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Reporting Period: 1 July to 30 September 2020

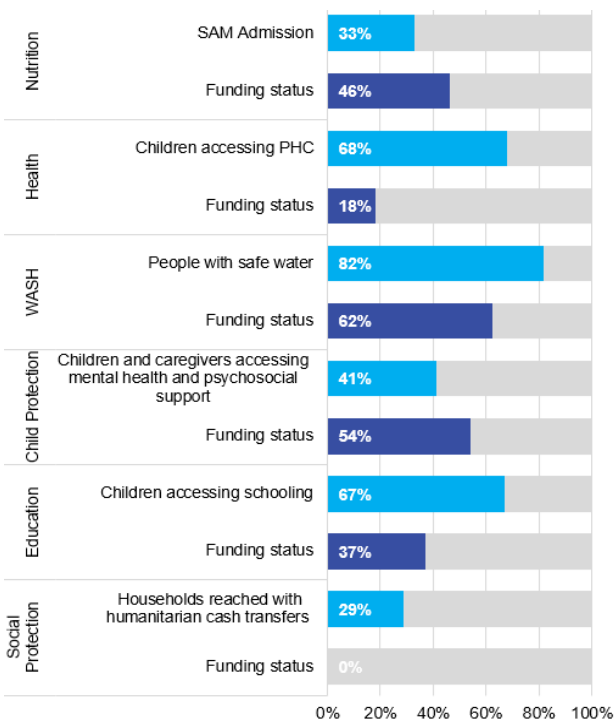
Highlights

- In the third quarter of 2020, the COVID-19 pandemic has continued to take a toll on the economy and basic social services provision in Kenya. As of 30 September, Kenya has reported 38,529 COVID-19 cases, 711 deaths, and 24,908 recoveries across the country. Coupled with the desert locust invasion and the predicted La Nina drought conditions, the pandemic poses a major threat to food and nutrition security.
- Over 13 million children (approximately 48% girls) with limited access to remote learning continue to miss schooling and face protection risks as schools remain closed due to the COVID-19 pandemic. The Government has announced phased school re-opening as from 12<sup>th</sup> October 2020. UNICEF has supported a cumulative total of 131,060 children to access schooling (67% of the target) and 15,174 children and caregivers to access mental health and psychosocial support (41% of the target).
- Cumulatively, 3,287 new refugees and asylum seeker arrivals have been registered in Kakuma refugee camps in 2020. UNICEF has reached 12,487 children in Kakuma with remote learning
- UNICEF has supported a cumulative total of 36,497 children with treatment for Severe Acute Malnutrition (33% of the target) and 173,358 children (68% of the target) with primary health care through UNICEF-supported outreaches. A cumulative total of 204,968 people have accessed a sufficient quantity of safe water for drinking, cooking and personal hygiene with UNICEF support (82% of the target).
- The Kenya HAC remains 60% unfunded, requiring US\$ 18 million to fully meet the needs of vulnerable children and women

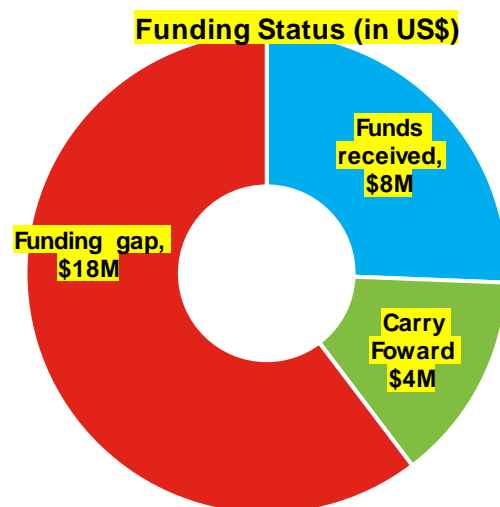
Situation in Numbers

- 347,330** Children in need of food assistance (NDMA, August 2020)
- 739,000** people in need of food assistance (NDMA, August 2020)
- 498,422** refugees (UNHCR, 31 August 2020)
- 38,529** COVID-19 Cases (MoH, 30 September 2020)

UNICEF's Response and Funding Status



UNICEF Appeal 2020  
US\$ 30 million

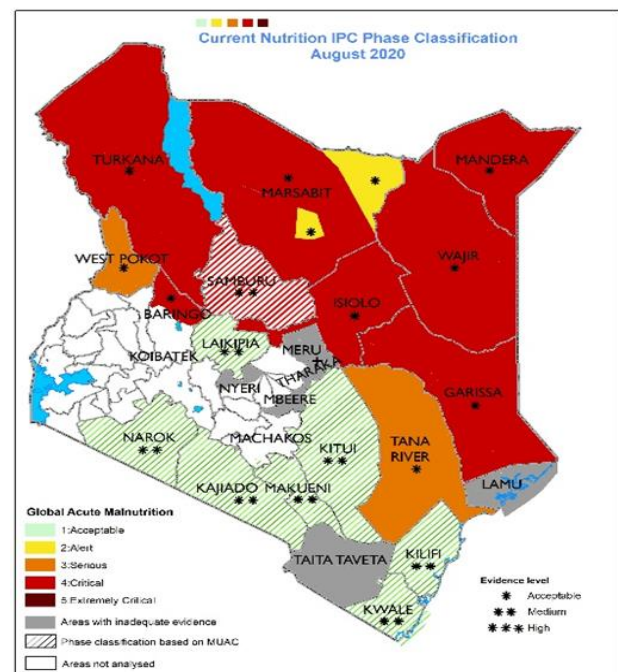


## Funding Overview and Partnerships

UNICEF appeals for US\$ 30 million to sustain provision of life-saving services for women and children in Kenya. In 2020, United Kingdom Committee for UNICEF, USA (USAID) OFDA, USAID/Food for Peace, European Commission/ ECHO and UNOCHA have generously contributed to UNICEF Kenya humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for new contributions of US\$ 8 million received to date. However, the 2020 HAC still has a funding gap of 60%. Without adequate funding, 74,100 children will not have access to treatment for severe acute malnutrition, 45,032 people will not have access to adequate safe water, 65,461 children will not access schooling and 82,256 children will not receive the primary health care support they need. UNICEF is continuing to support resource mobilization efforts through its sector lead role for Nutrition, WASH, Education and Child Protection.

