will be conducted by the technical team and discussed by the PSC quarterly. 	N/A	N/A
Project Report	A progress report will be presented to the Project Board and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	Quarterly Mid-term, Final report	<ul style="list-style-type: none"> Quarterly progress reports will be submitted to UNDP for use during PSC A Mid-Term and a Final Donor report will be shared with the Government of Russia 	N/A	N/A
Project Review (Project Board)	The project board (i.e., Project Steering Committee) will hold regular project reviews to assess the performance of the project and review the Work Plan to ensure realistic budgeting over the life of the project. At the end of the project, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Quarterly End of Project	<ul style="list-style-type: none"> The project Steering Committee will meet quarterly to review progress and work plans. End of project review will be undertaken at the end of the project. 	N/A	N/A

Evaluation Plan²⁶

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
e.g., Mid-Term Evaluation	<ul style="list-style-type: none">There are no evaluations planned under this project.					

²⁶ Optional, if needed

VI. BUDGET AND WORKPLAN ²⁷²⁸

BUDGET AND WORKPLAN

Project title: Strengthening COVID-19 Response for Kenya: Preparedness, Response and Recovery						
CPD Output 4.4: Communities have improved adaptive capacity to disasters including from climate change						
Project Period: 24 Months - December 2020 - November 2022						
Expected outputs	Planned activities	2,021		2,022		Budget
		Jan - Jun	Jul-Dec	Jan-Jun	Jul-Dec	
Output 1: Improved capacity of the healthcare system for response to the pandemic	Output 1: Health Systems Strengthening					
	Activity Result 1.1: Support to enhanced coordination at county and national level					44,100
	Activity Result 1.2: Enhanced protection of healthcare workers					78,400
	Activity Result 1.3: Reduction in exposure to COVID-19					227,500

²⁷ Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

²⁸ Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

Component 2: Reduced socioeconomic impact of the pandemic for vulnerable and marginalized community members	Activity Result 2.1: Enhanced recovery of the SME sector						75,000
	Activity Result 2.2 Sustainable economic recovery and alternative livelihoods						225,000
Component 3: Increased adoption of innovative technologies for response and mitigation of the impacts of the pandemic	Activity Result 3.1: Enhanced access to e-commerce and information						82,500
	Activity Result 3.2 Enhance inclusion of women in the digital space						41,500
Project Management							151,926
Sub Total Prongamme							925,926
GMS (8%)							74,074
TOTAL							1,000,000

GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The Project will be implemented through Direct Implementation Modality (DIM) with UNDP as the Implementing Partner and Ministry of Health and Council of Governors. Figure below illustrates the management arrangement followed by a detailed description.



Programme Steering Committee: The Project Steering Committee (PSC) is established as a national body responsible for overall leadership and policy guidance. The PSC will review and approve implementation plan before the project commences and will follow up on project implementation. The PSC will comprise of National Treasury, Ministry of Health, Ministry of Public Service, Youth and Gender, Ministry of ICT, the Embassy of Russia, and UNDP. Other relevant parties may be co-opted on a need basis.

Project Quality Assurance: The Environment and Resilience unit based in UNDP Country Office shall be responsible for coordination, monitoring, and reporting of project activities. It shall develop guidance under the leadership of the ERU Team Leader and Kenya Country Management Team to quality assurance of project delivery. Specific role will include: a) ensuring *adherence* to the business case outlined in the project (on behalf of the ERU); b) monitoring the compliance with user needs and expectations; c) carrying out supply assurance through spot-check of deliverables and outputs; and d) reviewing the quality of deliverables.

Programme Management Structure – The Project Management structure will comprise of staff at UNDP and the Responsible Partners who will work in collaboration with technical line ministries and department to ensure effective coordination at national and county level. The Project staff will ensure the day-to-day management of the Project including delivery of project outputs as outlined in the project document; identification of and obtaining any support and advice required for effective management, planning, and control of the project; reporting progress through regular updates (e.g. meeting, email briefing, etc.); and being responsible for project monitoring.

MONITORING AND EVALUATION PLAN

The Programme management team will elaborate an integrated monitoring and evaluation mechanism. Quarterly monitoring field visits and regular narrative and financial reports will be carried out in conformity with UNDP procedures as well as conforming to the agreement established with the donor. The country office will submit a mid-term and a final report to the Government of Russia; these reports will include narrative and financial reports.

The gender aware monitoring and evaluation process will use the quantitative and qualitative performance indicators detailed against each of the project objectives. The Programme Management unit and Project Steering Committee are responsible for project monitoring and for devising corrective action if required. The Programme Management Unit will ensure that lessons learnt in promoting gender equality and women's empowerment are captured.

Within the annual cycle, the following monitoring tools shall be used:

- Quarterly monitoring progress reports shall be submitted by the Project Management Unit to the PSC.
- Reports to the donor: a mid-term report and a final report which will include a narrative and financial report shall be submitted to the Government of Russia
- An Issue Log shall be updated regularly to facilitate tracking and resolution of potential problems or requests for changes;
- The Risk Log shall be regularly updated by reviewing the external environment that may affect the project implementation.
- A Lessons Learned Log shall be activated and regularly updated to ensure on-going learning and adaptation within the programme. The lessons will be shared nationally to also inform the implementation of other similar initiatives, and internationally to inform the global network on Disaster Risk Reduction.
- A Quality Log shall record progress towards the completion of activities.

VII. LEGAL CONTEXT AND RISK MANAGEMENT

LEGAL CONTEXT STANDARD CLAUSES

This project document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of Kenya and UNDP. All references in the SBAA to “Executing Agency” shall be deemed to refer to “Implementing Partner.”

This project will be implemented by MoH and Partners in accordance with their financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

RISK MANAGEMENT STANDARD CLAUSES

Option a. Government Entity (NIM)

1. Consistent with the Article III of the SBAA *[or the Supplemental Provisions]*, the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP’s property in the Implementing Partner’s custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:
 - a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
 - b) assume all risks and liabilities related to the Implementing Partner’s security, and the full implementation of the security plan.
2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner’s obligations under this Project Document.
3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml. This provision must be included in all sub-contracts or sub-agreements entered into under/further to this Project Document.
4. Consistent with UNDP’s Programme and Operations Policies and Procedures, social and environmental sustainability will be enhanced through application of the UNDP Social and

Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).

5. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.

VIII. ANNEXES

