



Brian, 10, washes his hands at a UNICEF handwashing station in Mathare informal settlement in Nairobi.

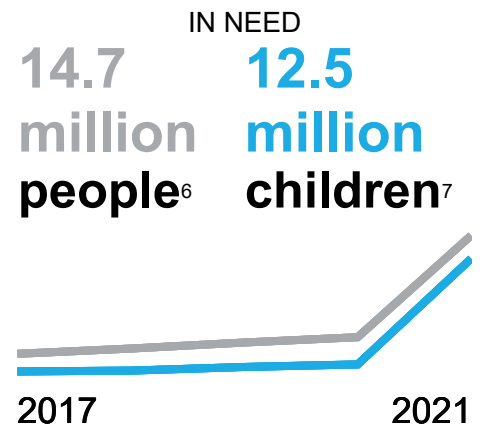
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Humanitarian Action for Children


Kenya


HIGHLIGHTS


- The humanitarian situation in Kenya has deteriorated rapidly due to the coronavirus disease 2019 (COVID-19) pandemic, desert locusts, recurrent waterborne disease outbreaks, flooding and slow recovery from the 2019 drought. Access to basic social services is limited for vulnerable populations, particularly women and children.¹ Kenya also hosts over 498,000 refugees and asylum seekers (54 per cent children).²
- The pandemic has disrupted critical health services and negatively impacted child and maternal health and nutrition indicators.³ School closures and reduced family incomes have exacerbated child protection needs, disrupted learning for 16.1 million children⁴ and increased risks of gender-based violence for children and women. Malnutrition levels remain high: Global acute malnutrition rates exceed 15 per cent in arid areas.⁵
- UNICEF requests US\$32.7 million to address the critical needs of children and women in Kenya in 2021 through advocacy, coordination, capacity building and the implementation of life-saving and protective interventions.



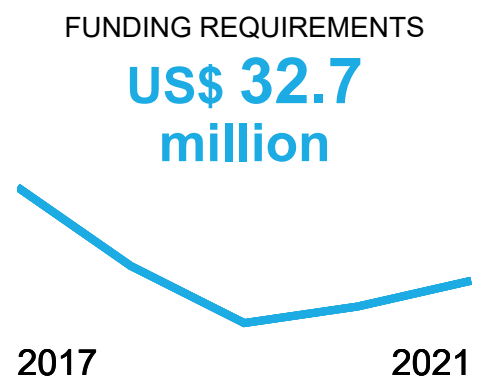
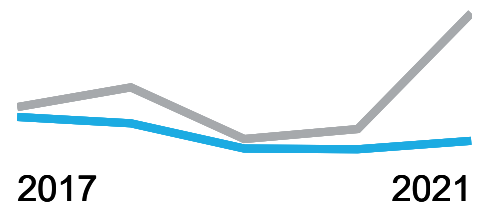
KEY PLANNED TARGETS

 **1.6 million** primary caregivers receiving infant and young child feeding counselling

 **250,000** people accessing a sufficient quantity of safe water

 **36,664** children/caregivers accessing mental health and psychosocial support

 **589,434** children accessing educational services



HUMANITARIAN SITUATION AND NEEDS

The humanitarian situation in Kenya has deteriorated rapidly due to the COVID-19 pandemic, slow recovery from the 2019 drought, a desert locust invasion, massive floods and disease outbreaks such as cholera, malaria and respiratory illness.¹⁰ These challenges have limited access to basic social services for vulnerable populations.

Malnutrition levels remain high, with emergency global acute malnutrition levels at 15 per cent in arid areas. 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.¹¹

COVID-19 continues to negatively impact child and maternal health indicators. Critical health and nutrition services have been disrupted due to fears of contracting COVID-19, social stigma and lack of support for health workers.¹² Over 300,000 children, adolescents and pregnant women living with HIV require uninterrupted access to life-saving treatment in the COVID-19 context.¹³

Pandemic containment measures have left nearly 53 per cent of children living in multi-dimensional poverty in 2020, compared with 36 per cent nationally.¹⁴ In addition, reports of violence, abuse and exploitation of children and women are on the rise.¹⁵