## Situation Overview & Humanitarian Needs

As of 30 September, Kenya has reported 38,529 COVID-19 cases, 711 deaths, 24,908 recoveries across the country, including in the Kakuma and Dadaab Refugee Camps. As of 31 August, Kakuma has recorded 81 COVID-19 positive cases and Dadaab has recorded 47 COVID-19 positive cases, of which 25 cases are among humanitarian staff. The COVID-19 pandemic and related impacts from the mandatory control measures have slowed the country's economic growth and significantly affected key sectors including health, food security and education. As informed by the August 2020 Long Rains Assessment, approximately 739,000 million people are acutely food insecure as of August 2020, a reduction from 1.3 million people in February, which is attributable to good rains. However, household food security has been significantly affected due to reduced income resulting from a slowdown in economic activities, reduced work hours and limited economic opportunities due to COVID-19. Market disruptions together with a slowdown in the supply chain have increased the prices of staple food commodities. The below-average rainfall seasons for late 2020 and early 2021 due to La Niña as forecasted by the

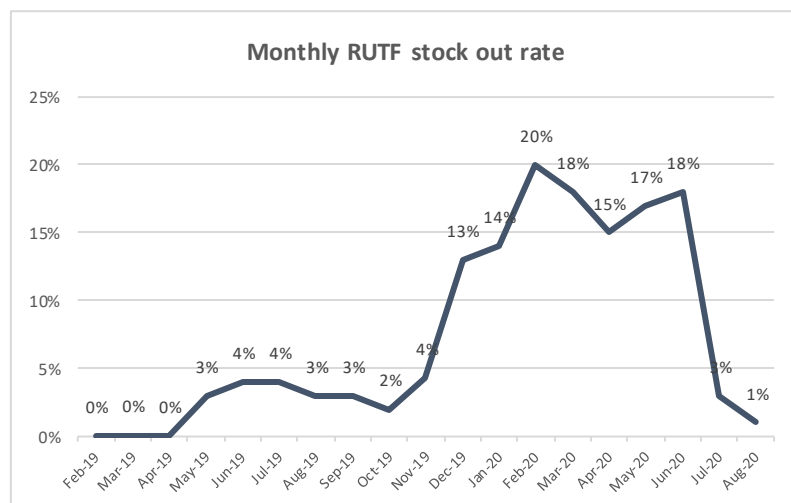


Kenya Meteorological Department and the IGAD Climate Prediction & Applications Centre coupled with the ongoing locust invasion and the uncertain course of the COVID-19 pandemic are expected to further drive food insecurity, increase water scarcity and give rise to disease outbreaks. About 4,000 to 6,000 people have been displaced in Baringo South sub-county and 10 schools have been affected, which is not attributable to seasonal rainfall but to unusual weather patterns in the catchment areas of Kenya's lakes in the Rift Valley, which is causing a rapid rise in the lake waters of Lakes Baringo, Bogoria, Naivasha, Nakuru and Turkana, as well as the Turkwel Dam. Close monitoring of the water bodies and preparedness efforts by Government and partners is ongoing. More flooding in the flood-prone counties will also be expected during the peak of the short rains season in November and December 2020, further exacerbating water-borne disease outbreaks. According to integrated phase classification for acute malnutrition conducted in August 2020, the situation is generally stable compared to the same period last year, mainly attributed to a stable food security situation. However, due to multiple shocks that have slowed down recovery from the 2019 drought, malnutrition levels remain high in the arid counties, with emergency global acute malnutrition levels at 15 per cent reported, mostly attributable to poor infant and young child feeding practices, stock-out of essential supplies for management of acute malnutrition and morbidities, as critical health and nutrition services continue to be disrupted due to fears of contracting COVID-19 during health facility visits, social stigma to those affected by COVID-19 and lack of Personal Protective Equipment support for health workers. Over 531,000 children aged 6 to 59 months need treatment for acute malnutrition in Kenya, including nearly 344,000 children in arid and semi-arid counties. Over 13 million children (approximately 42% girls) with limited access to remote learning and psychosocial support continue to miss schooling and face protection risks as schools remain closed due to the pandemic. The Government has announced partial re-opening of schools on 12 of October for children in primary grade four and those in their final year of primary and secondary schooling. The status of the full re-opening of schools remains unclear. According to UNHCR, refugee arrivals in Kenya continue, mainly due to the humanitarian and political situations in the region, particularly in neighbouring South Sudan and Somalia. Cumulatively, 3,287 new refugees and asylum seeker arrivals have been registered in Kakuma refugee camps in 2020, of whom 1,794 are new arrivals from South Sudan. New arrival profiling and relocation of non-Somali refugees to Kakuma remained suspended in Dadaab refugee camps due to COVID-19 prevention and mitigation measures.

## Summary Analysis of Programme Response

### Nutrition

Between July and August 2020, a total of 13,305 children (6,757 girls and 6,548 boys) severely acutely malnourished (SAM) children were admitted for treatment in the Arid and Semi-Arid Lands (ASAL) counties and urban informal settlements, against a cumulative total of 36,497 children (33% of the target). This is showing a 33% decline in admission compared to the same period of 2019. UNICEF conducted a deep dive to understand the factors contributing to the low admissions, and the key drivers identified include significant scale down or suspension of outreaches attributed to funding gap and COVID-19 infection prevention control (IPC) measures, stockout of Ready-to-Use Therapeutic Foods (RUTF), COVID-19 related fears of accessing and utilizing health facilities (based on qualitative data from interviews in 2020 Long Rains Assessment) and the general improvement in the food and nutrition situation. To address the challenges, UNICEF has supported the Ministry of Health to intensify community mobilization and nutrition messaging to clarify service availability and diffuse myths and fears related to COVID-19. UNICEF has also supported procurement and distribution of RUTF and supported implementation of nutrition service continuity guidance. UNICEF has supported the development of information, education and communication materials inclusive of posters, fliers, guidance notes and animation on breastfeeding, complementary feeding, maternal nutrition, health diets and physical activities as part of COVID-19 response. A total of 7,450 maternal, infant and young child nutrition (MIYCN) counselling cards were distributed to the counties and 1,031,071 primary caregivers of children aged 0-23 months received infant and young child nutrition (IYCF) counselling. The COVID-19 pandemic has also resulted in an all-time low coverage of Vitamin A supplementation (VAS) among children between 6 to 59 months because community mobilization to seek high impact interventions including VAS remains interrupted. UNICEF and partners supported the Ministry of Health to heighten mobilization for VAS through the community health strategy, resulting in more than 100 per cent increase in children supplemented in July (1,485,616 children) compared to May (517,953 children). As part of marking the world breastfeeding week, UNICEF engaged the media, sensitized the county first ladies, the Kenya Women Parliamentarians (KEWOPA) and the actors in the climate and environment sector, the 47 county nutrition and public health coordinators in promoting, protection and support for breastfeeding for a healthier planet during the COVID-19 pandemic and beyond. UNICEF through partnership with Kenya Red Cross Society (KRCS) is supporting the Ministry of Health to design and roll out a community messaging and feedback mechanism through RapidPro platform with an aim of gathering community perspectives, beliefs and knowledge on nutrition and reinforcing the recommended health and nutrition practices, reaching 229,940 caregivers. UNICEF continued to support the roll out of Family-level Mid-Upper Arm Circumference (MUAC) determination of acute malnutrition in selected ASAL and urban counties. A total of 6,734 caregivers were trained and provided with MUAC tapes while 542 health workers, 331 community health volunteers and 234 NDMA field monitors have been sensitized on family MUAC. Approximately 12 percent of the 456 health facilities implementing Integrated Management of Acute Malnutrition (IMAM) surge approach, a shock-responsiveness strategy for real-time assessment of the evolving nutrition situation to provide evidence for timely response, surpassed the threshold and consequently triggered response. The IMAM programme experienced RUTF pipeline gaps between January to June 2020 with stock out rates ranging from 14 percent and 20 percent recorded within this period. UNICEF procured 43,994 cartons of RUTF in June 2020 for treatment of Severe Acute Malnutrition (SAM) and an additional 8,850 cartons of RUTF is in the pipeline. A total of 12,654 cartons were distributed from January to June 2020 to health facilities through the Kenya Medical Supplies Agency (KEMSA) to treat 12,654 children with SAM. As sector lead for Nutrition, UNICEF continues to support sector coordination and is providing technical and financial support to national and county coordination forums which are the key platforms where deliberations on service continuity and nutrition programmes in general are held. Efforts to ensure that coordination forums are consistent and at multiple levels continued with emphasis also being given to sub-counties which are closer to the service delivery level. Further efforts to enhance multi-sectoral collaboration as part of the COVID-19 response continued over the period, with significant progress noted in collaborations with social protection, food security and WASH sectors. Going forward, UNICEF will support an in-depth analysis of programme coverage with a focus on identifying ways to address bottlenecks in the low uptake of SAM interventions in the last quarter of the year.



