HEALTH AND HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOALS (HHSDG) IN KENYA

CHOICE KENYA ANNUAL REPORT
JANUARY – DECEMBER 2023

Executive summary

As we present the annual report of the CHOICE project, it is with a sense of purpose and dedication to advancing health and well-being in Kenya and beyond. The CHOICE project, spearheaded by Aga Khan University East Africa in collaboration with The Centre for Global Child Health at The Hospital for Sick Children, Toronto, embodies our shared commitment to realizing the transformative potential of the Sustainable Development Goals (SDGs), particularly in the realm of Health and Health-related SDGs (HHSDGs).

Within the framework of the CHOICE project, this report embarks on an exploration to assess the strengths, weaknesses, gaps, and opportunities inherent in three essential pillars of HHSDGs: gender equality, mental health, and climate change. Through rigorous literature search, document analysis of Kenya national policies, plans and programs, on the three mentioned themes of HHSDGs, we seek to identify pathways for progress, and catalyze meaningful change within our communities specifically on gender equality, mental health and climate change.

We intend to establish and coordinate a dynamic think tank in Kenya, envisioned to serve as a catalyst for localized innovation advocacy and innovation. With seed funding provided by The Centre for Global Child Health, this think tank emerges as a beacon of collaboration, research, and advocacy, poised to shape the discourse and drive tangible outcomes in the pursuit of HHSDGs.

The purpose of this Think Tank transcends mere academic inquiry; it embodies a commitment to grassroots engagement, establishment of frameworks to track progress towards HHSDGs in collaboration with government and civil society stakeholders, and evidence-based policymaking. Through focused research, analysis, and advocacy, the Think Tank is aimed at developing contextually relevant solutions to implementation barriers, ensuring that no community is left behind in our collective quest for progress on HHSDGs such as gender equality, mental health and climate action. This Think Tanks is envisioned as catalysts for localized action, driving innovation and fostering cross-sectoral partnerships and collaborations to advance the mentioned HHSDGs.

Moreover, the Think Tank assumes a pivotal role in fostering transparent governance processes, facilitating meaningful dialogue between government entities, civil society stakeholders, and local communities. By advocating for progress towards HHSDGs and amplifying the voices of marginalized populations, CHOICE project endeavors to foster an environment of accountability, participation, and shared responsibility.

As we navigate the complexities of our interconnected world, we remain steadfast in our commitment to monitor and evaluate action towards HHSDGs, recognizing the urgent imperative to accelerate strategies to address gender inequalities, mental health issues, and mitigate consequences of climate change. Through collaborative partnerships and sustained engagement, we aspire to build a future where health is a fundamental human right, gender equality is non-negotiable, and our planet thrives in harmony with its inhabitants.

In the pages that follow, we invite you to delve into the insights, achievements, challenges and opportunities captured within this annual report, and join us in our collective pursuit of a healthier, more equitable world. Together, let us harness the power of knowledge, advocacy, and partnerships to create lasting change and leave a brighter and healthier future for generations to come.

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1.0 Introduction

Progress towards the health and health-related sustainable development goals (HHSDGs) has been inconsistent, and at present, given myriad crises including the massive economic downturn, post-COVID19, conflict, climate change, food insecurity, and governance challenges in many countries, Kenya included, are not on target to meet the HHSDGs (1,2). Advancements towards the HHSDGs have been hampered by mounting risks associated with rampant population growth, urbanization, gender, social and economic inequalities, and climate-related disasters(1–3). The nexus of COVID-19-associated economic disruption and rapid climate change has compounded challenges for countries in the recovery process and is a major focus on The UN global climate change conference in Glasgow (COP26) (Oct 31-Nov 12, 2021).

Devastating impacts of climate change are evident from a wide range of complex challenges: entrenched societal inequities; demographic problems; disease outbreaks; war and civil unrest; economic hardship and other factors driving involuntary migration – just to name a few. Climate change in particular is major threat obstructing HHSDG progress and threatens to jeopardize improvements in public health globally(4). It is also widely recognized that climate change can disproportionately impact women and ignoring gender dimensions of climate change can hamper progress(5). A major impact of the last two years has also been the upsurge in mental health issues across the board.

This global discourse surrounding sustainable development in recent years has thus expanded to encompass critical issues such as mental health, gender equality, and climate change. These interconnected topics are pivotal in shaping the social, economic, and environmental landscape of nations worldwide. while development efforts are underway to achieve the Sustainable Development Goals (SDGs) by 2030, understanding the intersectionality of mental health, gender dynamics, and climate change is imperative.

In Kenya, the pursuit of Sustainable Development Goals (SDGs) pertaining to gender equality, mental health, and climate change reflects a journey marked by notable progress, persistent challenges, and promising opportunities. While strides have been made in advancing gender equality through policy reforms and empowerment initiatives, disparities persist, underscoring the need for sustained efforts to dismantle systemic barriers and foster inclusive development. Similarly, awareness surrounding mental health issues has grown, yet stigma and limited access to resources continue to impede comprehensive care and support systems. Additionally, the impacts of climate change pose significant threats to Kenya's socio-economic fabric, exacerbating vulnerabilities particularly among marginalized communities. Amidst these challenges, there are opportunities for innovation, collaboration, and transformative action to accelerate progress towards SDG targets, leveraging Kenya's rich potential and commitment to sustainable development.

As Kenya strives to achieve the SDGs, monitoring progress towards these goals requires robust indicators that capture the multifaceted nature of development. Indicators related to mental health, gender equality, and climate change provide valuable insights into the effectiveness of policies and interventions aimed at addressing these challenges. Tracking indicators such as access to mental health services, gender parity in education and employment, and greenhouse gas emissions reduction efforts, stakeholders can assess progress and identify areas requiring further attention and investment.

2.0 Background

The Sustainable Development Goals (SDG) replaced the Millennium Development Goals (MDGs)and was adopted by world leaders in September 2015. These global SDG development targets will guide the global development agenda through 2030.

During the MDG era, the implementation of the Millennium Development Goals (MDGs) in Kenya unfolded in three distinct phases. In the first phase, the focus was on raising awareness and conducting sensitization campaigns. These efforts aimed to enhance understanding of the MDGs and their alignment with national planning frameworks. They also aimed to foster consensus on the best approach and frequency for country-level reporting. In the subsequent phase 2, attention shifted towards integrating the MDGs into mainstream agendas and local contexts. Finally, the third phase centred on accelerating progress, fast-tracking initiatives, and initiating post-MDG dialogues to sustain developmental momentum.

Like many other developing countries, Kenya made significant progress in the achievement of MDGs. In this regard, remarkable progress was achieved in:

1. **MDG 2: Universal primary education**
2. **MDG3: Gender equality and empowerment of women.**
3. **MDG 6: Combating HIV/Aids, TB, Malaria, and other diseases.**
4. **MDG 7: Sustainable environment and creating global partnerships for development over the period under review.**

However, some of the MDGs fell below the set targets. These include:

1. MDG1: Eradication of extreme poverty and hunger.
2. MDG 4/5: improvement in child health and reduction of maternal mortality.

In the latter case, progress was particularly limited by:

1. Persistent severe droughts caused by global climatic change.
2. Insecurity
3. Rapid population increase.
4. Urbanization, among others, which coupled with.
5. Declining flows of Overseas Development Assistance (ODA).
6. Debt service burden.
7. Imbalanced global trading systems.

It is noted that major transformational changes took place in the economy over the 15-year MDG Implementation period. Key among them was the paradigm shift in government policy, planning, and budgeting processes to mainstream MDGs, capacity building of key stakeholders on MDGs, and widespread mobile telephony penetration in the country.

When it comes to Kenya's progress on the three HHSDGs themes; mental health, gender inequalities, and climate change in relation to the Millennium Development Goals (MDGs) and lessons learned, here is an analysis overview.

1. Mental Health

a) MDGs and Mental health: Mental health was not explicitly included as a target under the MDGs. Therefore, there were no specific targets or indicators related to mental health within the MDG

framework. However, there was growing recognition globally during the MDG era about the importance of mental health, leading to increased advocacy and awareness in Kenya (6).

b) Achievements and Challenges

Achievements: During the MDG era, there were efforts to integrate mental health into primary healthcare systems in Kenya, albeit to a limited extent. There were also some initiatives to address stigma and raise awareness about mental health issues.

Challenges: Despite some progress, mental health services remained severely underfunded and inaccessible to many Kenyans. Stigma surrounding mental illness persisted, hindering help-seeking behavior. Limited resources and infrastructure for mental health services posed significant challenges.

2. Gender Inequalities

a) The MDG Goal 3: Promote gender equality and empower women included specific targets related to gender equality and women's empowerment, such as promoting gender equality in health education and increasing women's participation in decision-making (6)

b) Achievements and Challenges

Achievements: Kenya made progress in increasing girls' access to education and reducing gender disparities in primary and secondary education enrolment. There were also efforts to promote women's participation in leadership and decision-making roles.

Challenges: Despite progress, gender inequalities persisted in various sectors, including employment, access to healthcare, and representation in leadership positions. Gender-based violence remained a significant issue, with limited access to justice and support services for survivors.

