



REPUBLIC OF KENYA

MINISTRY OF DEVOLUTION AND PLANNING

# WORKING TOGETHER TO END DROUGHT EMERGENCIES IN KENYA BY 2022

## PILLAR 3: HUMAN CAPITAL

The Ending Drought Emergencies (EDE) goal is:

*Communities in drought-prone areas are more resilient to drought and other effects of climate change, and the impacts of drought are contained.*

The focus of the Human Capital Pillar, or Pillar 3, is to develop a healthy, skilled, innovative, resourceful and motivated human capital which is a key foundation for sustainable and resilient livelihoods and economic growth. Human capital is understood to be the resources and capabilities that help people to be economically and socially productive. The pillar therefore has an integrated focus on basic social services, bringing together health, nutrition, WASH (water, sanitation and hygiene), and education (which includes adult literacy and early childhood development), creating opportunities for the integrated provision of services and for sharing evidence-based approaches to

common challenges. Areas of innovation include the development of surge mechanisms that expand and contract service provision during drought, and the use of technology to improve access and equity in service delivery.

### Rationale

The status of social services in arid and semi-arid areas is generally well below that in the rest of Kenya. Service provision has been under-resourced, to the extent that critical services are irregular, unreliable and inadequate, of low quality, and too distant from those who need them.

### Education

Education indicators in the ASALs are on average far below other parts of the country. Primary enrolment in several northern counties is still below 50% compared with the national average of 95.6%, while rates of female literacy in counties such as Mandera and Wajir are less than 10%. Uptake is low due to the

poor quality of education, disappointing results and employment prospects, and a number of social and cultural factors. These can be addressed through more appropriate and culturally sensitive delivery mechanisms such as flexible timing, distance learning, a more relevant curriculum, integrated Islamic education where relevant, and a secure learning environment, especially for girls.

### Health and Nutrition

The maternal mortality rate in parts of northern Kenya is more than seven times the national average. Child mortality rates are also high, at 80 per 1000 live births in the north-east, with only 17% of children delivered in health facilities, and only 31% of mothers receiving delivery assistance from skilled personnel. Less than half (48%) of children in arid counties receive all their recommended vaccinations, against an average of 77 per cent for Kenya as a whole. A child in Wajir is three times as likely to be stunted as a child in Kisumu, Isiolo or Embu. Poor child survival, growth and development is also related to poor hygiene and sanitation practices.

There is acute understaffing in all social sectors in the ASALs because of the lack of locally qualified personnel and the reluctance of those from outside the region to work in remote areas with poor infrastructure and social amenities.

### Priorities

The strategic framework for this pillar has the following priorities.<sup>1</sup>

**Result 1: The capacity and number of appropriately trained and experienced professionals working in ASAL counties increased.** Efforts to address the chronic

capacity challenges in ASAL counties are spearheaded by the new National Council for Nomadic Education in Kenya and the proposed Health and Nutrition Council. This result area also promotes affirmative action measures for students from ASAL areas and harmonised inter-county approaches to capacity challenges.

**Result 2: Alternative interventions, including emerging technologies, in the provision of health, nutrition, WASH and education services integrated into current systems.**

Technology can enhance service delivery (for example through distance learning or telemedicine), support the continuing professional development of staff, and facilitate real-time monitoring of social services during emergencies. Innovation is also central to this component, including more relevant community-based models of service delivery and the use of surge mechanisms which expand and contract services in response to changing needs.

**Result 3: The demand for equitable and quality health, nutrition, WASH and education services increased through community education and empowerment.** This component focuses on empowering communities to participate actively in designing and implementing services, and in holding service providers to account.

### Structure

The pillar is chaired by the Ministry of Education, Science and Technology and co-chaired by UNICEF. It includes representatives from relevant line ministries, non-state actors and development partners, and works closely with the relevant county authorities which lead the delivery of health and nutrition services.

<sup>1</sup>The pillar frameworks are available for download at <http://www.ndma.go.ke>