Mandatory school closures due to COVID-19, from March 2020 through January 2021, have affected nearly 16.1 million children (2.7 million in early childhood development; 10.1 million in primary school and 3.3 million in secondary school).¹⁶ Children have experienced unprecedented interruptions to learning and are facing heightened risks for gender-based violence, abuse, teen pregnancy, female genital mutilation and child labour.¹⁷ Children in arid counties, refugee camps and urban informal settlements are the most vulnerable. Three quarters of children have only limited access to available remote learning platforms and psychosocial support.¹⁸

The strong rainy season that took place between March and May 2020 resulted in massive flooding and landslides that affected 233,000 people and left 116,000 displaced.¹⁹ The below-average rainfall forecasted for late 2020 and early 2021 due to La Niña are expected to drive food insecurity,²⁰ increase water scarcity and give rise to disease outbreaks.²¹

Kenya also hosts over 498,000 refugees and asylum seekers (54 per cent children).²² The Kenya refugee operation is affected by political developments and the humanitarian situation in the region, mainly in Somalia and South Sudan. The potential closure of the Dadaab refugee camps will increase the number of unaccompanied children and affect the provision of essential social services to vulnerable host communities.²³

SECTOR NEEDS



Nutrition

147,000 children under 5 years with SAM require treatment²⁴



Health

400,000 children under 5 years need health interventions²⁵



Water, sanitation and hygiene

1.8 million people require access to safe water²⁶



Education

12.1 million children need access to education²⁷

STORY FROM THE FIELD



Since COVID-19 was first reported in Kenya, handwashing has become one of the most important approaches to halting the spread of the virus. With schools closed, almost 18 million children are staying at home, more than half of them students from poor backgrounds. One of these children is nine-year-old Precious, who lives in Mathare informal settlement in Nairobi.

In response to the lack of water and sanitation in informal settlements, UNICEF and partners have installed over 1,000 handwashing stations in places like Mathare.

[Read more about this story here](#)

Precious, 9, who lives in Mathare informal settlement in Nairobi, washes her hands at one of the UNICEF-provided handwashing stations.

HUMANITARIAN STRATEGY

As sector lead for nutrition, WASH, education and child protection, UNICEF will coordinate timely assessments and situation analyses to support the development of evidence-based contingency and response plans and ensure timely humanitarian action in Kenya, in line with the Core Commitments for Children in Humanitarian Action. UNICEF will prioritize the rights of children, support critical, life-saving health and nutrition interventions with the Government and partners, advocate for increased domestic resources for humanitarian action and facilitate the continuation of basic social services in the COVID-19 context.

To cushion the adverse effects of COVID-19 among vulnerable families, UNICEF will support cash transfer programmes and strengthen community engagement, in line with the Grand Bargain commitments.²⁸ UNICEF will prioritize subnational planning, budgeting and technical support, equitable investments in multi-sectoral preparedness planning and resilience-building to foster stronger linkages between humanitarian action and development programmes. Efforts will also be made to strengthen government and partner capacities in preparedness planning, coordination and information management. Humanitarian response planning and actions will be conducted in line with global action plans to support preparedness.

The Nutrition Surge Approach will be rolled out to support an evidence-based nutrition response. UNICEF will provide technical, financial, coordination and service delivery assistance to support equitable access to inclusive education in emergencies, including for refugees, in line with the Global Compact for Refugees and the Comprehensive Refugee Response Framework. Protection services, including mental health and psychosocial support, will focus on protection against violence, abuse, exploitation and gender-based violence. UNICEF will strengthen community-based child protection systems to improve community outreach, raise awareness and promote preventive and protective behaviours. This will include community engagement and critical behaviour change messaging on violence prevention, gender-based violence, HIV, nutrition and health.

UNICEF will work with all partners to implement and operationalize zero tolerance on sexual exploitation and abuse. All partner organizations will sign mandatory prevention of sexual exploitation and abuse commitments. UNICEF will support the mitigation of gender-based violence risks across sectors and and promote community access to safe and trusted reporting channels.

The response will prioritize accountability to beneficiaries through partnerships with citizen engagement networks and using appropriate communication channels such as short message service and radio to receive feedback and provide information to beneficiaries on UNICEF's mandate and interventions. Multiple information sources will be analysed to obtain feedback from various audience groups to enhance the quality of UNICEF and partners' humanitarian action.