3. Climate Change

a) MDGs and climate change: The MDGs did not explicitly address climate change. However, there were indirect links between MDG 7 on environmental sustainability. The environmental sustainability goal (MDG 7) included specific targets to integrate sustainable development principles into country policies and programmes, reverse the loss of environmental resources, halve the proportion of people without access to safe drinking water and basic sanitation (by 2015) and significantly improve the living conditions of at least 100 million slum dwellers (by 2020).

b) Achievements and Challenges

Achievements: Kenya implemented various environmental conservation and sustainable development initiatives during the MDG era, such as afforestation programs and promoting renewable energy sources.

Challenges: Climate change impacts, including droughts, floods, and other extreme weather events, continued to pose significant challenges to Kenya's development. Limited resources and capacity for adaptation and mitigation efforts remained key challenges.

Lessons Learned from MDGs progress on mental health, gender inequalities and climate change

The Kenyan Constitution 2010 ushered in a devolved system of Government that established 47 counties. The devolved system of governments provides a catalyst for the achievement of the

Sustainable Development Goals (SDGs). Further, the achievement of the MDGs put Kenya on a good footing to transit to the SDGs. Critical lessons learned from MDGs progress and during the transition to SDGs are identified. The key lessons learned that will put the country on the right pedestal as we embark on the implementation of SDGs include:

1. Integration and intersectionality: Recognizing the interconnectedness of health and development goals, addressing issues such as mental health, gender inequalities, and climate change requires integrated and intersectional approaches.
2. Local context and community engagement: Tailor interventions to the local context and engage communities actively in decision-making and implementation processes of the health and health related SDGs.
3. Investment in health systems: Prioritize investment in health systems, including mental health services, gender-responsive healthcare, and climate-resilient infrastructure.
4. Policy coherence and collaboration: Ensure coherence and collaboration across sectors and levels of government to address complex health and development challenges effectively.
5. MDGs delivery Unit ought to have reflected a national outlook with leadership having a high-level standing in the political/government hierarchy. For the SDGs agenda, the process has to be driven at a significantly high level.
6. Synergies among all the key stakeholders should be fully optimized for better results.
7. Financing HHSDGs: There is a need to harness domestic resource mobilization as an important source for financing SDGs particularly health and health-related SDGs.
8. Awareness creation and advocacy should be for a limited time, while actual implementation should be hastened.

3.0 Project Objective, Activities & Methodology

3.1 Main Objective

The main objective of CHOICE Kenya is to provide details on the progress of Health and Health-related Sustainable Development Goals (HHSDGs) in Kenya, to provide cross-cutting solutions, and to ensure the implementation of HHSDGs through the power of think tanks. CHOICE Kenya will specifically dwell on three key areas of HHSDGs: Mental Health, Gender Equity and, climate change.

Project Specific Activities

1. Conduct sequential annual in-depth country case studies with a focus on supporting and advocating for local cross-cutting solutions for improved health, including mental health, nutrition, food systems climate change, and gender equity.
2. To facilitate the creation or activation of an in-country multisectoral Think Tank to facilitate work towards achieving the HHSDGs.
3. Advocate and create a framework to track the progress towards the HHSDGs with government and civil society stakeholders.

3.2 Methodology:

To achieve the CHOICE Project activities, we intend to:

a. Conduct a situational analysis aimed to identify both existing strengths and weaknesses, as well as potential gaps and opportunities in Kenya's approach to these critical areas. We

therefore conducted document analysis which entailed accessing policies and legislation from official government documents, various websites, reports of NGOs, UN agencies, scientific articles in major scholarly databases like Ssopus, gray literature, and general google web. Special emphasis was placed on scrutinizing the accessed documents to assess the integration of climate change adaptation, mental health, gender issues, and SDGs mitigation strategies. This analysis aimed to identify both existing strengths and weaknesses, as well as potential gaps and opportunities in Kenya's approach to these critical areas.

b. We also intend to formulate a country-based multisectoral think tank that will support the local implementation of HHSDGs.

4.0 Establishment and Constituency of Think Tank & Branding

To put the progress of HHSDGs on track, e.g. mental health, and gender inequalities, and address climate change considering these multidimensional threats necessitates a collaborative strategy. Stakeholders, including funders and governments, academia, civil society organizations and multilateral organizations, guided by strategic country-based and regional Think Tanks. Think tanks, must work together to develop coordinated action plans and address implementation challenges(7).

These think tanks could be institutes or organizations specifically set for a purpose. Alternatively, they could represent experts from various sectors who may get together in an advisory capacity. During the creation of Creating of a think tank, we will ensure an inclusive collaborative process that ensures representation from vulnerable populations and communities, can also in order to reduce inequalities and allow those most affected to shape action. Attention will also be given to gender equality (50-50 divide) within the group, as well as ensuring varying technical expertise in mental health, gender and climate change will be included within the group to ensure diversity of perspectives.

Think Tanks are noted to be effective in the speeding up the progress and achievements of SDGs. Thus, a consortium of active Think Tanks will likely create the impetus to build back fairer and effective multi-sectoral strategies and policy systems for achievement of HHSDGs (8).

In our case, we will not create a new think tank. Instead, we will seek the already available national and regional Think Tanks in the country and involve them. we It is envisioned that Aga Khan University East Africa will partner with SDG Kenya Forum which already exists in Kenya to identify potential individuals from the forum that can formulate a think tank. We have established a tentative composition of think tank membership which we intend to extract from the SDG Kenya forum as indicated in Table 1. Official appointment and invitation of the think tank members will be done once we sign the already drafted memorandum of association (MOU) between CHOICE Kenya, and SDG Kenya Forum.

As Aga Khan University, we will establish and coordinate think tank activities in Kenya, with seed funding provided by The Centre for Global Child Health at The Hospital for Sick Children, Toronto for an initial period, with a possibility of extension. It is expected that the think tank would pursue separate, additional funding opportunities to continue and expand its work beyond the term of this sub-award.

4.1 Purpose of Think Tank

The purpose of the Think Tank is to support the local implementation of the health and health-related Sustainable Development Goals (HHSDGs) by activating country-specific think tanks. These multisectoral, academic-led think tanks would:

a) Develop local solutions to contextual implementation barriers through focused research, analysis, and advocacy
b) Support inclusive and transparent governance processes for the oversight and monitoring of HHSDGs
c) Advocate for progress towards the HHSDGs with government and civic society stakeholders
d) Monitor and evaluate action to achieve the HHSDGs and accelerate strategies to address climate change and mitigate its consequences

3.2 Membership and Composition of Think tank

Membership of the Think Tank will be selected from the mapped organizations as tabulated below.

Table 1: CHOICE Kenya Think Tank Member Composition:

Thematic area	Organizations	Directorate	Email address
Gender	SDG Kenya Forum	In charge Gender Thematic Area	membership@sdgkenyaforum.org Azure Towers, 10th Floor, Lantana Rd,Nairobi, Kenya
	State Department of gender and affirmative action	In charge of Gender and health	Telposta Towers 4th Floor. Kenyatta Avenue, Nairobi. Tel: 020-2216500. P.O Box 29966 – 00100 Nairobi.
	Kenya National Commission on Human Rights (KNCHR):	In charge of Gender and health	CVS Plaza 1st Floor, Kasuku Lane, Off Lenana Road, P.O. Box: 74359-00200 Nairobi, Kenya
	WHO	In charge of Gender and health	QR89+F8J, United Nations Office in Nairobi UN Avenue Gigiri
Climate change	SDG Kenya Forum	In charge of Climate change Thematic Area	membership@sdgkenyaforum.org Azure Towers, 10th Floor, Lantana Rd, Nairobi, Kenya
	Kenya Meteorological Department		Dagoretti Corner, Ngong Road, P.O Box 30259, 00100 GPO Nairobi, Kenya · +254 20 3867880-5, +254 724 255154 · director@meteo.go.ke
	Ministry of Environment and Natural Resources	The Climate Change Directorate (CCD)	Ministry of Environment And Forestry, Nhif Building,12th Floor, Ragati Road, Upperhill
	Africa Youth Climate Assembly	In charge of climate change	
	UN agency (UNDRR)	In charge of the coordination of disaster risk reduction	United Nations Complex, Block N, Level 2 Gigiri, PO Box 47074-00100 Nairobi, Kenya
Mental Health	SDG Kenya Forum	In charge of Health Thematic area	membership@sdgkenyaforum.org

			Azure Towers, 10th Floor, Lantana Rd, Nairobi, Kenya
	Ministry of Health	Director mental health (Dr. Simon Njuguna)	Afya House, Cathedral Road P.O Box 30016 – 00100 Nairobi, Kenya ps.publichealth@health.go.ke
	Kenya's Psychiatric Association (KPA)	The president KPA (Dr. Boniface Chitayi)	
SDG Data management	SDG Kenya Forum	In charge of Data (M&E) Thematic Areas	membership@sdgkenyaforum.org Azure Towers, 10th Floor, Lantana Rd, Nairobi, Kenya
	Kenya National Bureau of Statistics	In charge of undertaking demographic and health sample surveys;	Kenya National Bureau of Statistics, P.O. Box 30266–00100 GPO NAIROBI. Telephone: +254-735-004-401, +254-202-911-000, +254-202-911-001. info@knbs.or.ke,directorgeneral@knbs.or.ke
	WHO	In charge of SDG data	QR89+F8J, United Nations Office in Nairobi UN Avenue Gigiri

Note: Attention will be given to gender equality (50-50 divide) within the group, as well as ensuring varying technical expertise in mental health, gender and climate change will be included within the group to ensure diversity of perspectives.