## Health

Between July and September 2020, UNICEF in partnership with Kenya Red Cross Society (KRCS) and County Departments of Health have implemented floods response life-saving interventions with a total of 73,939 children having accessed essential health services through integrated health outreaches in Nairobi Informal Settlements, Turkana, Wajir, Garissa, Tana River, Marasabit, Isiolo, Kisumu, Siaya and Busia Counties, against a cumulative total result of 173,358 children (68% of the target). Additionally, UNICEF procured and distributed to the focus counties life-saving health commodities including ORS+Zinc, Ringers lactate and assorted antibiotics which have been used to implement the life-saving interventions during outreach services. UNICEF further supported the implementation of cholera response in Marsabit through establishment of treatment centres for managing cholera cases and community education on the key household practices for prevention and control of cholera. COVID-19 continues to negatively impact child and maternal health indicators, as critical health services continue to be disrupted as the health systems are being overwhelmed by COVID-19 response and control and low uptake of health services as communities continue to due to fear contracting COVID-19 in health facilities. Through UNICEF support to floods response, a total of 3,500 people have been reached with community dialogue sessions in Migori County during community dialogue days to enhance disease outbreak awareness, prevention and control strategies and ensure communities are able to access essential health services in the COVID-19 context. The dialogue meetings are aimed at addressing fears, myths and misconceptions that are hindering the uptake of essential health services. As one of the mitigating measures to the current low intake of health preventative behaviours within the communities, UNICEF is chairing the Development Partners for Health in Kenya (DPHK) where continuation of health services in the COVID-19 context is a priority agenda and also co-chairs the Maintenance of Essential Health Services Working Group that is regularly reporting to the National Task Force (NTF) with focus on the development of guidelines, advocacy on resource mobilization, procurement of essential supplies and data analysis to identify gaps in coverage and identification of possible bottlenecks to maintain essential health, nutrition and HIV services in the COVID-19 context. In quarter four of the year, UNICEF support focuses on accelerating delivery of life-saving interventions/maintenance of essential health services through integrated outreach services, enhancing communities' practices to minimize the impact of drought to their health, cholera prevention and control in target counties. Strengthening coordination mechanisms for the health sector and relevant line ministries and partners is a priority in the quarter to ensure government ownership and sustainability of the life-saving interventions. The measles campaign is also planned for the fourth quarter.

## WASH

Between July and September 2020, UNICEF has supported 50,000 people to access safe water in the informal settlements in Nairobi County at 7.5-15 litres/person/day against a cumulative total result of 204,968 people (82% of the target). UNICEF is continuing to support handwashing practices in public places in the context of COVID-19 for up to 419,371 people in the informal settlements in Nairobi County and other priority COVID-19 response counties (Kilifi, Kisumu, Migori, Mandera, Kajiado, Kiambu, Machakos, Mombasa, Busia, Wajir and Garissa). More than 894,017 women, girls, boys and men have received critical WASH related information including hand washing with soap for the prevention of illness. COVID-19 preventative requirements like social distancing have negatively impacted convening of coordination and capacity building fora at county level and have necessitated additional logistics for timely interventions. UNICEF is continuing to support sector coordination and capacity building fora through virtual coordination meetings due to COVID-19 preventative measures on social distancing. UNICEF will continue to provide technical support to Government to partners on Infection Prevention Control (IPC) in the context of COVID-19 through provision of critical WASH supplies and support to sector coordination virtually in line with COVID-19 guidelines.

## Education

Within the reporting period July – September 2020, a total of 33,854 (16,250 girls and 17,604 boys) children against a cumulative total result of 131,060 children (67% of the target) which is on track, and 513 teachers and education managers (265 women and 248 men) through various interventions and strategies complementing government efforts in ensuring access to continuity of learning during the COVID-19-related school closures. Cumulatively, with technical and coordination support from UNICEF, the government and Education in Emergencies Working Group partners have supported home-based learning for 262,439 (125,971 girls and 136,468 boys), inclusive of 3,316 children with disabilities (1,543 girls and 1,773 boys) and 73,625 refugees (32,832 girls and 40,793 boys). UNICEF has continued to advocate for safe school re-opening and has provided coordination and technical support to the government on the establishment of minimum readiness measures for safe school re-opening including development of guidelines and checklists, school WASH assessments and guidance on Mental Health and Psychosocial Support (MHPSS) provision for teachers and learners. UNICEF has procured and distributed textbooks and stationery materials to support continuity of learning for 53,059 learners (25,468 girls and 27,591 boys) in 15 arid and semi-arid counties and to 9,300 (4,300 girls and 5,000 boys) learners

in Kakuma refugee camps. UNICEF has also procured and distributed 650,000 flyers with Mental Health and Psychosocial Support messages reaching about 150,000 children in over 15 counties. In partnership with Acakoro Football Academy and Special Olympics Kenya, 1,371 children aged seven to 17 years (709 girls and 662 boys), 283 of whom are boys and girls with disabilities in informal settlements in Nairobi were supported with education supplies including printed learning materials and Sports for Development materials at home through coaches. These interventions have enhanced children's access to remote learning and physical fitness. Through Teacher Learning Cycle, a peer-to-peer-based teachers professional development approach which enables teachers monitor learner progress and share COVID-19 lifesaving messages, UNICEF enhanced professional capacities of 136 teachers (2 female), Mental Health and Psychosocial Support for 141 teachers (100 women and 41 men). In Kalobeyei refugee settlement, three teachers were supported to provide live radio lessons through local community radio station 'Ata-nayeche FM', reaching 12,487 learners (5,100 girls and 7,387 boys). Through partnership with Lutheran World Federation, UNICEF supported 20 teachers (2 women and 18 men) working with Social Advocacy Teams (SAT) learners, and who have access to smartphones, to develop creative child protection video content that enhance child protection amongst the learners in the refugee settlement. This enabled 400 (187 girls and 213 boys) learners to create awareness by sensitizing their communities and other learners on protection risks and the use of dedicated Hotline numbers for reporting cases. To support social distancing in Kakuma refugee camp schools when they re-open, 787 desks to serve 3,148 learners (1,548 girls and 1,600 boys) were provided. The main challenges to the provision of remote learning include limited internet connectivity and radio/TV coverage, lack of electricity, lack of knowledge among parents on existence of remote learning which is compounded by lack of radios/mobile phones and laptops in rural areas, increasing drop out and risk of many children not resuming school when they re-open. There is also increased cases of gender-based violence and violence against children. In the fourth quarter UNICEF continues to advocate for full school re-opening, provision of MHPSS, increased government investment on school infrastructure and handwashing facilities to ensure optimal adherence to school health safety protocols. UNICEF has also procured radios to target children in marginal ASAL counties and the refugee camps.