Progress against the 2020 programme targets is available in the humanitarian situation reports:

<https://www.unicef.org/appeals/kenya/situation-reports>

2021 PROGRAMME TARGETS



Nutrition

- **96,751** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **1,617,280** primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling



Health

- **266,662** children and women accessing primary health care in UNICEF-supported facilities



Water, sanitation and hygiene

- **250,000** people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene
- **510,000** people reached with handwashing behaviour change programmes



Child protection, GBViE and PSEA²⁹

- **36,664** children and caregivers accessing mental health and psychosocial support
- **3,000** women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions



Education

- **589,434** children accessing formal or non-formal education, including early learning³⁰



Social protection and cash transfers

- **10,000** households benefiting from new or additional social transfers from governments with UNICEF technical assistance



HIV and AIDS

- **2,000** pregnant and lactating women living with HIV receiving antiretroviral therapy
- **30,000** adolescents and young people receiving risk reduction messaging for HIV/sexual and gender-based violence prevention and promotion of sexual and reproductive health and rights

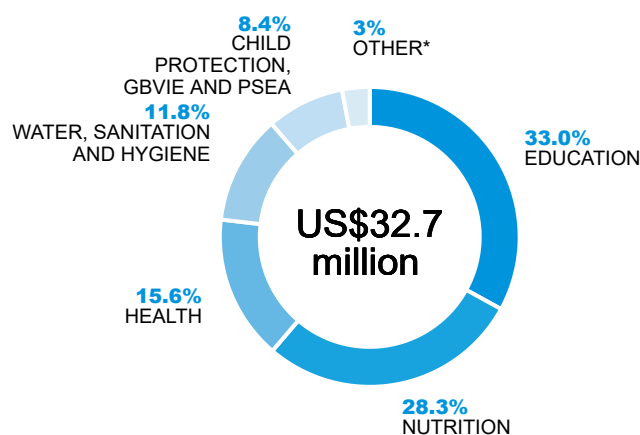


C4D, community engagement and AAP

- **81,152** people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms
- **1,623,062** people reached with messages on access to services

FUNDING REQUIREMENTS IN 2021

UNICEF requires US\$32.7 million to respond to the critical humanitarian needs of children in Kenya in 2021. These resources will allow UNICEF to procure emergency supplies, conduct integrated outreach, facilitate sectoral coordination and assessments, strengthen information management systems and deliver life-saving and protective health, nutrition, WASH, education, HIV and AIDS, social protection and child protection interventions. These services will target children and women in emergency-prone areas in Kenya, including arid and semi-arid lands, urban informal settlements and refugee camps, that are facing multiple emergency situations such as drought, floods, inter-ethnic conflict, the COVID-19 pandemic, locust invasion, water-borne disease outbreaks and refugee crises. In the context of COVID-19, UNICEF will expand remote programming to reach more children with alternative home-based and remote learning programmes and to reach more people with access to critical HIV services and handwashing for prevention and control. These funds will also support social and behaviour change interventions and cash transfers that will cover the essential costs of living and cushion vulnerable children against the socio-economic effects of COVID-19. Without sufficient funding, UNICEF will be unable to provide basic social services to nearly 3 million affected people.



Sector	2021 requirements (US\$)
Nutrition	9,240,154
Health	5,100,000
Water, sanitation and hygiene	3,850,000
Child protection, GBVIE and PSEA	2,750,000 ³¹
Education	10,789,118
Social protection and cash transfers	500,000 ³²
HIV and AIDS	220,000
Cluster coordination	250,000 ³³
Total	32,699,272

*This includes costs from other sectors/interventions : Social protection and cash transfers (1.5%), Cluster coordination (<1%), HIV and AIDS (<1%).