5.0 Objective, activities & Methodology

4.1 Objectives

Main Objective:

To improve health and wellbeing, and address inequality through ensuring the implementation of HHSDGs using the power of Think Tanks and and to provide cross-cutting solutions.

Specific Objectives:

1. To facilitate the creation or activation of an in-country multisectoral Think Tank to facilitate work towards achieving the HHSDGs.
2. Conduct sequential annual in-depth country case studies with a focus on supporting and advocating for local cross-cutting solutions for improved health, including mental health, nutrition, and food systems and gender equity.
3. Advocate and create framework to track the progress towards the HHSDGs with government and civil society stakeholders.

4.2 Methodology:

This report employed a document analysis method to collect data, which entailed accessing policies and legislation from official government documents and websites scientific articles, Gray literature, Special emphasis was placed on scrutinizing the accessed documents to assess the integration of climate change adaptation, mental health, gender issues, and SDGs mitigation strategies. This analysis aimed to identify both existing strengths and weaknesses, as well as potential gaps and opportunities in Kenya's approach to these critical areas.

6.0 Programs, Policy Review & Financing

This report subsection reviews existing policies and programs on health and health-related SDGs in Kenya to shed light on what policies, programs, strategies, etc are currently in place. It particularly introduces SDGs and then focuses on three thematic areas of health and health-related SDGs: mental health, gender inequality, and climate change dimensions.

6.1 Sustainable Development Goals

In Kenya, the foundation of Sustainable Development stems from Article 43 of the Constitution (9), which outlines Economic and Social Rights. These rights encompass access to the highest standard of health, education, freedom from hunger, adequate food, and decent livelihoods for all. Additionally, Article 69, section 1 of the Kenyan constitution (9), emphasizes environmental rights, mandating the State to ensure sustainable exploitation, utilization, management, and conservation of the environment and natural resources, alongside equitable sharing of the accruing benefits.

Guiding Kenya's development trajectory is the Kenya Vision 2030 (10), a comprehensive blueprint aimed at swiftly transforming the nation into a robust, middle-income country by 2030. This vision is actualized through five-year Medium-Term Plans (MTPs).

Following the adoption of the 2030 Agenda and its Sustainable Development Goals (SDGs), the Government and stakeholders have committed to integrating these global objectives into the local context. This involves not only implementing, but also monitoring, evaluating, and reporting on the progress of SDGs implementation.

The initiation of SDGs implementation in Kenya began with an analysis of how the SDGs align with the Kenya Vision 2030. The 17 SDGs were mapped against the objectives of Vision 2030, considering their shared time frame. Additionally, a crucial aspect of the 2030 Agenda involves tracking and reporting on the targets and indicators set forth by the SDGs.

The various policies and programs in Kenya that address Climate change, Gender equality, and mental health are outlined below:

6.2 Climate change related policies and action plans in Kenya

1. ***The Constitution of Kenya (2010)***: The Constitution of Kenya (2010) (9), lays the foundation for the formulation of adaptation and mitigation legislation, policies, and strategies. It mandates the government to protect and preserve the environment and natural resources for present and future generations. This includes measures to mitigate climate change impacts, such as promoting renewable energy, sustainable land use practices, and environmental conservation efforts through several relevant articles.

   Article 11, under Culture, recognizes the pivotal roles of science and indigenous technologies in the nation's development. Moreover, it mandates the enactment of legislation to safeguard ownership of indigenous seeds and plant varieties, ensuring their utilization by communities.

   Furthermore, the Constitution guarantees the right to a clean and healthy environment under the Bill of Rights (Chapter 4, Article 42), asserting that every Kenyan has the entitlement to such conditions.

   In Article 43, addressing Economic and Social Rights, it affirms that "every person has a right to be free from hunger, and to have adequate food of acceptable quality".

Within Chapter 5, focusing on Land and Environment, Article 69 outlines obligations concerning the environment, while Article 72 stipulates Parliament's duty to pass legislation pertaining to environmental matters.

2) Kenya Vision 2030 (2008) and its Medium-Term Plans: Kenya Vision 2030 (11) is a long-term development blueprint launched by the Kenyan government in 2008. It aims to transform Kenya into a middle-income country by the year 2030. Regarding climate change, Kenya Vision 2030 underscores the importance of environmental conservation and sustainable development. It mandates the government to protect and preserve the environment and natural resources for present and future generations. This includes measures to mitigate climate change impacts, such as promoting renewable energy, sustainable land use practices, water resource management, and environmental conservation efforts to ensure environmental sustainability and climate resilience in achieving long-term sustainable development goals.

3). Kenya Climate Smart Agriculture Strategy (2017- 2026): Kenya Climate Smart Agriculture Strategy is a comprehensive framework developed by the Kenyan government to address the challenges posed by climate change in the agricultural sector. It aims to promote sustainable agricultural practices that enhance productivity, resilience, and adaptation to climate variability and change while reducing greenhouse gas emissions. The strategy outlines a set of objectives and interventions across various thematic areas such as; sustainable land management, climate-resilient crops and livestock; water management; sustainable intensification practices and diversified cropping systems; value addition and market access linkages, capacity building, and institutional coordination.

4)National Climate Change Action Plan (2018-2022): The NCCAP provides a framework for addressing climate change in Kenya by outlining strategies and actions to mitigate and adapt to its impacts. It focuses on sectors such as agriculture', water, energy, health, and infrastructure. It has prioritized sustainability by offering measures aimed at achieving low carbon emissions (a low carbon–emission economy) and resilience to climate change. These measures specifically focus on adapting to climate change and enhancing food security and are aligned with the Kenyan Government's "Big Four" agenda (ensuring food and nutrition security, affordable and decent housing, increased manufacturing, and affordable healthcare) as well as the relevant UN Sustainable Development Goals (SDGs) (GoK 2018).

5). National Climate Change Response Strategy (2010): This is a comprehensive document developed by the Kenyan government to address the challenges posed by climate change in the country. The strategy outlines the goals, objectives, and actions needed to mitigate and adapt to the impacts of climate change across various sectors of the economy.

6) Climate Risk Management Framework (2017): This is a strategic document developed to enhance Kenya's resilience to climate change impacts. It provides a structured approach

for integrating climate risk management into national development planning and decision-making processes. The framework provides a strategic roadmap for building resilience to climate change impacts in Kenya, aiming to safeguard livelihoods, protect ecosystems, and promote sustainable development in the face of a changing climate.

7)Kenya's Nationally Determined Contribution (NDC) (2016), outlines its commitments to reducing greenhouse gas emissions and adapting to climate change impacts. In relation to the Sustainable Development Goals (SDGs), Kenya's NDC aims to align climate action with broader sustainable development objectives. This includes promoting renewable energy, sustainable agriculture, and resilient infrastructure, which contribute to SDGs such as affordable and clean energy (SDG 7), zero hunger (SDG 2), and climate action (SDG 13). Additionally, Kenya's NDC emphasizes the importance of enhancing capacity building and technology transfer to support sustainable development efforts while addressing climate change challenges.

8)National Climate Finance Policy (2018): This s a framework developed by the Kenyan government to coordinate and manage financial resources for climate change actions. It focuses on mobilizing funds, establishing institutional arrangements, prioritizing allocations, ensuring transparency, and building stakeholder capacity to support climate initiatives effectively.

9)Kenya Climate Change Act (No. 11 of 2016): It aims to mainstream climate change considerations into national planning, development policies, and programs.

10) Big Four Agenda (2018-2022). This is a strategic framework launched by the Kenyan government to prioritize four key pillars for national development: manufacturing, affordable housing, universal healthcare, and food security. The agenda aims to stimulate economic growth, create jobs, and improve the quality of life for Kenyans by focusing on these priority sectors.

11)National Adaptation Plan (2015-2030) (NAP): The plan aims to enhance adaptive capacity and resilience to climate impacts. The plan consolidates the country's vision on adaptation supported by macro-level adaptation actions that relate with the economic sectors and county level vulnerabilities in order to enhance long term resilience and adaptive capacity. (Ndiritu, 2021). NAP is the principal guiding and planning document for adaptation actions that mainstream climate change adaptation in the country's Kenya Vision 2030.

12)National Climate Change Framework Policy (2018). This policy provides a comprehensive framework for addressing climate change challenges in Kenya. It outlines strategies for mitigation, adaptation, and resilience-building across various sectors to minimize the impacts of climate change.

13)The National Policy for the Sustainable Development of Northern Kenya and other Arid Lands. This policy focuses on promoting sustainable development in the arid and semi-arid regions of Kenya, aiming to address issues such as poverty, food insecurity, and environmental degradation through targeted interventions and resource management strategies.

14) Environmental Management and Coordination Act (EMCA, 2015). EMCA serves as the primary legal framework for environmental management in Kenya. It establishes mechanisms for environmental protection, conservation, and sustainable use of natural resources, while also regulating activities that may have adverse environmental impacts.

15) The Agricultural Sector Development Strategy (2010-2020). This strategy outlines the government's approach to promoting sustainable agricultural development in Kenya over a ten-year period. It focuses on increasing productivity, enhancing food security, promoting agribusiness, and improving livelihoods for farmers through various interventions and policy measures.