## Child Protection

Between July and September 2020, a total of 8,633 (4,457 girls, 3,323 boys and 853 gender undisclosed) children were reached through child protection outreach services and benefited from Mental Health and Psychosocial Support Services (MHPSS) against a cumulative result of 15,174 (41% of the target). Of these, 3,057 (1,693 girls and 1,433 boys) children were reached in Kakuma and Dadaab Refugee Camps where despite outbreak of COVID-19, UNICEF implementing partners essential staff on ground to provide child protection services to unaccompanied, separated and vulnerable children. Majority of the children were identified through community child protection volunteers (CPV) who UNICEF has, through the Department of Children Services increasingly engaged with during the COVID-19 pandemic. Collaboration with trained community workers has enabled UNICEF partners to maintain case management assessment and support services to children in refugee context. Besides children in refugee context, another 10,423 children (5,902 girls and 4,521 boys) were reached by 318 Child Protection Volunteers (124 men and 194 women) who were deployed in June 2020 in 15 Counties through a collaboration between UNICEF and Department of Children Services. Among the services provided include MHPSS and rescue of children at risk of child marriage, neglect, exploitation and child labour. A total number of 5,368 dignity kits were distributed to vulnerable households in six counties (West Pokot, Turkana West, Garissa, Isiolo, Mandera & Marsabit). A total of 351 (137 girls and 214 boys) emergency-affected children and caregivers have accessed sexual and gender-based violence (GBV) prevention services. Reporting of GBV cases on children remains low, with families and community members opting for local level negotiations, oblivious of the long-term harm to survivors. SGBV challenges in the COVID-19 context are increasing due to the lengthy school closures. In addition to supporting child protection volunteers who are playing a lead role in community outreach and identifying of at-risk children, UNICEF collaboration with Childline Kenya and Kenya Red Cross to provide tele-counseling and referral support to children. The child protection section is also coordinating with the education section in ensuring continuity of MHPSS to children upon resumption of schooling. Plans are underway to document good practices emerging from working with child protection volunteers in expanding prevention and protection of children from violence, abuse and exploitation due to the COVID-19 outbreak. Lessons learned will be used to further improve the initiative and ensure it is mainstreamed in service delivery for children in humanitarian development context.

## Social Protection

Between July and September 2020, UNICEF has supported the Government in horizontally and vertically expanding the existing National Safety Net Programme (NSNP) and providing temporary cash transfers to the most vulnerable in the COVID-19 context. As part of the vertical expansion, 5,800 vulnerable households in five counties (Garissa, Kajiado, Kakamega, Kilifi and Migori) received cash top-ups with UNICEF support (29% of the target). Beneficiary households also receive nutrition counselling and sensitization messages on topics related to nutrition, adolescent and HIV/AIDS. A horizontal expansion is also ongoing and targets 1,340 households with high Severe Acute Malnutrition and Moderate

Acute Malnutrition indicators in Kilifi and Kajiado, as well as 3,000 vulnerable households in Garissa, Kilifi, Kisumu, Nairobi and Turkana that are hosting children due to closures of Charitable Children's Institutions (CCIs) and Statutory Children's Institutions (SCIs) due to the COVID-19 outbreak. In addition, UNICEF is providing advocacy and technical support to Government towards the design and implementation of a Universal Child Benefit (UCB) in response to COVID-19, as well as resource mobilization towards the intervention. UNICEF is also providing technical support for conducting of an assessment of the needs and the design of a social and child protection emergency interventions to support children in street situations during the COVID-19 pandemic. Moreover, as long-term measures to increase health coverage for vulnerable groups, UNICEF is establishing a partnership with the National Hospital Insurance Fund and undertaking a feasibility study for a community-based health insurance in Garissa. UNICEF is also building capacities of the Government through supporting key Government counterparts of the Ministry of Labour and Social Protection (MLSP) to attend an interactive e-coaching on shock-responsive Social Protection offered by the ILO International Training Center (ITC). Common challenges during the reporting period are related to weak coordination and harmonization of scattered interventions by Government and NGO stakeholders. UNICEF together with WFP initiated a donor working group in Social Protection to strategize together to overcome this challenge, as well as a Community of Practice for the sector that is led by the Social Protection Secretariat (SPS). UNICEF is also supporting the Government to strengthen the existing National Steering Committee for Social Protection to enable this committee to steer COVID-19 related measures. The focus during Q4 will be on continuing the implementation of the vertical and horizontal expansion of the NSNP, as well as with the feasibility assessment and design of an integrated social protection intervention to target children in street situations. Moreover, a Universal Child Benefit (UCB) pilot is being discussed with other UN agencies and the government as well and expected to be agreed upon in the fourth quarter of the year.

### **Communications for Development (C4D), Community Engagement & Accountability**

Between July and September 2020, there has been intensive risk communication and community engagement (RCCE), with UNICEF providing more technical support to the Ministry of Health Department of Health Promotion. This has resulted in greater capacity enhancement for partners over the period. The outcome has been faster review and clearance of IEC materials for dissemination by various agencies and use of data from monitoring reports to align messages to appropriate audiences in the COVID-19 context. RCCE has also put a spotlight on hygiene promotion/handwashing, presenting an opportunity for integrated hygiene promotion/handwashing initiatives. The Sanitation for Universal Health Care (UHC) project is being implemented in nine focus counties and seeks to integrate COVID-19 messaging and anchor handwashing as a key behaviour linked to Community-Led Total Sanitation (CLTS). Due to the COVID-19 social distancing requirement which has adversely affected interpersonal engagements, UNICEF has increasingly continued to use radio, social media and public address systems to disseminate messages. Multimedia campaigns are integrating preventive and protective behaviours, while also addressing the spin-off issues emerging as a result of the COVID-19 pandemic such as Gender Based Violence, Violence Against Children and the psychosocial impact of the pandemic, HIV prevention in COVID-19 context, enhancing demand creation for essential Health, Nutrition and HIV services as well as safe reopening of schools to dispel fears and motivate parents to take their children back to school. A partnership with Inter-Religious Council of Kenya is being explored to ensure that they can play a stronger role in motivating communities to adopt preventive and protective behaviours. Integrated COVID-19 messaging has reached a cumulative total of 9.57 million on radio and 31.4 million people (44% female and 56% male) via social media, with 2.4 million engaged on Facebook and 1.8 million video views. The most active age groups on social media are 25 to 34 years (39%) followed by 18 to 24 years (33%). Concurrently with integrated COVID-19 prevention messaging, a review of malaria and cholera messages resulted in the development of new concepts for adoption. UNICEF has continued to partner with Shujaaz, a youth multi-media platform, on innovative integrated COVID-19 messaging, reaching 6.5 million adolescents. Another partnership with Africa's Voices Foundation and the Cambridge University is exploring the use of SMS and Interactive Radio shows with call-in options to gather feedback, disseminate information to the audiences and close the feedback loop. A capacity gap assessment informed the development and delivery of eight training modules (five minutes each) via mobile phones using an Interactive Voice Response (IVR) system targeting 500 Health Promotion Officers and Community Strategy Focal persons. This will reinforce the floods awareness messaging on local radio stations ahead of the upcoming October to December rain season and facilitate integrated messaging in the COVID-19 context.