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ENDNOTES

1. Office for the Coordination of Humanitarian Affairs, 'Kenya Situation Report', OCHA, 10 September 2020.
2. United Nations High Commissioner for Refugees, 'Kenya: Registered refugees and asylum seekers', UNHCR, 31 August 2020.
3. Kenya Ministry of Health, 'COVID-19 Outbreak in Kenya: Daily situation report - 132', 27 July 2020.
4. Kenya Education Management Information System, September 2020.
5. Kenya Integrated Phase Classification for Acute Malnutrition, August 2020.
6. There is a significant increase in the number of people in need due to the 12 million children who require access learning in the context of the COVID-19 crisis. The figure was calculated using data from the Education in Emergencies Working Group Assessment, May 2020, and the Long Rains Food Security Assessment, 2020.
7. Ibid.
8. This includes the highest coverage target of 1,714,031 for nutrition, 326,643 for health and 589,434 for education interventions. Other sectors are not included to avoid double-counting of people receiving multiple interventions. This includes 49 per cent men/boys (1,288,753) and 51 per cent women/girls (1,341,355). Persons with disabilities represent 15 per cent (394,516). The UNICEF target for total people to be reached is significantly lower than the overall needs, as agreed at the sector level based on partner capacities for direct implementation and the Government's capacity for basic social service delivery. UNICEF will focus on its comparative advantage for maintaining the supply chain, advocacy, technical support and sector coordination. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
9. This includes the highest coverage target of 266,662 children under 5 years for health interventions and 589,434 children aged 3 to 18 years for education interventions. Other sectors are not included to avoid double-counting of people receiving multiple interventions. This includes 49 per cent boys and 51 per cent girls. Children with disabilities represent 15 per cent of the population of children to be reached.
10. 'Kenya Situation Report', 10 September 2020.
11. Kenya Integrated Phase Classification for Acute Malnutrition, August 2020.
12. 'COVID-19 Outbreak in Kenya: Daily situation report - 132'.
13. Kenya Ministry of Health, 'Kenya HIV Estimates Report 2020', 2020.
14. The World Bank, July 2020.
15. National Committee on Administration of Justice, June 2020.
16. Kenya Education Management Information System, September 2020.
17. 'Kenya Situation Report', 10 September 2020.
18. Education in Emergencies Working Group Assessment, May 2020.
19. Kenya National Disaster Operations Center, May 2020.
20. FEWSNET Kenya updates, September 2020; Kenya National Drought Management Authority, August 2020.
21. Kenya Ministry of Environment and Forestry Meteorological Department, 'The Weather Outlook for the October-November-December (OND) 2020 Short-Rains Season; September 2020 Weather Outlook; and Review of the June-July-August (JJA) 2020 Rainfall Season', 5 September 2020.
22. 'Kenya: Registered refugees and asylum seekers'.
23. United Nations High Commissioner for Refugees, 'Kenya: Figures at a Glance', UNHCR, <www.unhcr.org/ke/figures-at-a-glance>, accessed 5 October 2020.
24. Kenya Integrated Phase Classification for Acute Malnutrition, August 2020.
25. Kenya Long Rains Assessment, August 2020 and Ministry of Health Disease Outbreak Situation Reports, August 2020.
26. Kenya Ministry of Water and Sanitation, WASH Sector Infection Prevention and Control Plan, April 2020.
27. Education in Emergencies Working Group Assessment, May 2020.
28. The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organizations, who have committed to getting more means into the hands of people in need and improving the effectiveness and efficiency of humanitarian action.
29. Due to space constraints, the following acronyms appear in the appeal: GBViE (gender-based violence in emergencies); PSEA (prevention of sexual exploitation and abuse); C4D (communication for development); and AAP (accountability to affected populations).
30. Ibid. The UNICEF target is low because most of the education needs will be met by the Government and partners using Global Partnership for Education and Education Cannot Wait funding. UNICEF will focus on advocacy, technical support and systems strengthening and continue to support resource mobilization, sector coordination and technical oversight of partners taking on direct service delivery. The budget is US\$18 per child, covering the cost and delivery of an adequate package of education supplies.
31. This includes US\$1.75 million for child protection, US\$750,000 for gender-based violence interventions and US\$250,000 for prevention of sexual exploitation and abuse interventions.
32. This is the funding requirement to reach the most vulnerable households in urban informal settlements affected by COVID-19 with direct cash transfers.
33. Approximately 10 per cent of each section budget is for communication for development interventions.