16) The County Governments Act, 2012. This legislation provides a legal framework for the establishment and functioning of county governments in Kenya. It defines the roles, responsibilities, and powers of county governments in areas such as agriculture, health, education, and infrastructure development, thereby decentralizing governance and promoting local participation in decision-making processes. The Act also empowers county governments to develop and implement policies, strategies, and plans to address climate change within their jurisdictions. This includes measures to mitigate greenhouse gas emissions, adapt to climate impacts, and promote sustainable development practices.

Climate-related programs in Kenya.

i. *Renewable Energy Programs*: Kenya has been investing in renewable energy sources such as geothermal, wind, and solar power to reduce dependence on fossil fuels and lower greenhouse gas emissions. The country has ambitious targets for increasing renewable energy capacity through programs such as KOSAP.

   o *Kenya Off-Grid Solar Access Project (KOSAP):* KOSAP, supported by the World Bank, aims to provide electricity access to underserved populations in Kenya through off-grid solar solutions. The project contributes to reducing reliance on fossil fuels and mitigating climate change.

ii. *Adaptation Fund Projects:* Kenya has accessed funding from the Adaptation Fund to implement projects aimed at building resilience to climate change impacts. These projects focus on areas such as agriculture, water resource management, and coastal resilience.

   o **Kenya Climate Innovation Center (KCIC)**: KCIC supports the development and scaling of innovative climate change solutions and businesses in Kenya. It provides mentorship, funding, and capacity building to entrepreneurs working on climate-related technologies and services.

iii. *Coastal protection, Forest Conservation and Reforestation:* Kenya has various initiatives aimed at conserving forests and promoting reforestation to enhance carbon sequestration, protect biodiversity, and support livelihoods. Programs such as **the Green Belt Movement and the Kenya Forest Service** contribute to these efforts, KCDP project etc.

   o *Kenya Coastal Development Project (KCDP):* KCDP, funded by the World Bank, aims to enhance the resilience of coastal communities in Kenya to climate change impacts. It includes initiatives related to coastal protection, sustainable fisheries management, and livelihood diversification.

iv. *Climate Smart Agriculture (CSA) projects:* Kenya promotes climate-smart agricultural practices to enhance food security and resilience to climate change. These practices include agroforestry, conservation agriculture, and climate-resilient crop varieties.

> o **Kenya Climate Smart Agriculture Project (KCSAP)**: This project, funded by the World Bank, aims to increase agricultural productivity and build resilience to climate change among smallholder farmers in Kenya. It promotes the adoption of climate-smart agricultural practices.

v. *International Climate Agreements*: Kenya is a signatory to international climate agreements such as the Paris Agreement. The country participates in global efforts to mitigate greenhouse gas emissions and adapt to climate change.

6.3 Mental Health

The Constitution of Kenya (9)(2010) also addresses the importance of mental health. While not explicitly mentioned, mental health is encompassed within the broader framework of the right to health outlined in Article 43, which guarantees every person the right to the highest attainable standard of health, including mental health.

Additionally, the government has enacted various policies and legislation aimed at promoting mental well-being and providing support for individuals struggling with mental health issues. These efforts are crucial for ensuring that all Kenyans have access to the necessary resources and support systems to maintain good mental health and address mental health challenges effectively.

6.3.1 Mental Health Policies and Action Plans in Kenya

1. *Kenya Mental Health Action Plan 2021 – 2025:* This document outlines a strategic framework for addressing mental health issues in Kenya from 2021 to 2025. It likely includes goals, objectives, and action steps aimed at improving mental health services, awareness, and support systems within the country. It may cover areas such as prevention, treatment, rehabilitation, and promotion of mental well-being among Kenyan citizens.

2. *Kenya Mental Health Policy 2015- 2030 :* This policy sets out the government's long-term vision and strategies for mental health care and management in Kenya from 2015 to 2030. It likely addresses various aspects of mental health, including access to services, human rights, integration into primary health care, and stigma reduction. The policy aims to guide decision-making, resource allocation, and implementation of mental health services across the country.

3. *Mental Health (Amendment) Act of 2022*: This legislative document introduces changes or updates to existing mental health laws in Kenya. It could include amendments to enhance mental health care delivery, protect the rights of individuals with mental illness, improve access to treatment, or address gaps identified in previous legislation. The amendments are aimed at aligning mental health laws with evolving needs and standards.

4. *Suicide Prevention Strategy (2021-2026*):. This strategy outlines a comprehensive plan to prevent suicides in Kenya over a specific period, from 2021 to 2026. It includes initiatives such as awareness campaigns, training for mental health professionals, crisis intervention services, support for vulnerable populations, and collaboration with relevant stakeholders. The strategy aims to reduce the incidence of suicide and provide timely support to individuals at risk.

5. *Kenya Mental Health Investment Case 2021*: This document presents a strategic rationale for investing in mental health initiatives in Kenya. The investment case is aimed to provide evidence-based recommendations for allocating resources effectively to address mental health needs and improve overall well-being in the country.

6. *Kenya National Patients' Rights Charter 2013:* This charter outlines the rights and responsibilities of patients receiving healthcare services in Kenya. It includes provisions related to mental health care, such as the right to access quality treatment, confidentiality, dignity, and non-discrimination. The charter serves as a guiding framework for healthcare providers, policymakers, and patients, emphasizing the importance of respecting patients' rights throughout the healthcare system.

Programs

6.4   Gender

The Constitution of Kenya (2010) recognizes the importance of gender equality and empowerment. Article 27 prohibits discrimination based on gender and provides for affirmative action measures to address historical injustices and promote gender balance and representation in various sectors.

The Constitution enshrines the rights of women, including the right to equal opportunities in political, economic, and social spheres. Various policies and legislation have been enacted to promote gender equality and protect the rights of women, such as the Sexual Offences Act and the Prohibition of Female Genital Mutilation Act. These efforts are essential for advancing gender equality, empowering women, and creating a more inclusive and equitable society.

6.4.1   Gender Policies and Action Plans

Gender policies in Kenya are designed to address gender inequality, promote women's empowerment, and ensure equal opportunities for all genders. These policies cover various aspects of life, including education, healthcare, economic participation, and political representation. Some of the key gender policies and initiatives in Kenya are outlined below.

1. *National Policy on Gender and Development (2019):* This policy addresses gender disparities in health, aiming to ensure equitable access to healthcare services for all genders. It may include provisions for promoting women's health, addressing gender-based violence (GBV), and advancing reproductive health and rights.

2. *National Gender Equality Commission (NGEC) (2011):* NGEC plays a crucial role in promoting gender equality across various sectors, including health. It advocates for policies and programs that address gender-based health disparities, ensure women's participation in health decision-making, and monitor implementation to ensure gender responsiveness in healthcare services.

3. *Affirmative Action:* Affirmative action initiatives in Kenya focuses on increasing access to healthcare services for marginalized genders, including women and girls. These initiatives may prioritize resource allocation to improve women's health outcomes, enhance access to reproductive healthcare, and address gender-specific health issues.

4. *Women Enterprise Fund (WEF) (2007):* While not directly related to health, the Women Enterprise Fund may indirectly contribute to women's health by empowering them economically. Economic empowerment can positively impact health outcomes by

enhancing access to healthcare services, improving nutrition, and reducing vulnerability to health risks.

5. *National Youth Policy*: This policy addresses the unique health needs of young people, including gender-specific concerns such as reproductive health and access to sexual health education. It prioritizes initiatives to address gender disparities in youth health outcomes and promote gender-sensitive healthcare services for young women and men.

6. *National Policy on Gender-Based Violence (2014):* Gender-based violence significantly impacts the health and well-being of survivors, predominantly women and girls. This policy includes measures to prevent and respond to GBV, such as establishing support services, strengthening legal frameworks, and raising awareness to address the health consequences of GBV.

7. *Sexual and Reproductive Health and Rights (SRHR): SRHR* initiatives in Kenya aim to ensure that all individuals, regardless of gender, have access to comprehensive sexual and reproductive health services and information. Gender considerations are essential in addressing barriers to health access, including cultural norms, economic disparities, and gender-based discrimination.

8. *Women's Economic Empowerment programmes:* Economic empowerment programs for women in Kenya help positively impact their health by increasing access to healthcare services, reducing poverty-related health risks, and enhancing decision-making autonomy over health-related matters.

9. *Education Policy*: Education is a determinant of health, and gender disparities in education can influence health outcomes. Gender-responsive education policies in Kenya may aim to address barriers to girls' education, such as early marriage and gender-based violence, which can have implications for their health and well-being.

10. *National Employment Authority Act (2016*): Employment policies influence access to healthcare services and health outcomes. Gender-sensitive employment policies can promote equal opportunities for women in the workforce, leading to improved financial stability and access to health insurance and healthcare services.

11. *National Policy on Disability (2006):* This policy addresses the intersection of gender and disability in healthcare access and services. It may include measures to ensure that women and girls with disabilities have equal access to healthcare services, including reproductive healthcare and rehabilitation services, and address gender-specific barriers they may face in accessing care.

6.4.2 Gender Programs

The following are the government ministries and agencies in Kenya responsible for gender-related matters:

1. Ministry of Public Service, Youth, and Gender Affairs

2. National Gender and Equality Commission (NGEC)

3. Ministry of Education

4. Ministry of Health

5. Ministry of Labour and Social Protection

6. Ministry of Devolution and ASALs

7. Ministry of Interior and Coordination of National Government

8. Kenya National Commission on Human Rights (KNCHR)

6.2 Financing

The proportion of total government spending on essential services (education, health and social protection).