### **Humanitarian Leadership, Coordination and Strategy**

The Government of Kenya leads disaster preparedness and response while the Kenya Red Cross Society is the first line of emergency response in support of the Government and has substantial presence and activities throughout the country. The National Drought Management Agency (NDMA) which was established in 2013 guides disaster management and response at the national level and The National Disaster Operations Center provides critical support to rapid onset emergencies. There are also disaster committees in the 23 arid and semi-arid counties. Kenya does not yet have an official policy and legal framework to guide disaster management as the draft disaster risk management policy is still going through

the approval process by the Parliament. The Ending Drought Emergency framework is the main policy framework which has six pillars including pillars on: sustainable livelihoods (co-chaired by Ministry of Agriculture and Livestock and Fisheries and FAO and which works on promoting sustainable livelihoods to mitigate the impact of shocks); Drought risk management (co-chaired by the Ministry of Devolution and Planning and WFP and which works to promote resilience through early action and better preparedness to predicted crises) and Human capacity (co-chaired by the Ministry of Education, Science and Technology and UNICEF and which works on developing the resources and capabilities for an integrated provision of basic social services including health, nutrition, wash and education). UN agencies and NGOs (both national and international) have program and operational presence all over the country in support of both development and emergency response. The Resident Coordinator's Office and UNOCHA are leading the coordination of humanitarian action for UN and partners support to government response to the ongoing triple threats of COVID-19 pandemic, flooding and locust invasion in Kenya and support to Government structures to strengthen national disaster management capabilities to improve resilience and disaster risk reduction. UNICEF actively participates in interagency coordination mechanisms, including the Kenya Humanitarian Partnership Team (KHPT) forum and Kenya Red Cross Partners' forum and is supporting the county hub coordination structure by leading the Kisumu and Garissa hubs through the UNICEF zonal offices. UNICEF is leading the Nutrition, Education and WASH sectors, the Child Protection sub-sector, as well as the Education sector with Save the Children. UNICEF provides technical and financial support to line ministries at national and county level to support sector coordination and leadership. UNICEF-led sectors are all part of the Inter-Sector Working Group (ISWG) led by UNOCHA at the national level. The review of the Refugee Act 2006 and the finalization of a National Refugee Policy is ongoing with the support of members of the Kenya Parliamentary Human Rights Association (KEPHRA), UNHCR and partners.

## Human Interest Stories and External Media

### UNICEF Human Interest Stories:

[www.unicef.org/kenya/stories/chief-addresses-health-and-sanitation-issues-his-community](http://www.unicef.org/kenya/stories/chief-addresses-health-and-sanitation-issues-his-community)  
[www.unicef.org/kenya/stories/bringing-services-closer-to-communities](http://www.unicef.org/kenya/stories/bringing-services-closer-to-communities)  
[www.unicef.org/kenya/stories/father-of-six-ensures-children-stay-healthy](http://www.unicef.org/kenya/stories/father-of-six-ensures-children-stay-healthy)  
[www.unicef.org/kenya/stories/timely-integrated-life-saving-interventions](http://www.unicef.org/kenya/stories/timely-integrated-life-saving-interventions)  
<https://www.unicef.org/kenya/stories/Education-in-the-post-COVID-world-a-youth-vision>  
<https://www.unicef.org/kenya/stories/Whats-your-butterfly-effect-going-to-be>  
<https://www.unicef.org/kenya/stories/Day-of-the-African-Child-a-child-journalists-perspective>  
<https://www.unicef.org/kenya/stories/Children-with-disabilities-learn-through-sport-during-COVID-19>  
<https://www.unicef.org/kenya/stories/Beyond-coronavirus-a-youth-vision>

### Media articles:

<https://www.the-star.co.ke/sasa/2020-08-14-learning-at-home-in-nairobis-slum/>  
<https://www.unicef.org/kenya/press-releases/UNICEF-welcomes-schools-reopening-in-Kenya>  
<https://www.unicef.org/kenya/press-releases/Action-urged-as-national-survey-finds-half-of-Kenyan-children-suffer-violence>  
<https://www.unicef.org/kenya/press-releases/new-drive-to-reduce-malnutrition>

## Next SitRep: 31 December 2020

UNICEF Kenya HAC appeal: <https://www.unicef.org/appeals/kenya.html>

UNICEF Kenya Crisis Facebook: <https://www.facebook.com/UNICEFKenya/>

UNICEF Kenya Emergency Page: <https://www.unicef.org/kenya/emergency>

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## Annex A

## Summary of Programme Results

Sector	Overall needs	UNICEF and IPs			Cluster/Sector Response*		
		2020 target	Total results*	Change since last report ▲▼	2020 target	Total results*	Change since last report ▲▼
<b>Nutrition</b>							
Children aged 6 to 59 months affected by SAM admitted for treatment	112,725	110,597	36,497	▲13,305	110,597	36,497	▲13,305
<b>Health</b>							
Children vaccinated against measles		252,186	0**	N/A			
Children accessing primary health care through UNICEF-supported outreach		255,614	173,358	▲73,939			
<b>WASH</b>							
People accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene		250,000	204,968	▲50,000	250,000	204,968	▲50,000
<b>Child Protection</b>							
Children and caregivers accessing mental health and psychosocial support		36,874	15,174	▲8,633	36,874	15,174	▲8,633
Emergency-affected children and caregivers accessing gender-based violence prevention and care services		876	634	▲351	876	634	▲351
<b>Education</b>							
Children accessing formal or nonformal education, including early learning		196,521	131,060	▲33,854	560,000	262,439	▲165,233
<b>Social Protection</b>							
Households reached with humanitarian cash transfers		20,000	5,800***	▲5,800			

\*Sector targets and results are still being collated

\*\*Measles vaccination campaign has not been conducted. It is planned for the fourth quarter of the year.

\*\*\* Results achieved with funding received outside the HAC 2020

## Annex B

## Funding Status\*

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	\$	%
Nutrition	13,271,640	4,479,910	1,606,402	7,185,327	54%
Health	5,100,000	510,001	423,752	4,166,247	82%
WASH	2,250,000	966,018	513,300	770,682	34%
Child Protection	2,000,000	559,910	524,893	915,197	46%
Education	5,900,000	1,101,645	1,078,697	3,719,658	63%
Social Protection	1,000,000	0	0	1,000,000	100%
Sector Coordination	500,000	80,000	75,175	344,825	69%
<b>Total</b>	<b>30,021,640</b>	<b>7,697,485</b>	<b>4,222,219</b>	<b>18,101,936</b>	<b>60%</b>

\* As defined in the UNICEF Kenya Humanitarian Action for Children (HAC) Appeal 2020



Annex C

Humanitarian Infographics

1. COVID-19 Situation in Kenya

**UNICEF KENYA: COVID-19 OUTBREAK SITUATION MAP** (Ministry of Health press release, COVID-19 OUTBREAK IN KENYA, DAILY SITUATION REPORT, as of 30<sup>th</sup> September 2020)

**UNICEF KENYA COVID-19 HIGHLIGHT TABLE**

Section	Summary Results
WASH	675,000 people reached with critical WASH supplies (including hygiene items) and services supported by UNICEF.
HEALTH	251,444 healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE).
NUTRITION	A total of 36,497 severely malnourished children were admitted for treatment.
NUTRITION	1,031,071 primary caregivers of children aged 0-23 months received Infant and Young Child Feeding (IYCF) counselling through facilities and community platforms.
CHILD PROTECTION	25,900 children, parents and primary caregivers provided with community based Mental Health and Psychosocial Support (MHPS).
EDUCATION	34,227 children supported with distance/home-based learning
SOCIAL PROTECTION	64,103 households benefitting from new or additional social assistance measures provided by governments to respond to COVID-19 with UNICEF support.
COMMUNICATION FOR DEVELOPMENT	41,004,348 people reached with COVID-19 messaging on prevention and access to services.
COMMUNICATION FOR DEVELOPMENT	1,649,715 people shared their concerns and asked questions, sought clarifications for available support services to address their needs.

**SITUATIONAL ANALYSIS**

- The International Health Regulations Emergency Committee of the World Health Organization (WHO) on 30<sup>th</sup> January 2020 declared the Novel Coronavirus (COVID-19) as an outbreak of Public Health Emergency of International Concern (PHEIC).
- This was later upgraded on 11<sup>th</sup> March 2020 as a worldwide pandemic.
- On 12<sup>th</sup> March 2020, the Cabinet Secretary for Health announced the first confirmed COVID-19 case in Kenya.
- As of 30<sup>th</sup> September 2020 there are 38,529 confirmed cases of which 24,908 people have recovered and 711 deaths reported. All the 47 counties have reported cases.
- Thirty-seven thousand eight hundred ninety-five (98 percent) of the 38,529 confirmed cases are local transmissions.
- In the last 24 hours, 2,927 samples were tested across various laboratories of which 151 samples turned positive for COVID-19. A total of 547,946 cumulative tests have so far been conducted.
- Twenty-four thousand nine hundred thirty-nine (65 percent) are males and 13,589 (35 percent) are females. 12,368 (32 percent) of all confirmed cases are in the age group of 30-39 years.
- Seven hundred and eleven deaths have been reported so far, of which 521 (73 percent) being males and 189 (27 percent) were females.
- The daily reported cases have decreased over the last three weeks.

**UNICEF KENYA COVID-19 FUNDING SUMMARY**

UNICEF Kenya COVID-19 Appeal* (US\$)	UNICEF Kenya COVID-19 Response to Date** (US\$)
22,000,000	9,960,256

\* Specific to core humanitarian funding  
\*\* Aligned to COVID-19 tagged funding

**Age and Sex Distribution of COVID-19 Cases Kenya**

**Epidemiological Curve for COVID-19 Outbreak**

**UNICEF KENYA: COVID-19 OUTBREAK SITUATION MAP** (Ministry of Health press release, COVID-19 OUTBREAK IN KENYA, DAILY SITUATION REPORT, as of 30<sup>th</sup> September 2020)

**UNICEF Kenya COVID-19 Actions to Date**

Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management

**Health**

- Supported the procurement of 94,444 units of personal protective equipment (\$19,000 - World Bank Funds and \$75,444 - UNICEF) for use by the frontline health workers during management of COVID-19 from 21<sup>st</sup> January to 25<sup>th</sup> September 2020.
- 33,346 emergency affected children-girls and boys, women and men in Nairobi Informal Settlements have been reached during integrated outreach services with a package of health interventions including COVID-19 screening, integrated management of childhood illnesses for children, immunization, antenatal care, nutrition and treatment for common ailments/minor infections implemented by Kenya Red Cross Society (KRCs) through a humanitarian programme document.
- Implementation of maintenance of essential health services (focusing on floods response) interventions, in the context of COVID-19, through a partnership with Kenya Red Cross Society (KRCs), including integrated outreach services, cholera management through set up of treatment centers and influencing desired communities' behavioral practices for preventive occurrence of floods related disease epidemics including cholera in Turkana, Garissa, Wajir, Tana River, Isiolo, Kisumu, Busia, Siaya and Marsabit Counties.

**Nutrition**

- A total of 36,497 severely malnourished children were admitted for treatment of severe acute malnutrition (SAM) in January to August 2020.
- A total of 1,031,071 primary caregivers of children aged 0-23 months have received Infant Young Child Feeding (IYCF) counselling in the months of January to August 2020
- UNICEF has supported procurement of Ready to Use Therapeutic Feeds (RUTF) which has resulted in significant reduction of stock outs. The stock out rates in August 2020 is 1% compared to 20% reported in February 2020.
- UNICEF through Kenya Red Cross Society has continued to support roll out of family Mid-Upper Arm Circumference (MUAC) in selected counties. To date, 6,734 care givers have been trained and provided with MUAC tapes, 542 Health workers, 331 CHVs, and 234 field monitors sensitized.
- UNICEF has conducted Integrated management of acute malnutrition (IMAM) deep dive to understand the persistent low admissions to the programme and generate recommendations to address gaps and challenges.

**Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies**

**WASH**

- WASH COVID-19 response has reached 675,000 people with WASH services (including supplies) in 19 Reporting counties against 660,000 targeted.
- 180,000 people in 15 Nairobi informal settlements access safe hand washing for least 20 seconds in line with WHO guidelines in public spaces.
- 10,000 vulnerable households (50,000 people) including people living with disability, elderly, HIV/AIDS, Orphans and Vulnerable Children (OVCs) in 4 informal settlements in Nairobi (Mathare, Kibra, Korogocho and Githgora) received soap supply for at the household level for hand washing stations including soap for 3 months for COVID-19 prevention.
- 15,000 vulnerable households in Nairobi informal settlements access soap for 6 months for safe hand washing practice for covid-19 prevention.
- 6,500 vulnerable households including people living with disability, HIV/AIDS, OVCs, elderly in Nakuru (1500), Uasin Gishu (2,000), Kiambu (1,000), Machakos (1,000) and Nairobi (1,000) counties received 20Litres buckets for promotion of household hand washing practice. This is in addition to 10,000 vulnerable households already supported in Nairobi County. In addition 100,000 people access safe hand washing practice from 1000 hand washing stations delivered to Kakamega, Garissa, Kajiado, Machakos, Kiambu, Kilifi, Busia and Mombasa Counties to support additional public hand washing stations in the reporting period.
- 325 hand washing stations were delivered to Ministry of Education for primary schools in Nairobi informal settlements in readiness for opening of schools
- 454 buckets (20Litres) were delivered to Nairobi City Government for distribution to 277 Early Child Development and Educations (ECDE) schools in Nairobi in readiness for opening of schools
- Virtual coordination of the WASH Infection Prevention and Control (IPC) COVID-19 response continues.

**Support access to continuous education, social protection, child protection and gender based violence (GBV) services.**

**Education**

- UNICEF in collaboration with the County Directors of Education from Turkana, West Pokot, Baringo, Samburu, Wajir, Garissa, Isiolo, Siaya, Homabay, Migori and partners in Nairobi informal settlements (Kibra) procured and distributed textbooks and stationery to ensure continuity of learning for 34,227 learners.
- In partnership with ACAKORO and Special Olympics Kenya, 1,371 children aged 7-17 (709 girls, 662 boys), 283 of whom are boys and girls with disabilities in informal settlements in Nairobi were supported with education supplies including printed learning materials and Sports for Development materials at home through coaches. These interventions have enhanced their access to remote learning and physical fitness.