In 2019, the Government spent 27.59 per cent of the budget on the essential Services (education, health, and social protection). The expenditure declined to 25.50 per cent and 24.59 per cent in 2020 and 2021 respectively. The figure increased to 26.11 per cent in 2022/2023. The increase in 2022/2023 indicates a renewed focus on essential services and a recognition of their importance for social development and well-being. However, it is worth noting that the proportion of government spending on essential services still remains lower than the initial figure in 2019.

Table 3: Proportion of total government spending on essential services

SECTOR	2019/2020	2020/2021	2021/2022	2022/2023
Education	465,687.17	446,598.43	474,054.18	563,052.43
Health	104,158.75	90,800.33	88,189.35	117,360.01
Social protection	146,412.71	159,172.37	172,838.05	197,765.33
Total Budget for Essential Services	716,258.63	696,571.13	735,081.58	878,177.77
Annual Budget	2,595,755.80	2,731,663.75	2,989,647.48	3,362,917.02
per cent of total	27.59	25.50	24.59	26.11

Source: *KNBS Economic Survey 2022*(12)

Current expenditure on mental health is insufficient, as it accounts for only 0.01 percent of the total government expenditure on health, despite mental illness accounting for 13 percent of the entire disease burden**.**

7.0 Regional Comparison of the HHRSDGs

SDG 5: Gender violence:

At the county level, the experience of physical violence among women in the 12 months before the survey is most prevalent in Migori (30%), Bungoma (29%), Isiolo (29%), and Samburu (29%) counties.

By marital status, the percentage of women who have ever experienced sexual violence is higher among ever-married women (15%) than among never-married women (8%). At the county level, the experience of sexual violence among women in the 12 months before the survey is prevalent in Bungoma (17%), Murang'a (14%), and Embu counties (13%)

SDG 6.1.1: Health (clean drinking water)

Counties with the highest percentage of population without drinking water on the premises are Kisii (88%) and Marsabit (88%), while Nyeri has the lowest percentage (10%). Nationally, 41% of the population has access to at least basic sanitation services. One in four people (26%) use limited service.

8.0 Summary Report:

7.1. 7.1. Progress in the Implementation of HHSDG
Key: Color Red = off or behind target; Green = on track; Grey = No data

SDG Indicator	GPW13 outcome indicator	Baseline (2015)	2019	2022	Target	Progress status	Stational analysis		Data Source
SDG 1. a.1	By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day ($1.90 for Kenya)	21%	19%	18% (8.9 million)		**RED**	over 8.9 million Kenyans are in extreme poverty, most of whom (7.8 million) live in rural areas, and live on less than 1.90 U.S. dollars daily, an amount 6.5 times higher than that recorded in urban regions. This was triggered by COVID-19 & Ukraine war) pandemic, (businesses closed, unemployment increased, and food prices soared)		Statista- Extreme poverty rate in Kenya from 2016 to 2030.
SDG 1.a.2	The proportion of total government spending on essential services (education, **health,** and social protection)	6.7	8.3	23.06 %,	15	**RED**		Human Rights-Based Analysis of Kenya's budget 2022/2023	NHA 2015/2016, Kenya Health Financing Systems Appraisal (KHFSA), MTP III
SDG 3.1.1	Maternal mortality ratio per 100 000 live births	362	342	530 (2020)	113	**RED**			KDHS 2022/ MMEIG
SDG 3.1.2	Proportion of births attended by skilled health personnel	69.1	80.6	89	90	**GREEN**			KDHS 2022/IGME
SDG 3.2.1	Under-5 mortality rate per 1 000 live births	52	39.2	41	25	**GREEN**			KDHS 2022/ IGME
SDG 3.2.2	Neonatal mortality rate per 1 000 live births	22	21	21	12	**GREEN**			KDHS 2022/IGME
SDG 3.3.1	Number of new HIV infections per 1 000 uninfected population	2.12	1.47	**	<1	**GREEN**			KENPHIA 2018/ WHO Global health Observatory Data Repository –UNAIDS
SDG 3.3.2	Tuberculosis incidence per 100 000 population	233	140			**GREEN**			World Tuberculosis Report 2019

SDG Indicator	GPW13 outcome indicator	Baseline (2015)	2019		Target	Progress status		Data Source
SDG 3.3.3	Malaria incidence per 1 000 population	121.9	95.7	95.7	53	(red)		WHO Global health Observatory Data Repository 2015-2018
SDG 3.3.4	Hepatitis B incidence per 100 000 population	2018	1834		0	(red)		GBD 2019
SDG 3.3.5	Number of people requiring interventions against neglected tropical diseases	13, 642, 040	11, 645, 569			(gray)		WHO Global health Observatory Data Repository
SDG 3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	372.9	356.5		248.6	(red)		GBD 2019
SDG 3.4.2	Suicide mortality rate	11.1	11.2		7.4	(red)		GBD 2019
SDG 3.5.1	Coverage of treatment interventions for substance use disorders	2	24			(gray)		No data
SDG 3.6.1	Death rate due to road traffic injuries	9.4	9.1	28.3	4.7	(red)		GBD 2019
SDG Indicator	**GPW13 outcome indicator**	**Baseline (2015)**	**2019**		**Target**	**Progress status**		**Data Source**
SDG 3.7.1	Proportion of married women (15 to 49 years) who have their need for family planning satisfied with modern methods	62	56		100	(red)		PMA2020
SDG 3.8.1	Coverage of essential health services	63	57.2		100	(red)		KHFA 2018/SARA 2016
SDG 3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditures or income (10%)	12.7	8			(gray)		KHHEUS 2018

SDG	Indicator						Source
SDG 3.b.1	Proportion of the target population covered by all vaccines included in their national programme	90.6	85.8		90	🟩	WHO/UNICEF Immunization Coverage 2018
SDG 3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available	69	44		100	🟥	KHFA 2018
SDG 3.c.1	Health worker density and distribution	**15.4**	**16.6**		23	🟥	iHRIS
SDG 3.d.2	Percentage of bloodstream infections due to antimicrobial resistant organisms	..	..			⬜	No data
SDG 5.6.1	Proportion of women aged 15 years who make informed decisions on sexual and reproductive health	56	No data			⬜	UNFPA World Population dashboard
SDG 1.5.1	Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population	1	1			⬜	SDG Readiness Report Kenya 2020
SDG 3.d.1	International Health Regulations (IHR) capacity and health emergency preparedness	58%	44%		100	🟥	Kenya JEE Report 2017
SDG 2.2.1	Prevalence of **stunting** among children under 5 years of age	26	29.9	18	10.4	🟥	KDHS 2022/ WHO Global health Observatory Data Repository - JME/Kenya SDG Readiness Report 2020
SDG 2.2.2	Prevalence of malnutrition among children under 5 years of age (**wasting**)	4	6.7	4.9	<5%	🟥	KDHS 2022/ WHO Global health Observatory Data Repository - JME/ Kenya SDG Readiness Report 2020

SDG Indicator	GPW13 outcome indicator	Baseline (2015)	2019		Target	Progress status				Data Source
SDG 2.2.2	Prevalence of malnutrition among children under 5 years of age (**overweight**)	4.1	4.9 (2016)	3%		 				KDHS 2022/ WHO Global health Observatory Data Repository -JME/ Kenya SDG Readiness Report 2020
SDG 3.5.2	Alcohol per capita consumption (15+ years) within a calendar year in liters of pure alcohol	2.77	2.78			 				World bank
SDG 3.9.1	Mortality rate attributed to ambient air pollution	85.9	79.7							GBD 2019
SDG 3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene	88	82.4							GBD 2019
SDG 3.9.3	Mortality rate attributed to unintentional poisoning	1.9	1.7							GBD 2019
SDG 3.a.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older	10	9.4							GBD 2019
SDG 4.2.1	Proportion of children under 5 developmentally on track in health, learning and psychosocial well-being	..	..							No data
SDG 5.2.1	Proportion of ever-partnered women aged 15-49 years subjected to intimate partner violence	47.1	No data	No Data						SDG Readiness report 2020
	Prevalence of FGM			15%						
	Physical Violence against women since age 15			34%						
	Physical Violence against men since age 15			27%						
	Sexual violence against women			13%						
	Sexual violence against men			7%						

SDG 6.1.1	Proportion of population using safely managed drinking water services	51.6	34.2		80%	 			2019 National CENSUS report 2019 National CENSUS report
SDG 6.2.1	Proportion of population using safely managed sanitation services and handwashing facilities with soap and water	65.7	5 1.2		80%	 			
SDG 7.1.2	Proportion of population with primary reliance on clean fuels and technology	14.6	25.4			 			VNR
SDG 11.6.2	Annual mean levels of fine particulate matter (PM2.5) in cities	28.5	28.6			 			GHO (2015-2018) Census 2019
SDG 16.2.1	Proportion of children aged 1-14 years who experienced physical/psychological aggression by caregivers	..	..			 			No data

7.2 Summary report on the Progress in Gender, Mental Health, and Climate Change

SDG 5: Gender equality

The Government of Kenya (GOK) acknowledges the importance of gender equality in development. It has a progressive constitution that promotes gender equality and women's empowerment through the expanded Bill of Rights. A number of policies have been developed for gender mainstreaming. Tremendous progress has been made towards achieving gender equality in Kenya.