**Child Protection**

- 25,900 children, parents and primary caregivers provided with community based Mental Health and Psychosocial Support (MHPS) and messaging.
- A total of 318 Child Protection Volunteers (CPVs) (194 male & 124 female) were deployed in June 2020 to support case management during COVID-19 pandemic and so far have supported 10,423 children (5,902 Girls, 4,521 Boys).

**Social Protection**

- UNICEF has supported the vertical expansion of the National Safety Net Programme (NSNP) in five counties (Garissa, Kajiado, Kakamega, Kilifi and Migori) to the most vulnerable households for two payment cycles. 5,800 households received a cash top-up in August and this pool will increase to 9,734 for the September payment which is currently being processed. Beneficiary households also receive nutrition counseling and sensitization messages on topics related to nutrition, adolescent and HIV-AIDS.
- A horizontal expansion to households with high Severe Acute Malnutrition and Moderate Acute Malnutrition indicators in Kilifi and Kajiado counties is also ongoing and 1,340 families will receive cash transfer of Ksh 2,000 with the first disbursement planned for September.
- A horizontal expansion is currently being planned to target children returning to families after the partial closure of children institutions during the Covid-19 outbreak. 3,000 households in Garissa, Kilifi, Kisumu Nairobi and Turkana are being registered and will be supported with a 6-month cash transfer of Ksh 2,000, aligned to the NSNP transfer value and payment cycles.
- An assessment of the needs and the design of a social and child protection emergency intervention to support children in street situations during the Covid-19 pandemic is being planned.
- Advocacy and technical support to Government towards the design and implementation of a Universal Child Benefit (UCB) in response to COVID-19 is being provided, as well as resource mobilization towards the intervention.
- UNICEF is establishing a partnership with the National Hospital Insurance Fund to increase health coverage for vulnerable groups.

**Risk Communication and Community Engagement (RCCE)**

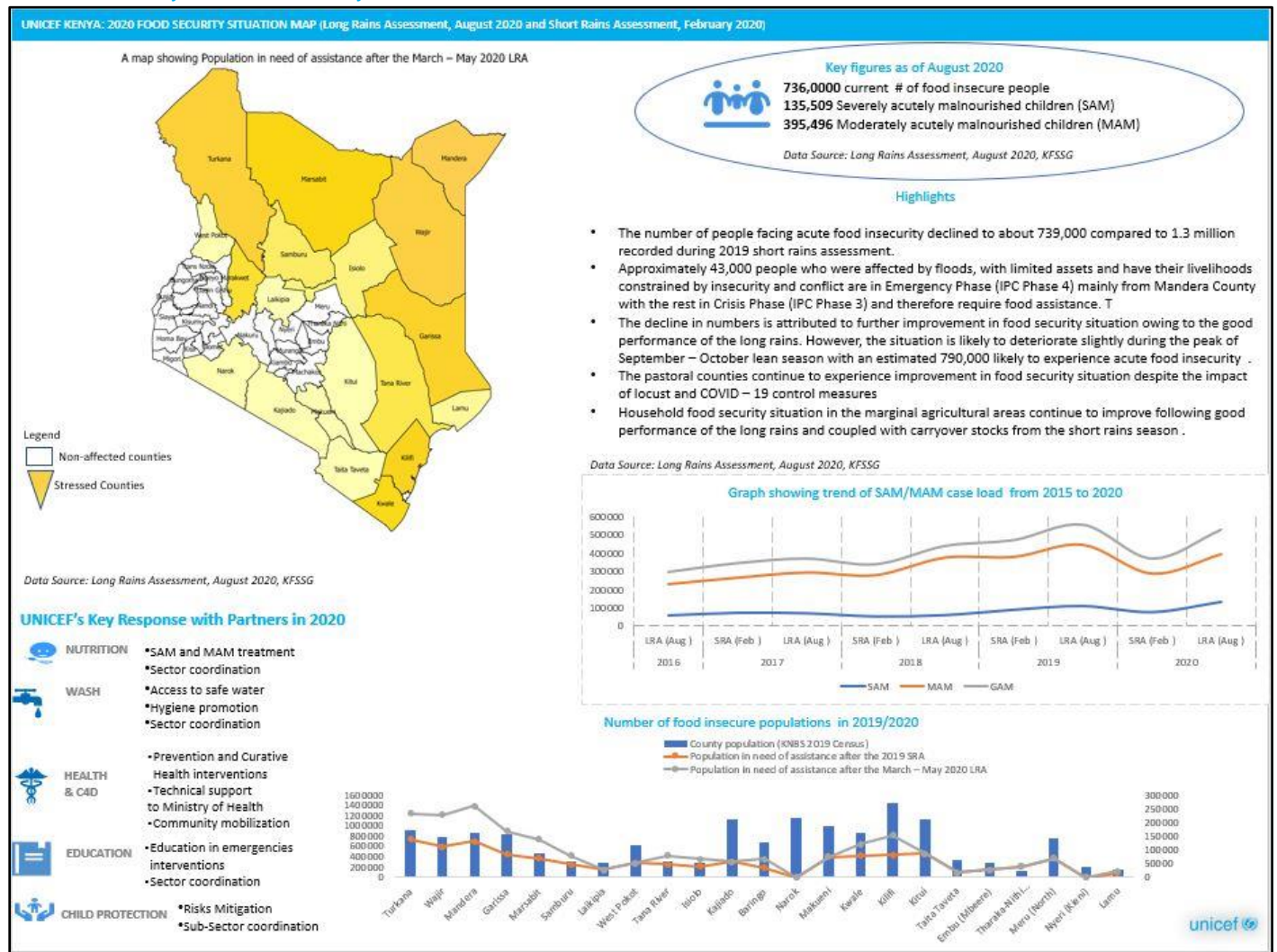
**Communication for Development**

- Coordination—support provided to the team working on continuity of essential health services, monitoring and evaluation and messaging.
- Capacity building teams in Ministry of Health supported
- Messaging & material development – Provided support for the messaging strategy focusing on physical distancing, wearing a mask and handwashing and also supporting sector based messaging on HIV, Child Protection, immunization and back to school.