Indicator 5.1.1: Whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex.

In the case of Kenya, there are several legal frameworks in place to address these issues. These frameworks encompass laws, policies, and regulations that seek to ensure gender equality and protect individuals from discrimination based on their sex. These measures are designed to create a fair and inclusive society by promoting equal rights, opportunities, and access to resources for all individuals, regardless of their gender.

Indicator 5.2.1 Proportion of women of age 15-49 who have experienced physical violence since age 15

The percentage of women and girls aged 15 - 49 years who experienced physical violence in the last 12 months was 16 per cent in 2022. Thirteen per cent (13 per cent) of women and girls experienced sexual violence at some point in their lives, and 7 per cent reported that they had experienced sexual violence in the last 12 months. 13 per cent of currently married women, and 27 per cent of formerly married women have experienced violence by an intimate partner.

Indicator 5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

Three (3) per cent of women aged 15 – 49 years who have never been married and never had an intimate partner report sexual violence, as compared with 12 per cent of never married women who ever had an intimate partner in 2022. The proportion nationally was at 0.6 per cent in 2022.

Indicator 5.3.1: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18.

The proportion of women married before age 15 was at 2.2 per cent while those married before age of 18 were 12.5 per cent. Proportion of women aged 20-24 years who were in a union before age 15 were 4.4 per cent in 2015 and below age 18 were 22.9 per cent.

Indicator 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age.

In 2022, there has been a significant reduction in the prevalence of female genital mutilation/cutting (FGM/C). The harmful practice decreased from 21 per cent in 2014 to 15 per cent in 2022. This positive change indicates progress in efforts to combat FGM/C and protect the rights and well-being of girls and women. However, it is crucial to continue working towards complete eradication of this practice and ensure the safety and health of all individuals.

Table 5: FGM Prevalence by age

Kenya's FGM Prevalence by Age

15 - 19	9.1 per cent
20 - 24	9.9 per cent
25 - 29	13.2 per cent
30 - 34	16.1 per cent
35 - 39	18.7 per cent
40 - 44	23.8 per cent
45 - 49	23.1 per cent

Source: Kenya Demographic and Health Survey 2022 (13)

Indicator 5.4.1: Proportion of time spent on unpaid domestic and care work, by sex, age, and location.

In Kenya, the first-ever longitudinal Time Use Survey was conducted in 2022, and data analysis is currently underway. Preliminary statistics from the survey indicate a significant disparity in the allocation of unpaid work between men and women. Kenyan women spend approximately 4-5 hours per day on unpaid domestic and care work, while men spend only about 1 hour. This means that women spend 4.6 times more time than men on these tasks, highlighting a gender unequal distribution of unpaid work. When considering all forms of work, including paid and unpaid, Kenyan women work for 7-8 hours per day, which is relatively high compared to African standards. On the other hand, men work for 6-7 hours per day. This results in a gender gap of 1.16, meaning that women work 1.16 times more time than men. While this gender gap is higher than the global average (1.11), it is lower than the sub-Saharan Africa average (1.18).

The households with children aged less than 6 years are particularly affected by this unequal distribution of unpaid work. In these households, women spend the longest time, around 5-6 hours per day, on unpaid work. Additionally, these households have the shortest duration of unpaid work and the longest duration of paid work performed by men. Furthermore, households with a size of
7 or more and households with children aged 6-13 also exhibit a similar pattern above the average.
These findings emphasize the need for addressing gender disparities in unpaid work and promoting a more equitable distribution of responsibilities within households.

Indicator 5.5.1 Proportion of seats held by women in national parliaments and local governments:

Following the 2022 general election in Kenya, there was a slight increase in women's representation compared to previous terms. This increase can be attributed to sensitization campaigns that aimed to promote women's involvement in political leadership and decision-making positions. However, it is important to note that the target for gender parity was not fully met.

In the 13th Kenyan Parliament, out of the 349 positions, 81 seats (representing 23.3 per cent) are held by women. At the local government level, out of the 47 County Governors, 7 (15 per cent) are women, while out of the 47 County Deputy Governors, 8 (17 per cent) are women. In terms of Senators, 21 out of 67 (31.3 per cent) are women. Additionally, in the Members of County Assemblies (MCAs), 718 out of 2166 (33 per cent) seats are held by women.

Indicator 5.6.1: Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

The total number of women who make their own decision in regard to reproductive health was at 64.8 per cent in 2022 with 59.4 per cent in rural and 73.2 per cent in urban. 76 per cent of currently married women and 89 per cent of sexually active unmarried women had a demand for family planning in 2022. Fourteen (14) per cent of currently married women and 19 per cent of sexually active unmarried women have an unmet need for family planning.

Indicator 5.a.1: (a) Proportion of total agricultural population with ownership or secure rights over agricultural land, by sex; and b) share of women among owners or rights-bearers of agricultural land, by type of tenure

   a. In 2022, 25 per cent of women aged 15-49 years own agricultural land, with 3 per cent owning land solely in their name. Among men aged 15-49, 24 per cent own agricultural land individually, while 7 per cent own land jointly with others. It is important to note that 62 per cent of women who own agricultural land do not possess a title deed for the land they own. However, 13 per cent of women who own agricultural land have a title deed with their name on it.
   b. Concerning non-agricultural land ownership in 2022, only 7 per cent of women own such land. Among them, 1 per cent own land exclusively, while 5 per cent own land jointly with their husband and/or someone else. Among women who own non-agricultural land, 31 per cent have their name on the title deed, while 44 per cent report that the land they own does not possess a title deed.

These findings illustrate the gender disparities in land ownership and tenure rights. While a significant proportion of women own agricultural land, many lack formal documentation, such as title deeds, which can provide secure rights and protection. Similarly, women's ownership of non-agricultural land is comparatively lower, and a considerable portion of such land lacks proper title deeds. Efforts should be made to address these gaps, ensuring equitable access to land ownership and secure tenure rights for both men and women.

Indicator 5.b.1: Proportion of individuals who own a mobile telephone, by sex

In 2019 47.3 per cent of individuals aged 3 years and above owned a mobile phone. Among them, 47.3 per cent were males, and 47.0 per cent were females. This shows a slight increase compared to 2016 when the ownership of mobile phones stood at 44.4 per cent. In 2016, 45.4 per cent of males and 43.2 per cent of females owned mobile phones. These figures highlight that mobile phone ownership is relatively balanced between genders in Kenya, with a slight increase in overall ownership between 2016 and 2019.

SDG 13: Climate change

Climate Change poses a serious challenge to Kenya's social and economic development. In recent years, the country has experienced more frequent and intense extreme weather events which adversely affect food production, water supply, housing access, livestock production, wildlife and general livelihoods. Climate change has also created conducive conditions for the establishment and spread of invasive species and further, has accelerated rising temperatures, changing of rainfall patterns, and increased frequency and intensity of extreme weather events such as droughts and floods. Climate change continues to impact every sector of Kenya's economy and therefore, all sectors of the economy need to Balance between the need for rapid development and GHG emission reduction, necessitating action to pursue ways to ensure low emissions climate resilient development pathway.

Indicator 13.1.1: Number of deaths, missing persons and directly affected persons attributed to disasters per 100,000 population

The number of deaths, missing persons and persons affected by disaster per 100,000 people reduced from 255 per 100,000 people in 2018/2019 to 45 per 100,000 people in 2021/2022.

Indicator 13.1.2: Number of countries that adopt and implement national disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction 2015–2030

Kenya has adopted and implemented the Sendai Framework for Disaster Risk Reduction 20152030.

Indicator 13.1.3: Proportion of local governments that adopt and implement local disaster risk reduction strategies in line with national disaster risk reduction strategies.

In the year 2017, eleven (11) counties out of 47 had adopted and implemented the risk reduction strategies and this increased to 29 counties in the 2019.The number of local governments further increased in 2022 to 38 out of the 47 counties.

Indicator 13.2.1: Number of countries with nationally determined contributions, long-term strategies, national adaptation plans, strategies as reported in adaptation communications and national communications.

National Climate Change Response Strategy 2010; National Climate Change Action Plan 20132017; Kenya Independent Nationally Determined Contribution (INDC) 2015; The Climate Change Act 2016; National Climate Change Framework Policy 2016; Kenya National Adaptation Plan 2015-2030 are in place and are being implemented.

Indicator 13.2.2: Total greenhouse gas emissions per year

Total greenhouse gas emissions per year measures the amount of greenhouse gas emissions (expressed in CO2eMt - carbon dioxide equivalent megatons) released annually. The figures provided in the table show the trend of greenhouse gas emissions over a period of time.

Table 8: Total greenhouse gas emissions per year (CO2eMt) in Kenya.

Year	Greenhouse Gas Emissions (CO2eMt)	Target (CO2eMt)
2018/2019	96	85
2019/2020	97	90
2020/2021	98	96
2021/2022	100	101

Source: Ministry of Environment Reports

The greenhouse gas emissions per year increased gradually from 96 CO2eMt in 2018/2019 to 97 CO2eMt in 2019/2020, further rising to 98 CO2eMt in 2020/2021, and reaching 100 CO2eMt in 2021/2022. These figures exceed the targets set for each year, which were 85, 90, 96, and 101 CO2eMt, respectively.

The main sources of these emissions were attributed to the Agriculture, Land Use, Land Use Change, and Forestry (LULUCF) sectors. It suggests that activities related to agriculture, land management, and forestry have contributed significantly to the greenhouse gas emissions in Kenya. These findings highlight the increasing trend of greenhouse gas emissions in Kenya and the need for sustainable practices and mitigation strategies to reduce these emissions.

SDG 3 Mental Health

Indicator 3.4.2: Suicide mortality rate

The suicide mortality rate per 100,000 has been increasing from 2017 that recorded 5.6 per 100, 000, 2018 recorded 6 per 100,000 while 2019 recorded 6.1 per 100,000. The number has since stagnated at 11 per 100,000 from 2019.

Indicator 3.a.1: Age-standardized prevalence of current tobacco use among persons aged 15 years and older.

The prevalence rate of age-standardized tobacco use was 11.5 percent in 2018 & 2019 while in 2020 there was a reduction of 0.4 percent to reach the rate of 11.1 percent. The prevalence in 2022 was at 9.0 percent nationally, that is 2.0 percent in females with males recording highest at 16.0 percent.

9.0 Bottleneck analysis (what areas could do better)

9.1 Mental Health

i. Improving mechanisms for mental health, verification, and reporting.

ii. Stigma and Underreporting: Research published in the International Journal of Social Psychiatry indicates that stigma is a major factor contributing to the underreporting of mental health problems in Kenya. The study found that individuals experiencing mental health issues often face discrimination and social exclusion, which discourages them from seeking professional help (14). This stigma stems from cultural beliefs, misconceptions about mental illness, and fear of discrimination. A study published in BMC Psychiatry highlights the need for targeted interventions to reduce stigma and increase awareness about mental health (15). Public education campaigns and community-based initiatives could help in this regard.

iii. Policy implementation and funding: Despite efforts to prioritize mental health in policy documents, implementation remains a challenge due to limited funding and resources. A report by the African Journal of Psychiatry calls for increased government funding and commitment to mental health initiatives (16). Adequate funding and effective policy implementation are essential for sustainable improvements in mental healthcare.

iv. Integration of Mental Health into Primary Healthcare: Integrating mental health services into primary healthcare settings can improve access to care and early detection of mental health issues. However, this integration is lacking in Kenya. A report by the World Health Organization (WHO) emphasizes the importance of integrating mental health services into primary healthcare to address this gap [4].(17) (18,19)

v. Training of Healthcare Providers: There is a need for comprehensive training programs for healthcare providers to effectively diagnose and treat mental health disorders. A study published in the International Journal of Mental Health Systems underscores the importance of training programs to enhance the capacity of healthcare providers in Kenya (20).

vi. Healthcare Infrastructure and Accessibility: Kenya faces significant challenges in providing adequate mental healthcare infrastructure and services, particularly in rural areas. According to a study published in the International Journal of Mental Health Systems, there is a shortage of mental health professionals and facilities in Kenya, with services heavily concentrated in urban areas (21). Expanding mental health services to rural and underserved areas is crucial.

9.2 Gender

i. -Policy and legal reforms: Governments should review and update existing policies and laws to align with the principles of gender equality and women's empowerment.

ii. Gender Health Equity: The review highlights significant progress in promoting gender-responsive healthcare policies and interventions in Kenya, particularly in areas such as maternal and child health, family planning, and sexual and reproductive health. However, various policy gaps that perpetrate disparities in gender healthcare were identified:

    a. There are gender inequalities in the health systems where women who are the majority in this sector are predominantly nurses and have less authority as healthcare workers in top positions compared to men.

b. In terms of protecting children from sexual abuse (CSA), Kenya has established protective laws but lacks comprehensive sexuality education legislation critical for fostering positive gender norms.

c. There is a policy gap in adolescent contraception access. The mental health needs of Sexual and Gender Minority (SGM) individuals reveal a significant oversight in current policy frameworks.

d. Persistent stigma and discrimination place SGM individuals at increased risk for negative mental health outcomes without adequate support structures or culturally appropriate services available.

e. Menstrual hygiene management (MHM) focuses primarily on keeping girls in school rather than alleviation inequalities related to menstruation across different life stages identities.

f. Kenya has made strides towards advancing Maternal Newborn Child Health (MNCH), but there are persistent inequities amongst different demographics based on education, employment status, income level, place of residence, gender, and ethnicity dimensions that remain unaddressed.

iii. -Engage men as allies: men do not actively participate in promoting gender equality by challenging harmful gender norms and stereotypes, advocating for women's rights, and fostering supportive environments in their personal and professional lives.

iv. two-thirds gender bill to parliament factoring in the stakeholder's views was not passed by parliament. The two-thirds gender rule is enshrined in Kenya's 2010 constitution, mandates that no more than two-thirds of any elected or appointed body shall be of the same gender. It is aimed at ensuring gender balance and representation in political and decision-making bodies. Stakeholders' views on the bill have been diverse, with different groups expressing varying opinions and concerns on

a. Quotas and Affirmative Action: This is to ensure that women are adequately represented in elected and appointed positions. Women's rights groups and advocates support these measures, viewing them as necessary to address historical gender imbalances and promote equality. However, some critics argue that quotas may be discriminatory or undermine merit-based selection processes.

b. Electoral Reforms: the bill propose electoral reforms, such as the introduction of special seats or constituencies reserved for women candidates. Such measures are argued to be essential for increasing women's representation in parliament and other decision-making bodies. However, other stakeholders raise concerns about the practicality or constitutionality of such reforms.

c. Political Party Compliance: The bill includes provisions requiring political parties to adhere to gender balance principles when selecting candidates for elective positions. Women's rights groups and gender equality advocates typically support such provisions, emphasizing the importance of party compliance in achieving meaningful gender representation. However, some

political parties or leaders may resist such requirements, citing concerns about party autonomy or interference.

d. Constitutional Amendments: Constitutional amendments may be proposed by the bill to align with the two-thirds gender rule in Kenya's constitution. However, Stakeholders' opinions on these amendments vary based on their interpretations of the constitution and their stances on gender equality.

e. Public Awareness and Education: Some stakeholders advocate for public awareness campaigns and educational initiatives to promote gender equality and challenge stereotypes and biases. These efforts aim to shift societal attitudes towards gender roles and increase support for policies and measures aimed at achieving gender balance in politics and governance.

Overall, stakeholders' views on the two-thirds gender bill in Kenya reflect a complex relationship of political, social, and cultural factors. While there is consensus on the importance of gender equality and representation, there are divergent opinions on the most effective strategies for achieving these goals and addressing the challenges and obstacles encountered along the way.

v. - enforcement of the spousal consent provisions in land transactions to cushion women and children from dispossession of family land; is not at 100 percent compliant.

vi. -There is less funding for the Anti-Female Genital Mutilation Board and Anti FGM Law is not Fully implemented.

9.3 Climate change:

i. Leveraging existing Global Climate Change funding is key in enhancing delivery of outcomes under climate change adaptation and mitigation programmes;

ii. Synergy and collaboration between Government institutions and non-state actors is critical in driving the implementation and delivery of climate change actions; and

iii. Virtual and Hybrid meetings is a revolutionary COVID-19 response innovation.

10.0   Challenges:

10.1 Gender:

i. **Unpaid care work:** Unpaid care work, predominantly performed by women, often goes unrecognized and undervalued.

ii. **Access to education and healthcare:** Disparities in education and healthcare continue to affect women and girls, particularly in marginalized communities.;

iii. **Women's political representation:** Despite progress, women continue to be underrepresented in political leadership roles locally & globally

iv. **Economic empowerment:** Women face persistent challenges in accessing economic opportunities, including gender wage gaps, limited access to credit and resources, and occupational segregation; and

v. **Gender stereotypes and social norms** hinder progress towards gender equality.

10.2 Mental health

     i.   Inadequate mechanisms for mental health, verification, and reporting.
    ii.   Inadequate indicators in SDG that track mental health.

Some examples of indicators and methodologies that could be used to track mental health include:

    i.   Prevalence of Mental Health Disorders: Tracking the prevalence of common mental health disorders such as depression, anxiety, and psychosis can provide insights into the overall mental health status of the population. This can be done through population-based surveys using standardized diagnostic tools such as the WHO Composite International Diagnostic Interview (CIDI) or the Mini International Neuropsychiatric Interview (MINI) (22).

    ii.   Treatment Gap: The treatment gap refers to the proportion of individuals with mental health disorders who do not receive adequate treatment. Monitoring the treatment gap can help identify disparities in access to mental health services and guide resource allocation. This can be assessed through population surveys and health facility assessments (23).

    iii.   Suicide Rates: Suicide rates, which is the only indicator captured in SDG, can serves as an indicator of severe mental distress and the effectiveness of suicide prevention efforts. Tracking suicide rates over time can help identify high-risk populations and inform targeted interventions. Data on suicide can be obtained from vital registration systems, hospital records, and community-based surveys (24).

    iv.   Stigma and Discrimination: Monitoring levels of stigma and discrimination towards individuals with mental health disorders can provide insights into societal attitudes and perceptions. Surveys and qualitative research methods such as focus group discussions and in-depth interviews can be used to assess stigma levels and trends (25).

    v.   Access to Care: Assessing access to mental health services, including availability, affordability, and acceptability, is essential for ensuring equitable access to care. Indicators such as distance to the nearest mental health facility, waiting times, and out-of-pocket expenses can be used to measure access to care (26).

    vi.   Quality of Care: Evaluating the quality of mental health services is crucial for ensuring that individuals receive appropriate and effective care. Indicators such as adherence to clinical guidelines, patient satisfaction, and outcomes of care can be used to assess the quality of mental health services (27).