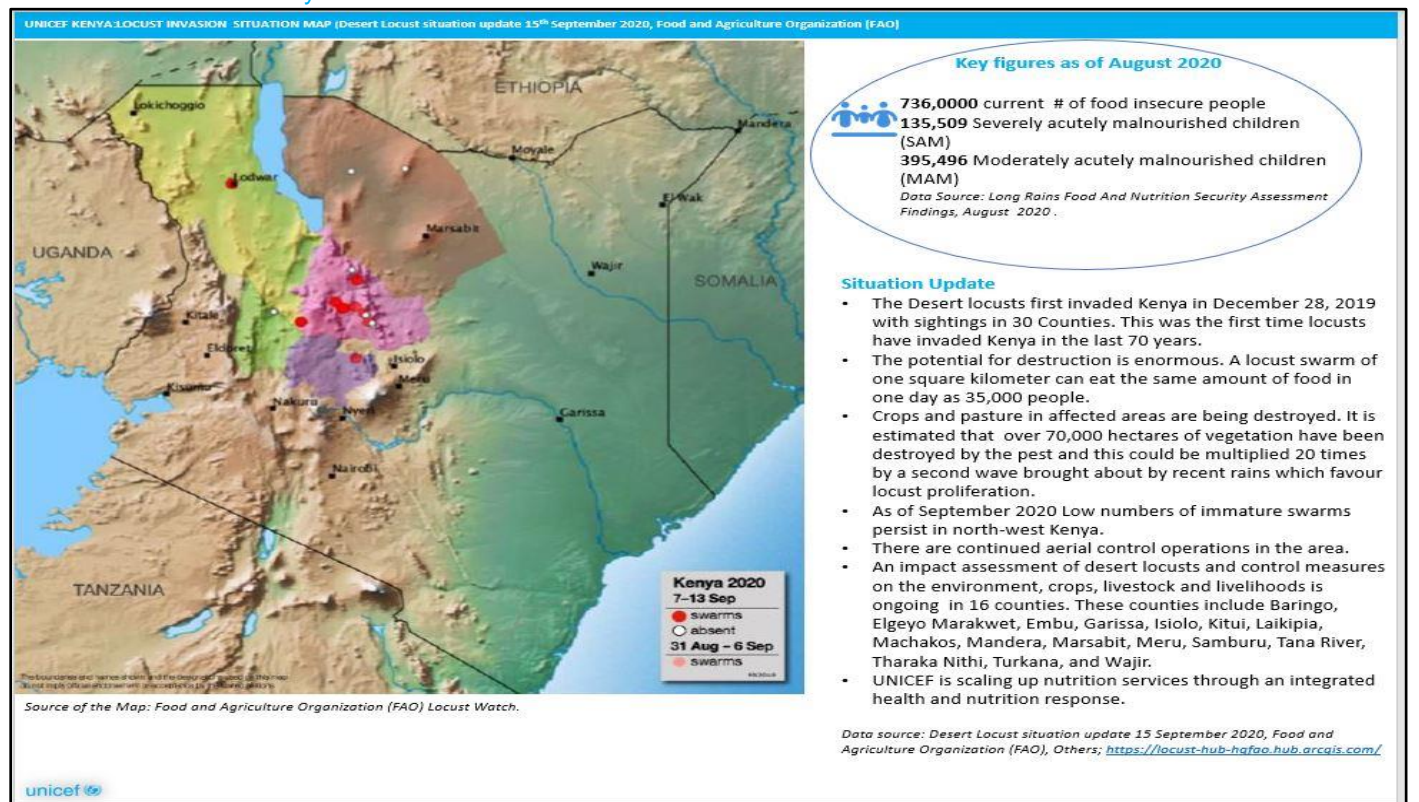
**Coordination, technical support and operational costs**

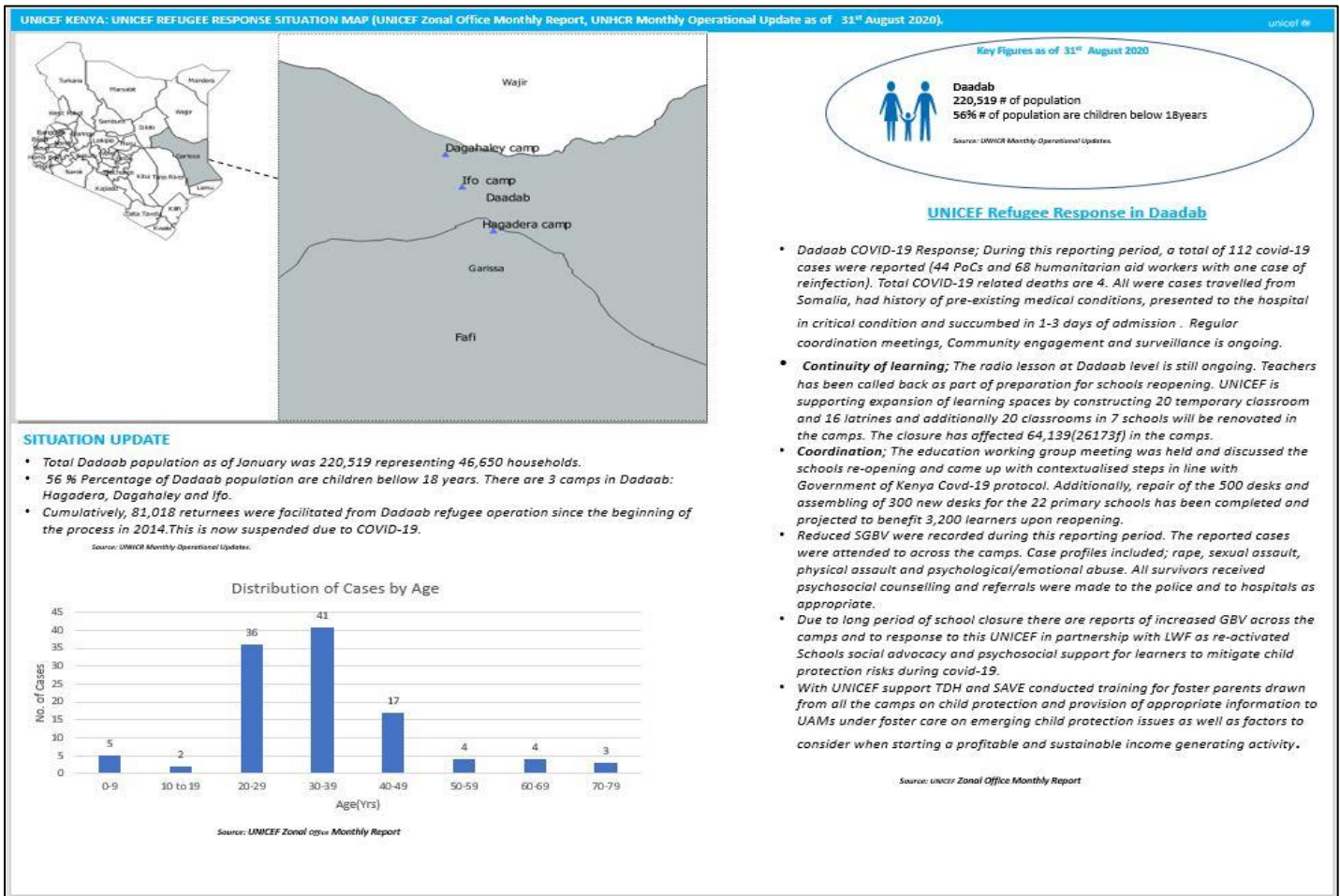
**Supply**

- UNICEF Procurement Services supported Ministry of Health to procure Coveralls, Gowns, Masks, Thermometers, Chlorine and resuscitation kits through World Bank funds.
- UNICEF supported procurement of Coveralls, N95 masks, Thermometers and Gowns.
- UNICEF Supply and Health team participates in UN Logistics Working Group for COVID-19 as well as Resource Mobilization Team meetings.
- Local procurement for COVID-19 response supplies in high volumes for WASH, Child Protection, C4D, HIV and Nutrition and distributed to Counties.



3. Locust Invasion in Kenya





## 5. Refugee Situation in Kenya – Kakuma Refugee Camp