By tracking these indicators, policymakers and stakeholders can monitor the progress of mental health initiatives, identify areas for improvement, and guide resource allocation to address the mental health needs of the population.

10.3 Climate change

Kenya has established policies and legislation supporting climate change mitigation and adaptation actions and has embarked on various measures to mitigate climate change such as the adoption of clean development mechanisms, re/aforestation, and the spread of green technology.

Kenya has abundant renewable energy resources and is a leading producer of geothermal energy. The government has implemented a massive wind power plant in Turkana County

which generates energy. The government had previously planned to establish a coal-fired power plant in Lamu, which contrasts with the country's renewable energy potential.

Kenya has adopted a sectoral approach, particularly in the agricultural sector, promoting climate-smart agriculture through various guidelines and laws.

Widespread poverty, inadequate socio-economic resources and a large climate -dependent agricultural sector makes the country vulnerable to the vagaries of climate change and ill-equipped to adapt to the long-term changes in climate(28).

The potential for renewable energy expansion in the power sector, the necessity of ambitious emission reduction goals for low-carbon technology deployment on the demand side, and the importance of timely investments in renewable and low-carbon energy technologies for achieving Kenya's climate management goals.

Few policies in Kenya focus on the inter-linkages between gender and climate change. Challenges at the field level include encrusted traditions, inadequately trained staff, limited financial resources, and limited awareness of the inter-linkages between gender and climate change (31).

Other challenges include:

  i. -Inadequate financing.
  ii. -Inadequate mechanisms for climate change monitoring, verification, and reporting.
  iii. -Slow operationalization of Climate Change Units in Ministries, Counties, Departments and Agencies.
  iv. Covid 19 Pandemic.
  v. -Inadequate information about green technologies.
  vi. -Gaps in human capacity and skills.
  vii. -Increase in the intensity and frequency of extreme weather events.
  viii. -Low level of response from private sector entities and CSOs.
  ix. -NCCAP implementation and reporting process not fully streamlined.

Conclusion: Kenya has a progressive climate change legal environment but still faces challenges related to biodiversity loss, ecosystem degradation, and impacts on livelihoods and infrastructure. The adequacy of climate instruments in Kenya has not led to satisfactory climate resilience due to socio-economic and political dynamics impeding effective implementation.

11.0 Interim Recommendations

11.1 <u>Gender</u>

  i. -The Government has developed a curriculum to train women in political leadership through trainer of trainers (TOTs) and streamlining the election financing act to create a level playing field for women. This needs to be enacted.

ii.   -Implement policies that promote the equal sharing of caregiving responsibilities between men and women, such as parental leave policies and flexible working arrangements.

iii.   -Provide support systems and services, such as affordable and accessible childcare facilities, to reduce the burden of unpaid care work on women.

iv.   -Ensure the availability of quality education for girls, including promoting STEM education and providing scholarships or incentives to encourage girls' enrolment and retention in schools.

v.   -Improve access to comprehensive healthcare services, including sexual and reproductive health services, by investing in healthcare infrastructure, training healthcare providers, and reducing cost barriers.

vi.   -Provide capacity-building programs and leadership training for women to enhance their skills and confidence in political decision-making processes.

vii.   -Promote equal opportunities for women in the workforce, including addressing gender wage gaps and eliminating discriminatory practices.

viii.   -Support grassroots movements, NGOs, and community organizations working to address gender stereotypes and promote gender equality at the local level.

ix.   -Community-led campaigns to fight FGM and multi-agency approaches in curbing FGM cases.

x.   More women to be appointed to high ranks in the health sector.

xi.   Need for comprehensive sexuality education legislation is critical for fostering positive gender norms. There is a policy gap in adolescent contraception access.

xii.   The mental health needs of Sexual and Gender Minority (SGM) individuals should be enhanced by reducing discrimination and promoting inclusivity.

xiii.   Menstrual hygiene management (MHM) should be extended across different life stages identities.

xiv.   Address MNCH inequities amongst different demographics based on education, employment status, income level, place of residence, gender, and ethnicity dimensions that remain unaddressed.

11.2 Mental Health

Data and policies on mental health are scanty. There is a need to intensify research, policies, and reports on mental health. Furthermore, SDGs indicators focusing on Mental health are not expansive. They only focus on suicide and drug substance usedrug abuse among the youth.

Awareness and advocacy to be done to prevent stigmatization and discrimination towards individuals with mental health disorders. This can help change negative attitudes towards individuals with mental health disorders.

Mental health services are sparse at the tertiary and primary care level in Kenya. The provision of quality mental health care in Kenya is hindered by a shortage of mental health professionals, with the majority working in urban areas. Therefore, integrating mental health services into primary healthcare settings through capacity building is crucial, and a combined strategy of cosmopolitanism and capabilities approaches is recommended.

There is knowledge gap on mental health among the health providers and general population. To address mental health and associated stigma requires mental health literacy, and the potential strengths for further development of the mental healthcare system.

11.3 Climate change

i. -Development and operationalization of Carbon Market Frameworks.
ii. -Strengthening adaptation and mitigation actions across sectors.
iii. -Strengthening institutional capacities for realization of climate action.
iv. -Mainstreaming transparency, monitoring, review, and verification of climate actions.
v. -Promotion of Circularity and Industrial symbiosis to reduce waste.
vi. -Integrate emerging technologies in the provision of meteorological services and products.
vii. -Rehabilitation of disused and abandoned mines and quarries.
viii. -Sensitization and capacity building of all relevant units within MDAs, county governments, private sector entities, and CSOs.
ix. Development of the Kenya Knowledge Management Portal.
x. Mainstreaming climate change adaptation into the Medium-Term Plans (MTPs) and County Integrated Development Plans (CIDPs) and implementing adaptation actions.
xi. Develop the Third National Communication (TNC) and the First Biennial Update Report (BUR) to the UNFCCC
xii. Development of Kenya's Long-Term Emissions Strategy
xiii. -Develop Kenya's Country Position at the UN Climate Change Negotiations and Conferences

12.0 Conclusion and next steps

In conclusion, this report underscores the critical need for varied interventions across various sectors to address pressing societal issues. From gender equality to mental health and climate change, it is evident that concerted efforts are required at both policy and implementation levels. The recommendations outlined herein provide a roadmap for action, highlighting key areas where immediate attention and resources are needed to foster meaningful change.

Next Steps:

Moving forward, it is imperative for stakeholders, including government agencies, non-governmental organizations (NGOs), and community-based organizations (CBOs), to collaborate closely in implementing the recommended strategies. Moreover, active engagement with think tanks is essential to harness their expertise and analytical capabilities in addressing identified gaps and challenges. Further, we recommend formation of a regional consortia/ regional think tank that will act as advocate and facilitate progress towards HHSDGs, specifically on matters related to gender equality, mental health, and climate change. For example, the think tank could be engaged in creating a framework to track progress and advocate for Health and Health related SDGs**.**

Conference presentations:

1. submitted an abstract to the Africa Forum for Research & Education in Health 7th annual Symposium that will take place in Nairobi on 6th-8th August 2024. The abstract

topic is "Advancing Gender Health Equity: A Desk-Top Review of Progress and Policy Challenges Towards Achieving Sustainable Development Goals (SDGs) in Kenya"

2. Will be presenting in the upcoming Tenth Session of the Africa Regional Forum on Sustainable Development conference that will take place in Addis Ababa from 23 April 2024 to 25 April 2024. The presentation will be on the integration of gender agenda in climate change goals

For Think Tank Engagement:

1. Other key Areas/gaps identified that they could focus on:

   - Gender: Focus on enacting policies to promote women's political leadership and, improving access to education and healthcare for girls.

   - Mental Health: Intensify research efforts, develop comprehensive policies, and expand SDG indicators to encompass a broader spectrum of mental health issues.

   - Climate Change: Prioritize the development and operationalization of carbon market frameworks, strengthen adaptation and mitigation actions, and enhance institutional capacities for climate action realization.

2. Key Research Questions:

   - Gender: How can existing policies be effectively implemented to promote more women's participation in decision-making processes, leadership and involvement in HHSDGs? How can we promote gender equity in healthcare? How can we integrate gender in the climate change agenda.

   - Mental Health: What are the underlying factors contributing to the lack of data and on mental health, and how can they be addressed? How can we improve mental health literacy, and how can we address mental health stigma? How can we advocate for mental health integration in primary healthcare?

   - Climate Change: What innovative approaches can be adopted to promote circularity and and reduce waste, and how can emerging technologies contribute to enhancing climate resilience for healthy environments? How can we promote awareness and adoption of climate-smart agriculture among rural climate-vulnerable communities?

By focusing on these key areas and addressing the research questions posed, think tanks can play a pivotal role in driving evidence-based policy formulation and implementation. Through collaborative efforts and sustained commitment, tangible progress can be achieved toward building a more inclusive, resilient, and sustainable society in terms of health and health-related SDGs.

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